



FORTH VALLEY NHS BOARD

Tuesday 19 February 2013

This report relates to
Item 7.1 on the agenda

EXECUTIVE PERFORMANCE REPORT TO END DECEMBER 2012

*(Paper presented by Professor Fiona Mackenzie,
Chief Executive)*

For Noting

**NHS Forth Valley
Board Executive Performance Report
December 2012 Position**



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1. PURPOSE OF REPORT

The NHS Forth Valley Performance Management Framework has been reviewed in line with the revised governance arrangements and changing management structure. The outline approach was considered by the Performance and Resources Committee on at the meeting on 8th February. The overall approach within NHS Forth Valley continues to underline the principle that performance management is integral to the delivery of quality improvement and core to sound management, governance & accountability, prioritisation & decision making. The need for transparent and explicit links of performance management and reporting within the organisational structure at all levels is critical. Only by managing performance can its continuous improvement be elicited. Part of the review considered the reporting style and detail required by the varying committees and the Board.

The purpose of this Board Executive Performance Report (BEPR) remains to provide assurance to the NHS Board of the overall performance of NHS Forth Valley. Acknowledging more detailed consideration of performance taking place at the Performance and Resources Committee (P&RC), the format of this report will reviewed and streamlined to ensure the Board is succinctly updated on key performance issues. The revised format will be presented at the next Board meeting in April.

Key areas of performance are highlighted in the performance summary (Section 2) focussed around the Balanced Scorecard (BSC), quality improvement agenda, which includes national Health, Efficiency, Access and Treatment (HEAT) targets from the Local Delivery Plan. This report provides an update to end December 2012.

2. CHIEF EXECUTIVE'S SUMMARY

Since the last Board meeting in November 2012 Forth Valley has experienced some very busy weeks over the worst of the winter resulting in challenges to patient flow and capacity. This has affected all parts of our healthcare system both in primary and secondary care. As part of the winter planning process escalation plans were in place which necessitated a number of contingencies being utilised to deal with the increase in demand for services. These included the opening of extra beds and increased staffing, the financial consequences of which are noted below. I would like to pay tribute to all our staff who have worked hard to ensure patients are cared for in a safe and comfortable manner. An additional challenge during this period was the requirement to meet the 12 Week Treatment Time Guarantee (TTG) and again thanks are due to all staff involved for making this possible.

P&R Committee

The Performance and Resources Committee received a full report on performance against the Balanced Scorecard at the meeting on 8th February. A number of areas were considered in detail under each of the BSC headings. These included discussion around the Average Length of Stay, the improving position against 4 hour A&E wait, the significant activity underway around the absence agenda, Access targets and the progress with the TTG and also the improving position with Delayed Discharges. The report also now includes an update on major capital projects. At each meeting an aspect of performance is considered in greater detail. The committee received an excellent presentation focusing on Theaters considering both the process of flow through theatres and importantly the patient safety and experience aspects of the patient journey. A number of key points have been drawn out in the P&R minute which will be of interest to the Board.

Finance

A financial summary is detailed within Section 1 of this report. NHS Forth Valley is reporting an overspend of £0.866m to the end of December 2012 (£0.846m to the end of November 2012). As previously reported the most significant areas pressure remains medical workforce particularly in the emergency department and paediatrics, continued provision of contingency beds with associated costs (predominantly nursing), and costs associated with the delivery of access targets. Steps are in place to reduce reliance on the use of contingency beds phased to the end of March and these combined with the actions in Section 1 should ensure financial balance is achieved by the year end.

Waiting Times

The focus on waiting times continues. As noted above, the significant work to ensure achievement of the 12 week Guarantee by the 24th December yielded positive results. Work continues on a day to day basis as is the requirement of such a guarantee. Further work is underway to agree the way forward into the next financial year. Challenges remain within the 18 week RTT position with work to review a number of medical specialties including neurology, rheumatology, respiratory and gastroenterology. The Board will want to note the improvement in cancer services waits has been sustained.

Local Delivery Plan

The Local Delivery Plan for 2013/14 is due for draft submission on February 15th. The context and key issues were summarized in a presentation to the P&R Committee on the 8th February. The LDP comprises the HEAT Targets for the forthcoming year. A number of targets are rolling forward with 3 new target around HAI, Dementia support and IVF. The LDP only deals with specific government targets and does not therefore reflect all activity undertaken within NHS Forth Valley.

Local Policing

The team responsible for leading local policing across Scotland has been confirmed. Chief Constable Steve House welcomed the appointment of 14 Commanders, who will oversee local policing operations across Scotland. The Local Police Commander for NHS Forth Valley is Ch Supt David Flynn. The Police and Fire Reform (Scotland) Act states that the Chief Constable must ensure there are adequate arrangements in place for policing local authority areas. The appointment of local police commanders follows consultation with every Scottish local authority. The Local Commanders will work closely with communities to reflect their concerns in highly-localised policing plans – one for every council ward area in Scotland. They will be responsible for ensuring the best possible service to our communities by working with the public to identify local priorities, tackle the issues of greatest concern and maintain the performance which has seen record low crime levels achieved.

West of Scotland Radiotherapy Satellite Update

Proposals to create a new state-of-the-art radiotherapy facility for the West of Scotland have been developed to help meet rising demand for cancer treatment over the next ten years. Two potential locations have already been identified for the new facility – Forth Valley Royal Hospital in Larbert and Monklands District General Hospital in Airdrie. Work is now underway to explore and assess these options in more detail taking into account a wide range of factors such as travel times, catchment population and building requirements. A design brief, setting out some of the key layout and design requirements for the new facility, has also been developed. This highlights existing good design practice and outlines the type of internal and external features required to create the best possible environment for patients and staff. The innovative new facility, which would operate as a satellite facility for the Beatson West of Scotland Cancer Centre in Glasgow, would increase access to the state-of-the-art radiotherapy treatments and allow many more

patients in the West of Scotland to be treated closer to home. Around 120 patients a day could undergo radiotherapy in the new facility which would focus on the treatment of lung, breast, prostate and bowel cancers. Once a preferred location has been identified a more detailed plan will be developed and considered by the Scottish Government. If approved, construction could start in spring 2014 and the new facility, which is expected to cost around £25m, could be operational by the end of 2015. The Board will be kept updated on progress with this issue.

Quality Improvement

Premier IHI International Study Tour

I am delighted to highlight that NHS Forth Valley has been chosen as one of three Boards to host the Premier IHI International Study Tour in May of this year. Premier is the leading alliance of hospitals and health systems in the US with the top 200 organisations members. Their mission is to improve the health of communities with a vision that through the collaborative power of the Premier alliance, leadership and transformation to high quality cost effective healthcare will be achieved. The outline format sets a broad agenda considering patient, safety, experience as well as the wider aspects of population health.

Scottish Simulation Centre

The Scottish Clinical Simulation Centre (SCSC) was formally opened by the Cabinet Secretary on the 7th February which resulted in significant positive media interest. SCSC is the only high-fidelity simulation centre in Scotland and is focused on improving patient safety using simulation-based medical education. Founded in 1998, it was one of the first simulation centres in Europe. The SCSC, which is supported by funding from NHS Education Scotland, also provides a hub for the Scottish NHS simulation strategy and leads the way in developing simulation faculty for both the Mobile Skills Unit and other simulation programmes across Scotland. Over a thousand medical and clinical staff attend training courses at the SCSC every year. Staff are filmed working with the mannequin in a variety of scenarios and the video is then played back for evaluation and debriefing. Students look at what went well, what perhaps didn't go as well, and learn from any mistakes.

Awards / Conferences / Interest

Annual Canadian Association of Neonatal Nurses

Anne Vallance and Cathy Brown from the Neonatal Unit Forth Valley Royal Hospital have been invited to present their groundbreaking work on Neonatal pain at the 5th (CANN) National Conference. The conference, which this year is embracing the theme 'Nursing is our passion, knowledge is our power - Lets share it', is being held at Le Centre Sheraton, Montreal, Quebec, Canada, from 10-12th February 2013. The CANN National Conference is a 2½-day conference that boasts an impressive line-up of speakers, and will include a combination of pre-conference workshops, general and concurrent sessions and poster presentations, which will address today's emerging topics and trends that are forging the way to improved neonatal nursing care. Additionally, there will be an exhibit area featuring the latest products and services, and a social component allowing attendees plenty of time to network with other neonatal nurses from across the world. During the visit to Montreal, Anne and Cathy have requested a professional visit to a local neonatal unit where again any new innovations or creative ideas will be reviewed and brought back to the Forth Valley unit for evaluation and consideration. Key learning from the event will be presented to the Board at a forthcoming seminar.

