

**NHS Forth Valley Annual Review
Self Assessment
2014/15**

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INTRODUCTION

The 2015 Annual Review allows NHS Forth Valley to reflect upon the achievement of outcomes and aspirations outlined in our 2014-15 Local Delivery Plan and Annual Plan and to share our priorities and future vision to address the key challenges facing NHS Forth Valley during the coming year and beyond.

In October 2014 we launched a Clinical Services Review (CSR) to help develop a new healthcare strategy. Eight working groups were established to review the wide range of clinical services currently provided and look at ways these could be designed and delivered in the future to meet the needs of local people, keep pace with rising demand and deliver the Scottish Government's 2020 Vision for healthcare. The CSR is taking into account national policies, trends and best practice, as well as looking at innovative ways of working across the UK and beyond. An important part of this work has been gathering feedback from frontline staff, patients, and the general public on what they think about existing health services and how they would like to see them developed in the future. Hundreds of patients and staff have completed an online survey, attended public meetings or returned a short leaflet questionnaire which was widely distributed across the organisation. All of this feedback is now being carefully considered to help identify key themes, priorities and recommendations. These will then be combined with the recommendations from each of the working groups to help develop a draft healthcare strategy which will be subject to further consultation and engagement.

During 2014/15, progress was made in establishing health and social care partnerships in line with the Public Bodies Joint Working (Scotland) Act 2014. In Forth Valley, there will be two partnerships; a partnership between NHS Forth Valley and Falkirk Council and a multi-authority partnership between NHS Forth Valley, Stirling Council and Clackmannanshire Council. A key focus of the work during this year has been the development of the formal agreement to the partnership arrangements which will govern each health and social care partnership in Forth Valley. These 'Integration Schemes', were developed during the year and submitted to the Scottish Government in March 2015, as required by the Act. The focus is now moving to the development of the Strategic Plans and fully establishing the processes to support the Integration Joint Boards.

NHS Forth Valley has recently been awarded the prestigious Investors in People (IIP) Scotland Silver status which is a significant achievement for the organisation itself and for all of the individual staff who contribute to making this organisation what it is. The award has been based over a three year rolling assessment period. Forth Valley is now the only NHS Board in Scotland to achieve silver status for the whole organisation.

Significant progress has been made throughout the year with a number of access targets. NHS Forth Valley has performed well in regard to the Treatment Time Guarantee (TTG) with notable progress also being made with the 18 week Referral to Treatment Target (RTT).

The following Self Assessment summarises achievement and challenges indicating HEAT Target and Standards performance. The format follows the Quality Outcomes and is linked to the 2020 Route Map headings and reflects both LDP and Annual Plan delivery for 2014/15.

1. SUMMARY OF PROGRESS AGAINST 2014 ANNUAL REVIEW ACTIONS

Following the 2013/14 Annual Review the Cabinet Secretary for Health and Wellbeing wrote to the Chairman of the Board setting out the following main action points. The narrative below sets out the response to each of the action points.

NHS FORTH VALLEY ANNUAL REVIEW 2014 - MAIN ACTION POINTS

The Board must:

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

The priority with regard to the prevention and control of infection remains high across NHS Forth Valley. Clear monitoring and reporting mechanisms are in place with detailed investigations of all *Clostridium difficile* and *Staphylococcus aureus* bacteraemia cases undertaken. The Clinical Governance Committee receives a quarterly report in respect of Healthcare Associated Infections detailing key prevention and control of infection issues, with the NHS Board receiving an update at its bi-monthly meeting.

Continue to deliver on its key responsibilities in terms of clinical governance, risk management, quality of care and patient safety, including an effective response to the findings of HEI and Older People in Acute Hospitals (OPAH) inspections.

Delivery against key clinical governance priorities, including clinical risk management, patient safety and quality improvement, remains a key focus for NHS Forth Valley. The approach to maintaining progress in respect of this agenda is reflected throughout the self assessment document.

Keep the Health and Social Care Directorates informed of progress towards achieving all access targets and standards, in particular the 4-hour A&E standard, and Treatment Time Guarantee.

There has been ongoing dialogue with the Scottish Government as regards access targets and standards. During 2014/15 NHS Forth Valley treated 13927 inpatients and daycases of which 19 patients exceeded the *Treatment Time Guarantee*. This is a compliance level of 99.86%. There has been significant focus on delivery of the *4 Hour ED Standard* which has proved challenging for NHS Forth Valley. Variation in performance remains the key issue with an improvement plan in place to ensure delivery of the standard on a consistent basis moving forward.

Make sustained progress against the staff sickness absence standard.

Work continues in respect of delivering the national HEAT standard of 4% sickness absence with notable progress made. The position at March 2015 was 5.15% with an improvement in June 2015 to 4.71%, below the Scottish average.

Continue to work with planning partners on the integration agenda, and to deliver against the delayed discharge target.

Work in respect of the Integration of Health and Social Care has continued throughout the year. NHS Forth Valley and Local Authority Partners agreed to pursue the Body Corporate model delegating all functions within scope of integration, to a new entity governed by an Integrated Joint Board. A local planning structure was formed during 2014 which consisted of 6 work streams which oversaw the development of the Integration Schemes for the two partnerships. Both Schemes have been submitted for consideration by the Cabinet Secretary. The focus is now moving to the development of the Strategic Plans and fully establishing the processes to support the Integration Joint Boards.

Delayed Discharges remain a key priority for NHS Forth Valley and partners with significant work being undertaken during 2014/15 to meet the 4 week target and to work towards meeting a 2 week target which came into place on 1 April 2015. Performance against the 4 week target has been variable across the year. Although performance in the last quarter showed an improving trend with all partnerships in Forth Valley meeting the 4 week target by the end of March 2015, the position has not been sustained into the new financial year and performance against the new two week target is currently challenging.

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

Financial balance achieved and regular communication maintained.

2. QUALITY OUTCOME 1 - EVERYONE HAS THE BEST START IN LIFE AND IS ABLE TO LIVE LONGER HEALTHIER LIVES

2020 Route Map priorities: Health Inequalities; Prevention; Early Years

Performance against Health Improvement HEAT targets is as follows:

- NHS Forth Valley delivered a total of 10,591 **Alcohol Brief Interventions (ABI)** for year 2014/15, exceeding the planned annual target of 3,676. The final quarter of 2014/15, to the end of March, has seen the delivery of 2,846 ABIs.
- **Smoking Cessation** The full year target for NHS Forth Valley for 2014/15 was agreed as 607 quits in the 40% most deprived SIMD areas. Provisional figures highlight that a total of 297 12 week quits have been recorded through the smoking cessation service in 2014/15 with 147 in the 40% most deprived SIMD. This target will require ongoing focus to reach the required performance level.
- At June 2015, 87.5% of pregnant women **booked for antenatal care by the 12th week of gestation**; exceeding the target of 80% by a considerable margin.
- NHS Forth Valley had diagnosed and treated 24.9% of Lung, Breast and Colorectal cancers at Stage 1 in the 2 year period 2012-2013 as published in July 2014. *The publication in respect of the 2 year period 2013-2014 is expected on 18 August 2015.* This area remains a high priority for NHS Forth Valley.

Reducing Inequalities

NHS Forth Valley remains firmly committed to reducing health inequalities and continues to work both individually and with local partner agencies to protect and improve the health of the local population.

Health Promotion

Health Promotion in Forth Valley continues to work with a range of Community Planning Partners including individuals, community groups and organisations with the aim of enabling people to have greater control over their health and wellbeing so that they can live longer, safer and healthier lives. The Health Promotion Service Delivery Plan 2014/15 is integral to the Forth Valley Community Health Partnership (CHP) Directorate Plan and the three Single Outcome Agreements of the three Community Planning Partnerships of Clackmannanshire, Falkirk and Stirling. The Service Delivery Plan highlights the following service delivery outcomes:

- Our schools, workplaces, prisons and NHS facilities are supported to reach, maintain and further develop health promoting status and address inequalities;
- All who live and work in Forth Valley are supported to build on their assets for health, have increased capacity and readiness to engage with services and take greater control of and self manage the issues that affect their health;
- Prevention and early intervention are prominent features in all partnership strategies and action plans;
- Our workforces are competent and confident and utilise opportunities to improve health and contribute towards reducing inequalities;
- Our population has access to accurate and appropriate health, safety and wellbeing information and resources.

Alcohol and Drug Partnership

The Forth Valley Alcohol and Drug Partnership (ADP) plays a pivotal role in addressing these key health issues and co-ordinates the work of the three local partnerships. Delivery of alcohol brief interventions (ABI) and health behaviour change training continues as a priority with the target exceeded again this year. There is a continual focus on improvement with specific successes around work on social influencing, and the finalisation of a workforce development framework with the Scottish Training on Drugs and Alcohol (STRADA). The continuing challenges are tackling the determinants of substance use and maximising partnership work to ensure that the recovery oriented approach is also holistic and person-centred. Joint working with Keep Well Forth Valley on an assessment framework has been useful in this area.

Keep Well

Keep Well in Forth Valley forms the main deprivation-focussed health care improvement initiative locally. Our approach has been unique in Scotland and aims to be person-centred and holistic. We have been able to demonstrate good outcomes in identifying unrecognised health risks and providing treatments for over 3000 people undergoing the health assessments each year. Although direct attribution can be difficult, estimates of return on investment are very positive.

