

**NHS GREATER GLASGOW & CLYDE**

**2017-18 ANNUAL REVIEW**

**SELF ASSESSMENT**

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## 1. INTRODUCTION

During 2017-18 NHS Greater Glasgow & Clyde (NHSGG&C) made significant progress against many of our Local Delivery Plan Standards and across a wide range of strategic programmes. Key highlights include:

- Remaining the best performing Health Board in Scotland in successfully ensuring access to *Psychological Therapies* with 91.9% of patients referred for a psychological therapy starting their treatment within 18 weeks of referral.
- 88.7% of patients who started their treatment in the *Child and Adolescent Mental Health Services* started treatment within 18 weeks of referral.
- Delivered a total of 2,017 *Successful Smoking Quits* at three months post quit from our 40% most deprived areas exceeding our annual target of 2,005.
- Continuing to exceed the 90% *Drug and Alcohol* waiting times target with 94.5% of patients referred to treatment seen within three weeks.
- Consolidating and extending our programme of work in relation to the *Scottish Patient Safety Programme (SPSP)*.
- Successfully achieved our agreed reductions in *C.Difficile infections*.
- 89.3% of patients were treated within 18 weeks of *Referral To Treatment* against a target of 90%. NHSGG&C remained the best performing urban Health Board across Scotland.
- Maintaining 100% performance in relation to the number of eligible *IVF patients screened* within the standard waiting time target.
- Successfully delivered 14,957 *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.

## 2. SUMMARY OF PROGRESS AGAINST 2017 ANNUAL REVIEW ACTIONS

Following the 2016-17 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:

**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 all 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.

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

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 Healthcare Environment Inspection (HEI) and Older People in Acute Hospital (OPAH) inspection reports throughout 2017-18.

**Keep the Health & Social Care Directorates informed on progress towards achieving all access standards, including ensuring that performance against outpatient and inpatient/day case standards at the end of March 2018 is no worse than that delivered on 31 March 2017.**

During 2017-18 we continued to face pressure in relation to achieving our inpatient/day case and new outpatient waiting times standards and a number of workstreams have been established to help deliver immediate and sustainable improvements. A more detailed overview is provided later in this report. The national Access Team have been kept informed of the progress of this work.

**On the 4-hour unscheduled care target, as a minimum: ensure performance at Queen Elizabeth University Hospital (QEUH) and Glasgow Royal Infirmary (GRI) achieved performance levels at or above 92% whilst maintaining performance across other sites as that delivered in 2016/17.**

Our performance in relation to our unscheduled care target remained a challenge during 2017-18 particularly during the winter months in A&E Departments at the QEUH, GRI and the Royal Alexandra Hospital (RAH). Actions to help drive the required improvements particularly during the winter months included the provision of additional winter bed capacity in parallel with public and staff media campaigns to ensure better use of Minor Injury Units. In addition, a new governance structure, chaired by the Chief Executive, with key stakeholder membership, was established to drive improvements in unscheduled care performance. Improvement work streams were set up to understand and where appropriate provide alternatives to emergency care activity.

**Continue to work with planning partners on the critical health and social integration agenda and the key objective to significantly reduce patients experiencing delayed discharge.**

During 2017-18 the NHS Board continued to work with each of the six Health & Social Care Partnerships (HSCPs) to build and consolidate cross partnership working in areas such as continuing to prioritise delayed discharges, with a focus on anticipatory planning and early discharge, early assessment and engagement with patients and their families to ensure that the next stage of care is in place prior to patients being fit for discharge whenever possible.

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

We achieved an in-year and breakeven position in 2017-18 underpinned however, by non-recurring support. 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 Annual Operational planning process.

**Keep Health & Social Care Directorates informed of progress with redesigning local services.**

Health Directorates were informed of progress with the redesigning of local services in line with the Board's Clinical Services Strategy and more recently with our Five Year Transformational Plan - Moving Forward Together (MFT) which aims to transform care in line with the national Health and Social Care Delivery Plan. More detail on this is presented later in the report.

