



NHS GREATER GLASGOW & CLYDE

2016-17 ANNUAL REVIEW

SELF ASSESSMENT

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1. INTRODUCTION

NHS Greater Glasgow and Clyde's (NHSGG&C's) 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 2016-17 NHSGG&C made progress against many of our significant Local Delivery Plan Standards and across a wide range of strategic programmes. Key highlights include:

- Consolidating, and extending our programme of work in relation to the **Scottish Patient Safety Programme (SPSP)**.
- Successfully exceeding our agreed reductions in **C.Difficile infections**.
- Continuing to deliver our **18 weeks Referral to Treatment** waiting time guarantee.
- Maintaining 100% performance in relation to the number of eligible **IVF patients screened** within the standard waiting time target.
- Successfully ensuring access to our **Child and Adolescent Mental Health Services** and **Psychological Therapies** with 98.0% and 94.7%* of patients respectively receiving treatment within 18 weeks of referral.
- Continuing to exceed the 90% **drug and alcohol waiting times** target, with 96.8% of patients referred for treatment seen within three weeks.
- Continuing to improve access to antenatal care with 87.1% of mums-to-be booking for an **ante-natal care** appointment at 12 weeks gestation exceeding the 80% target, mums-to-be from our lowest performing quintile (*SIMD 1*) also exceeded target with 83.5% of mums booking.
- Successfully delivered 12,965 **alcohol brief interventions** against a planned number of 13,086.
- Maintaining financial balance and meeting the **cash efficiency** target whilst at the same time delivering on a range of major service developments and improvements.

** It should be noted that the data in relation to access to psychological therapies is estimated to be between 20 – 30% complete which means no conclusions can be drawn at this point. The reason for the low data completeness is due to the service migrating to a new patient management system and this is having an impact on the completeness of data therefore caution should be taken when making comparisons between quarters. However, given NHSGG&C have continued to exceed performance year on year during the past three years, there is no reason to believe this will not continue once the migration to the new patient management system is complete.*

2. SUMMARY OF PROGRESS AGAINST 2016 ANNUAL REVIEW ACTIONS

Following the 2015-16 ministerial Annual Review, the Cabinet Secretary for Health and Sport 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. **Keep the Health & Social Care Directorates informed of progress with its significant local health improvement activity.**

We have delivered against a number of our health improvement objectives as highlighted in this Self Assessment, and either met or exceeded most of our relevant Local Delivery Plan Standards. We have also continued to maximise our role in reducing health inequalities as an employer, procurer, provider and advocate. We have excellent examples of our modern apprenticeship, staff training programmes, use of community benefit clauses, anti-poverty measures, use of the Human library and activities in order to reduce inequalities in screening uptake.

2. **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 2016-17. Central to this are the detailed work plans, governance systems and monitoring and reporting arrangements for the effective infection prevention and control across NHSGG&C.

3. **Continue to deliver on its key responsibilities in terms of clinical governance, risk management, the quality of care and patient safety, including a prompt and effective response to the findings of Healthcare Environment Inspections (HEI) and Older People in Acute Hospitals (OPAH) Inspections**

Progress has been maintained in delivering against key clinical governance priorities, including clinical risk management, quality of care, patient safety and patient experience. We continued to promptly and effectively respond to the unannounced HEI and OPAH inspection reports throughout 2016-17.

4. **Keep the health directorates informed on progress towards achieving all access targets, in particular the 4-hour A&E target.**

We have met a number of our Local Delivery Plan access targets however, others have been challenging during 2016-17 when compared to the previous year. We carried out a comprehensive “root and branch review” of unscheduled care and the findings identified a number of practical projects that are aimed at tackling the bottlenecks in Emergency Departments and delivering improvements. The review has also identified examples of best practice and learning that will enable our clinical teams to introduce new ways of working to improve the quality of care we provide and make our processes more effective. The Unscheduled Care Governance Structure and the NHSGG&C and HSCP Programme Plans were approved by the Board in August 2017. In addition, work also continues with Health & Social Care Partnerships (HSCPs) in tackling delayed discharge with robust plans to support recovery in place.