Tobacco

In 2014/15, NHS Forth Valley found the requirements of the newly established HEAT challenging. The target was 607 quits per year at 12 weeks with 40% of these quits from the most deprived communities. NHS Forth Valley achieved 27% of the target at the last report extracted as of 6 August 2015. As well as the national phenomenon of people switching from cigarettes to e-cigarettes and therefore not attending services in the previous way, the new national pharmacy contract which was implemented in summer 2014 led to significant drops in numbers of clients attending the service.

Significant effort has been made by NHS Forth Valley staff to improve on this rate, including the following:

- Training of NHS Forth Valley staff working in Forth Valley prisons on data reporting on prisoners who make attempts to stop smoking All Forth Valley prison health centre staff now report quit attempts onto the national ISD database.
- All pregnant women who have a high carbon monoxide reading taken by midwives at booking clinics are automatically referred to the Stop Smoking service.
- SCI gateway referral for GPs went live on 01/03/2015.
- Offers of stop smoking support to large workplaces. These included, Ineos, Asda Falkirk, Glassworks Alloa, Graemes Dairy, Norboard, Scottish Fine Soaps, Cloybank, Superglass, Bioreliance, Robertsons Construction, Child Maintenance Group.
- Promotion of a pilot smoke free homes and cars campaign.
- The Tobacco Control Officer provides people interested in quitting who he approaches about smoking with information on where they can access Stop Smoking services.

In terms of the wider tobacco agenda, the NHS Forth Valley Tobacco Control Officer continues to patrol the sites of Forth Valley Royal Hospital, Stirling Community Hospital, Falkirk Community Hospital and Clackmannanshire Community Healthcare Centre in an effort to ensure NHS Forth Valley has smoke free sites. The Officer also takes the opportunity to highlight the benefits of stopping smoking by signposting to appropriate support.

As well as this, the staff and service users from the Mental Health Unit at Forth Valley Royal Hospital became totally smoke free on 1 April 2014 and smoke free activity on the unit goes from strength to strength and is supported by staff, patients and carers.

Health Promoting Health Service (HPHS)

NHS Forth Valley made significant progress with the HPHS agenda in 2014/15. The summary feedback from Health Scotland highlighted the successes for NHS Forth Valley as:

- The increase in the number of staff undertaking health behaviour change training supported by the Learn Pro module and face-to-face training available.
- The maintenance of the Healthy Working Lives silver award.
- The delivery of health improvement training to medical students.

Specific achievements noted by Health Scotland were:

- All outpatient clinics have been advised and encouraged to direct patients to the stop smoking service, with consultants from a number of specialties directly referring to the service via letter or telephone.
- Integrated care pathways in place between acute and community care to align the delivery of stop smoking services in primary and secondary care. Additionally, 18 mental health ward champions, trained in the delivery of brief interventions, are in place.
- All hospital retail catering units have now achieved Healthy Living Award status with one achieving Healthy Living Award Plus.
- Staff health and wellbeing measures continue to be delivered across NHS Forth Valley. The delivery of the wellbeing programme, 'Understanding Stress' demonstrates a proactive approach to stress risk management which is welcomed.
- The ongoing work in the area of physical activity. Continued promotion of the 23.5 hours video to patients is encouraged, and the inclusion of physical activity status within patient documentation will support the delivery of routine physical activity promotion to patients.

Early Years Collaborative

The Early Years Collaborative (EYC) is a key health improvement programme aimed specifically at young children from pre-birth to age five. The focus is on strengthening and building on services using improvement methodology. This method enables local practitioners to test, measure, implement and scale up new ways of working to improve outcomes and systems for children and families. In Forth Valley we work with the Falkirk Community Planning Partnership (CPP) and the Combined Clackmannanshire and Stirling CPPs. In 2014/15 the key Forth Valley Services engaged in the EYC were the Women's and Children's Directorate (Early Access to Antenatal Care), Health Visiting Staff (27-30 month review), Speech and Language Therapists (Early Language Development), Community Dieticians (Healthy Start Vitamins) and Public Health (Leadership).

For young mothers NHS Forth Valley has continued the delivery of the Family Nurse Partnership project which achieved a full complement of young mothers from our local communities. Other important child health initiatives over the past year have included the roll out of the psychology of parenting project, the successful child smile dental health programme to local schools and nurseries, and the Daily Mile (Physical Activity) at St Ninians Primary School, Stirling.

EYC and Maternity Services

Early access to Antenatal Care is being achieved in NHS Forth Valley. The national target for 80% of women accessing maternity services before 12 weeks of pregnancy has been achieved with 86% of women accessing the service before this time. The stretch target of 80% of women accessing the service before 10 weeks has also been successful in that 84% of women access the service before this time.

Breastfeeding for year 2014/15

Forth Valley's Women, Children & Sexual Health Directorate was re-accredited with the Baby Friendly Award in recognition of best practice standards for infant feeding. The Directorate is required to audit these standards regularly to ensure compliance, with a further re-assessment visit planned in 2016.

Plans are in place to progress implementation of Baby Friendly standards within the community service health visiting teams, which will further support the breastfeeding agenda. In order to implement the improvements work is ongoing to:

- Provide additional support to breastfeeding mothers in the community by increasing the number of visits by the Maternity Care Support Workers.
- Evaluate the impact of the new Breastfeeding Outpatient Service pilot for breastfeeding mothers who have feeding difficulties. This provides access to specialist support in first month.
- Explore and develop an 'in-house' Midwife led frenulotomy (tongue tie division) service to treat babies with tongue tie timeously and prevent the difficulties that impact on breastfeeding.
- Progress the Baby Friendly agenda in the Community and Neo Natal services by having breastfeeding "champions" within these areas to support mothers and staff.
- Work in collaboration with the Health Promotion Service and the "So Precious" charity to promote breastfeeding in innovative ways such as the current project to design an eco- friendly bag large enough to carry maternal notes which would have health promotion messages as a logo. The bag would be offered to all women regardless of their planned choice of infant feeding.
- Raise awareness of breastfeeding by attending local events to celebrate breastfeeding such as a local 'BIG' (Breast Feeding in Groups) picnic, inviting mothers from all local breastfeeding groups to attend.

Detect Cancer Early (DCE)

The NHS Forth Valley Detect Cancer Early Steering Group continues to support the implementation of the DCE programme in Forth Valley which includes the breast, colorectal and lung cancer campaigns.

The DCE Steering Group includes clinical and managerial leads from across the directorates and includes representatives from Health Promotion, Public Health, Communications and Finance. NHS Forth Valley is represented on the National DCE Communications sub group.

The implementation of the DCE strategy includes the following workstreams:

- Data collection
- Public Awareness
- Primary Care engagement
- Screening
- Diagnostics
- Treatment
- Financial Management

Within NHS Forth Valley, there is a clinical lead for each tumour group along with Radiology, Laboratories, Pharmacy, Oncology, primary care lead and a consultant nurse lead. The clinical leads and senior managers attend the bi-monthly Forth Valley Cancer Advisory Group meeting. Cancer Services in Forth Valley are also supported by the Forth Valley Strategic Cancer group chaired by the Medical Director. Cancer Services have been taking part in the Clinical Services Review with a focus on Health Promotion, early detection and workforce planning.

NHS Forth Valley submit audit data as part of the Detect Cancer Early national audit which is showing an improvement in the number of cancers detected early. Social marketing to increase symptom awareness and to encourage the uptake of screening is continuing.

Access to Insulin Pumps

During 2014/15, NHS Forth Valley met and maintained the national targets for insulin pumps for children, young adults and adults (as stated in CEL 04 (2012)).

All notes of interest were followed up from a pump awareness event which was held in February 2014 and a number of new children were started on pump therapy in the following 6-12 months. The paediatric pump service has developed significantly since April 2012. Currently 31% of children below the age of 16 years within NHS Forth Valley, with Type 1 diabetes, are on insulin pump therapy. The team is fully committed to providing a high quality, safe, effective person centred insulin pump service to local patients and they continue to actively identify and encourage children to commence pump therapy. Having maintained the national target of 25% for some time now, the challenge is to keep the momentum regarding the necessary ongoing education for families with this highly technical method of insulin delivery. By the end of 2015 the team will have commenced 15 children on insulin pump therapy and a realistic aim for the future would be to work towards 50% of all children with Type 1 diabetes to be on pump therapy by 2020.

The number of adults receiving pump therapy has increased month on month with the current figures being 106 (6.5% of the Type 1 population). There is a national expectation that the increase in insulin pump provision will continue.

NHS Forth Valley is currently considering and agreeing its planned increases for under 18 year olds and for adults over the coming years (2015/16, 2016/17 and 2017/18) to ensure that future demands on the service can be met.

3. OUTCOME 2 - HEALTHCARE IS SAFE FOR EVERY PERSON, EVERY TIME

2020 Route Map priority: Safe Care

Performance against the HEAT targets is as follows:

- At March 2015, the 12 month rolling average for NHS Forth Valley was 0.37 cases of **Staphylococcus aureus bacteraemia** per 1,000 acute occupied bed days with a static position in June 2015. This is higher than the target to further reduce HAI to 0.24 or less by March 2015. At March there were 0.3

cases of **Clostridium difficile infection** per 1,000 total occupied bed days; higher than the target of 0.25. However by June 2015 the position had improved to 0.2; better than the target.