### 3. THE QUALITY OF HEALTHCARE

As at March 2017-18, our performance against the *Quality of Healthcare* 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 2017-18. Overall performance in the number of CDIs reported for the year ending March 2018 was 31.4 against the target rate of 32.0 (per 100,000 TOBDs) for patients aged 15 years+. Current performance is marginally higher than the incidence of CDIs across NHSScotland for 2017-18 which was 27.5 (in patients aged 15 years+).
- Performance remained above target in relation to **MRSA/MSSA Bacteraemia (SAB)**. For the year ending March 2018, NHSGG&C reported a SABs rate of 33.9 (per 100,000 AOBDS). Current performance is marginally higher than incidence rate across NHSScotland of 33.2 (per 100,000 AOBDS).

Whilst not exhaustive, actions to improve MRSA/MSSA Bacteraemia performance throughout 2017-18 included:

- Peripheral Venous Catheter (PVC) Packs – PVC procedure packs were reported by NHS Ayrshire and Arran as a key success factor in their SAB reduction strategy. A procedure pack ensures all of the necessary equipment is in a single pack and this promotes the safe insertion of PVCs. Procurement has sourced cost effective versions of the packs and these are being tested at Inverclyde Royal Hospital (IRH).
- SAB Ward Rounds – These have now been established in all sectors. This is a real time review of the patient which includes an assessment of antimicrobial therapy and the identification of the source of the SAB if possible. There is also a review of PVC and Central Venous Cannula (CVC) documentation where appropriate and feedback regarding any learning to clinical staff.

#### 2017-18 Key Achievements

The SPSP continued to deliver positive results in patient care during 2017-18. In addition to the SPSP Team providing coaching, data analysis and programme management to the SPSP Acute Adult, Mental Health, Primary Care and Maternity & Children's Quality Improvement Collaborative, key achievements include:

- The GRI Intensive Care Unit (ICU), central line related blood stream infections which were already low, has almost been eradicated and the unit went for more than three years between infections. Similar excellent results are also being achieved in our other ICUs.
- The development of a real culture for continuous improvement with all staff working together and striving to ensure we offer high quality, safe and person centred care using a validated methodology of testing change and measuring improvement. The SPSP has been embedded into routine practice with staff working as teams and supporting one another to deliver new ways of working. An example of this can be seen in the Renfrewshire Brain Natriuretic Peptide (BNP) pilot study. Providing access to the blood test BNP in Primary Care for the diagnosis of heart failure, is both clinically and cost effective and improves the patient journey. 29 Renfrewshire GP practices (population 172,000) were provided with access to BNP in Primary Care in order to reduce referrals to the hospital based Heart Failure Diagnostic Pathway clinic (HFDP). HFDP waiting times were reduced for GP referral to echo from 19 weeks to six weeks and GP referral to cardiologist review from 19 weeks to six weeks. Patients with normal Electrocardiogram (ECG) and BNP in Primary Care were no longer required to attend the hospital clinic (50% reduction in referrals). The Renfrewshire BNP pilot study results formed a successful business case and BNP testing in Primary Care across NHSGG&C was funded and implemented across each of the HSCPs in December 2017.

- A total of 82 'Improvement to Care' projects were supported by the Clinical Effectiveness Team. Two examples of the impact of these interventions on patient care can be seen in the following:
  - 'No Place Like Home' Project – The project in Ward 62 at the GRI aims to help patients return home after shorter hospital stays following a primary joint replacement. They are doing this by ensuring a range of care interventions are more effectively applied. As part of this project the team have already improved hydration management and patients having a restful night. There has been an increase in the number of completed fluid balance charts on the ward. Through the testing of four change ideas the data went from 15% to 100% over a period of 20 weeks.
  - Reduction in Waiting Times for Minor Adaptations Equipment From Occupational Therapy (OT) - the aim of the project was to reduce the length of time that patients had to wait for minor adaptation equipment e.g. handrails, door entry systems, etc to be installed in their homes. The original process began with OT staff assessing a patient, if the patient required any adaptations to their home, this had to be referred to a Social Work OT. This led to delays in the referral process as well as a duplication of work. This project was piloted with one team in the North West HSCP for 12 weeks. The implementation of the new process resulted in a reduction in the average waiting time from assessment to referral from 12 days to one day and OT staff being able to start the patient's rehabilitation much quicker. There has also been a notable reduction in the length of time patients now have to wait between being assessed for equipment to having it installed in their homes allowing the rehabilitation process for the patient to start sooner.