Syrian Volunteering

NHS Forth Valley paediatric consultant, Dr Gasshan Al-Hourani and his son Dr Ammar Al Hourani, a local General Dental Practitioner, have been to a refugee camp on the Turkish/Syrian border with the Scottish-based charity Aid4All. The winter presents great challenges for women and children who make up the vast majority of the camps population. The most common illnesses are upper and lower respiratory tract infections, exacerbation of asthma due to very cold weather and the inhalation of smoke from burning wood, and gastroenteritis, caused by the lack of clean water and unavailable basic sanitation. In addition, the daily stresses faced by women in the camps meant those who breastfed their children had great difficulty doing so. As a result there was an urgent need for baby milk powder. Aid4All helped purchase and distribute 1000 boxes of baby milk; one box can help feed an average new born for 3-4 days, however, their mothers tend to water down the milk to last 10-12 days. There is also an urgent need for immunization for the thousands of children living there. After managing hundred of cases and having discussed the medical situation within the camp with several medical professionals from around the world who had also come to volunteer, an agreement was reached that to open an outpatient clinic that offers consultations to the children inside the camps and the surrounding areas. Aid4All which is supported and recognized by the Scottish Parliament.

Young Carers

Young carers across Forth Valley will be given more information by health professionals about the person they are looking after. The new scheme, which will see Young Carers being issued with an authorisation card, is to be run as a pilot in Forth Valley. The aim of the project is to raise awareness of young carers and have their role as a young carer better recognised by health professionals. It is hoped the card will make it easier for young people to gain access to agreed information about the cared-for person. The card is intended to help young carers understand the illness of the person they care for, become better involved in health issues and have permission from healthcare professionals to know about the type of treatment being undertaken. Young carers have told us that within some of their families, they actually know the cared for person the best, and health professionals need to take this into account.

Dementia Event February 28th

Audrey Melrose, Alzheimers Scotland Nurse Consultant for Dementia in NHS Forth Valley has organised a conference to promote excellence in Dementia Care on the 28th February 2013. This conference is well subscribed from across the health system and will provide an excellent opportunity for all staff to develop their understanding and share good practice.

3. RECOMMENDATIONS

The Board is asked to note:

- The key items of information detailed within the Chief Executive's Summary of this report
- Section 1 Financial Summary
- The main areas highlighted in the Balanced Scorecard and Performance Summary - Section 2
- The Corporate Risks Summary - Section 3
- The National Healthcare Associated Infection Reporting Template (HAIRT) - Section 4
- The Communication Summary from Sept 12 to Dec 12 – Section 5

Author of Paper

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February 2013

SECTION 1 - FINANCIAL SUMMARY

This report provides a summary of the financial position for NHS Forth Valley as at 31st December 2012.

There is a statutory requirement for NHS Boards to ensure expenditure is within the Revenue Resource Limit (RRL) and Capital Resource Limit (CRL) set by the Scottish Government Health and Social Care Department (SGHSCD).

The Table below provides a summary of the out-turn position:

	Annual Budget Plan £m	Actual Overspend / (Underspend) to 30/11/2012 £m	Actual Overspend / (Underspend) to 31/12/2012 £m
Resources			
Revenue Resource Allocation Core	423.975	0.000	0.000
Revenue Resource Allocation Non Core	77.058	0.000	0.000
Anticipated Resource Allocations	4.173	0.000	0.000
Income - other Scottish Boards	7.166	(0.036)	0.032
Income - Junior Doctors (NES)	6.339	0.000	0.000
Income - Miscellaneous	7.162	(0.005)	(0.005)
Total Resources	525.873	(0.041)	0.027
Expenditure Plan			
Corporate and External Boards	98.207	0.307	0.131
Acute Services	171.296	3.496	4.082
Waiting Times	3.703	1.250	1.332
CHP, Prescribing and Other Areas	220.693	0.157	0.153
Committed Balances / Contingency	31.974	(4.405)	(4.805)
Total Expenditure	525.873	0.805	0.893
Total Net Revenue Out-turn		0.846	0.866
Net Capital Out-turn		0.000	0.000

NHS Forth Valley is reporting an overspend of £0.866m to the end of December 2012 (£0.846m to the end of November 2012). The Committed Balances/Contingency Model includes £24.1m impairment funding and property transaction resources that will be actioned in the March Reports

The areas under review to ensure financial balance by the year end

- Cross Boundary Flow Income : Fife / Lanarkshire / Lothian
- Final review of rates following accommodation moves
- Continued review of local provision balances
- Curtail as far as possible non-essential spend to year end, including non-clinical supplies (e.g. stationery, replacement equipment), travel costs, energy costs and external course attendance
- Temporary workforce costs- bank and agency staffing

The risk reported to and discussed at the Performance and Resources Committee regarding the financial out-turn due to capacity pressures in acute remains where there has been a significant increase in contingency bed arrangements beyond anticipated – this spend will feature in January

and February reports. Steps to mitigate these increased costs and actions to minimise this requirement in future months have been outlined and phased reduction in spend is anticipated. It must be stressed that the areas where spend can be reduced quickly are where the current increases have been i.e. bank / agency spend.

Looking to 2013/14 it is imperative that plans to address the unit projected overspend areas and savings plans gaps are in place prior to the start of the year where feasible.

The main service components of the projections on the previous page are:

- Contingency Arrangements to address capacity issues (£1.726m) : Capacity and Flow project in progress as part of EPQ (Efficiency, Productivity and Quality) programme. Plans are in final stages of agreement which include reduction in the use of contingency beds on a phased basis which is matched by a planned cost reduction.
- Significant increase in temporary medical workforce costs compared to previous years covering junior doctor issues, sickness and a number of vacancies where appointees have commenced during the year.
The position has started to improve with staff appointments but significant additional cost still being incurred for paediatrics and obstetrics / gynaecology projected (£0.600m). Plans supporting a more sustainable solution will be completed by the end of March.
- Nursing workforce including surgical unit costs and wider implementation of the nursing workforce model. There is a meeting scheduled mid-February to agree the timeframe and areas covered for completion of the next phase of the Nursing Workforce Model. Areas have been identified but implementation relies on ability to redeploy into suitable areas to allow skill mix change otherwise delivery relies on natural turnover given current national protection arrangements (£2.013m)
- Delivery of Waiting Times targets and guarantees.
The projected position assumes national funding of £2.5m for the period to 31st December is agreed with SGHSCD (£2m of which has been confirmed) and a further £1m for the period January to March 2013. The first draft of the Waiting Times sustainability plan was submitted prior to Christmas and is currently being finalised.
- Delivery of Savings Plans (£6.305m)
Whilst good progress continues implementing prescribing savings in primary care, to date recurrent savings predominantly associated with the organisational structure review / management and admin. areas have not materialised – savings have been made on a non-recurrent basis either through vacancy management or through delivery of additional workload without increased staffing where funding has been provided.
This is factored into next years Financial Plan.

NHS Forth Valley received brokerage of £12.1m from SGHSCD in the two preceding financial years. These funds are being sourced from property sales with £3.552m repaid by March 2013 with the balance scheduled for the remaining three years (requirement was to repay over a five year period).

In conclusion, there is a heightened risk regarding financial balance this year based on contingency arrangements to support activity in Forth Valley Royal Hospital over December to February period. Actions have been taken to reduce reliance on contingency beds phased to the end of March. This combined with the areas under review are being actioned to ensure financial balance is achieved.

SECTION 2 - BALANCED SCORECARD & PERFORMANCE SUMMARY

Report Format

As noted in the Executive Summary the NHS Forth Valley Performance Management Framework has been reviewed in line with the revised governance arrangements and changing management structure. All aspects within the Balanced Scorecard (BSC) are now considered in detail at the Performance Resources Committee (P&RC) with the Board Executive Performance report streamlined to highlight key issues. The areas highlighted within this report derive from particular areas of note within the BSC and/or major points considered by the P&RC. This Report continues to be revised to ensure it the Board is succinctly updated on key performance issues.

Balanced Scorecard

Work continues in respect of developing the BSC to provide a broader range of measures and build upon the qualitative and quantitative data which will enable and support quality improvement and assurance. The local focus remains across the six dimensions of quality with a balanced approach to measurement.