Clinical Governance and Clinical Effectiveness

NHS Forth Valley has a single strategy in place 'Quality Assurance in NHS Forth Valley – Clinical Governance and Risk Management' which integrates the approach to assure the public of the quality and safety of patient care provided by NHS Forth Valley. The strategy describes the systems in place for clinical governance and risk management which are underpinned by a robust accountability framework, with appropriate monitoring and reporting. The strategy includes the breadth of aspects of risk including health and safety and the NHS Board responsibilities for civil contingencies.

The Clinical Governance Committee continues to provide oversight and assurance to the Board on the quality and safety of care. The Clinical Governance Working Group provides managerial and clinical oversight of operational delivery. The Clinical Governance Balanced Scorecard has continued to develop to include a wider range of measures to provide assurance about the quality and safety of clinical care within NHS Forth Valley that reflect the breadth of services. Members of the Clinical Governance Committee receive a number of reports as standing agenda items. This includes a report on significant adverse events which provides information on the numbers and types of significant adverse events and the actions being taken to continually improve quality of clinical care and reduce harm to patients. The report has continued to develop and now includes information on the timeliness of significant adverse event reviews and on clinical claims.

Hospital Standardised Mortality Rate

One of the key measures in the Clinical Governance Balanced Scorecard is the hospital standardised mortality ratio (HSMR). HSMR is a measurement tool where mortality data is adjusted to take account of some of the factors known to affect the underlying risk of death. The HSMR is calculated as the ratio of the actual number of deaths within 30 days of admission to hospital, irrespective of place of death, to the expected number of deaths. This measure is the key outcome indicator from the Scottish Patient Safety Programme with the aim of reducing HSMR by 20% by December 2015.

A reduction in HSMR both nationally, and in individual Boards should reflect work in individual hospitals to review mortality, and reflect reductions in significant adverse event and infections under the Scottish Patient Safety Programme and other improvement initiatives.

The Board has an established programme of actions to reduce HSMR as part of the Strategic Quality Improvement Framework. This includes key areas of work in relation to the reliable identification and response to sick patients, reliable care for patients with sepsis and actions to reduce health care associated infections. The last published HSMR data for NHS Forth Valley has demonstrated an overall reduction of 20.1% since October 2007.

Plan for 2015/16

During 2015/16 NHS Forth Valley will undertake the Quality Improvement Infrastructure diagnostic tool and a self assessment against the draft NHS Healthcare Improvement Scotland draft quality framework with the aim of further developing our quality improvement objectives going forward.

The Clinical Governance and Risk Management Strategy '*Quality Assurance in NHS Forth Valley – Clinical Governance and Risk Management*' - will also be reviewed, taking into account health and social care integration, the themes for the Clinical Services Review and the forthcoming national clinical strategy.

Staff and services in NHS Forth Valley continue to be recognised for the quality of care and service they provide. NHS Forth Valley received the following awards and achievements in 2014/15.

- NHS Forth Valley and the University of Stirling won the Student Nursing Times Partnership of the Year award for working together to introduce psychological trauma informed care as part of the nursing undergraduate programme.
- Serco colleagues at Forth Valley Royal Hospital were awarded the Facilities Management in Scotland.
- Carol Whitfield won the Royal College of Midwives maternity support worker of the year award.
- The maternity unit retained the UNICEF baby friendly award.

- The Practice Pilot Prescribing Project Team won the award for innovation in prescribing quality at the Scottish Pharmacy Awards 2015.
- The consultant nurse in Cardiology was awarded the British Empire Medal for her services to nursing and the Forth Valley Healthy Hearts Club.
- The Nurse Consultant for cancer and palliative care was awarded a fellowship from the Royal College of Nursing for her role in raising the profile of prisoner and national palliative and end of life care.
- Dr Rodger Alcock, Consultant in Emergency Medicine was awarded a medal for his work fighting Ebola in Sierra Leone.
- Two NHS Forth Valley dieticians won the Barbara Clayton award for dietetic practice for their use of desktop software to increase patient facing time.
- The Oncology Department at Forth Valley Royal Hospital has been awarded the Macmillan Quality Environmental Mark.

Adverse Events and Risk Management

As previously highlighted, the 'Quality Assurance in Forth Valley – Clinical Governance and Risk Management Strategy' reaffirms the approach to risk management in NHS Forth Valley which is a consistent approach to risk identification, assessment, mitigation and reassessment of risks underpinned by the use of Risk Registers. Supporting integration, coordination and organisational learning from risks is also a core part of the process. This is a key role of the Risk Network. Ongoing activity is detailed below.

- Further develop and agree the organisational risk appetite. The NHS Forth Valley risk appetite proposal will be presented to the NHS Board in September 2015.
- Work continues across the organisation to support a consistent approach to significant adverse event (SAE) reviews, including processes for reporting, reviewing, action planning, escalation and sharing learning. This also includes engaging and supporting patients, families/carers and staff affected by adverse events. During 2014/15, Internal Audit undertook an assessment of progress on the management of adverse events, in particular examining progress with implementation of the improvement plan following the Health Improvement Scotland visit in March 2013. This was in general positive however there were some issues for follow up. An action plan has been agreed and progress made to further improve systems.
- Identifying and sharing wider organisational learning from the Directorate Clinical Governance and Risk Management Groups share with the Clinical Governance Working Group and Risk Network to support an integrated approach.

Healthcare Associated Infection (HAI)

NHS Forth Valley has effective reporting structures in place at a variety of levels in the organisation. HAI reports are submitted to ward staff, management teams, the Corporate Management Team, clinical governance fora and the NHS Board. All staff have appropriate access to HAI information on the intranet including policies, information leaflets, audit tools, HAI reports and surveillance data.

Clostridium Difficile Infections (CDI)

Continued collaboration with the Antimicrobial Pharmacist and the Consultant Microbiologist ensure appropriate antimicrobial therapy is prescribed to minimise the risk of developing CDI. Robust surveillance for all cases, accurate and rapid patient review, feedback to clinicians and GPs all ensures that every effort is made to reduce CDI across NHS Forth Valley. All CDIs isolated in Forth Valley for this period were related to antimicrobial treatments. No CDI has been linked to cross infection (person to person spread) in the last year.

Staphylococcus aureus Bacteraemia (SABs)

Every SAB is fully investigated to identify the cause of the infection. A full root cause analysis is performed on all hospital and healthcare attributed SABs to help identify any issues that are, or may potentially be related to the SAB acquisition. Results of these findings are reported and presented by the Infection Prevention and Control Team (IPCT) for discussion and action to all stakeholders. A SAB action plan has been developed and work is ongoing with various new initiatives to further reduce infection.

Device associated Bacteraemia (DABs)

For the last three years, the infection control team have been monitoring all device associated bacteraemias, irrespective of the organism type (unlike the SAB surveillance being organism specific). NHS Forth Valley is the only board in Scotland to monitor all device associated bacteraemias. All devices from peripheral and central venous catheters (PVCs & CVCs) to urinary catheters are included. Data from this surveillance is used to further reduce infection.

Ward visits and audit

To give the Board assurance of compliance in respect of Infection Control policies and procedures in all clinical areas, the infection control team performs various audits and compliance checks every month. These checks include ward cleanliness and adherence to standard infection control precautions and practices. All acute and community hospital wards are visited by the team at least on a weekly basis, mental health wards are visited on a monthly basis. Observations and issues identified from these visits are recorded and closely monitored by the team and results are fed back on a monthly basis to all relevant stakeholders. In addition to these audits, ward staff perform a ward-based infection control audit on a monthly basis. Results of these audits are discussed at a local level and provide additional assurance of compliance to the HAI agenda.

Hand Hygiene

Hand hygiene is monitored continually both by ward staff and by the IPCT. The IPCT now have over 200 hand hygiene trainers across NHS Forth Valley to maximise hand hygiene compliance and to prevent potential infection. In addition, ward staff monitor 20 moments or opportunities of ward staff washing their hands appropriately every month as part of the SPSP programme; these results are reported both locally to the ward and to the board on a bimonthly basis.

HEI

Further to the very positive announced inspection to Falkirk Community Hospital in the summer of 2014, Forth Valley Royal Hospital received an unannounced visit in February 2015. This was again a positive inspection, which resulted in two requirements and one recommendation. Both the requirements and the recommendation were actioned at the time of the visit. The Inspectorate found a very proactive approach was taken by the infection prevention & control team at Forth Valley Royal Hospital, with infection prevention and control appearing high in people's minds and well integrated at ward level.