The *Person Centred Health and Care* (PCHC) programme continued during 2017-18. Key programme achievements included:

- The PCHC Team conducted 1,164 in-depth care experience conversations to gather feedback from people using a structure of themes known as important aspects of care. As a result of this, overall care experience improved by 4% with some specific individual themes improving by up to 13%.
- The clinical team in the Acute Assessment Unit at the GRI contributed to the recording of a film with the Person-centred Care Team from Healthcare Improvement Scotland to highlight improvements taken forward in the unit. It is now publicly available on the iHub website: <https://ihub.scot/improvement-programmes/people-led-care/person-centred-health-and-care/real-time-and-right-time-evaluation-report/>.
- 211 staff attended a person centred health and care awareness session within the acute sector providing them with the opportunity to discuss with staff how to adopt person centred principles into routine practice. As part of the discussions staff were asked 'what person centred care means to them?' and 'what core skills, value, attitudes and behaviours are required to provide good quality person centred care?' Staff responses to these can reinforce the positive, meaningful aspects of person centred care. Examples of comments received from staff help illustrate the value they get from their involvement in the 'real-time' care experience improvement model.

*"Reading what patients have said gives us confidence in how we provide our care and we try to provide the best person centred care possible while still learning."*

(Staff member, ward 67, QEUH)

*"If things are always reported as good there's nowhere to go, so getting feedback lets us reflect as a team and individually to make sure we offer the best care we can."*

(Staff member, Physically Disabled Rehabilitation Unit)

A number of key learning points were identified and shared across NHSGG&C as well as incorporated into the working processes of the PCHC programme team within clinical teams involved in using the 'real-time' care experience improvement model. In this approach patients are interviewed whilst receiving care so their experiences are current and can be used to make immediate real-time improvements.

In consolidating and extending our programme of work in relation to the SPSP, NHSGG&C is working on three priority areas of patient activity identified within the SPSP medicines workstreams. Two examples of this include:

1. Safer Prescribing – NHSGG&C has achieved improvements in medicines reconciliation processes on admission to, and discharge from, hospital. However, achieving sustained improvement in the majority of clinical areas was, in the past problematic. One major barrier was the time required to complete medicines reconciliation for each patient, exacerbated by the number of transcriptions required from admission to discharge. During 2017/18, NHSGG&C worked with Orion Healthcare to develop and configure their electronic Medicines Reconciliation Application to minimise transcription and integrate medicines reconciliation with the electronic Immediate Discharge Letter (IDL). This was successfully piloted at the Beatson and IRH before being rolled out across all acute sites by September 2018. The roll out in Mental Health began in January 2019. Work is ongoing to provide reporting functionality, speed up key parts of the process and improve user experience. Further improvements to patient safety are planned through the implementation of the Hospital Electronic Prescribing and Medicines Administration (HEPMA) system. This will replace the paper 'Kardex' and build on the electronic Medicines Reconciliation/IDL system creating a single electronic prescribing system from admission to discharge. The outline business case was approved in 2017 and the full business case is scheduled to be approved in June 2019.

2. High Risk Medicines – Insulin

Top 10 safety tips for insulin use were developed for Insulin Safety Day in May 2018 and communicated via the Diabetes Managed Clinical Network, Medicines Update and Sector/Directorate Safer Use of Medicines Groups.

We put in place arrangements to ensure we meet the new legal duty described as the *Duty of Candour* in 2017-18. This builds upon NHSGG&C's approach to clinical risk management of 'being open' principle that has been in place for over a decade. The implementation of the Duty of Candour builds on the culture of openness and supports consolidation of established practices. We will continue to work with the national agencies to further improve our response to and care of people affected by harm in healthcare.

Our ongoing commitment to *Mental Health Services* and the care given to our patients by staff was recognised in the five reports issued following inspections from the Mental Welfare Commission. The following units and wards were visited as part of the inspection:

- The National Child Inpatient Unit at the Royal Hospital for Children (RHC).
- Ward 39 at the RAH.
- North and East Wards at Dykebar Hospital.
- The Intensive Psychiatric Care Unit at Gartnavel Royal Hospital.
- The Regional Adolescent Unit at Stobhill Hospital.