In respect of scheduled care, a programme of demand and capacity gap assessment is underway with the aim of maximising the delivery of the national targets while remaining within the available resources. We are also working closely with the Scottish Government's Access Support Team, with a particular focus on outpatient waiting times performance.

5. Continue to work with planning partners on the critical health and social care integration agenda.

During 2016-17 HSCPs worked in partnership with each other and with Acute Services to develop commissioning intentions for unscheduled care services with the aim of increasing service provision in community settings. Much of this work has focussed on reducing delayed discharges which have continued to fall across NHS GG&C as intermediate care models have been developed to improve the community infrastructure.

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

We achieved an in-year and recurring balance in 2016-17. 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.

7. Keep the Health Directorates informed of progress with redesigning local services in line with the Board's Clinical Strategy.

Health Directorates were informed of progress with the redesigning of local services in line with the Board's Clinical Services Strategy published in 2014-15.

3. QUALITY AMBITION: PERSON CENTRED

In ensuring everyone has a positive experience of healthcare, NHSGG&C has established a number of ways for **patients, carers and relatives to feedback** their experience of the care they received. We have three main methods of feedback - Universal Feedback; NHSGG&C Patient Feedback and Care Opinion (formerly Patient Opinion). The three methods are complemented by feedback gathered by individual teams in wards and clinics. This means that whenever and wherever people come into contact with NHSGG&C services they have a variety of ways to tell us about their experience.

Examples of how feedback has resulted in change includes:

- Extending our visiting times to make our wards more accessible for visitors, carers and families was also introduced in response to a wide range of feedback provided by visitors regarding the important role visiting can play in a patient's recovery.
- Patients told us they felt vulnerable and unable to easily return to normal life after a prolonged period in an intensive care unit. We subsequently developed a five week rehabilitation and support initiative for both patients and their families.
- Patients told us our food and menu selection could be improved – our catering staff created new menus following patients and visitors 'tasting sessions' and meals now include 'lighter' options.

The three methods in seeking patient's feedback were supplemented by the introduction of a Freephone Feedback number during 2016-17. Following feedback from a group of disabled patients, we introduced a Freephone Feedback number in recognition that not everyone is literate or has access to the internet or smartphones. Using the Freephone Feedback number patients and carers can raise their issues, concerns, compliments and this information is entered into the system and addressed.

During 2016-17 we received a total of 13,163 comments. Overall, 90% of the comments received were positive relating to our staff, who are regarded very highly for their professional, caring and friendly approach to patient care.

We continued to support the **Person-Centred Health and Care Programme** which gathers near "real time" quantitative and qualitative feedback from people using services at the point of care in both Acute and HSCPs. The feedback from this is used specifically to influence and drive improvements in person centred care at a local level and to design improvement interventions and actions through coaching, mentoring and support relationships with clinical teams. The main method of listening to the care experience of patients, relatives and carers is through "themed conversations". Feedback is gathered over consecutive monthly cycles and reported directly back to the clinical teams and their managers. The continuous cycle of gathering feedback helps clinical teams to evaluate the impact and outcome of the improvement interventions and actions they have implemented on the care experience of people they come into contact with.

Work has been undertaken to continue to roll out the universal health visitor pathway as part of the Getting It Right for Every Child (GIRFEC) and to implement the recommendations of the local and national review of the District Nursing service.

As part of the Health Promoting Health Service we have developed the Supporting People in and Beyond Hospital Programme” which is piloting the routine offer of personalised support planning in three clinical services: renal, lower limb amputation and physical disability care pathways.