Format

- The following templates update the position against locally developed quality indicators and HEAT targets
- Progress symbols are noted as:

Improvement in period	↑
Position maintained	↔
Deterioration in period	↓

- Where trajectories have been agreed, this will be reported as red, amber or green

R	Off trajectory >5%
A	Minor deviation from trajectory <5%
G	On track

- The narrative will provide contextual information and support



NHS Forth Valley Strategic Balanced Scorecard Performance Dashboard December 2012



Equitable		Imp	RAG
EQ1	a) Ethnicity recording - patients -----	↑	A
	b) Ethnicity recording - staff	↔	A
EQ2	Suicide rate	↑	G
EQ4	Smoking cessation	↑	G
EQ5	Alcohol brief intervention	↑	G
EQ6	Child Healthy Weight	↔	G
EQ7	Fluoride varnish	↔	R
EQ8	Breastfeeding rate	↑	R

Safe		Imp	RAG
S1	Hospital standardised mortality rate	↑	G
S2	Adverse events	↑	G
S3	Acute Assessment Unit Cardiac arrest calls	↓	G
S4	Staphylococcus Aureus Bacteraemia	↔	A
S5	Clostridium Difficile	↔	G
S6	Hand hygiene	↔	G

Efficient		Imp	RAG
E1	Finance	↔	R
E2	Non Core Staff Costs	↔	R
E3	Prescribing	↑	G
E4	Secondary Care Doctor's appraisal	↓	A
E5	Average length of stay	↑	A
E6	Bed occupancy	↔	A
E7	Inpatient cancellations	↑	A
E8	Same day surgery	↑	A
E9	Did Not Attends	↓	A
E10	Pre-operative stay	↔	G
E11	a) Theatre efficiency - under run -----	↑	R
	b) Theatre efficiency - late start	↓	A
E12	Attendance management	↓	R

Timely		Imp	RAG
T1	12 Week Treatment Time Guarantee	↑	A
T2	a) Unavailability - outpatients -----	↔	A
	b) Unavailability - inpatients	↓	A
T3	18 week Referral to Treatment	↓	R
T4	12 Week Outpatient wait	↓	R
T5	a) Cancer 31 day target -----	↑	G
	b) Cancer 62 day target	↑	G
T6	Access to drug & alcohol treatment	↑	G
T7	Access to child & adolescent mental health	↔	G
T8	% A&E waits <4 hours	↓	R

Effective		Imp	RAG
V1	a) Antimicrobial use - Acute -----	↓	A
	b) Antimicrobial use - Primary care	↓	R
V2	Emergency bed days >75 years	↑	A
V3	Boarding	↓	A
V4	A&E attendance	↑	A
V5	Delayed discharge >4 weeks	↑	R
V6	Bed days lost due to delayed discharge	↑	R

Person Centred		Imp	RAG
P1	a) Patient Experience - Inpatient survey -----	↑	G
	b) Patient Experience - GP survey	-	
P2	a) Complaints - responses -----	↑	A
	b) Complaints - numbers -----	-	A
	c) Complaints - themes -----	-	
P3	Clinical quality indicators	↓	A
P4	Long Term Conditions	↔	G
P5	Patients admitted to stroke unit	↓	A

KEY	-		No assessment
Improvement in period	↑	R	Off trajectory >5%
Position maintained	↔	A	Minor deviation from trajectory
Deterioration in period	↓	G	On track

PERFORMANCE SUMMARY

NHS Forth Valley's key performance highlights are noted below against the balanced scorecard (BSC).

EQUITABLE	SAFE
<p>Context Most areas under the 'Equitable' heading within the BSC are performing well.</p> <p>Recently confirmed Alcohol Brief Intervention figures highlight that NHS Forth Valley is currently exceeding the March 2013 target.</p>	<p>Context It is positive to note that areas under the 'Safety' heading remain at green in the BSC with the exception of SABs.</p> <p>The Amber SABs position causes a degree of challenge with monthly fluctuation.</p>

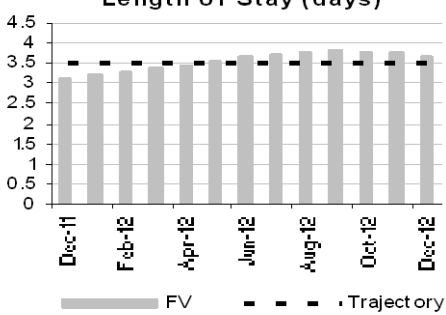
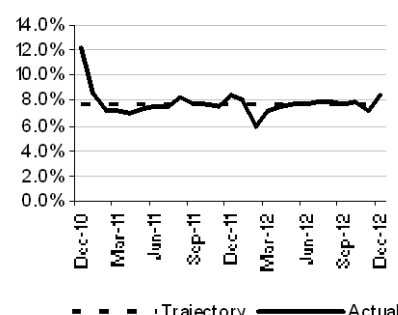
Alcohol Brief Interventions (ABI)	Staphylococcus Aureus Bacteraemia
<p>Target: 3676 Position ahead of target 7310 @ December 2012 ↑</p>	<p>Target: 0.26 Static position 0.4 @ December 2012 ↔</p>
<div style="text-align: center;"> </div> <ul style="list-style-type: none"> • Standard HEAT measure to sustain and embed Alcohol Brief Interventions (ABI) in primary care, A&E and antenatal, and develop delivery in wider settings • At December 2012, 7310 ABIs were delivered highlighting that NHS Forth Valley has achieved and continues to exceed the March 2013 of 3676 • The target remains the same in terms of numbers however 10% of that requires to be delivered in non heat settings e.g. community pharmacies and through Keep Well 	<div style="text-align: center;"> </div> <ul style="list-style-type: none"> • HEAT Target to further reduce Healthcare Associated Infections by 2012/13 so that Staphylococcus Aureus Bacteraemia cases are 0.26 or less per 1000 occupied bed days • Trajectory agreed from June 2011 to March 2013 from a baseline position of 0.5 • The number of patients with SABs in December was 7; 3 Hospital, 3 healthcare, 1 community • The position for December is 0.4 against a trajectory of 0.28 with the 12 month rolling position, to September, for NHS Forth Valley 0.37 • The Scotland position for quarter ending September 2012 is 0.3 against a plan of 0.28

EFFICIENT

Context

A number of areas under the 'Efficiency' heading pose challenge with most indicators Amber on the BSC. Some of these relate to overall capacity which remains a key focus within the EPQ Prioritisation Plan. Of note is the improvement to the average length of stay which was previously highlighted as increasing month on month over a sustained period. The position is currently Amber on the balanced scorecard. This issue was considered at the P&R Committee.

An increase in the number of DNAs has changed the BSC position from Green to Amber with 8.4% in December against a target of 7.8%. A further deterioration in the absence management position is also noted with the balanced scorecard remaining at red. This is despite continued and significant effort and activity around the agenda.

Average Length of Stay	Did Not Attend (DNA)
Target: 3.5 Improved position 3.69 @ December 2012 ↑	Target: 7.8% Position behind target 8.4% @ December 2012 ↓
<p style="text-align: center;">Emergency Inpatients Avg Length of Stay (days)</p>  <ul style="list-style-type: none"> • Standard HEAT measure to maintain or improve upon an average length of stay for emergency inpatients of 3.5 days • The provisional average length of stay for emergency inpatients for December 2012 is 3.69 days • There has been a gradual month on month increase in the length of stay since November 2011 when the position was 3.03. This is being monitored however following a peak of 3.82 at September the position has improved through October to December • The most up to date figure for all Scotland is 3.2 days at March 2012 (figures are updated annually) 	<p style="text-align: center;">% New Outpatient DNAs</p>  <ul style="list-style-type: none"> • Standard HEAT Target to reduce outpatient 'Did Not Attend' rates (DNA) to 7.8% or less • The position for December 2012 is 8.4% which is 0.6% behind the target • There is ongoing active implementation and monitoring of Patient Access Policy in respect of 'Did Not Attend' patients

EFFICIENT

TIMELY

Context

Performance under the 'Timely' heading is variable. The introduction of the Patient Rights (Scotland) Act 2011 with the 12 week Treatment Time Guarantee (TTG), delivery of 18 week Referral to Treatment (RTT) and the stage of treatment targets are demanding.

The 4 hour A& E target remains challenging with continued fluctuation in day to day activity however recent activity has been more consistent and has shown a recent overall improvement although remains Red in the Balanced Scorecard.

The cancer position which was previously considered continues to improve in month and is highlighted as Green in the Balanced Scorecard.

