



# 2016/2017 Summary of Annual Review Performance News

# Introduction

NHS Greater Glasgow and Clyde's (NHSGGC'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 NHSGGC 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**



Continuing to **exceed the 90% drug and alcohol waiting times target**



Continuing to **improve access to antenatal care**



Successfully delivered **12,965 alcohol brief interventions**



**Maintaining financial balance** and meeting the cash efficiency target whilst at the same time delivering on a range of major service developments and improvements

## Patient feedback

We have recognised the importance of listening to patient feedback and using it to improve the patient experience. The Board's Nurse Director is leading this important work but its success lies with staff in every part of our hospitals and in community services.

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 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.



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.

### Patient feedback contact details

- Online: [www.nhsggc.org.uk/patient-feedback](http://www.nhsggc.org.uk/patient-feedback) or [www.patientopinion.co.uk](http://www.patientopinion.co.uk)
- Get in touch on Freephone **0300 123 9987**



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

- **NHSGGC'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 (QEUH) campus.
- **The new £8m Inverclyde Adult and Older Peoples Continuing Care Hospital, Orchard View, on the Inverclyde Royal Hospital (IRH) grounds** opened this summer, making a real difference to patients and their families and carers.
- **A Consultant led surgical team at the Beatson West of Scotland Cancer Centre have developed skills 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.

NHSGGC 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.

Our Research and Development activity increased **by over 25%**, with more than 10,000 patients taking part. The volume of high quality clinical research 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 NHSGGC. In line with the GMC standards we have **in excess of 1,000 recognised trainers** to ensure the delivery of the highest standard of training for our doctors and medical students.

## Patient safety

A total of six unannounced visits by the Healthcare Environment Inspectorate (HEIs) took place across NHSGGC 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.

Detailed analysis of the findings of inspection is undertaken, with subsequent action plans developed and implemented to ensure the necessary improvements are made.

The Nurse Director, supported by senior staff undertake monthly corporate inspections to 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.

NHSGGC 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 NHSGGC 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.



NHSGGC 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 Scottish Patient Safety Programme.

### Key developments in 2016-2017 include:

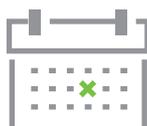
 <p>Publication of a new <b>Significant Clinical Incident Policy</b></p>	 <p><b>Extension of the SCI toolkit</b> to support the process</p>	 <p><b>Twelve Root Cause Analysis training sessions</b> provided</p>	 <p>Publication of an <b>updated Consent Policy</b></p>
 <p>Developing greater <b>involvement with patients and families</b> when adverse incidents occur in line with the new Duty of Candour</p>	 <p>Two disclosure training sessions delivered to provide staff with the <b>skills to communicate</b> with patients/relatives following an adverse event</p>	 <p>Development of an <b>electronic system of reporting and reviewing Morbidity and Mortality cases</b></p>	 <p>Extended support to clinicians when they are systematically reviewing the <b>quality of care through local Morbidity and Mortality meetings</b></p>
 <p><b>Ongoing developments in the electronic incident reporting</b> arrangements to improve data capture and presentation back to services</p>		 <p>Continued development of <b>Scottish Patient Safety Programme</b> in primary care with most practices delivering the DMARDS (Disease Modifying Anti-Rheumatic Drugs) care bundle with continuing increasing compliance</p>	

# Quality ambition

During the year to March 2017:



**96.8%** of patients referred for **drug and alcohol treatment** seen within three weeks of referral



**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 **psychological therapy** started treatment within 18 weeks of referral



There were a total of **1,904 successful smoking quits** at three months post quit from our 40% most deprived areas.



NHSGGC delivered a total of **12,965 alcohol brief interventions** against the planned number of **13,086** interventions.



**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.



**89.7%** of our patients were treated **within 18 weeks of Referral To Treatment** against a target of 90%.



NHSGGC 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.



**90.7%** of our patients **waited four hours or less** at our accident and emergency departments, lower than the target of 95%.



**83.3%** of patients referred urgently with a suspicion of cancer **began treatment within 62 days of receipt of referral\***

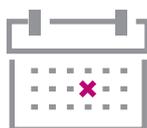
Target	<b>95%</b>
NHSGGC	<b>93.9%</b> ☹️

**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.

Target	<b>95%</b>
NHSGGC	<b>86.2%</b> ☹️

**86.2%** of our new outpatients **waited no longer than 12 weeks** from referral to a first outpatient appointment, below the target of 95%.



A total of **2,678** patients were **waiting more than 12 weeks** for an inpatient/daycase procedure.

Target	<b>4%</b>
NHSGGC	<b>5.49%</b> ☹️

Our rolling year **rate of sickness absence** across NHSGGC was **5.49%**. This is above the 4% target and NHSScotland's average of 5.13%.



**100%** of eligible patients were **screened for IVF treatment within 12 months exceeding the target of 90%**

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 NHSGGC 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.