Our staff were praised for the atmosphere on the wards, high levels of communication with relatives and carers and ensuring they were involved in care decisions, and personal care plans for all patients. Copies of the full reports can be viewed here:

<https://www.mwscot.org.uk/publications/local-visit-reports/nhs-greater-glasgow-and-clyde/>

NHSGG&C implemented a range of approaches to person centred health and care to ensure we put patients, relatives and carers at the centre of everything we do and treat them as individuals. Our vision for person centred health and care remains at the forefront of our ongoing development and improvement and will be the cornerstone of transformational change as part of the MFT programme. A key example of this approach is our *What Matters to You* programme. Understanding what matters to people is fundamental in providing high quality person centred care. We know that when we provide health and social care in this way, not only does it lead to positive life experiences, but it also results in higher quality and better outcomes for less resources. In addition, the positive impact on staff experience as a result of developing a 'What Matters to You?' culture is significant. Supporting people to work in this way can help to reduce levels of burnout and increase job satisfaction. The What Matters to You programme was embedded in NHSGG&Cs Paediatrics and Older People's Services during 2017-18 and work is underway to implement the approach in all inpatient services and community settings.

As part of the Health and Safety Executive (HSE) inspection carried out in 2017, two Improvement Notices were served related to Domestic Services skin health and glove use. Both of these Notices were fully complied with, within the required timescales. Progress is ongoing in relation to the Board's HSE Action Plan, and further detail has been provided to the HSE on our strategic approach to falls management, procedures related to skin health and also on our continuing programme of utilising safer sharps devices in order to reduce the risk of needle stick injury.

Our work on *Equality and Human Rights* aims to ensure equitable access to our services, improve the care experience received and health outcomes where we have identified that we need to make a difference for patients. NHSGG&C continues to deliver its mainstreaming and equality outcomes for 2016-20 contained within the '*Meeting the Requirements of Equality Legislation: A Fairer NHSGG&C*'. Some specific examples of work during 2017-18 include:

- Language Interpreting – the NHSGG&C Interpreting Service continued to provide an essential service to our patients who do not speak English or who do not speak English well. Between April 2017 and February 2018 they provided interpreters in 109,601 face to face appointments representing an 8.6% increase on the same period last year. During the same period, calls to NHSGG&C's telephone interpreting service increased by 5,181 calls (31.9% increase year on year) to 16% of all interpreting supported appointments. Figures show that 98% of requests for spoken language interpreters are filled.
- British Sign Language (BSL) – all Deaf patients require BSL interpreters for health appointments. In 2017-18 4,864 face to face appointments were filled representing an 11% increase on last year.
- Deafblind Communicators – Deafblind Scotland provides professional skilled guide/communicator services to the 144 people known to Deafblind Scotland living in the NHSGG&C area. A total of 463 health appointments and 637 health improvement activities were supported during 2017-18.

NHSGG&C also aims to help staff to deliver on the commitments in the *Equality Act* through support and training. During 2017-18, a total of 12,183 equality and human rights training episodes were carried out comprising:

- 2,906 'Introduction to Equality and Human Rights'.
- 4,043 revised 'Introduction to Equality and Human Rights'.
- 1,166 Domestic Abuse Children's Services.
- 4,068 episodes covering issues such as visual impairment, gender based violence, human trafficking, transgender, ethnicity, deaf awareness, age, poverty and working with interpreters.

## 2017-18 Key Challenges

Whilst we have seen a reduction in the number of SABS cases over the years, the number of cases has remained above the national target of 24.0 cases or less per 100,000 AOB. However, the most recently published data (July – September 2018) relating to the quarter and rolling year demonstrates an improvement with current performance below the NHS Scotland average position as seen in the table below.

	<b>NHSGG&amp;C Quarter 3 2018</b>	NHS Scotland Quarter 3 2018	<b>NHSGG&amp;C Year End September 2018</b>	NHS Scotland Year End September 2018
SABs (per 100,000 OBD)	<b>27.8</b>	33.1	<b>32.3</b>	33.2

#### 4. POPULATION HEALTH

As at March 2018, our performance against the *Population Health* related Local Delivery Plan Standards was as follows:

- NHSGG&C continued to exceed the 90% **drug and alcohol waiting times** target throughout 2017-18, with 94.5% of patients referred for treatment seen within three weeks.
- 88.7% of patients who started their treatment in the **Child and Adolescent Mental Health Services** started treatment within 18 weeks of referral.
- 91.9% of patients referred for a **psychological therapy** started treatment within 18 weeks of referral. We remained the best performing Health Board in Scotland and were the only Health Board to meet the 90% standard.
- We delivered a total of 14,957 **alcohol brief interventions** against the planned number of 13,086 interventions.
- There were a total of 2,017 **successful smoking quits** at three months post quit from our 40% most deprived areas exceeding the target of 2,005.
- 89.3% of our patients were treated within **18 weeks of Referral To Treatment** against a target of 90%. NHSGG&C was the best performing urban health Board across Scotland.
- 81.3% of patients referred urgently with a suspicion of cancer began treatment within **62 days of receipt of referral** and 92.7% 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, such as urology, have contributed to the more challenging position on 62 day performance. Measures in place to achieve long term sustainable improvements in performance include a review of urgent outpatient capacity and improved access to diagnostics.