12 Week Treatment Time Guarantee	Unavailability – Outpatient																																																																	
<p>Target: 100% within 12 weeks</p> <p style="text-align: right;">Improving trend ↑</p>	<p>Target: <5% of list</p> <p style="text-align: right;">Within target 1.6% @ December 2012 ↔</p>																																																																	
<p>Under the Patient Rights (Scotland) Act 2011, from 1st October 2012, all eligible patients will start to receive their day case or inpatient treatment within 12 weeks of the agreement to treat.</p> <ul style="list-style-type: none"> In December 2012 all eligible patients were treated by 31st December 2012, meeting the December Target. Weekly meetings are taking place to oversee the delivery of the TTG on an ongoing basis. The Scottish Government has been advised of the current situation and will be kept up to date on progress. The challenge now is to ensure that all future patients are treated within 12 weeks of the agreement to treat. There are some capacity issues in respect of consultant availability within the shoulder surgery subspecialty of orthopaedics. 	<table border="1" style="width: 100%; text-align: center; font-size: small;"> <thead> <tr> <th></th> <th>Mar-08</th> <th>Jun-08</th> <th>Sep-08</th> <th>Dec-08</th> <th>Mar-09</th> <th>Jun-09</th> <th>Sep-09</th> <th>Dec-09</th> <th>Mar-10</th> <th>Jun-10</th> <th>Sep-10</th> <th>Dec-10</th> <th>Mar-11</th> <th>Jun-11</th> <th>Sep-11</th> <th>Dec-11</th> <th>Mar-12</th> <th>Jun-12</th> <th>Sep-12</th> <th>Dec-12</th> </tr> </thead> <tbody> <tr> <td>Scotland</td> <td>2.4%</td> <td>3.0%</td> <td>3.0%</td> <td>4.4%</td> <td>4.2%</td> <td>5.6%</td> <td>4.9%</td> <td>5.4%</td> <td>6.0%</td> <td>6.9%</td> <td>8.2%</td> <td>10.0</td> <td>7.4%</td> <td>9.5%</td> <td>10.1</td> <td>7.5%</td> <td>5.1%</td> <td>5.4%</td> <td>4.8%</td> <td></td> </tr> <tr> <td>FV</td> <td>3.3%</td> <td>4.0%</td> <td>3.8%</td> <td>4.7%</td> <td>2.1%</td> <td>7.1%</td> <td>6.1%</td> <td>2.2%</td> <td>3.3%</td> <td>4.8%</td> <td>4.7%</td> <td>11.1</td> <td>6.6%</td> <td>9.6%</td> <td>10.8</td> <td>10.6</td> <td>3.2%</td> <td>2.7%</td> <td>1.1%</td> <td>1.4%</td> <td>1.3%</td> <td>1.6%</td> </tr> </tbody> </table> <ul style="list-style-type: none"> The graph describes the percentage of outpatients that are unavailable as a proportion of the total waiting list size The NHS Forth Valley intent is that proportion of unavailability will be less than 5% of the total waiting list In December 2012, the Forth Valley unavailable list was 1.6% of the total outpatient waiting list. The most up to date position for Scotland is 4.8% in September 2012 The new Access Policy was agreed at the NHS Board meeting in September 2012 and is now in place. Amendments have been made per Scottish Government guidance and will be presented to this Board as a separate agenda item 		Mar-08	Jun-08	Sep-08	Dec-08	Mar-09	Jun-09	Sep-09	Dec-09	Mar-10	Jun-10	Sep-10	Dec-10	Mar-11	Jun-11	Sep-11	Dec-11	Mar-12	Jun-12	Sep-12	Dec-12	Scotland	2.4%	3.0%	3.0%	4.4%	4.2%	5.6%	4.9%	5.4%	6.0%	6.9%	8.2%	10.0	7.4%	9.5%	10.1	7.5%	5.1%	5.4%	4.8%		FV	3.3%	4.0%	3.8%	4.7%	2.1%	7.1%	6.1%	2.2%	3.3%	4.8%	4.7%	11.1	6.6%	9.6%	10.8	10.6	3.2%	2.7%	1.1%	1.4%	1.3%	1.6%
	Mar-08	Jun-08	Sep-08	Dec-08	Mar-09	Jun-09	Sep-09	Dec-09	Mar-10	Jun-10	Sep-10	Dec-10	Mar-11	Jun-11	Sep-11	Dec-11	Mar-12	Jun-12	Sep-12	Dec-12																																														
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FV	3.3%	4.0%	3.8%	4.7%	2.1%	7.1%	6.1%	2.2%	3.3%	4.8%	4.7%	11.1	6.6%	9.6%	10.8	10.6	3.2%	2.7%	1.1%	1.4%	1.3%	1.6%																																												

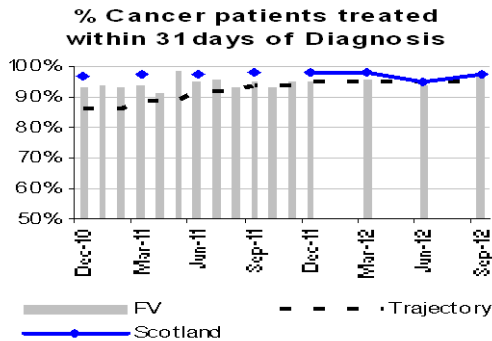
TIMELY

Unavailability - Inpatient	18 Week RTT Performance																																																															
<p>Target: <5% Behind 11.5% @ of list target December 2012 ↓</p>	<p>Target: 90% Deteriorated 81.9% @ position November 2012 ↓</p>																																																															
<p style="text-align: center;">Inpatients – Unavailable as % of Total Waiting Compared with Scotland</p> <table border="1" style="width: 100%; font-size: small;"> <thead> <tr> <th></th> <th>Mar-08</th> <th>Jun-08</th> <th>Sep-08</th> <th>Dec-08</th> <th>Mar-09</th> <th>Jun-09</th> <th>Sep-09</th> <th>Dec-09</th> <th>Mar-10</th> <th>Jun-10</th> <th>Sep-10</th> <th>Dec-10</th> <th>Mar-11</th> <th>Jun-11</th> <th>Sep-11</th> <th>Dec-11</th> <th>Mar-12</th> <th>Jun-12</th> <th>Sep-12</th> <th>Nov-12</th> </tr> </thead> <tbody> <tr> <td>Scotland</td> <td>11.9%</td> <td>15.8%</td> <td>15.4%</td> <td>22.0%</td> <td>20.8%</td> <td>24.3%</td> <td>23.4%</td> <td>31.0%</td> <td>32.1%</td> <td>31.1%</td> <td>29.5%</td> <td>35.8%</td> <td>31.2%</td> <td>35.6%</td> <td>33.6%</td> <td>31.1%</td> <td>24.7%</td> <td>22.2%</td> <td>21.4%</td> <td></td> </tr> <tr> <td>FV</td> <td>18.8%</td> <td>22.8%</td> <td>18.5%</td> <td>16.1%</td> <td>19.4%</td> <td>25.0%</td> <td>26.3%</td> <td>31.0%</td> <td>38.1%</td> <td>34.0%</td> <td>40.4%</td> <td>32.2%</td> <td>37.4%</td> <td>34.6%</td> <td>38.7%</td> <td>35.0%</td> <td>24.1%</td> <td>5.1%</td> <td>2.5%</td> <td>4.8%</td> </tr> </tbody> </table>		Mar-08	Jun-08	Sep-08	Dec-08	Mar-09	Jun-09	Sep-09	Dec-09	Mar-10	Jun-10	Sep-10	Dec-10	Mar-11	Jun-11	Sep-11	Dec-11	Mar-12	Jun-12	Sep-12	Nov-12	Scotland	11.9%	15.8%	15.4%	22.0%	20.8%	24.3%	23.4%	31.0%	32.1%	31.1%	29.5%	35.8%	31.2%	35.6%	33.6%	31.1%	24.7%	22.2%	21.4%		FV	18.8%	22.8%	18.5%	16.1%	19.4%	25.0%	26.3%	31.0%	38.1%	34.0%	40.4%	32.2%	37.4%	34.6%	38.7%	35.0%	24.1%	5.1%	2.5%	4.8%	<p style="text-align: center;">18 week RTT</p>
	Mar-08	Jun-08	Sep-08	Dec-08	Mar-09	Jun-09	Sep-09	Dec-09	Mar-10	Jun-10	Sep-10	Dec-10	Mar-11	Jun-11	Sep-11	Dec-11	Mar-12	Jun-12	Sep-12	Nov-12																																												
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TIMELY

Cancer

Target: 95% Improved position 97% @ September 2012 ↑

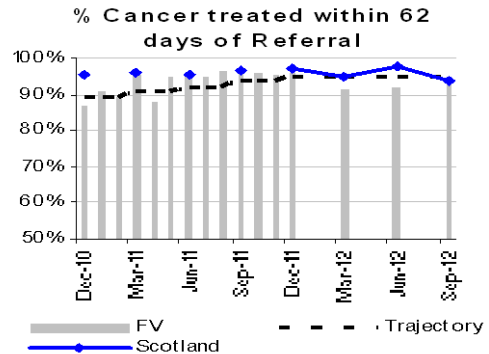


HEAT Target - 95% of patients with cancer treated within 31 days of decision to treat by December 2011

- Quarterly statistics at September 2012 show that 97% of patients were treated within 31 days against a 95% target
- The Scotland position at September 2012 is 97.6%
- In December 2012 the monthly position highlighted that 98.5% of patients were treated within 31 days
- Despite this achievement areas of challenge remain particularly in respect of endoscopy

Published data highlighted in graph

Target: 95% Improved position 93.1% @ September 2012 ↑



HEAT Target - 95% of patients with suspicion of cancer treated within 62 days or less by December 2011

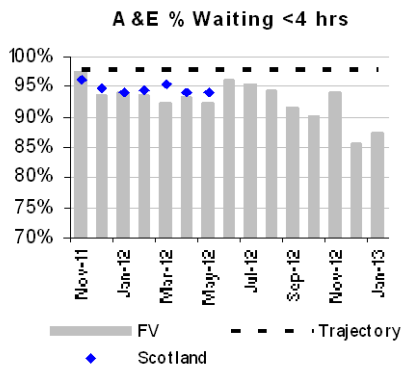
- The quarterly statistics at September 2012 highlight that 93.1% of patients were seen within 62 days
- This is below the 95% target and the Scotland position of 94%
- The monthly management position for December 2012 is 96.4%, highlighting a continuing improvement

Published data highlighted in graph

TIMELY

A&E 4 Hour waits

Target: 98% Improved position 87.3% @ January 2013 ↑



- HEAT Target that Zero patients will wait over 4 hours for discharge or transfer from A&E
- At the end of January 2012, 87.3% of patients waited 4 hours or less for discharge or transfer from A&E
- This is a 1.5% improvement on the previous month
- Fluctuation in activity remain on a day to day basis and is a symptom of wider capacity and flow challenges across the system