In April 2016, NHSGG&C published **Meeting the requirements of Equality Legislation “A Fairer NHSGG&C 2016-20:”** supported by the production and distribution of 54,000 leaflets highlighting equalities work, staff feedback and future plans to all NHSGG&C staff. Posters reinforced the campaign message and the campaign was promoted via Staff News. During 2016-17 a range of work took place across NHSGG&C to meet the mainstreaming and equality actions that we had set ourselves at the beginning of 2016.

Examples of this work include:

- **Communication Support** – improving services for Deaf people and people whose first language is not English to ensure that interpreters are always available for health appointments. We provide approximately 500 interpreter assisted appointments each day for patients whose first language is not English or who use British Sign Language (BSL). We have improved the effectiveness and efficiency of the interpreting service by: piloting on-line BSL Interpreting in Accident and Emergency Services; increasing the use of telephone interpreting and employing 14 full-time interpreters in high use languages. We fill 99% of all interpreting appointment requests and regularly engage with service users and staff to improve the service. 97 staff have started or completed training in basic BSL to make Deaf patients feel at ease when in our care and we have trained almost 1,400 staff members on Deaf awareness and how to book an interpreter.
- **Deafblind Scotland** – have provided professional guide communicators for almost 500 patients at GP visits, hospital appointments, specialist assessments, nurse appointments, Optician, Audiology and Podiatry appointments, day surgery and hospital admissions to Accident and Emergency.
- **Pride 2016** – at the Pride 2016 visitors were asked to complete questionnaires asking how sensitive NHSGG&C services were to the needs of Lesbian, Gay, Bisexual and Transgender service users. 58 people chose to answer the question from a total of 183 returned forms. All 58 people recorded feedback of ‘*very sensitive*’.
- **Roma Community** - Roma peer educator training was carried out in partnership with the South Sector in Glasgow HSCP to promote information to the Roma Community on how to access NHS services. 22 peer educators were trained who have gone on to work with 63 Roma people. The feedback from the peer educators has been very positive.
- **Gender Based Violence** - Maternity Services audited 268 case notes during 2016-17 to monitor discussions on Gender Based Violence. A total of 260 enquiries were made and five women disclosed and were offered support. Pathways on Female Genital Mutilation have been developed and circulated to all staff in Maternity Services supported by staff training.
- **Poverty** – since January 2015 until December 2016, NHSGG&C Acute staff have made 4,852 referrals to Money Advice Services. The Royal Hospital for Children’s (RHC) (inpatients and outpatients) Money and Debt Advice Service received 469 referrals between January 2016 and December 2016 with an additional 452

midwifery referrals into Healthier Wealthier Children. The financial gains from the RHC Service were £1.77m and a further £86k of debt management. Healthier Wealthier Children has now been acknowledged as an approach which will be rolled out nationally. Since 2011, Healthier Wealthier Children referrals from children and families services have generated over £13m for NHSGG&C's most vulnerable residents.

Staff at the RHC have pioneered a hugely successful "mother's milk bank" network over the past two years which is being held up as a leading example for others around the world to emulate. Delegations of healthcare professionals have travelled from around the world to learn how our dedicated teams have gone about this impressive work.

Key examples of our continued commitment to invest and pursue the advancement in patient care during 2016-17 include:

- NHSGG&C's partnership with the University of Glasgow and Glasgow City Council that saw the official opening of the world leading Imaging Centre of Excellence (ICE). This partnership will provide us with the opportunity to develop four state-of-the-art theatres to be used by the Department of Neurosurgery and Oral Maxillofacial Surgery. The new facility also provides the most advanced imaging facilities in the world on the Queen Elizabeth University Hospital (QEUI) campus.
- The new £7.3m Inverclyde Adult and Older Peoples Continuing Care Hospital, Orchard View, on the Inverclyde Royal Hospital (IRH) grounds took a significant step towards opening in summer 2017, when the Minister for Mental Health, performed the Topping Out Ceremony.
- A Consultant led surgical team at the Beatson West of Scotland Cancer Centre have developed the skills to be able to deliver the cordotomy procedure in Scotland for the very first time – this is a complex and high-tech use of radio frequency to 'burn' targeted very fine spinal nerves to alleviate overwhelming pain suffered by patients undergoing treatment for, in the main, asbestos related cancer.