Scottish Patient Safety Programme

Strategic Leadership and oversight of SPSP

NHS Forth Valley continues to progress all work streams of the Scottish Patient Safety Programme (SPSP). NHS Forth Valley has adopted the approach from the outset to integrate all of the workstreams of SPSP, with the Nurse Director having executive leadership across all elements of patient safety, and the Head of Clinical Governance providing oversight of delivery and programme management across all of the SPSP workstreams. The workstreams include; Acute Adult, Mental Health, Primary Care and Maternity (McQIC). An approach has been taken to use the synergies across improvement programmes such as SPSP, Leading Better Care, HAI and Person Centred Health and Care and to integrate improvement actions into the Boards Strategic Quality Improvement Framework. A Quality Improvement Strategic Leadership Group has been established, co-chaired by the Chief Executive and Nurse Director to support the delivery of the Scottish Patient Safety Programme, Person Centred Health and Care Programme, the Early Years Collaborative and to provide overall strategic leadership to the quality improvement agenda. Membership includes the leads for the programmes, a General Manager and an Associate Medical Director with the aim of providing leadership and for the development and sustainability of the infrastructure capacity to improve the quality of care. Work has been undertaken to share experience and learning across all the SPSP workstreams. This is facilitated by the leads being members of the Quality Improvement Strategic Leadership Group

A Care Assurance Framework has been developed within NHS Forth Valley. This process involves dedicated visits to all wards to review the most fundamental care and patient experience such as eating, drinking, respect and dignity and consider measures around falls and pressure area care. The process includes reviewing the data the ward has submitted on their leading better care score card which includes fundamental aspects of care. When the reviewers visit the ward they talk to patients, observe care delivery and, at random, check key documentation. Any issues are fed back to the senior charge nurse at the time

of the visit. The senior charge nurses meet weekly with the Associate Director of Nursing and Directorate Heads of Nursing. The leading better care scorecards are discussed on a regular basis to review individual wards performance and the actions being taken to address any issues that have been highlighted. Work is being undertaken in 2015/16 to integrate self reported and independently collected assurance data into a single report for the patient safety essentials

Data on performance in relation to the **Ten Patient Safety Essentials** has been included in the Clinical Governance Balanced Scorecard reported to the Clinical Governance Committee. There are a number of mechanisms in place to independently assess progress in these areas. This includes assessment of early warning scores and escalation of sick patients as part of the audit of '2222' calls and cardiac arrest calls; casenote reviews using the global trigger tool; root cause analysis of any incidence of device associated bacteraemias; review of compliance with a range of infection control procedures including hand hygiene and compliance with the peripheral vascular catheter bundles as part of the infection control team ward visit programme. The SPSP programme manager works closely with the Infection Control Manager and the Healthcare Associated Infection Quality Improvement Facilitator to ensure an integrated approach to improvement.

The following sustained improvements have been delivered locally through the implementation of the Scottish Patient Safety Programme:

- At quarter October to December 2014 there has been a 20.1% reduction in the HSMR for NHS Forth Valley since October 2007.
- A sustained reduction in the adverse event rate as measured by the Global Trigger Tool (GTT). NHS Forth Valley has continued to use the GTT as part of casenote reviews to drive improvements in the quality of care. The use of the tool has been integrated into the process of mortality and morbidity reviews.
- Sustained improvement in surgical brief and pause and surgical site infection prevention measures across all theatres in NHS Forth Valley. The peri-operative improvement team has led work to develop debriefs and share learning across the theatre teams which included developing a measure of the number and types of potential harm prevented.
- A sustained improvement in pressure area care with a reduction in pressure injury across NHS Forth Valley.
- 205 days since the last ventilator associated pneumonia as at 31st July 2015 (previously 1607 days)
- 297 days since the last central line bloodstream infection as at 31st July 2015 (previously 980 days)
- Sustained reliability in 2 pilot areas with the heart failure bundle.
- Sepsis: 12% decrease per year in all cause mortality after hospital sepsis diagnosis.
- Sustained improvement in falls in an acute hospital ward caring for elderly patients and patients with cognitive impairment.
- Sustained reduction in cardiac arrest in acute admission area.
- Improvement work in the mental health unit to reduce missed doses of medications being spread to acute hospital as part of the medicines improvement plan.
- All Forth Valley General Practices have signed up to a whole system working local enhanced service in 2014/15 which incorporated a focus on ensuring a safe and reliable medicines reconciliation. 93.1% aggregate bundle compliance was achieved in March 2015.
- 96.4% practices participated in the safety climate survey and completed 2 trigger tool reviews by March 2015.
- Non-steroidal anti-inflammatory drugs co-prescribing in general practice has decreased from the 2011/12 baseline with aggregate data to 2014/15 demonstrating an improvement across all 3 prescribing combinations.
- Sustained improvement in processes to prevent and manage post partum haemorrhage.
- Improvement in medicines reconciliation in acute assessment areas

Key actions for 2015/15

A major focus for 2015/16 is in respect of reliable care for deteriorating patients and patients with sepsis. A local collaborative has been established and the first learning session took place in June 2015.

A second key area of focus relates to reducing device associated bacteraemias with work being undertaken in relation to central and peripheral venous catheters and urinary catheters across acute services.

Scottish Antimicrobial Resistance Action Plan

The issues surrounding antimicrobial use, both in terms of growing global resistance patterns and unwanted consequences such as clostridium difficile infection, are recognised fully across secondary and primary care in Forth Valley. The high level of priority this agenda has been given has enabled significant improvements in antimicrobial prescribing particularly in primary care where Forth Valley was originally an outlier in several measures.

Continued compliance with national targets set around antimicrobial use in both primary and acute care has been demonstrated.

- Forth Valley has again met the level three quality indicator target for reducing overall antibiotic prescribing in primary care.
- Within acute care, compliance with empirical prescribing policies remains good and data collection has commenced on the new quality indicator for 2015/16 in two downstream wards with particular focus on reducing missed doses of antibiotics and ensuring review dates are set for all antibiotic therapy.

4. QUALITY OUTCOME 3 - EVERYONE HAS A POSITIVE EXPERIENCE OF HEALTHCARE

2020 Route Map priorities: Unscheduled & Emergency Care; Person-centred care; Care for Multiple & Chronic Illnesses

Access Targets and Standards

Significant progress has been made throughout the year with a number of access targets. NHS Forth Valley has performed well in regard to the Treatment Time Guarantee (TTG) with notable improvement also seen in the 18 week Referral to Treatment Standard (RTT). Progress has also been made in reducing the number of patients waiting for an endoscopy, with imaging services maintaining the target throughout the year. Challenges exist in respect of the RTT for Child and Adolescent Mental Health Service (CAMHS) and Psychological Therapies and with the 4 hour Emergency Department Standard. Details of the performance to date are noted below.

Scheduled Care

- 89.9% of patients were treated within **18 week referral to Treatment (RTT)** at March 2015 against a target of 90%. Further improvement has been achieved in the first three months of 2015/16, with 93.9% of patients starting treatment within 18 weeks of referral at June 2015.
- At the end of March 2015, the number of patients exceeding the **12 week outpatient wait from referral** was 517. NHS Forth Valley is being asked to deliver 95% of patients waiting under 12 weeks for a new outpatient appointment as a minimum standard for 2015/16; 95.9% was achieved at March 2015. At the end of June 2015 the number of patients exceeding the 12 week waiting time standard was 780 with 94.3% compliance against the outpatient standard of 95%. Ophthalmology and Gastroenterology services have the longest waits with focussed action underway.
- During 2014/15 NHS Forth Valley treated 13,927 inpatients and daycases of which 19 patients exceeded the **Treatment Time Guarantee** which is the 12 week inpatient and daycase legal guarantee. This is a compliance level of 99.86%. Orthopaedic surgery is the highest risk area in respect of maintaining the 12 week TTTG.
- At the quarter ending March 2015, 91.2% of patients with a suspicion of cancer began treatment within **62 days of receipt of referral** against a 95% target. The performance has improved in the quarter to June 2015 with the provisional position being 95.2%. At March 2015, 98% of patients with cancer began treatment within **31 days of the decision to treat**, exceeding the 95% target. The June 2015 provisional position is 98.9%. Each patient pathway is reviewed and any learning is presented back to the care teams for consideration and action.
- At June 2015, NHS Forth Valley has continued to exceed the 90% **drug and alcohol waiting time** standard with 98.2% of clients waiting less than 3 weeks from referral received to appropriate drug or alcohol treatment that supports their recovery.
- At June 2015, no one in Forth Valley meeting the eligibility criteria for **in vitro Fertilisation (IVF)** was waiting over 12 months.
- 91.6% of patients across Forth Valley were able to access a member of the **GP Practice Team within 48 hour**, and 80.6% of patients were able to obtain a **GP consultation more than 48 hours in advance**. This data relates to 2013/14, a further Survey in respect of this target will be undertaken during 2015.
- **Diagnostics**
 - At June 2015 no patients waiting for MRI, CT, ultra sound or barium studies, waited longer than the **waiting time standard of 42 days**. The service has maintained compliance with this standard since August 2014.
 - At June 2015, 51 patients were waiting over the **waiting time standard of 42 days for an endoscopy**. This is a significant improvement on the position of 410 patients waiting at April 2014.
- **Mental Health**
 - **Psychological Therapies:** In June 2015, 54.4% of patients were treated **within 18 weeks of referral**.
 - **CAMHS:** In June 2015, 58.8% of NHS Forth Valley patients were treated within **18 weeks of referral**.

It is recognised that there is further work to do to improve the position against these mental health targets. For narrative see Mental Health section at Quality Outcome 6 – People are able to live well at home or in the community.