- 86.7% of our patients waited four hours or less at our **accident and emergency departments**.
- 74.5% of our **new 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%.
- 78.7% of patients seen waited within the **Treatment Time Guarantee** of 12 weeks.
- Performance in relation to **delayed discharge** remained a challenge. As at March 2018 census there were a total of 167 delays reported across NHSGG&C. The total bed days lost to delayed discharge in March 2018 was 5,119.

#### 2017-18 Key Achievements

NHSGG&C proactively supports anti-poverty work and Inequalities Sensitive Practice is a way of working which responds to the life circumstances that affect people's health. Evidence shows that if these issues are not taken into account by the health service, opportunities are missed to improve health and reduce health inequalities. During April – March 2018 NHSGG&C's money advice programme - Healthier Wealthier Children received 2,582 referrals and generated a financial gain of almost £3.3 million. The RHC financial inclusion initiative received 361 referrals and generated a financial gain of £3.26 million. MSPs visited the RHC due to its innovative nature and positive impact on patients e.g. £6,000 gain per family per annum.

We were the first Health Board to sign up to 'The Daily Mile' employee health campaign. The Daily Mile campaign seeks to encourage the Board's 39,000 employees to keep active, either by incorporating exercise into their working day, or by changing their community habits. Walking a mile each day has been shown to reduce the risk of strokes and chronic illnesses, such as heart disease, Type 2 diabetes and asthma. It can also help to make you feel happier, reduce stress, build self esteem and lead to a good night's sleep.

During 2017-18 further progress was made in driving improvements in the health and social care integration agenda to ensure patients are able access the right person, at the right place, at the right time. Key areas of focus included:

- HSCPs working with Primary Care to encourage people to attend the most appropriate service that meets their needs through the promotion of 'Know who to turn to' along with details of local services and supports. The recent development of six Primary Care Improvement Plans for each of the HSCPs will provide further opportunities to deliver new ways of working and strengthen the contribution of other health and care professionals in supporting frequent A&E attendees.
- Each of our HSCPs and Acute Hospitals undertake enhanced care pathways work for those areas identified as having the potential to avoid admissions and reduce lengths of stay. This work supports teams across better care at the right time and where possible in settings other than hospital. Our HSCPs work closely with care homes and Primary Care to reduce avoidable admissions from care homes and residential homes. Where residents do require admission, a consistent approach to transferring residents' information, medication and personal belongings was tested and introduced in Glasgow City HSCP. The "Red Bag" scheme is currently being rolled to each of the other HSCPs.
- Through more effective use of the palliative care pathway and local resources, all HSCPs work in collaboration with local hospices to strengthen the support to people in the community, minimising hospital admission, accelerating discharge and providing effective community support. Evidence of the positive efforts of HSCPs can be seen in the Outcomes At A Glance document, which shows there has been a year on year improvement during the past three years in the percentage of time in the last six months of life spent at home or in a homely setting across NHSGG&C.

During 2017-18, a total of 842 patients were treated for Hepatitis C, exceeding the treatment target of 608 patients.

A total of 1,015 new patients engaged with the Community Weight Management Service during 2017-18. 66% of new patients who completed the programme successfully achieved a 5% or more weight loss.

NHSGG&C continued to prioritise actions to reduce the harmful effects of smoking during 2017-18 and the positive impact of this is demonstrated in the reduction in smoking prevalence amongst adults 16 years + during the past four years as highlighted in the Outcomes At A Glance document.

### **2017-18 Key Challenges**

As seen in our performance we continued to face increasing pressures on our waiting times. For inpatient day cases the pressures are mainly in orthopaedics, paediatric Ear, Nose and Throat (ENT) paediatric surgery and urology specialties. For new outpatients the pressures are in orthopaedics, ENT, ophthalmology, neurology and general surgery. A number of work streams have been developed as part of the Access and Performance Improvement programme to help increase productivity and ensure we are making the most efficient and effective use of base resources and capacity for inpatients, day cases and outpatients.