These three developments highlight the skills of our staff and the ongoing commitment to improve services to patients.

Progress has been made in tackling **delayed discharges**. As at March 2017, there were a total of 117 patients delayed in Acute Hospitals after being confirmed fit for discharge. Linked to delayed discharges is the number of bed days lost and during March 2017 there were 3,576 bed days lost to delayed discharge across NHSGG&C. Work is underway with each of the HSCP leads to ensure robust plans are in place to support recovery.

NHSGG&C is launching a new three year Staff Health Strategy in September 2017 and has a Healthy Working Lives Gold Award. Staff across NHSGG&C have been supported to engage with opportunities and develop skills to adopt a healthy lifestyle. This has been achieved via programmes such as staff immunisations and Active Staff as well as regular health promotion initiatives including Quit and Win; Active Staff; Pedometer Challenge; Healthy Weight Challenge and Weigh-in at Work; and the Six Books Challenge. Further work around Fairer Work, Financial Inclusion and Working longer are our next priorities.

The second Fairer NHS Staff Survey was carried out in March 2016 to monitor NHSGG&C's progress on:

- Staff attitudes to and knowledge of inequalities.
- Progress in implementing key actions to tackle inequality.
- Patient and staff experience of discrimination.

A summary of key points include:

- A 21% increase in staff participation in the survey, from 2,607 to 3,161.
- A 22% increase in staff who agreed that an understanding of discrimination can improve health care.
- A 16% increase in the number of staff who thought that NHSGG&C had got better at recognising the health effects of discrimination on patients.
- 91% reported that they would book an interpreter for every clinical encounter if they had a patient who doesn't have English as a first language, an increase of 16%.
- A 12% increase in staff using telephone interpreting, from 14% to 26%.
- A 15% increase in people always booking a BSL interpreter, from 38% to 53%.
- Only 14% of staff have a loop system in their patient area which they know how to use and 31% have no loop system.
- Staff have taken a wide range of actions to support people with learning disability, physical impairments and mental health issues, gender based violence, poverty and other forms of marginalisation.
- 25% of staff responding reported having at least one condition that could be considered a disability.
- The most common prejudice witnessed was in relation to race (13%) age (12%) and social class (12%).
- The most common prejudice experienced in the working environment was age (7%) sex/gender (5%) and religion and belief (5%).

From these results, the following recommendations will be taken forward in the mainstreaming and equality outcomes for 2016-20:

- Ensuring all staff know that they should always book a spoken language interpreter and BSL interpreter for Deaf patients.
- Improving the coverage of loop systems across patient and staff areas and raising awareness of hearing loss.
- Raising awareness with staff and managers of the numbers of staff who have a disability and how they can support them at work.
- Analysing the free text responses to understand how to tackle the prejudice that some staff are witnessing or experiencing in order to improve patient care and to promote a workplace culture based on equality, dignity and respect.

The Board has supported a Staff Disability Forum who are developing our approach to *Disable Positive*, a guide for managers regarding disability and a new target to identify staff with a disability from 0.4% to 19% over two years. A guide for staff in transition will be launched later this year.

NHSGG&C continued to implement the Board's Retail Policy, including Healthcare Retail Standards and increased provision and availability of healthier food for staff, visitors and patients. The move to the QEUH required existing NHS cafes with the Healthy Living Award Plus (HLA+) to reapply. There is only one outstanding application to progress in order to have full compliance.

Also in demonstrating our commitment to ensuring improvements in patient care and positive patient outcomes, our Research and Development activity increased in the number of high quality trials performed by over 25% and the number of patients recruited to these trials increased by 5% during 2016-17. The main challenge in 2017-18 will be to ensure that we continue to maximise the opportunities and support for our growing number of researchers in order to further increase the volume of high quality clinical research that will ultimately deliver improved health outcomes for our population.