Unscheduled Care

- At June 2015, 93.5% of patients waited **4 hours or less across the Board** from arrival to admission, discharge or transfer for **accident and emergency treatment** against the target of 95%. The position for 2014/15 was 92.5% of patients waited 4 hours or less from arrival to admission discharge or transfer for accident and emergency treatment, with the year to date position 93.9%.

Meeting the 4 hour Emergency Department Standard remains a key priority for NHS Forth Valley. Variability in performance persists at times with 'wait for first assessment' and 'wait for bed' being the key reasons for patients breaching the 4 hour wait. Significant activity is underway to improve consistency in our performance. While this target is often described in terms of Accident and Emergency Departments, it is essential that we regard it as a whole system issue and address it accordingly, with equal emphasis being placed on all elements of the system to ensure smooth patient flow. Focussed actions include: work to review staffing levels and skill-mix to ensure it matches activity and fluctuations in A&E demand, work to support morning and weekend discharges across our hospitals and ensuring appropriate escalation plans are in place to support the system at during peak periods of activity.

NHS Forth Valley is also actively participating in the national work on the 6 Essential Actions to improve Unscheduled Care. A leadership and programme management team have been established to ensure the requirements of the 6 essentials actions are fully delivered. Linked to the Board's participation in the Institute of Healthcare Optimisation whole system flow project, a number of key actions have already been taken with others in progress. The actions already complete include:

- The introduction of a hospital wide safety huddle
- Completion of a guided patient flow analysis.
- Review of all on call and in particular levels of escalation in hours and out of hours.
- Completion of a self assessment of compliance with the quality standards for Acute Medicine and Emergency General Surgery.
- Implementation of agreed admission, discharge and transfer criteria for all medical specialties including general medicine.
- Introduction of a discharge and transport hub to promote early safe discharge.

Stroke Care

The Stroke Care Bundle has continued to be an important focus during 2014 and into 2015. This has four elements including admission to a stroke unit, administration of Aspirin, a swallow screen and CT scanning. NHS Forth Valley set a local trajectory of 80% of patients (with an initial diagnosis of stroke) to receive an appropriate stroke care bundle, to be achieved by 31 March 2015. This 80% trajectory was achieved for 6 months during 2014 but has proved challenging to maintain. Hospital capacity and flow has been a key factor that has impacted performance against the target for admissions to the stroke unit within one day. Ongoing improvements include: holding a stroke bed in the stroke unit each day; the Emergency Department alerting the nurse in charge of the stroke unit to any patients admitted with a stroke; and the electronic identification of patients across the hospital who have had a stroke, to improve their flow into the Stroke Unit.

The outpatient Rapid Access TIA Clinic continues to perform well in assessing patients rapidly after receipt of referral. Forth Valley saw the largest proportion of patients on the day of receipt of referral (42%) and on the day of receipt of referral or the day after (60%) across all Scottish Health Boards. Overall 91% were seen within 4 days (national audit standard is 80%).

The Stroke Service remains active in stroke clinical research with assistance of the Scottish Stroke Research Network. We are currently involved in two trials relating to acute haemorrhagic stroke, two secondary prevention trials and one for a medical treatment to improve functional outcome. The AVERT (A Very Early Rehabilitation Trial) was completed in 2014. We participated in this international rehabilitation trial and were the largest recruiters in the United Kingdom.

Person-Centred Care and Patient Experience

Person centeredness encompasses a vast and diverse range of activities both at national and local level, NHS Forth Valley has had a long and sustained history of improving the care and experience of patients, families and carers. We recognise the important contribution that patients and the public, make, drawing on their valuable experience and knowledge to ensure that they remain at the centre of their care. NHS Forth Valley has a range of both national and local Person Centred activity.

We continue to develop our local approach to Person Centred Care, including the development of the NHS Forth Valley Person Centred Health & Care strategy. This new Strategy, which will be approved by the Board during the autumn, has been designed and developed with patients, public partners and

stakeholders including our staff. It reaffirms our vision, commitments and the actions we will take to deliver and show that the promises within are realised. Simply we aim to have care and services just the way we would wish for our family, friends and colleagues and feel confident that everyone will know our person centred ethos “**what matters to you matters to us**”.

The strategy is supported by a delivery plan for the key elements that collectively inform person centred care:

- Communication and First Impressions
- Spiritual Care
- Patient and Public Involvement
- Volunteering
- Fundamental Care and Standards for Patients
- Equality and Diversity
- End of Life Care and Bereavement Care

A Person Centred Care Steering group has also been established supporting the implementation of the strategy and the key elements. The aim is to develop local person centred plans at Directorate level for all clinical areas and departments.

Formal arrangements are in place to report specific measures including using the 5 ‘Must Do’s’ areas which are:

- What matters to you?
- Who matters to you?
- What information do you need?
- Personalised contact
- Nothing about me without me

This work is also reported through the Person Centred Steering group. A number of person centred projects are also being implemented to enhance patient experience including the **Playlist for Life** with patients and families in the community hospital environment. This service development project aims to improve the wellbeing of people with dementia by giving them access to personally meaningful music that can help to evoke precious memories. **Playlist for Life** as a registered charity have trained staff members in NHS Forth Valley to deliver this intervention in the hospital setting. It is anticipated the programme can be rolled out across the organisation and will result in a positive intervention to enhance and add value to the experience of visiting a family member with dementia.

A Person Centred Health and Care collaborative was held in December 2014. This collaborative provided an opportunity for frontline teams across the system to test changes, share their learning and to connect with a range of people from different backgrounds and care settings.

National Experience Surveys

The National Better Together results were made available in August 2014. The results illustrate comparable scores from all inpatient surveys undertaken over recent year. The results of survey will be used by NHS Forth Valley and the Scottish Government to improve the quality of healthcare in Scotland by focussing on the areas that patients tell us are important to them and where they consider improvement could be made.

Survey questionnaires were sent out in January 2014 to 928 people who stayed overnight in an NHS Forth Valley hospital between 1 April and 30 September 2013, with 417 patients providing feedback on their experiences. The survey was commissioned by the Scottish Government as part of the Scottish Experience Survey Programme, which aims to use the public’s experiences of health and care services to improve those services. The survey is managed by the Scottish Government in partnership with ISD Scotland.

The survey asked questions about:

- Peoples experience of admission
- The hospital ward and environment
- Care and treatment
- Operations and procedures
- Staff

- Leaving hospital
- Care after leaving hospital and medicines.

In relation to this year's results for Scotland, NHS Forth Valley was significantly more likely to report a positive experience in the following themed analysis;

- Waiting time to see a nurse or doctor
- Feeling safe in A&E
- Being bothered by noise from other patients at night
- Meals
- Privacy
- Communication

The survey results represent a significant statistical improvement in experience reported, the national healthcare experience indicator has increased by 3.0, NHS Forth Valley has had the highest improvement in Scotland of 6.8. Our results continue to influence our priorities for improvement and inform person centred programme.

Local Experience Surveys

NHS Forth Valley developed a patient experience measure which has been used to prioritise areas for improvement. Initially this was used within our acute inpatient areas where in each ward, five patients per week were asked for their feedback about their experience of care.

The questions have been reviewed and now include the "5 Must Do" measures from the national Person Centred Programme. The questionnaires are now being used in all of our inpatient areas including community hospitals and acute inpatient mental health areas. The Senior Charge Nurses use the data to identify areas for improvement, this data is on display within clinical areas where patients and the public can view what areas are improving locally. The data is also presented at the Forth Valley Senior Charge Nurse meeting where it is discussed and improvements shared.

Patient Stories

We actively encourage patients, carers and their families to share their stories with us using a range of formats; transcribed stories, digital recordings, voice overs, face to face interviews or using more sensitive methodologies for people with communication difficulties for example emotional touch points. A patient story is also shared at the start of each meeting of the NHS Board to raise awareness with executive and non executive colleagues. It is planned that a patient story will be introduced at Directorate clinical governance meetings across the organisation during 2015/16.

Families have provided feedback that, having the knowledge their story has been shared with all levels of staff, has provided closure and staff gained learning from the experience. Patient stories are also used in training and development, and used to drive improvement.

5. QUALITY OUTCOME 4 - BEST USE IS MADE OF AVAILABLE RESOURCES

2020 Route Map priorities: Efficiency & Productivity; Innovation

Performance against the HEAT targets is as follows:

- **Financial balance** for both capital and revenue was achieved for NHS Forth Valley along with agreed **cash efficiency savings** being met.

Finance and Efficiency

NHS Forth Valley had traditionally been in recurrent financial balance and achieved financial targets each year. However radical changes in the economic landscape coincided with the two years of major service change in NHS Forth Valley and this placed a considerable burden on the local system. Dialogue during 2010/11 and 2011/12 with SGHD concluded with a package of financial support totalling £ 12.100m across the two financial years to be repaid from property proceeds including income from the Bellsdyke Development Agreement. Repayment commenced in 2011/12 and was concluded in 2014/15 which was one year ahead of schedule.

2014/15 Outturn

NHS Forth Valley achieved all three financial targets for 2013/14 with a revenue surplus of £ 1.026m and a balanced capital position.

Brokerage of £ 4.414m was repaid in 2014/15 concluding brokerage repayments.

2015/16

The Financial Plan for 2015/16 – 2019/20 was approved at the March Board Meeting.