Capacity challenges reviewed on an ongoing basis through the Capacity and Flow work

EFFECTIVE

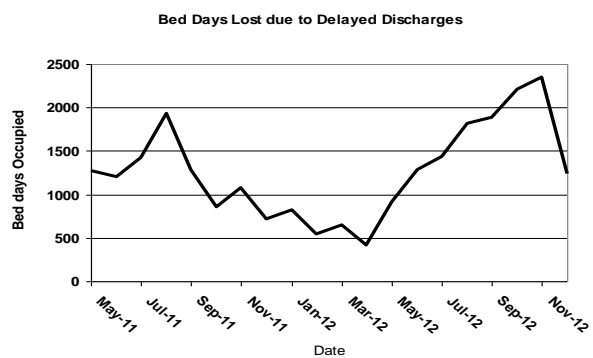
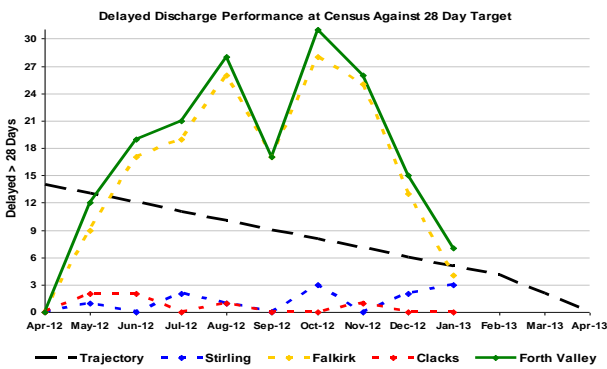
Context

The 'Effective' heading continues to show a variation in performance. Of note is the delayed discharge position which remains Red on the balanced scorecard however improvement continues in both targets most particularly in bed days lost with an in-month reduction of 655. This remains a key area of focus for NHS Forth Valley and partner organisations.

Delayed Discharge

Target: 0 Improved position 7 @ January 2013 ↑

Target: Reduction Improving position 588 @ January 2013 ↑



- HEAT Target that no people will wait more than 28 days to be discharged from hospital into a more appropriate care setting, once treatment is complete from April 2013
- The January position is 7 delays over 4 weeks for NHS Forth Valley. This is against a trajectory point of 5.
- Breakdown by Local Authority is Clacks – 0, Falkirk – 4, Stirling – 3
- Weekly monitoring is on-going reviewing the over 6 week, over 4 week and over 2 week position
- Issues in respect of care homes timely completion of suitability assessments continue to be monitored

- Total bed days occupied by delayed discharges at January 2013 is 588 a reduction of 650 from the previous month
- Weekly meetings which focus on individual patient needs continue to be critical in ensuring improvement
- Due to a number of reasons there are limited vacancies across the care home sector adding to pressure within the system.

Position at Friday 31/01/2013	Over 6wks	Over 4wks
Clacks	0	0
Falkirk	2	3
Stirling	1	2
TOTAL	3	5

Weekly position noted in table

SECTION 3 - CORPORATE RISKS

Corporate Risks Summary

The Corporate Risk Register contains risks the organisation faces at a strategic level and should include risks escalated from the Acute or CHP Risk Registers where controls are no longer effective and the risk owner cannot manage the risk within their available resources. Corporate Risks continue to be reviewed on a monthly basis.

- **Winter capacity**

Capacity challenges continue with major impact on patient flow through the emergency department over the festive holiday. A range of control measures are in place including robust daily monitoring and escalation plans. It should be noted that there is a financial impact to the opening of contingency beds. A full review of data and information is underway to analyse the varying aspects that led to increased pressure over the festive period. Work is ongoing through the EPQ priority work stream.

- **Inability to meet waiting time targets**

The first patients under the 12 week TTG should have received their treatment on 24th December 2012 with early indications showing that this was achieved. Significant progress has been made however challenges remain in maintaining the position between January-March 2013 and sustaining this thereafter. 18 week RTT highlights a number of challenges in certain specialties, with work underway to address these.

- **Delayed discharge**

The pressure with delayed discharges continues. To meet and sustain the delayed discharge zero position in partnership against the current financial pressure and care home capacity continues to pose challenges. A focus on reducing this target from zero delays over 6 to zero delays over 4 weeks, throughout 2012/13 (Local Delivery Plan 2012/13), places additional pressure on this work. A range of actions are in place to reduce delays for patient discharges including Joint Improvement Team working with local authority partners and health. This is also being proactively pursued through the Partnership Boards.

- **Financial Position : implications of Service Pressures and achievement of recurrent cash efficiency savings**

Risk remains high regarding financial breakeven in 2012/13 but greater risk is the recurrent position looking forward. Overspend areas in 2012/13 relate to capacity issues within Forth Valley Royal Hospital – emergency services where a significant number of contingencies are in place which were not identified nor budgeted for at the start of the year (the Capacity and Flow workstream of Efficiency Productivity and Quality Project has been established to address this) and for elective services where the impact of the removal of ‘aware of breach’ categorization has required significant additional spend this year and whilst discussions with SGHSCD regarding funding this financial year the first draft Sustainability Plan has a significant additional cost on a recurrent basis – this is currently under review. Whilst non-recurrent savings have been found to cover predominantly management and administrative efficiency savings which were anticipated from the organisational structure changes recurrent savings have not yet materialised.

SECTION 4 - HEALTHCARE ASSOCIATED INFECTION REPORTING TEMPLATE (HAIRT)

Section 1 – Board Wide Issues

This section of the HAIRT covers Board wide infection prevention and control activity and actions. For reports on individual hospitals, please refer to the 'Healthcare Associated Infection Report Cards' in Section 2.

A report card summarising Board-wide statistics can be found at the end of section 1

Key Healthcare Associated Infection Headlines for December 2012

- **HEAT Targets**
 - ***Clostridium difficile* infections (CDI)** remain stable across NHS Forth Valley and remains one of the lowest rates in Scotland. There was one case this month that was hospital acquired.
 - ***Staphylococcus aureus* bacteraemias (SABs)** remain statistically stable across NHS Forth Valley. Three cases this month were hospital acquired.
- **Norovirus**
 - Two wards in Forth Valley Royal Hospital were affected by norovirus for this period; a bay was closed in one ward and a mental health ward was closed on two occasions.

***Staphylococcus aureus* (including MRSA)**

The

Staphylococcus aureus is an organism which is responsible for a large number of healthcare associated infections, although it can also cause infections in people who have not had any recent contact with the healthcare system. The most common form of this is Methicillin Sensitive *Staphylococcus Aureus* (MSSA), but the more well known is MRSA (Methicillin Resistant *Staphylococcus Aureus*), which is a specific type of the organism which is resistant to certain antibiotics and is therefore more difficult to treat. More information on these organisms can be found at:

Staphylococcus aureus : <http://www.nhsinform.co.uk/Health-Library/Articles/S/staphylococcal-infections/introduction>

MRSA: <http://www.nhsinform.co.uk/Health-Library/Articles/M/mrsa/introduction>

NHS Boards carry out surveillance of *Staphylococcus aureus* blood stream infections, known as bacteraemias. These are a serious form of infection and there is a national target to reduce them. The number of patients with MSSA and MRSA bacteraemias for the Board can be found at the end of section 1 and for each hospital in section 2. Information on the national surveillance programme for *Staphylococcus aureus* bacteraemias can be found at:

<http://www.hps.scot.nhs.uk/haic/sshaip/publicationsdetail.aspx?id=30248>

HEAT target for 2012/13 is that all Health Boards across Scotland must achieve a SAB rate of 0.26 per 1000 AOBDS. Our rate between July 2011 and June 2012 was 0.38 per 1000 AOBDS.

Following epidemiological analysis of our data, we are now working with various stakeholders to look at areas such as wound management, and the appropriate use of invasive devices to help further reduce our numbers. The surveillance of all device associated bacteraemias (DABs) recently started to help with the overall reduction.

Over the last 12 months, our average number of SAB cases is 6 per month. In December 2012, the number of patients with a SAB infection was 7. Three cases were hospital attributed.

Clostridium difficile

The

Clostridium difficile is an organism which is responsible for a large number of healthcare associated infections, although it can also cause infections in people who have not had any recent contact with the healthcare system. More information can be found at:

<http://www.nhsinform.co.uk/Health-Library/Articles/C/clostridium-difficile/introduction>

NHS Boards carry out surveillance of *Clostridium difficile* infections (CDI), and there is a national target to reduce these. The number of patients with CDI for the Board can be found at the end of section 1 and for each hospital in section 2. Information on the national surveillance programme for *Clostridium difficile* infections can be found at:

<http://www.hps.scot.nhs.uk/haic/sshaip/clostridiumdifficile.aspx?subjectid=79>

HEAT target for 2012/13 is that all Health Boards across Scotland must achieve a CDI rate of 0.39 per 1000 OCBDs. Our rate between July 2011 and June 2012 was 0.11 per 1000 OCBDs.