During 2016-17, the Directorate of Medical Education supported around 1,400 doctors and 800 medical students in training across NHS GG&C. In line with the GMC standards we have in excess of 1,000 recognised trainers and continued to work collaboratively with NES and the GMC to ensure the delivery of the highest standard of training for our doctors and medical students.

4. QUALITY AMBITION: SAFE

As at March 2016-17, our performance against the *safe* related Local Delivery Plan Standards was as follows:

- NHSGG&C exceeded the reduction target in the number of **Clostridium Difficile (C. Diff) Infections (CDI)** reported during 2016-17. Overall performance in the number of CDIs reported for the year ending March 2017 was 27.8 against the target rate of 32.0 (per 100,000 TOBDs) for patients aged 65 years+ and 30.3 for patients aged 15 – 64 years. The annual incidence of CDIs across NHSScotland for 2016-17 was 26.3 (in patients aged 65 years+) and 31.8 (per 100,000 AOBs) in patients aged 15 – 64 years.
- Performance remained above target in relation to **MRSA/MSSA Bacteraemia**. For the rolling year ending March 2017, NHSGG&C reported a SABs rate of 32.0 (per 100,000 AOBs). Current performance is slightly lower than incidence rate across NHSScotland of 32.4 (per 100,000 AOBs).

Action to improve performance throughout 2016-17 included:

- The development of a short video on the correct management of one of the most commonly used IVDs (Peripheral Vascular Cannula or PVC) was developed in 2016 and disseminated via the Chief of Medicine and the Chief Nurses. The video is available at <https://www.youtube.com/watch?v=41V3eO3u5HU> and is also promoted through existing educational sessions.
- Infection Prevention & Control Nurses (IPCNs) have been issuing antimicrobial guidelines to clinical staff when a SAB has been identified in order to support best practice in relation to prescribing. From June 2017 the IPCNs will also place a SAB 'sticker' in the patient's case notes to provide a prompt for appropriate management and to highlight guidance. This should be completed and dated by medical staff during treatment of the SAB.
- Evidence from the literature suggests that a substantial proportion of *S. aureus* bacteraemia originate in the patient's nose and 50% of hospitalised patients have nasal carriage of *S. aureus*. Scientific literature suggests that decolonising patients who are natural carriers of *S. aureus* may reduce the incidence of infection. Although *S. aureus* is not part of any national screening policy, in this specific group of patients it may be useful in preventing SABs. In collaboration with Renal Services Clinicians, all renal haemodialysis patients will be screened for *S. aureus*. This screening process began in February 2017. If patients are positive they will be commenced on a decolonisation regimen to reduce the amount of bacteria on their skin and nose and this in turn should reduce SABs. Depending on the impact, this may be extended to other high-risk groups.
- The NSS Discovery platform which hosts published enhanced *Staphylococcus aureus* bacteraemia data indicates that the majority of other Scottish NHS Boards have identified vascular access devices as the main cause of hospital acquired cases. NHSGG&C will continue to focus on reducing any avoidable harm cases associated with these devices. A new PVC care plan was tested in Glasgow Royal Infirmary and after some minor amendments replaced the previous version. Compliance with the implementation of the plan is monitored via the Infection Prevention and Control Team (IPCT) audits and PVC sweeps post SAB referral.