Considerable outpatient productivity analysis has been undertaken and we are currently working towards realising the identified productivity gains. Additional work is underway to identify further areas of improvement around outpatient clinic templates, theatre templates, workforce job plans and the development of specialty capacity plans.

Also the Modern Outpatient Programme is expected to bring key benefits by reducing return outpatient appointments and ensuring patient care is delivered in the most appropriate setting. In addition to the productivity work, a significant programme of service re-design has commenced and has continued into 2018-19. This programme includes patient pathway redesign, best practice benchmarking and process standardisation.

Performance in relation to delayed discharges remains a challenge. During 2017-18 the NHS Board continued to work with each of the six HSCPs to build and consolidate cross partnership working in areas such as continuing to prioritise delayed discharges, with a focus on anticipatory planning and early discharge, early assessment and engagement with patients and their families to ensure that the next stage of care is in place prior to patients being fit for discharge whenever possible. This remains a focus for each of the HSCPs with a high level of scrutiny in place to help drive the required improvements.

## 5. VALUE AND FINANCIAL SUSTAINABILITY

During 2017-18 we achieved our three financial targets, recording a small surplus of £0.225 million. However, despite successfully reducing the rate of operational overspend within the Acute Division, the Board utilised non-recurring funds to achieve year-end balance.

### 2017-18 Key Achievements

Transformational change is imperative to ensure patients continue to benefit from high quality, safe and sustainable services, in line with the national policies and priorities. In October 2017 a programme to develop a transformational strategy for health and social care across Greater Glasgow & Clyde was approved. This has been subsequently endorsed by each of our six Integrated Joint Boards. The MFT programme has the following objectives:

- To develop and deliver a transformational change programme, aligned to national and regional policies and strategies, that describes NHSGG&Cs delivery plan across the health and social care services provided by our staff, which is optimised for safe, effective, person centred and sustainable care.
- To update the projections and predictions for the future health and social care needs of our population.
- To review the National Clinical Strategy and Clinical Services Strategy cases for change and, in light of these, produce an updated case for change.
- To review existing national, regional and NHSGG&C published strategies and model the impact of their delivery on our population.
- Taking the information above, to develop new models of care delivery which provide safe, effective and person centred care which maximises our available resources, provides care in the most efficient and effective way and makes the best use of innovation and the opportunities presented by new technology and the digital age.
- To support the subsequent development of delivery plans for these new models of care, which describe the required changes in workforce, capital infrastructure and procedures and processes which ensure the intended and projected benefits are realised.

The MFT Blueprint for the future delivery of health and social care across NHSGG&C, in line with the Scottish Government's national and West of Scotland Regional Strategies and requirements, was presented and agreed by the Board in June 2018.

We remain committed to providing the highest quality, sustainable health and social care facilities across NHSGG&C to meet the needs of our local population in the long term. The 2017-18 *capital investment programme* across acute and community services included:

- The opening of the new Orchard View in Inverclyde the adult and older people's continuing care mental health accommodation providing a 42 bed continuing care facility offering 30 beds for older people and 12 for younger adults. This facility has allowed us to move existing continuing care services out of the Dunrod Unit at Ravenscraig Hospital which has come to the end of its useful life as an NHS facility.
- Construction work started on the Gorbals and Woodside Health and Care Centres in the summer of 2017. In addition to delivering transformational improvement to the environment, the new facilities will offer an opportunity to reshape services from a patient and service users' perspective to provide more integrated, accessible and efficient care. They will also contribute to the wider goals of community regeneration and addressing health inequalities. The Gorbals Health and Care Centre opened in January 2019 and Woodside is scheduled to open late summer 2019.

All three of the above capital projects were funded by the Scottish Government HUB fund with the two health and care centres developed in partnership with Glasgow City HSCP, Glasgow City Council and Hub West Scotland.

In addition, business cases were approved for the construction of Stobhill Mental Health wards, Clydebank and Greenock Health and Care Centres, both scheduled for completion in 2020. Both projects will be developed in line with the national Reference Design for Primary Care and will provide first class purpose designed accommodation.