Over the last 12 months, we have managed to reduce the number of CDIs to an average of 3 per month. In December 2012, the number of patients with CDI was 3. One case was hospital attributed.

Hand Hygiene

Good hand hygiene by staff, patients and visitors is a key way to prevent the spread of infections. More information on the importance of good hand hygiene can be found at:

<http://www.washyourhandsofthem.com/>

NHS Boards monitor hand hygiene and ensure a zero tolerance approach to non compliance. The hand hygiene compliance score for the Board can be found at the end of section 1 and for each hospital in section 2. Information on national hand hygiene monitoring can be found at:

<http://www.hps.scot.nhs.uk/haic/ic/nationalhandhygienecampaign.aspx>

This month, the HPS hand hygiene national audit report for November gave NHS Forth Valley top marks with 97% compliance with hand hygiene opportunities.

Cleaning and the Healthcare Environment

Keeping the healthcare environment clean is essential to prevent the spread of infections. NHS Boards monitor the cleanliness of hospitals and there is a national target to maintain compliance with standards above 90%. The cleaning compliance score for the Board can be found at the end of section 1 and for each hospital in section 2. Information on national cleanliness compliance monitoring can be found at:

<http://www.hfs.scot.nhs.uk/online-services/publications/hai/>

Healthcare environment standards are also independently inspected by the Healthcare Environment Inspectorate. More details can be found at:

<http://www.nhshealthquality.org/nhsqis/6710.140.1366.html>

Outbreaks

During the months of November and December 2012, there were three outbreaks of norovirus in Forth Valley Royal Hospital resulting in one bay being closed and one ward closed on two occasions. No outbreak from any other pathogenic organism was reported for this period. A weekly update from Health Protection Scotland can be found at: <http://www.hps.scot.nhs.uk>.

Other HAI Related Activity

Scottish Patient Safety Programme

A number of areas in the programme focus specifically on reducing healthcare associated infection in theatres, general wards and in critical care units and work is currently underway in pilot areas within Forth Valley Royal Hospital. The work of the SPSP is integrated with all of the other actions described in this report that are being taken forward in NHS Forth Valley to reduce HAI.

Three examples of the work to reduce healthcare associated infection are: - preventing ventilator associated pneumonia and catheter related blood stream infections in critical care and increasing hand hygiene in wards.

Public and Patient Involvement

Forth Valley is fortunate to have a committed patient and public involvement through the Patient Public Forums in the 3 Community Health Partnerships and the Patient Public Panel who are actively engaged in improving healthcare services including preventing HAI and monitoring domestic services.

Patient Panel members are working collaboratively with the Infection Control team performing HAI monthly compliance audits across Forth Valley Royal Hospital and the community hospitals.

MRSA Screening

Since January 2010 NHS Forth Valley has been successfully screening all elective admissions and specific emergency admissions for MRSA. This is a government initiative to help reduce the incidence of MRSA cross infection throughout NHS Scotland. Scottish Government published the Pathfinder Report detailing the findings of the three boards which piloted the MRSA screening programme prior to the rest of NHS Scotland; from this report, amendments to the screening rationale have been changed and patients are now screened following a Clinical Risk Assessment (CRA).

Risk Management

The risks around managing HAI are considered at every clinical level and included in Risk Registers held in departments. HAI also features in two different sections of the Corporate Risk Register (CRR). The CRR is reviewed every month to make sure all actions to manage any risks are being taken.

Primary care

Primary care covers a wide area, and includes community hospitals, dental practices and GP practices across NHS Forth Valley. The Infection Control Team provides a full time 5 day service (out of hours covered by the Duty Microbiologist) to Primary care; the service includes advice, support, audit and education and training. This service is crucial; reducing the incidence and number of patients with a HAI in Primary care, can help reduce the HAI incidence in the acute hospitals. For instance strict antimicrobial management in the community can reduce patients developing conditions such as *C.difficile* Infections (CDI) or even the potential development of multi resistant bacteria which could be subsequently introduced to the hospital environment.

NHS Forth Valley

This report card details our Board wide performance for SABs (MRSA and MSSA), CDI's, Hand Hygiene and Cleaning Compliance.

Reports published by Health Protection Scotland detailing the national progress of the SAB and CDI targets indicate that NHS Forth Valley remain statistically stable and in line with the rest of Scotland.

Hand Hygiene Monitoring Compliance (%)

Dec-11	Jan-12	Feb-12	Mar-12	Apr-12	May-12	Jun-12	Jul-12	Aug-12	Sep-12	Oct-12	Nov-12
98	98	98	99	99	98	99	98	99	99	98	99

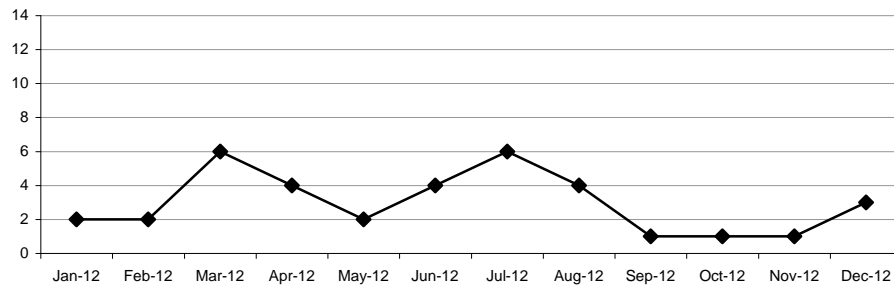
Cleaning Compliance (%)

Jan-12	Feb-12	Mar-12	Apr-12	May-12	Jun-12	Jul-12	Aug-12	Sep-12	Oct-12	Nov-12	Dec-12
97	96	95	96	96	95	95	97	96	97	97	96

Estates Monitoring Compliance (%)

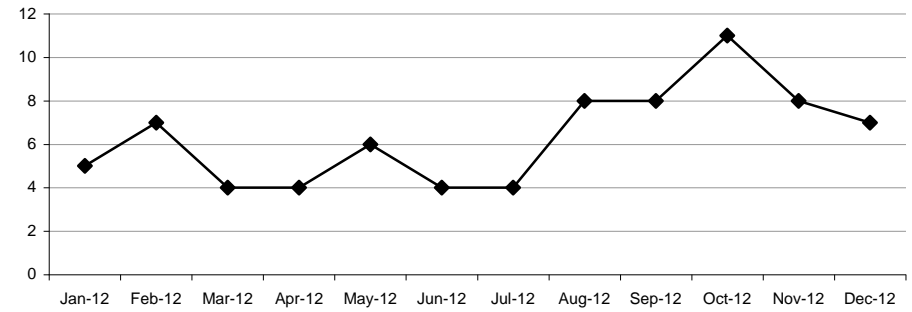
Jan-12	Feb-12	Mar-12	Apr-12	May-12	Jun-12	Jul-12	Aug-12	Sep-12	Oct-12	Nov-12	Dec-12
100	99	98	98	96	93	93	98	95	94	95	94

Clostridium difficile Cases (ages 15 and over)



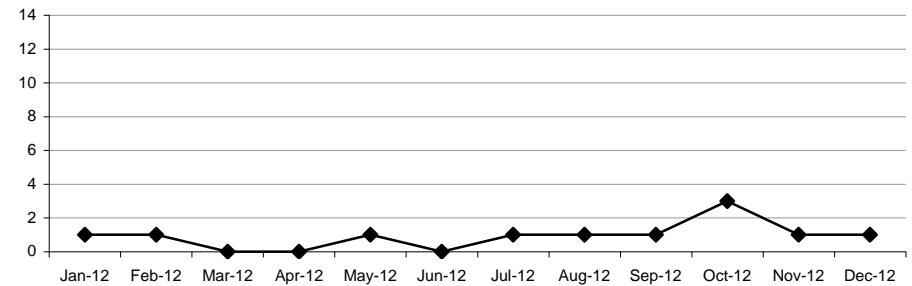
Jan-12	Feb-12	Mar-12	Apr-12	May-12	Jun-12	Jul-12	Aug-12	Sep-12	Oct-12	Nov-12	Dec-12
2	2	6	4	2	4	6	4	1	1	1	3

Total Staphylococcus aureus Bacteraemia Cases (all ages)



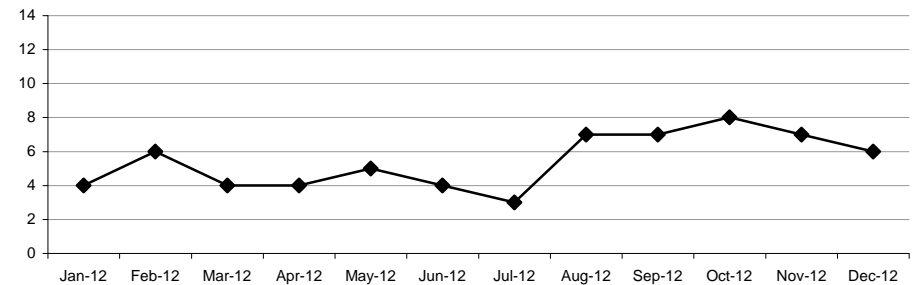
Jan-12	Feb-12	Mar-12	Apr-12	May-12	Jun-12	Jul-12	Aug-12	Sep-12	Oct-12	Nov-12	Dec-12
5	7	4	4	6	4	4	8	8	11	8	7