- The IPCT within NHSGG&C are liaising with colleagues in other Health Boards to ensure relevant good practice and lessons learned in relation to the management of SABs can be applied locally.
- **Hand Hygiene** – compliance audits continue to be carried out on a monthly basis across the majority of wards and departments in NHSGG&C. We have year-on-year exceeded the 95% target and local data at March 2017 indicates a 97% compliance rate.
- **National HAI Point Prevalence Study (PPS)** – NHSGG&C reported an overall prevalence of 3.1% which was significantly lower than the national average of 4.6% and a significant reduction from the previous PPS in 2011 in which prevalence of infection across NHSGG&C was reported as 4.7%. All individual hospitals within NHSGG&C were below 4%.
- **Surveillance Surgical Site Infection (SSI)** – as per DL (2015)19, SSI surveillance in NHSGG&C has been extended to include colorectal and vascular surgery. Local reports are returned to surgeons monthly for review. Trend information is still in its infancy but in time this will enable us to monitor infection rates. National reports for comparison with other HB are not available as yet, although data is returned centrally to HPS in order to facilitate this in the future. Crude comparison with the published literature worldwide would suggest our rates are below those published.
- **DL (2015)19 Implementation of screening of patients to detect Carbapenemase Producing Enterobacteriaceae (CPE)** – requires NHSGG&C to screen all patients on admission for CPE if they have received hospital treatment outside of Scotland. Local education sessions have been held throughout NHSGG&C in 2016-17 and screening questions have been added to both the hard copy and electronic nursing admission documentation.
- IPCT continue to support the implementation of the National Infection Prevention and Control Manual with the development of check lists, to ensure patients with infections are reviewed daily and that all controls are in place. The IPCT audit process has been extended in 2017 and now includes audits of theatres and outpatient departments. Action plans are returned electronically on the same day to senior staff within the area audited for action.

A total of six unannounced **HEIs** took place across NHSGG&C during 2016-17, resulting in 27 requirements and three recommendations. Following inspections action plans have been developed and implemented to ensure the necessary improvements are made and reviewed regularly.

One unannounced **OPAH** inspection took place during 2016-17 at the Langlands Building at the QEUH resulting in the identification of six areas of good practice and seven areas for improvement. A detailed analysis of the findings of the inspection has been undertaken with subsequent action plans developed and implemented 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 OPAH 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.

The Vale of Leven Inquiry Report set out 75 recommendations. Of the total number of recommendations 65 fell to NHS Boards to implement. NHSGG&C has completed 62 recommendations and the remaining three recommendations, which relate to wider areas of work across the organisation, are ongoing. A Short Life Working Group has reviewed in detail the actions taken against each recommendation in the Vale of Leven Inquiry Report and the supporting written evidence. The Working Group is assured that the actions fulfil the requirements of the recommendations and have been embedded and mainstreamed where appropriate. The monitoring and oversight of any ongoing areas of work will continue through the relevant professional or Directorate/Board structures.

NHSGG&C maintained Non Executive oversight of clinical governance arrangements through the Board and its sub-committees. In 2016 we augmented the arrangements through the creation of a dedicated Non Executive led forum, the Clinical and Care Governance Committee, which is a standing sub-committee of the Board. This is supported by the Executive leadership from the Medical Director and Nursing Director who coordinate strategic activities through the Board Clinical Governance Forum.

The Board Clinical Governance arrangements have coordinated ongoing improvements to the clinical governance process, which includes:

- Publication of a new and revised NHSGG&C Clinical Governance Policy.
- Implementation of standardised terms of reference and agendas for clinical governance forums.
- Clearer specification of two way update processes between clinical governance forums.
- The use of internal audit fieldwork and confirmation of completed actions.
- Maintaining reporting flows to ensure corporate assurance of key priority areas in clinical governance action plans.
- Engaging with stakeholders to develop a new strategic plan which will support staff develop skills and practice in the techniques of quality improvement.

NHSGG&C operates a robust **clinical risk management system** (which detects adverse events and follows up by investigating and using learning to improve systems of care) and maintain safety improvement programmes aligned to the **SPSP**. Key developments in 2016-2017 include:

- Publication of a new Significant Clinical Incident Policy.
- Extension of the SCI toolkit to support the process.
- Twelve Root Cause Analysis training sessions provided.
- Developing greater involvement with patients and families when adverse incidents occur in line with the new Duty of Candour.
- Two disclosure training sessions delivered to provide staff with the skills to communicate with patients/relatives following an adverse event.
- Ongoing developments in the electronic incident reporting arrangements to improve data capture and presentation back to services.
- Publication of an updated Consent Policy.
- Extended support to clinicians when they are systematically reviewing the quality of care through local Morbidity and Mortality meetings.
- Development of an electronic system of reporting and reviewing M&M cases.