During 2017-18 the Board invested £77.4 million on new build schemes, a number of building refurbishment programmes across our estate, general medical equipment (including the replacement of radiology equipment) and e-health equipment.

The quality of the capital projects recently developed have been widely recognised for example, the design of Eastwood Health and Social Care Centre has been recognised and received a number of design awards including the European Healthcare Design Award, the Royal Incorporation of Architects in Scotland Design Award and a Health Facilities Scotland Design Award.

We continued our successful *Modern Apprenticeship Scheme* that was launched five years ago. We have the biggest NHS scheme in Scotland and last year we recruited 60 new trainees to the Apprenticeship Scheme covering 14 different job roles and saw 40 apprentices graduate. The scheme offers opportunities to young people across hospital, community and corporate services. With an 84% completion rate on the programme we firmly believe that by investing time and training in our young people at this stage we are building on an already highly skilled workforce.

### **2017-18 Key Challenges**

The key financial challenge with the significant level of recurring savings required continued during 2017-18 and into 2018-19. Achieving sustainable, recurring financial balance at current levels of service provision has remained a risk to the Board and requires a different approach in moving forward. This approach must blend the existing short term approach to cost reduction with a more strategic approach to delivering medium and longer term financial sustainability.

To embrace the need for a different approach to tackling the scale of the financial challenge and achieve financial balance going forward, NHSGG&C temporarily recruited external expertise to drive the wider Financial Improvement Programme (FIP). This comprehensive FIP programme aims to support the Board achieve recurring financial balance. The programme is based on a proven methodology and underpinned by a robust and comprehensive governance process. A Programme Management Office has been established (formerly the Sustainability and Value Group) with a dedicated programme lead and support staff. This process has improved the systematic delivery of recurring savings.

## 6. BETTER WORKPLACE

As at March 2017-18, our performance against the *Better Workplace* related Local Delivery Plan Standards was as follows:

- Our rolling year **rate of sickness absence** across NHSGG&C was 5.51%, above the 4% target and NHS Scotland's average of 5.39%.

Improving staff attendance and health remains a priority for NHSGG&C and work continues to drive the staff health and well being strategy and long term strategies to maximise attendance. An example of this work can be seen in Pharmacy Services – the service has rolled out the HSE stress survey to departments with increased levels of sickness absence. The purpose of this was to identify if stress was contributing to levels of sickness absence. By promoting active discussion and working in partnership with employees and their representatives, practical improvements were initiated to reduce perceived stresses.

Our commitments to creating a *Better Workplace* means supporting our workforce to deliver the services our patients need now and in the future. We responded with achievements that included:

- The development of a framework to support *succession planning and talent management* in recognition of the breadth of knowledge, skills and experience in our workforce. The aim of our Career and Development Planning Framework was to shape current talent so that it is ready to meet the future workforce demands outlined in our Workforce Plan. The framework provides guidance on planning development in a current role and signposts how to prepare for future career pathways using competencies for different career stages and the development activities that may support this. The essence of the framework is to encourage staff to take action to support their personal career journey through the appropriate personal development planning and review the process for their current job role. The framework also offers direction to senior managers so they can reflect and consider succession planning arrangements using current talent in their workforce.
- We focussed on improving our *workforce health* in partnership with our staff, with the aim of bringing about a culture that positively encourages good staff health and wellbeing. Building on this approach, we launched our Staff Health Strategy 2017-2020 with the following strategic priorities: working together to increase workforce understanding of health and equality issues; understanding the health needs of our older workforce; working longer; improving health and wellbeing and supporting attendance, adoption and coordination of evidence based practice to support fair work and support staff with long term conditions/impairment to remain at work. Our Year 1 highlights included the launch of the A Healthier Place to Work brand, introduction of the Daily Mile walk and the Healthy Retail Strategy. Full highlights that supported our strategic priorities can be viewed on the following link: [Staff Health Strategy Year 1 Highlights](#).
- *iMatter* is an indicator of organisational culture, staff experience and also progress towards meeting Staff Governance standards. Clear links with senior manager sponsorship and local administration support were observed as factors that led to successful implementation of *iMatter* in service areas where team reports were generated and action plans were in place within the 12 week reporting period. While activity was evidenced locally, an overall staff response rate of 58% was received in 2017 just short of the 60% return rate required for a Board report. The response rate for 2018 was 54% in the recently published Health and Social Care Staff Experience Report 2018. However the Action Plan completion rates improved from 44% in 2017 to 50% in 2018. Our focus, supported by the National Team, is to increase action planning at local team level, whilst reviewing where paper copies of the questionnaire are used and large teams exist. We have been increasing manager to staff ratios to create more manageable team sizes for generating reports, continuing internal communications to celebrate areas of success, identifying improvements and sharing resources to support implementation, targeted discussions in areas where *iMatter*

performance requires specific actions of support and improvement targets for the year ahead. Performance is reviewed through our Staff Governance Committee and Area Partnership Forum.