MRSA Bacteraemia Cases (all ages)



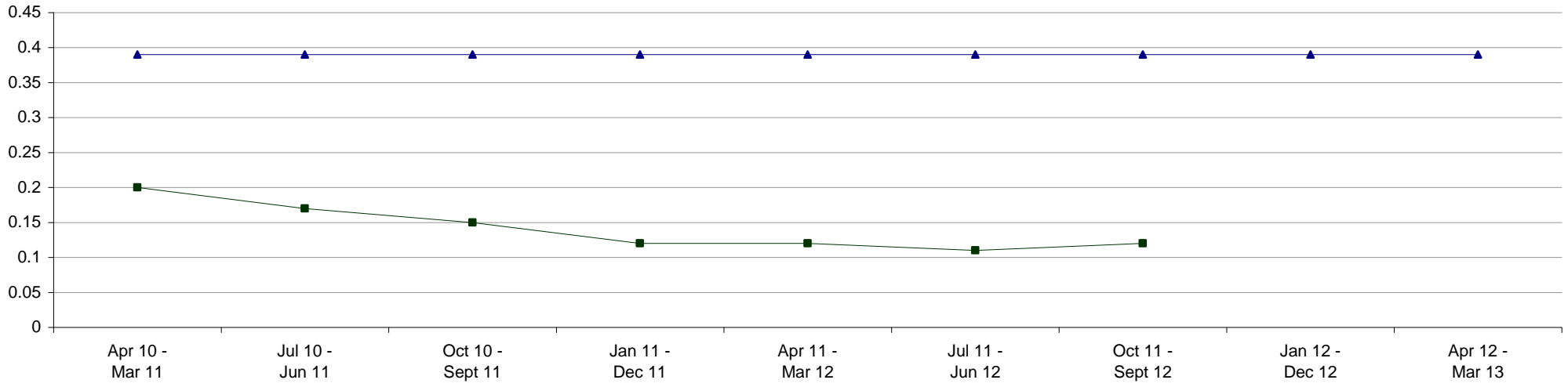
Jan-12	Feb-12	Mar-12	Apr-12	May-12	Jun-12	Jul-12	Aug-12	Sep-12	Oct-12	Nov-12	Dec-12
1	1	0	0	1	0	1	1	1	3	1	1

MSSA Bacteraemia Cases (all ages)



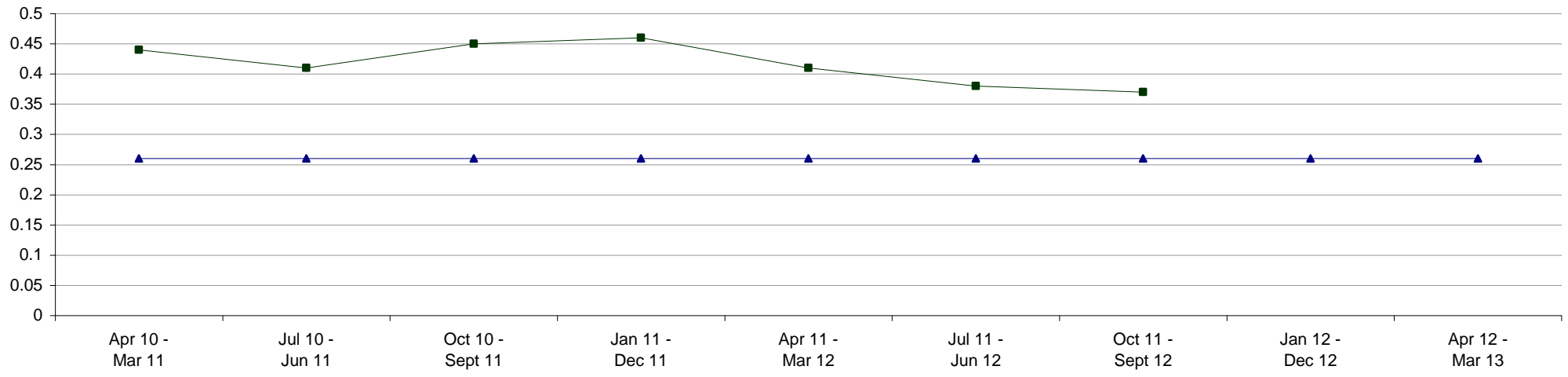
Jan-12	Feb-12	Mar-12	Apr-12	May-12	Jun-12	Jul-12	Aug-12	Sep-12	Oct-12	Nov-12	Dec-12
4	6	4	4	5	4	3	7	7	8	7	6

Quarterly rolling year *Clostridium difficile* Infection Cases per 1000 total occupied bed days for HEAT Target Measurement



	Apr 10 - Mar 11	Jul 10 - Jun 11	Oct 10 - Sept 11	Jan 11 - Dec 11	Apr 11 - Mar 12	Jul 11 - Jun 12	Oct 11 - Sept 12	Jan 12 - Dec 12	Apr 12 - Mar 13
Actual Performance	0.20	0.17	0.15	0.12	0.12	0.11	0.12		
Target	0.39	0.39	0.39	0.39	0.39	0.39	0.39	0.39	0.39

Quarterly rolling year *Staphylococcus aureus* Bacteraemia Rates per 1000 Acute Occupied Bed Days for HEAT Target Measurement



	Apr 10 - Mar 11	Jul 10 - Jun 11	Oct 10 - Sept 11	Jan 11 - Dec 11	Apr 11 - Mar 12	Jul 11 - Jun 12	Oct 11 - Sept 12	Jan 12 - Dec 12	Apr 12 - Mar 13
Actual Performance	0.44	0.41	0.45	0.46	0.41	0.38	0.37		
Target	0.26	0.26	0.26	0.26	0.26	0.26	0.26	0.26	0.26

Healthcare Associated Infection Reporting Template (HAIRT)

Section 2 – Healthcare Associated Infection Report Cards

The following section is a series of ‘Report Cards’ that provide information, for each acute hospital and key community hospitals in the Board, on the number of cases of *Staphylococcus aureus* blood stream infections (also broken down into MSSA and MRSA) and *Clostridium difficile* infections, as well as hand hygiene and cleaning compliance. In addition, there is a single report card which covers all community hospitals which do not have individual cards, and a report which covers infections identified as having been contracted from outwith hospital. The information in the report cards is provisional local data, and may differ from the national surveillance reports carried out by Health Protection Scotland and Health Facilities Scotland. The national reports are official statistics which undergo rigorous validation, which means final national figures may differ from those reported here. However, these reports aim to provide more detailed and up to date information on HAI activities at local level than is possible to provide through the national statistics.

Understanding the Report Cards – Infection Case Numbers

Clostridium difficile infections (CDI) and *Staphylococcus aureus* bacteraemia (SAB) cases are presented for each hospital, broken down by month. *Staphylococcus aureus* bacteraemia (SAB) cases are further broken down into Meticillin Sensitive *Staphylococcus aureus* (MSSA) and Meticillin Resistant *Staphylococcus aureus* (MRSA). Data are presented as both a graph and a table giving case numbers. More information on these organisms can be found on the NHS24 website:

Clostridium difficile : http://www.nhs24.com/content/default.asp?page=s5_4&articleID=2139§ionID=1

Staphylococcus aureus : http://www.nhs24.com/content/default.asp?page=s5_4&articleID=346

MRSA: http://www.nhs24.com/content/default.asp?page=s5_4&articleID=252§ionID=1

For each hospital the total number of cases for each month are those which have been reported as positive from a laboratory report on samples taken more than 48 hours after admission. For the purposes of these reports, positive samples taken from patients within 48 hours of admission will be considered to be confirmation that the infection was contracted prior to hospital admission and will be shown in the “out of hospital” report card.

Understanding the Report Cards – Hand Hygiene Compliance

Good hand hygiene is crucial for infection prevention and control. More information can be found from the Health Protection Scotland’s national hand hygiene campaign website:

<http://www.washyourhandsofthem.com/>

Hospitals carry out regular audits of how well their staff are complying with hand hygiene. The first page of each hospital report card presents the percentage of hand hygiene compliance for all staff in both graph and table form.

Understanding the Report Cards – Cleaning Compliance

Hospitals strive to keep the care environment as clean as possible. This is monitored through cleaning compliance audits. More information on how hospitals carry out these audits can be found on the Health Facilities Scotland website:

<http://www.hfs.scot.nhs.uk/online-services/publications/hai/>

The first page of each hospital Report Card gives the hospitals cleaning compliance percentage in both graph and table form.

Understanding the Report Cards – ‘Out of Hospital Infections’

Clostridium difficile infections and *Staphylococcus aureus* (including MRSA) *bacteraemia* cases are all associated with being treated in hospitals. However, this is not the only place a patient may contract an infection. This total will also include infection from community sources such as GP surgeries and care homes and sources not related to healthcare. The final Report Card report in this section covers ‘Out of Hospital Infections’ and reports on SAB and CDI cases reported to a Health Board which are not attributable to a hospital.