- Continued development of SPSP in primary care with most practices delivering the DMARDS care bundle with continuing increasing compliance.

Clinical Effectiveness – recognised the application of the best knowledge, derived from research, clinical experience and patient preferences to achieve optimum processes and outcomes of care for patients. NHSGG&C have developed and maintained an approach to clinical effectiveness including:

- **Clinical Guidelines** – an electronic database to support the availability, promotion and updating of over 400 clinical guidelines to support clinical decision making:
 - 123 new clinical guidelines have been developed and approved in line with the Clinical Guideline Framework since its inception in 2012.
 - The Clinical Guideline Directory continues to be a very well utilised resource with > 3,000 hits to the home page each month.
- **Clinical Governance Related Guidance Publications** – a process of reviewing externally published reports on clinical standards to assure or improve the quality of clinical care:
 - 31 Clinical Governance related Guidance Publications have gone through the process of impact assessment and reporting in 2016-17.
 - 37 Clinical Quality Publications have been published in 2016-17, all have been reviewed and a range of improvement actions have been identified.
- **Building QI Capability** – local training for more than 300 staff on quality improvement techniques and leadership. A Return of Investment Evaluation has been carried out for QI workshops:
 - >90% delegates report an increase of knowledge of QI.
 - >90% report the QI workshops met the stated aims.
 - Increase in QI knowledge for delegates across 19 improvement skills from Level 2 (know what it is) to Level 5 (can adapt and explain).
 - 60% of respondents have demonstrated improvements in their projects.

The clinical disciplines are also commissioning development through their leadership structures. A total of 308 registered nurses attended the “Making a Difference Programme” which included a positively evaluated half day session on quality improvement skills and eight bespoke QI workshop have been delivered to a range of services on request.

- **QI Project Support** – supporting a broad range of quality improvement projects across all services within the Board. Supported clinicians in a broad range of clinical effectiveness and quality improvement activities, which are aligned to national, strategic and local priorities:
 - 168 projects supported from the Clinical Effectiveness Team in 2016-2017.
 - Implemented a centralised standardised approach to review all projects requests for support.

5. QUALITY AMBITION: EFFECTIVE

As at March 2016-17 our performance against the *effective* related Local Delivery Plan Standards was as follows:

- NHSGG&C continuously exceeded the 90% **drug and alcohol waiting times** target throughout 2016-17, with 96.8% of patients referred for treatment seen within three weeks.
- 98.0% of patients referred to **Child and Adolescent Mental Health Services** started treatment within 18 weeks of referral.
- 94.7% of all patients referred for a **psychological therapy** started treatment within 18 weeks of referral exceeding the target of 90%.
- A delivered a total of 12,965 **alcohol brief interventions** against the planned number of 13,086 interventions.
- There were a total of 1,904 **successful smoking quits** at three months post quit from our 40% most deprived areas. Our performance represents 95% of our annual target of 2,005 and is above the Scottish average of 83% successful quits.
- 87.1% of mums-to-be **booked for an antenatal care appointment at 12 weeks gestation** exceeding the target of 80%, mums from our lowest performing quintile (*SIMD 1*) also exceeded target with 83.5% of mums-to-be booking an antenatal care appointment.
- NHSGG&C remained in **financial balance** and met the cash efficiency target whilst at the same time delivered on a range of major service developments and improvements.
- 89.7% of our patients were treated within **18 weeks of Referral To Treatment** against a target of 90%.
- 83.3% of patients referred urgently with a suspicion of cancer began treatment within **62 days of receipt of referral** and 93.9% of our patients diagnosed with cancer **began treatment within 31 days** against a target of 95%.