For the period ended 30 June 2015 a balanced financial position is reported and a balanced outturn is projected for both revenue and capital and we are on track to deliver our savings target.

However challenges remain as we have been required to retain additional winter capacity previously scheduled to close at the end of April 2015 with significant additional cost. Significant additional investment has been provided to support improvements in CAMHS and Psychological Therapies in order to meet waiting times commitments.

Whilst primary care prescribing costs remain below the Scottish average and ongoing savings are on track for delivery this financial year hospital prescribing costs in line with national trends continues to rise and work is focused on using the lessons from primary care prescribing work and the introduction of HEPMA later this year to support improvements.

Investment was provided in the Financial Plan for 2015/16 to support issues within primary care in particular where the Board has recently taken over the management of two large practices and to provide support to other vulnerable practices.

2016/17 and beyond

The Financial Plan is based on national projections provided and will be updated once information is available following the UK and thereafter Scottish Spending Reviews later this year. Cash releasing savings are projected to be approximately 3% per annum taking account of uplifts, offset by increased pay costs : price inflation which, for the NHS, generally exceeds the retail price index, in particular the rising cost of hospital drugs : pension changes : national initiatives such as major trauma review and the demands of both an increasing population and changing needs of an increasingly elderly population.

Whilst the drive continues for cash releasing savings within the system, such savings of 3% per annum requires wider collaboration with partner agencies.

The Integration of Health and Social Care brings benefits but also risks from a financial perspective with the aim of ensuring maximum value for money from public spending and delivering improved outcomes for the local population, however the changing financial regime at a time of financial challenge will require very careful management.

The Capital Plan for the period is updated on a regular basis to reflect local priorities improving community and primary care estate, medical equipment (significant investment in acute hospital equipment was made as part of the Forth Valley Royal Project) and Information Technology.

6. QUALITY OUTCOME 5 - STAFF FEEL SUPPORTED AND ENGAGED

2020 Route Map priority: Workforce

Performance against the HEAT standard is as follows:

- The **Sickness Absence** rate across NHS Forth Valley at July 2015 was 4.71%.

Staff Engagement and Development

Staff Experience, Engagement and Involvement Framework

NHS Forth Valley has developed a *Staff Experience, Engagement and Involvement (EEI) Framework*, which outlines how we as an organisation will take forward priorities, which have been informed by direct feedback from our staff. The delivery of this Framework is co-ordinated by the multidisciplinary Staff Matters Group. Priorities delivered during 2015 have included:

- **Values Matter Programme:** In 2013, engaging with 20% of our staff, we identified the Organisational Values and corresponding behaviours for success which our Board, Corporate Management Team and staff see as core to being a successful organisation. From these, since 2014, we have developed Board Principles; Leadership and Management Values-based Behavioural Competencies and a bespoke Values-based 360° feedback tool. This 360° tool has been piloted with the 15 NHS Forth Valley leaders and managers taking part in the *Leading for the Future Programme* and a version adapted for middle managers is currently being piloted with 30 leaders and managers taking part in our local *Introduction to*

Leadership Programme. We have also developed a Values Toolkit, which enables Managers to take forward a range of processes with their teams to self-assess their demonstration of the values and agree changes and team behaviours for success to improve upon these. This toolkit was piloted with 5 teams throughout the organisation and has been launched for use by all managers.

NHS Forth Valley has also reviewed its recruitment practices and has introduced a Values-based and competency approach to some areas of recruitment. A recruitment support and assessment tool has been adapted to incorporate our values and behaviours for success and was used in the recent recruitment of Executive Directors. It is intended to embed Values-based recruitment throughout 2015/16.

- **Refresh of the Dignity & Respect at Work Policy:** This policy was reviewed and refreshed in April 2014 to reflect changes in local and national processes and incorporating our identified, local values. A Managers Toolkit continues to be delivered to support the Policy, this includes:
 - Access to the Values Toolkit described above, which Managers can use within their own Teams.
 - Continued delivery of Awareness-raising sessions, introducing managers and staff-side representatives to the Policy, its refreshed processes and procedures.
 - A Dignity and Respect at Work Toolkit specifically to support the new Policy, encouraging early intervention and preventative approaches to achieving behaviours for success.
 - A range of development sessions have been continuously running since 2014 to support managers and Leaders across the organisation in living our values and demonstrating behaviours for success. 140 staff attended a programme entitled: *How to Deal with Difficult People* and 130 staff attended a programme entitled: *How to Avoid Accusations of Workplace Bullying and Harassment*. These sessions were also offered separately to a wide range of staff-side representatives and trade union officers with 26 attending. These sessions included an introduction to the refreshed policy and focussed on advanced communication skills for holding challenging conversations with staff and colleagues. These were well received and were evaluated well.
- **Staff Recognition Scheme:** NHS Forth Valley launched '**Recognising our People**', a values-based staff awards scheme in 2014. The scheme was very well received with over 300 nominations in 2014 and over 450 in 2015, from patients, the public and staff for a range of awards. The second Awards Ceremony will take place as part of the Annual Review process.
- **KSF Review and Personal Development Plans (PDPs):** Significant work has been undertaken to ensure our staff completion of KSF reviews meets the standard required. 2015 has seen a steady improvement trajectory with confidence that the standard can be achieved in year and sustained. The outcomes of a diagnostic process in 2014 informed the development of a KSF Improvement Plan and the '**Development Matters**' project. In 2015, this has seen the redesign of processes and procedures, including Values-based Personal Development Reviews and Reviewer training to ensure a re-focus on staff being supported to have high quality, meaningful reviews and PDPs.
- **Staff Engagement and Communication Schedule:** A wide range of activities continue to ensure our staff are well informed about a range of activities and developments in the organisation. A weekly Staff Brief is published which updates staff on a range of topics; daily 'What's New?' updates are posted on the staff intranet front page and a Board Summary is published following NHS Board Meetings. A 4-page *Everyone Matters* section is included within each issues of the Staff News. These have kept staff informed of the range of work in track in relation to the Staff Experience, Engagement and Involvement Framework.

A schedule of engagement events has taken place during the past 12 months, involving staff in a wide range of issues. This has included groups of staff being invited to join members of the NHS Board following their bi-monthly meetings to showcase and discuss their work. Events, meetings and feedback systems have taken place to engage staff in the Clinical Services Review and extensive multi-agency staff engagement sessions have taken place to both consult on the Partnership Integration Schemes and to discuss the vision, outcomes and future changes in relation to Health and Social Care Integration. Engagement events have also taken place exploring issues around managing absence effectively and supporting the mature workforce.

- **iMatter Staff Experience Framework:** NHS Forth Valley commenced the implementation of the iMatter rollout plan in March. By the time of the annual review, approx 1,500 staff from the Board, Chief Executives Office, Surgical Directorate and Public Health and Planning will have taken part.
- **Mandatory and Supplementary Training:** All NHS Forth Valley top ten corporate mandatory training topics are available as online learning modules, to alleviate many of the access issues encountered by staff. NHS Forth Valley staff members also have access to a wide range of additional online modules to support their learning and growth. In addition to this, there is also a comprehensive blended learning programme of Role Specific learning, education and training interventions, covering both mandatory and supplementary topics, delivered across the organisation. Mandatory training has been afforded a priority in 2014/15 resulting in high levels of staff completion and compliance.
- **Leadership, Management and Personal Development Programme:** NHS Forth Valley continues to offer a range of face-to-face learning, education and training opportunities for staff to attend as part of their Continuous Professional Development and/or the Personal Development Plan. The priority focus for 2015 – 2016 is on the development of Middle Managers and Senior Clinical Leaders with a view to developing a Leadership and Management Succession Planning Framework for the organisation.

External Assessment: Investors in People Silver Award 2015:

On expiry of the Bronze Award, NHS Forth Valley opted to undergo a whole organisational re-assessment on a rolling programme over 3 years from 2013-2015 and services in scope for assessment were as follows:

Year 1— Acute Services 2013

Year 2— CHPs/Community Services 2014

Year 3— Corporate and Support Services 2015

This assessment, based over 3 years, was successfully completed in June and a full complement of staff attended for individual interviews with the external IIP assessor.

NHS Forth Valley not only continues to meet the requirements of the Investors in People Standard, but has exceeded that standard in several areas, achieving a Silver Award. NHS Forth Valley is now the only NHS organisation in Scotland to have achieved this standard as a whole organisation.

The Board will be formally presented with the IIP Silver Award by Peter Russian, the Scottish Investors in People Chief Executive during the Staff Awards Ceremony at the Board Annual Review in September 2015.

Staff Governance and Staff Survey

The Board's Staff Governance National Monitoring Return was submitted to the Scottish Government in May demonstrating the range of important achievements under each strand of the Staff Governance Standard.

The Staff Survey ran from 25 August until 6 October 2014, with the response rate for NHS Forth Valley at 36%, 2 percentage points higher than in 2013 (34%), and exceeded the NHS Scotland average (35%). Of the 29 main questions, 18 showed improvements ranging from 4% to 28% and the remaining 11 questions showed no significant change. Actions from the Staff Survey formed part of the Staff Governance Action Plan which formed part of the Staff Governance National Monitoring Return.