Following significant service development and major investment, NHSGGC 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.



## Performance at a glance: 2016-17 local delivery plan standards

As at March 2017, our performance against the 2016-17 Local Delivery Plan Standards was as follows:

<p> <b>89.7% of our patients were treated within 18 weeks of Referral To Treatment</b> against a target of 90%.</p>	<p> The number of <b>MRSA/MSSA Bacteraemia cases</b> was above target.</p>
<p> <b>NHSGG&amp;C continued to exceed the 90% drug and alcohol waiting times target</b> with 96.8% of patients referred to treatment seen within three weeks.</p>	<p> <b>83.3% of patients</b> referred urgently with a suspicion of cancer began treatment within <b>62 days of receipt of referral</b> and <b>93.9%</b> of our patients diagnosed with cancer began treatment <b>within 31 days</b> against a target of 95%.</p>
<p> <b>We achieved the C Difficile Infections reduction target</b> during 2016-17</p>	<p> Performance in relation to accident and emergency <b>four hour wait remains challenging</b> reporting 90.7% of patients waiting four hours or less at March 2017.</p>
<p> <b>98.0% of patients referred to Child and Adolescent Mental Health Services started treatment within 18 weeks</b> of referral.</p>	<p> <b>86.2% of our new outpatients waited less than 12 weeks</b> from referral to a first outpatient appointment.</p>
<p> <b>94.7% of all patients referred for a psychological therapy started treatment within 18 weeks</b> of referral exceeding the target of 90%.*</p>	<p> <b>Our rate of sickness absence across NHSGG&amp;C was 5.49%, above the 4% target</b> and above NHSScotland's position of 5.13%.</p>
<p> We delivered a total of <b>12,965 alcohol brief interventions</b> against the planned number of 13,086 interventions.</p>	<p> There were a <b>total of 1,904 successful smoking quits</b> at three months post quit from our 40% most deprived areas. Our performance <b>represents 95% of our annual target</b> of 2,005. Our performance is also above the Scottish average of 83% successful quits.</p>
<p> <b>NHS Greater Glasgow and Clyde (NHSGGC) remained in financial balance</b> and met the cash efficiency target whilst at the same time delivering on a range of major service developments and improvements.</p>	
<p> <b>100% of eligible patients were screened for IVF treatment</b> within 12 months exceeding the target of 90%.</p>	
<p> <b>87.1% of mums-to-be had booked for an antenatal care appointment at 12 weeks gestation</b> exceeding the 80% target, our lowest performing quintile (SIMD 1) also exceeded 83.5% of mums booking.</p>	

\*It should be noted data is only 20-30% complete due to the migration to a new performance management system.

## Financial performance 2016/17

During the financial year ended 31st March 2017, NHS Greater Glasgow and Clyde spent more than £3.3bn on its ongoing services – hospitals, primary care and pharmacy. The Board again successfully managed its finances, meeting its revenue resource limit and spending to within £1.2m of the target for the year.

During 2016-17, significant capital investment in NHSGGC has continued to be made across our acute and community services. Over £76m was invested in capital projects during the year, which saw the opening of two new Health and Care Centres - in Eastwood and in Maryhill.

Each year, NHS Greater Glasgow and Clyde prepares a set of financial accounts which show, in great detail, how the Board has performed in respect of meeting its financial targets. The accounts will be published in full on our website [www.nhsggc.org.uk](http://www.nhsggc.org.uk) after they have been laid before the Scottish Parliament (normally around the end of September each year), but outlined briefly below are some of the key areas relating to the financial targets.

The Scottish Government sets three financial targets for each NHS Board in Scotland:

- the revenue resource limit - what the Board can spend on its ongoing operations;
- the capital resource limit - what the Board is able to spend on capital investment; and
- the cash requirement - the finance the Board needs to fund its revenue and capital expenditure.

Revenue Expenditure	£'m
Total Board expenditure	3,337.4
Less income from other NHS Boards and other hospital income	-695.4
<b>Net operating costs</b>	<b>2,642.1</b>
Family health services non discretionary allocation	-146.5
Donated asset, endowment and other income	-0.6
<b>Total net expenditure</b>	<b>2,495.0</b>
<b>Total Revenue Resource Limit</b>	<b>2,496.1</b>
<b>Underspend</b>	<b>1.2</b>

Capital Expenditure	£'m	Cash Requirement	£'m
Capital Resource Limit	76.4	Cash Limit	2,560.4
Capital expenditure	76.4	Cash Requirement	2,560.4

# What's your experience?

We want to know about your experiences of our services.

To tell us what you think visit: [www.nhsggc.org.uk/patientfeedback](http://www.nhsggc.org.uk/patientfeedback)

Alternatively you can feedback through the independently run

Patient Opinion website: [www.patientopinion.org.uk/youropinion](http://www.patientopinion.org.uk/youropinion)

**With your feedback we can build on what works well and improve what needs to be done better.**