Our performance in respect of cancer waiting times standards remains a key area of focus. Pressures in particular specialities, such as urology, have contributed to the more challenging position on 62 day performance however, new staff appointments and ways of working (e.g. robotic surgery) should help as part of the Board's redesign programme for cancer services to sustainably improve performance.

- 90.7% of our patients waited four hours or less at our **accident and emergency departments**, lower than the target of 95%.
- 86.2% of our **new outpatients waited no longer than 12 weeks** from referral to a first outpatient appointment, below the target of 95%.
- 100% of **eligible patients were screened for IVF treatment within 12 months** exceeding the target of 90%.

- 87.2% of patients seen waited within the **Treatment Time Guarantee** of 12 weeks.
- Our rolling year **rate of sickness absence** across NHSGG&C was 5.49%, above the 4% target and NHSScotland's average of 5.13%.

Following the successful migration of services to the new Queen Elizabeth University Hospital (QEUH) and Royal Hospital for Children during 2015, capital investment at the site has continued with the demolition of the redundant former hospital buildings and final landscaping works.

A total of £76.4m has been spent on a number of building refurbishment programmes across our estate, general medical equipment (including replacement of radiotherapy equipment) and e-Health equipment.

During 2016-17, the significant capital investment in NHSGG&C continued with the opening of the new Eastwood Health and Care Centre and the new Maryhill Health and Care Centre. In addition, construction work started on a new specialist Dementia and Mental Health unit on the grounds of IRH. The Scottish Government HUB funded scheme will deliver a 42 bed continuing care facility offering 30 beds for older people and 12 for younger adults, and will allow us to move existing continuing care services out of the outdated Dunrod Unit at Ravenscraig Hospital which is coming to the end of its useful life as an NHS Facility.

Towards the end of 2016-17 we received final approval to progress with the construction of both the Woodside Health and Care Centre and the Gorbals Health and Care Centre which are scheduled for completion in Autumn 2018.

Work also continues on the initial development of plans for a further two new purpose built health centres, one in Clydebank and the other in Greenock. This represents the latest stage of a multi-million pound investment in modernising health and social care. For Clydebank, the centre will enable West Dunbartonshire HSCP to provide one stop access and improved accessibility for patients to an increased range of community services, and acute outreach. This includes intermediate care and on site rehabilitation, imaging, and children's services. There will also be pre and post operative assessment clinics for ambulatory care hospital patients.

In Greenock, the new centre will provide a high-quality physical environment for patients and staff, and will tackle the causes of inequalities through wider financial inclusion services, hosting employability and third sector partners. Due to better co-location, GP practices will have a wider range of services available which will improve referral pathways, offering a more streamlined approach for the patient/client. It will also help to identify specific areas for speedier and enhanced roles in unscheduled and primary care to provide a whole system response.

Primary Care Transformation approaches continue across six HSCPs. The Inverclyde New Ways programme is a demonstration site for new ways of working with an extended multi-disciplinary team in primary care. The Deep End Pioneer scheme was successful in recruiting new GPs to areas of high deprivation and programmes such as Govan SHIP project continued to reshape care.

Cluster working is now well established, with Cluster Quality Leads in place for all 39 clusters across NHSGG&C. These are being supported by HSCPs to identify quality improvements and develop integrated working within primary care services.

Following significant service development and major investment, NHSGG&C launched the new Glasgow Psychological Trauma Service. The new service is designed with trauma survivors in mind – delivering welcoming, safe and accessible professional support to people who have gone through complex traumatic experiences such as childhood abuse, domestic violence, war, torture, trafficking and major incidents. By bringing the expertise of more than 25 staff into this new single site service we are able to further demonstrate our commitment to providing quality specialist mental health services. It is expected more than 600 patients a year will benefit from this new service.