- Our *workforce planning* process continued to build on our culture of strong partnership working with service and staff side representation. The NHSGG&C Workforce Plan 2017-18 outlined the activities required to support the modernisation of our workforce in response to the changing landscape of Health and Social Care. Examples of these include:
  - Connection to regional and national workforce planning processes.
  - Reshaping the medical and dental workforce through job planning and the development of e-Job Plans, maximising medical recruitment and implementing a consistent approach to locum cover.
  - National workforce planning tools to review and develop nursing roles including Advanced Nurse Practitioners, Health Visitors, School Nurses, District Nurses, Learning Disabilities and Mental Health.
  - A focus on Allied Health Professional Roles and the workforce changes required to take forward developments in service delivery.
  - The refresh of our Employability Plan to work with targeted groups and external partners and agencies and support access to employment opportunities in NHSGG&C.
  - Identify the impact of the ageing workforce through the Working Longer short life working group.

Each year we host our *Celebrating Success Award* ceremony in recognition of the dedication and commitment of our staff in delivering first class patient care, compassion and services to patients across NHSGG&C and beyond. The 2017 Celebrating Success Event, attended by 400 staff, was held in November 2017 and attracted over 300 entries from a wide diversity of nominees across seven award categories. This year we held the 2018 *Chairman's Platinum Awards* ceremony – in recognition of celebrating the 70<sup>th</sup> Anniversary of the National Health Service.

## 7. GLOSSARY OF ACRONYMS USED IN SELF ASSESSMENT

<b>NHSGG&amp;C</b>	NHS Greater Glasgow and Clyde
<b>HSCPs</b>	Health and Social Care Partnerships
<b>A&amp;E</b>	Accident and Emergency
<b>MIU</b>	Minor Injuries Unit
<b>MAU</b>	Medical Assessment Unit
<b>ICU</b>	Intensive Care Unit
<b>QEUH</b>	Queen Elizabeth University Hospital
<b>GRI</b>	Glasgow Royal Infirmary
<b>RAH</b>	Royal Alexandra Hospital
<b>RHC</b>	Royal Hospital for Children
<b>AOBD</b>	Annual Occupied Bed Days
<b>TOBD</b>	Total Occupied Bed Days
<b>OCB</b>	Occupied Bed Days
<b>CAMHS</b>	Child and Adolescent Mental Health Service
<b>C.diff/CDI</b>	Clostridium Difficile Infections
<b>MRSA</b>	Methicillin Resistant Staphylococcus Aureus
<b>MSSA</b>	Methicillin-Sensitive Staphylococcus Aureus
<b>SABs</b>	Staphylococcus Aureus Bacteraemias
<b>PVC</b>	Peripheral Venous Catheter
<b>CVC</b>	Central Venous Cannula
<b>SPSP</b>	Scottish Patient Safety Programme
<b>PCHC</b>	Person Centred Health Care
<b>IVF</b>	In vitro Fertilisation
<b>HEI</b>	Healthcare Environment Inspection
<b>OPAH</b>	Older People in Acute Hospitals
<b>HSE</b>	Health and Safety Executive
<b>BSL</b>	British Sign Language
<b>MFT</b>	Moving Forward Together
<b>MFTP</b>	Moving Forward Together Programme
<b>HEPMA</b>	Hospital Electronic Prescribing and Medicines Administration
<b>IDL</b>	Immediate Discharge Letter
<b>BNP</b>	Brain Natriuretic Peptide
<b>HFDP</b>	Heart Failure Diagnostic Pathway
<b>ECG</b>	Electrocardiogram
<b>OT</b>	Occupational Therapy
<b>ENT</b>	Ear, Nose and Throat
<b>FIP</b>	Financial Improvement Programme
<b>MSP</b>	Member of Scottish Parliament