The NHS Scotland 2015 Staff Survey will run from 10th August 2015 until 21st September 2015. The Staff Survey Steering Group, which has representatives from Staff Governance, Communications and staff side will promote the survey, and then take forward the outputs of the survey results due in December 2015. This year NHS Forth Valley has opted to have a "free text" option, which will ask staff "What one thing they would like to see improved" and "What one thing do they think is good about working for the Board".

Partnership Working

NHS Forth Valley has a strong history of partnership working. The Acute Partnership meets bi-monthly, and CHP and Facilities meet quarterly. A range of issues are discussed at these meetings, examples of which are attendance management, policy development and workforce modernisation. These meetings are jointly chaired by a General Manager and senior staff side colleagues.

NHS Forth Valley has dedicated Staff Engagement Programmes which support the two organisation priorities - Clinical Services Review and Health & Social Care Integration. Both programmes have supporting Organisational Development Action Plans with OD staff to support these agendas. OD staff have attended Local Partnership Fora to update on Health and Social Care Integration, and Planning & Development staff attending the Acute Partnership to update on Clinical Services Review. Regular reports on both are presented quarterly to the Area Partnership Forum.

Long Service Awards

In June 2014, it was agreed that NHS Forth Valley reintroduce Long Service Awards. Two ceremonies were held in December 2014 and January 2015, hosted by the Chairman and Chief Executive, where the Chairman presented over 200 staff with a Long Service Certificate and Pin-badge for either twenty, thirty or forty years of service, with a further 200 opting to receive their award privately.

From 2015, Long Service will be recognised on an annual basis, with an awards ceremony due to be held in December 2015.

Attendance Management

NHS Forth Valley's strategy for attendance management continues to be based on a whole systems approach delivered in partnership.

Progress has been made in relation to the attainment of the national HEAT standard of 4% with NHS Forth Valley reaching an absence level of 4.6 % in the early summer from a winter high of 5.5%. Progress was evident during the year with NHS Forth Valley being below the national average in April. Work continues in respect of the ongoing delivery of this target, which remains challenging and a high priority for managers across the organisation.

An Attendance Management Action Plan has been progressed by Human Resources and Occupational Health throughout the year which has included the following activities and projects:

- Audit of management of short term absence - This focussed on staff with five or more absences. Line managers were asked to complete forms which were analysed by a panel of HR Representatives to ensure compliance with the policy and identify areas of good practice with positive results.
- Improved management focus on use of Special Leave where this would be more appropriate
- A Case Conference Protocol has been developed to assist with complex cases which has been used to good effect.
- Encourage GPs to support earlier return to work with improved communication with Occupational Health
- Better utilisation of short notice cancellation appointments for staff awaiting treatment or investigation
- *Big Blether* – focus group working with Nursing Assistant and ancillary staff as part of the *What Matters to Me* project which aimed to work with groups with historically higher absences levels.
- Better communication with staff to highlight the current absence level in their areas.
- Internal and external peer review of managing sickness absence

Following the work undertaken last year with managers on the *Journey From Absence to Attendance* there is a clearer understanding of the ongoing focus and responsibility that managers have in relation to attendance management. This includes the need for managers to improve options for staff to remain at or return to work earlier. This important piece of work will continue in the following year.

Happy, Healthy and At Work

Given that health can be considered as a holistic entity, it is important to take a rounded view with regards to many factors that can influence health, happiness and being at work. Earlier in this report we have

considered the work that has been undertaken on staff engagement, staff awards and long service. These are all elements which can, and do, influence happiness at work, which in turn impacts on staff wellbeing.

As the two biggest causes of sickness absence are mental health and musculoskeletal problems, specific actions are being taken to address these concerns. In order to further support mental wellbeing, a review is currently taking place of the provision of Employee Counselling Services for staff where it is hoped that a broader view can be taken on how to prevent the impact of workplace trauma. The prevention of musculoskeletal injuries was supported by a focus on ensuring staff had completed their manual handling training and also highlighting the accessibility of the Staff Physiotherapy service.

The 'Winter Attendance Campaign' provided staff with information on how to look after their health in the winter. This included the flu immunisation campaign. This year, following a short survey, a pilot project will take place to ascertain if the availability of flu vaccination within work areas impacts on the uptake by staff. There will also be a concerted effort to ensure staff immunised by their own GPs inform Occupational Health.

Work has progressed on identifying the needs of mature workers as part of the Multigenerational Workforce within NHS Forth Valley and will continue throughout the coming year.

7. QUALITY OUTCOME 6 - PEOPLE ARE ABLE TO LIVE WELL AT HOME OR IN THE COMMUNITY

2020 Route Map priorities: Primary Care; Integrated Care

Performance against key and standard HEAT targets in support of 'People are able to live well at home or in the community' is as follows:

- The position against the target to reduce the **emergency bed day rate for patients aged 75 and over** per 1,000 population by March 2015 was 4749 per 1,000 population at March; behind the target of 3972 per 1,000 population.
- **Delayed Discharges** The April 2015 census reported zero delays over 28 days and one delay over 14 days against a trajectory point of zero. At July 2015 there were 15 delays over 4 weeks and 22 delays over 2 weeks. Total **bed days lost to delayed discharge** were at a low of 76 in April 2015 however have risen to over 900 in July 2015.

Integration of Health and Social care

During 2014/15, progress was made to establish health and social care partnerships in line with the Public Bodies Joint Working (Scotland) Act 2014. In Forth Valley, there will be two partnerships; a partnership between NHS Forth Valley and Falkirk Council and a multi-authority partnership between NHS Forth Valley, Stirling Council and Clackmannanshire Council.

A key focus of the work during this year was the development of the formal agreement to the partnership arrangements which will govern each health and social care partnership in Forth Valley. These 'Integration Schemes', were developed during the year and submitted to the Scottish Government in March 2015, as required by the Act. Following discussion with the Scottish Government, some minor amendments were made to the Integration Schemes and these were resubmitted in final form in June 2015 for approval by the Cabinet Secretary.

To support the development of the partnerships a core group of senior officers and a number of work streams were established to ensure that the significant preparation work required to establish the new arrangements was taken forward in a structured way.

Governance arrangements have been reviewed and Transitional Boards were established in January 2015. These Boards comprise the voting members from each of the partners who, together with senior officers, provided oversight of the development of the Integration Schemes and other key arrangements including the appointments of Chief Officers and Finance Officers for each partnership throughout the year. These Boards are also overseeing the transition to a formal Integration Joint Board ensuring the recruitment to the Board of all the required members and the production of a Strategic Plan which each partnership requires to have in place by March 2016. Boards have been supported by Programme Managers appointed during 2014.

During 2014/15, important work also took place around the development of locality based working. This sought to engage General Practitioners, Health and Social Work staff working in the community, Third Sector and PPF members in discussions about key priorities for integration and establish better, multi agency ways of working. Work also took place to undertake final reviews of projects funded by the Change Fund which came to an end in March 2015 and to develop plans for the Integrated Care Fund, the funding of which commenced in April 2015.

A focussed public engagement process took place around the Integration Scheme and a public facing website was established, hosted by NHS Forth Valley, to keep public informed as plans develop. A programme of staff engagement events commenced in 2015, part of an ongoing programme of involvement. Wider public engagement is also planned as part of the engagement and consultation process for the strategic plan.

Ahead of the formal disestablishment of Community Health Partnerships in April 2015, NHS Forth Valley agreed a number of transitional arrangements to ensure continuity of CHP services during the period of transition to the new Health and Social Care Partnerships.

Primary Care

Shifting the Balance and Anticipatory Care

In the region of 90% of patient contacts occur in the community. Increasingly complex case management is routinely managed in the community delivered by a wide range of professional staff. Shifting the balance of care away from reactive episodic care in an acute setting to team based anticipatory care closer to people's homes within a Locality setting is a vital part of implementing our strategy and consistent with the 2020 route map and vision.

Forth Valley primary care services have been actively involved in developing admission avoidance through initiatives such as the development of the Frailty Unit, the Bo'ness Project and the development of the 'Alfy' line. There is a recognition that there needs to be greater focus on this type of work and in particular developing effective models that provide more intensive and responsive 24/7 care in the community. This has been highlighted through the integration agenda and locality working is a key principle within the Clinical Service Review programme.

This work is supported by a focus on anticipatory care planning through the development of person-centred care plans and supported by prioritising work around falls pathways, polypharmacy, self management, ambulatory options to admission, and improved discharge planning.

Anticipatory Care Plans are being developed for the most vulnerable patients and those with most complex needs. These plans are summarised using the Key Information Summary which can be shared with other parts of the healthcare system. There is potential for wider sharing and as a result greater benefit of this information. NHS Forth Valley has been an early adopter of the Key Information Summary. This has been supported by excellent engagement of GP practices with the initiative. In June 2014, 8,135 individuals in NHS Forth Valley had an ACP in place recorded using KIS. This has risen to 12117 in June 2015 which is 3.85% of our population and is significant progress in developing management plans for our most

vulnerable patients. The next step is to assess and maximise the impact of these and ensure appropriate linkage.

Patient Safety in Primary Care

A formal programme on patient safety is a relatively new focus for primary care teams. The profile of the Safety Improvements in Primary Care (SIPC) programme in Forth Valley has been raised by integrating it with the CREATE programme and building on existing workstreams through GMS Enhanced Services.

There has been significant achievement made in a relatively short timeframe. All NHS Forth Valley General Practices signed up to Local Enhanced Service contracts using care bundle methodology for Near Patient Testing and Anticoagulant Monitoring and engaged with work to consider high risk medicines combinations. Key outcomes include:

- Achievement of 80% compliance with the Anticoagulation care bundle and this standard is being linked with the Near Patient Testing bundle.
- 98% of practices have participated in the safety climate survey and 97% with trigger tools reviews with the majority of practices undertaking and reporting on significant event analysis associated with the work.
- Over 250 practice participants supported Forth Valley Patient Safety Protected Learning Time sessions throughout the year.

The work is supported by the Primary Care Quality Improvement Group which provides ongoing communication and updates to practices.

Prescribing Efficiency

Since 2011 the Primary Care Prescribing Strategy has delivered significant change in promoting cost-effective, high quality and safe prescribing. This has been driven by positive collaborative work between the Board, general practice and the pharmacy support team. As a result the Forth Valley has reduced costs to below the Scottish average from a position of being a high cost national outlier 4 years ago.

General Practice Sustainability Challenges

In recent months there have been a number of Primary Care Practices in Forth Valley that are experiencing particular difficulty in terms of recruitment and sustaining service. The position in Forth Valley mirrors that being experienced nationally. Factors affecting this relate to workforce demographics, the nature of GMS contract, and general practice not being viewed as an attractive career option. In order to maintain access to local medical services in two of our practices, we have put in place a range of additional services and support including nursing, pharmacy, physiotherapy and mental health services designed to free up GP capacity, ensuring that patients who need to see a doctor can get an appointment as soon as possible.

Through the Clinical Services Review it is clear we need to ensure the development of a more robust and resilient community infrastructure to enable collaborative working and independent management within the community. Revision of our Healthcare Strategy through the CSR will focus on ensuring workforce capability and capacity, improving the physical infrastructure in the community and using technology intelligently to maximise effectiveness of care and to support our workforce.

Delayed Discharges

Delayed Discharges remain a key priority for NHS Forth Valley and our partners with significant work being undertaken during 2014/15 to meet the 4 week target and to work towards meeting a 2 week target which came into place on 1 April 2015.

Performance against the 4 week target was variable across the year although performance in the last quarter showed an improving trend with all partnerships in Forth Valley meeting the 4 week target by the end of March 2015 with resultant reductions in occupied bed days. The March position has not been sustained into the new financial year and performance against the new two week target is currently challenging.

The principal reasons for people delayed in their discharge are not the same across all three partnerships. The main challenge for the Falkirk Partnership was availability of care home places in the Falkirk area. For

the Stirling and Clackmannanshire Partnership, there have been challenges in arranging packages of care for people returning home, particularly for people in the rural area.

Work was undertaken in a number of key areas, supported by short term additional funding from the Scottish Government:

- A further strengthening of the Discharge Hub, both in terms of reviewing key processes including the policy on choice of care home and improving capacity within the hub. The Hub is now operating over 7 days; additional social work staff are now located within the Hub and a new case management and anticipatory care service is being piloted at Forth Valley Royal Hospital. This aims to identify patients early in their stay at FVRH who may be able to be discharged early to be assessed at home. Anticipatory care nurses undertake holistic care assessments with patients and families to ensure the discharge arrangements are effective and risk of future admissions reduced.
- Additional short stay rehabilitation and reablement beds at Summerford, a Falkirk Council provided residential home, together with additional rehabilitation at home places.
- Additional community hospital and care home places, provided over the peak winter period.
- Development of locality models of working such as that provided at Bo'ness through the 'Alfy' single point of access. This is helping to support people to remain at home and avoid admission to hospital as an emergency.
- Expansion of services out of normal working hours, particularly the night nursing service has been expanded.

Older People in Acute Care - (Care of Older People in Hospital)

Further to the very positive OPAH review in July 2014 an Improvement Plan was developed. There have not been any further unannounced inspections in the intervening period. Work is currently underway to review the new OPAH Standards and incorporate any required actions into the Improvement Plan. This is overseen by a Steering Group under the Executive leadership of the Nurse Director. Key areas of focus remain:

- Dementia and cognitive impairment
- Adults with Incapacity
- Dignity and Respect
- Falls prevention and management
- Nutritional care and hydration
- Preventing and managing pressure ulcers

Mental Health

Acknowledging the challenging RTT position in both CAMHS and Psychological Therapy services, there has been significant focus to improve the delivery of the targets moving forward.

Psychological Therapies

NHS Forth Valley has made significant investment over the last year in psychological therapies, with 9 WTE new posts resourced within adult psychology. Short term funding has been identified to support waiting list initiative work, which will commence in August. Trajectory planning indicates that this investment, in addition to ongoing service improvement work, will provide sufficient capacity to meet demand once the existing waiting list is addressed. As noted the performance since March has improved slightly however this may fluctuate as we continue to see longer waiting patients.

A major plan of service improvement is being implemented across psychological therapy services. This includes a rationalisation of operational management and supervision structures, recruitment to generic job descriptions to allow flexible deployment of staff, and job planning for all clinical staff specifying expected levels of clinical activity, with associated monitoring. In addition a service redesign is in progress, with the aim of simplifying referral processes, introducing a multidisciplinary matched care allocation process and developing the flexible use of the multidisciplinary staff resource. To ensure consistent clinical quality throughout the improvement work, a Psychological Therapies Clinical Governance group has been established.

CAMHS

NHS Forth Valley has also made a significant investment to increase clinical capacity within the service. It is anticipated that all additional posts within nursing, psychology and psychiatry, will be incorporated fully into the team by October 2015.

Meanwhile a comprehensive action plan has been developed and the senior management team has been further enhanced to support the plans implementation. There is now a weekly waiting times meeting which involves key staff from Children and Adolescent Mental Health Services (CAMHS), Information Management and administrative staff to ensure the required progress is being made. Rapid Access Clinics have now commenced and the referral criteria for CAMHS service have been updated. Meetings regarding the rollout of these new criteria are ongoing and it is anticipated that a pilot will be undertaken in a few GP practices in the very near future. A staff engagement plan is being developed and it is expected that all relevant staff within the CAMHS service will have undertaken waiting times training by the end of September 2015.

Dementia and Post Diagnostic Support Strategy

NHS Forth Valley is committed to delivering on the ambitions of the national Dementia Strategy. The local Dementia Steering Group is working to an action plan that has been mapped to the Dementia Strategy, Dementia Standards, 10 National Action Points for Dementia and Quality and Excellence in Specialist Dementia Care (QESDC). It is the aim of this group to prioritise work around Dementia that sits within the Standards. Alongside this is the ongoing development of a Training Framework for a tiered approach to Dementia training for all staff. This is a key priority across all services including our work as we integrate health and social care. The Nurse Director has been appointed as Executive lead to coordinate and facilitate the delivery of the ambitions and commitments particularly 10 and 11 (which focus on depression and falls assessment) during 2015/16.

Key success and actions around Dementia and Older People's Mental Health Services are; Implementation of SCI-Gateway for G.P. referrals to the Community Teams supported by a Primary Care referral protocol. Services are continually looking at ways to improve communication at transitions of care to ensure safe and effective care. Significant work is in progress within Stirling to develop an Intermediate care facility with the view to rolling this development out to Falkirk and Clackmannan. Our Alzheimer's Nurse Consultant is working with our Older People's admission wards to improve patient care by introducing personalisation of patient's rooms to offer a more comfortable environment.

Post Diagnostic Support: There is a National Target for all those newly diagnosed with Dementia. The aim of the target is to offer a minimum of one year post diagnostic support. This work is being carried out in partnership with Alzheimer's Scotland. There are current challenges within Forth Valley and Alzheimer's Scotland to meet current demand. To address these challenges a review is underway by NHS Forth Valley and Alzheimer's Scotland to identify exactly what is required to achieve and sustain the target.

Scottish Patient Safety Programme Update – Mental Health

The SPSP-MH programme is a 4 year programme. Year two has continued to be a testing phase; this will support planned implementation and roll out. Ward staff, allied health professionals, managers, service users and carers are all involved with the project, both at a local level and at a national level. A significant momentum has been achieved by local "champions", who have embraced the SPSP-MH programme. The next challenge is to engage the wider mental health services, ensuring that improvements are spread and embedded whilst continuing to influence and maintain a safety culture across our mental health services. We have completed two rounds of the Patient Safety Climate Tool and the Staff Safety Climate Tool. The outcomes from both are supporting the ongoing improvement work.

Future plans will involve safety walk rounds that are specific to mental health. These will involve patients and senior staff, providing real time feedback and transparency around care, treatment and patient experience.

Summary

Overall NHS Forth Valley has performed well throughout the year. Much has been achieved with the launch of the Clinical Services Review and significant progress made with the Integration of Health and Social Care. There has been a notable improvement with a number of targets including the Outpatient Referral to Treatment times (RTT) and the Treatment Time Guarantee. However, it is recognised that there remains

work to do to ensure delivery of the CAMHS and Psychological Therapies RTT and also in ensuring consistent delivery of the 4 hour Emergency Department Standard.