Forth Valley Royal Hospital

This report card details the SAB (MRSA & MSSA), CDI, Hand Hygiene and Cleaning Compliance for Forth Valley Royal Hospital.

Hand Hygiene Monitoring Compliance (%)

Dec-11	Jan-12	Feb-12	Mar-12	Apr-12	May-12	Jun-12	Jul-12	Aug-12	Sep-12	Oct-12	Nov-12
98	98	98	99	99	98	98	99	99	99	98	99

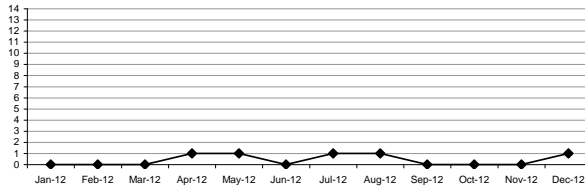
Cleaning Compliance (%)

Jan-12	Feb-12	Mar-12	Apr-12	May-12	Jun-12	Jul-12	Aug-12	Sep-12	Oct-12	Nov-12	Dec-12
97	97	96	96	98	97	98	97	97	97	97	98

Estates Monitoring Compliance (%)

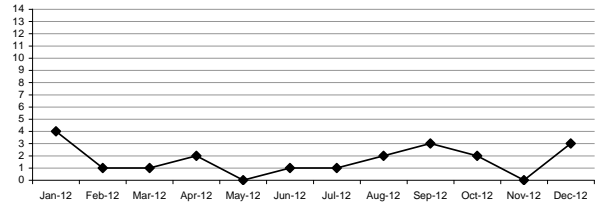
Jan-12	Feb-12	Mar-12	Apr-12	May-12	Jun-12	Jul-12	Aug-12	Sep-12	Oct-12	Nov-12	Dec-12
100	100	100	100	100	100	100	100	100	92	100	100

Clostridium difficile Cases (ages 15 and over)



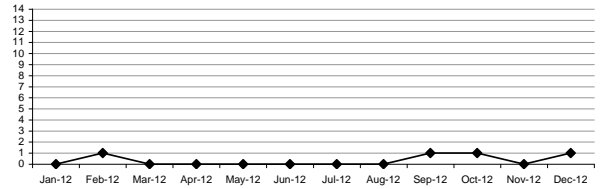
Jan-12	Feb-12	Mar-12	Apr-12	May-12	Jun-12	Jul-12	Aug-12	Sep-12	Oct-12	Nov-12	Dec-12
0	0	0	1	1	0	1	1	0	0	0	1

Total Staphylococcus aureus Bacteraemia Cases (all ages)



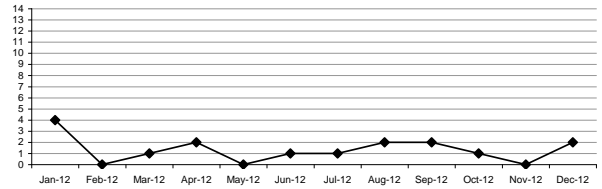
Jan-12	Feb-12	Mar-12	Apr-12	May-12	Jun-12	Jul-12	Aug-12	Sep-12	Oct-12	Nov-12	Dec-12
4	1	1	2	0	1	1	2	3	2	0	3

MRSA Bacteraemia Cases (all ages)



Jan-12	Feb-12	Mar-12	Apr-12	May-12	Jun-12	Jul-12	Aug-12	Sep-12	Oct-12	Nov-12	Dec-12
0	1	0	0	0	0	0	0	1	1	0	1

MSSA Bacteraemia Cases (all ages)



Jan-12	Feb-12	Mar-12	Apr-12	May-12	Jun-12	Jul-12	Aug-12	Sep-12	Oct-12	Nov-12	Dec-12
4	0	1	2	0	1	1	2	2	1	0	2

Community Hospitals

This report card includes SABs and CDIs acquired in our community hospitals. The hospitals include Stirling Community Hospital, Falkirk Community Hospital, Bonnybridge Hospital, Bo'ness Hospital, Bellsdyke Hospital, Clackmannan Hospital, Bannockburn Hospital and Lochview.

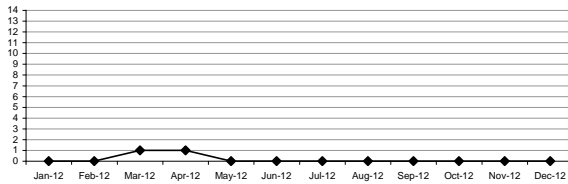
Cleaning Compliance (%)

Jan-12	Feb-12	Mar-12	Apr-12	May-12	Jun-12	Jul-12	Aug-12	Sep-12	Oct-12	Nov-12	Dec-12
95	96	94	96	95	95	95	96	96	96	97	96

Estates Monitoring Compliance (%)

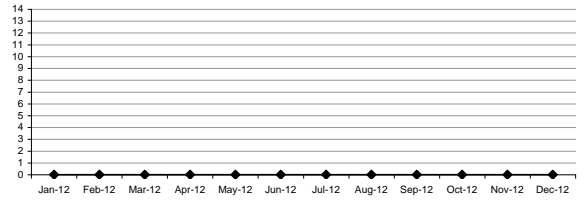
Jan-12	Feb-12	Mar-12	Apr-12	May-12	Jun-12	Jul-12	Aug-12	Sep-12	Oct-12	Nov-12	Dec-12
99	99	98	98	95	92	92	97	94	91	94	93

Clostridium difficile Cases (ages 15 and over)



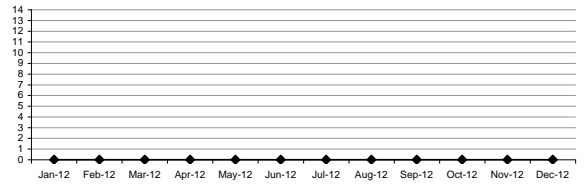
Jan-12	Feb-12	Mar-12	Apr-12	May-12	Jun-12	Jul-12	Aug-12	Sep-12	Oct-12	Nov-12	Dec-12
0	0	1	1	0	0	0	0	0	0	0	0

Total Staphylococcus aureus Bacteraemia Cases (all ages)



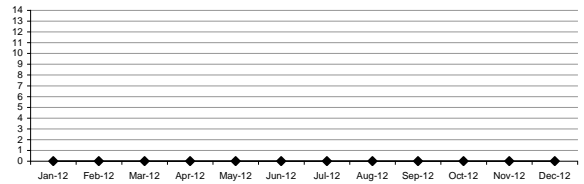
Jan-12	Feb-12	Mar-12	Apr-12	May-12	Jun-12	Jul-12	Aug-12	Sep-12	Oct-12	Nov-12	Dec-12
0	0	0	0	0	0	0	0	0	0	0	0

MRSA Bacteraemia Cases (all ages)



Jan-12	Feb-12	Mar-12	Apr-12	May-12	Jun-12	Jul-12	Aug-12	Sep-12	Oct-12	Nov-12	Dec-12
0	0	0	0	0	0	0	0	0	0	0	0

MSSA Bacteraemia Cases (all ages)

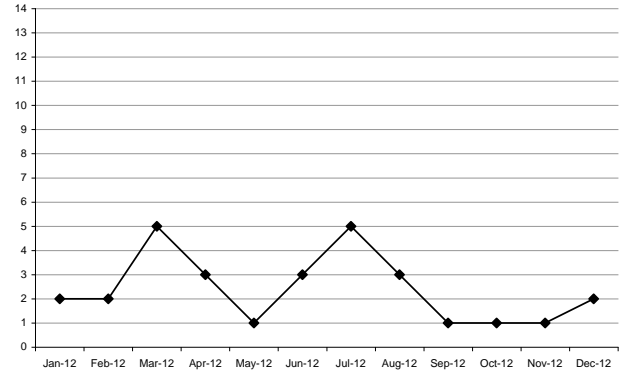


Jan-12	Feb-12	Mar-12	Apr-12	May-12	Jun-12	Jul-12	Aug-12	Sep-12	Oct-12	Nov-12	Dec-12
0	0	0	0	0	0	0	0	0	0	0	0

Out of Hospital Infections

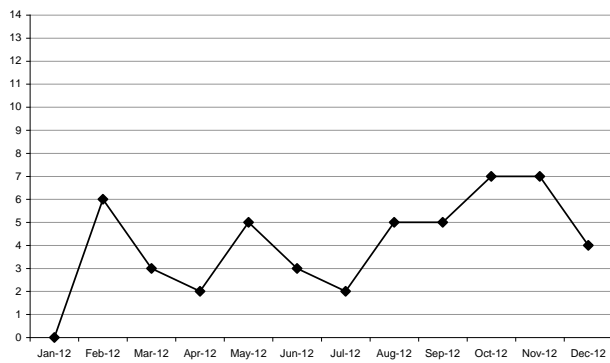
This report card details all SAB and CDIs that were not acquired during their stay at hospital.

Clostridium difficile Infection Cases



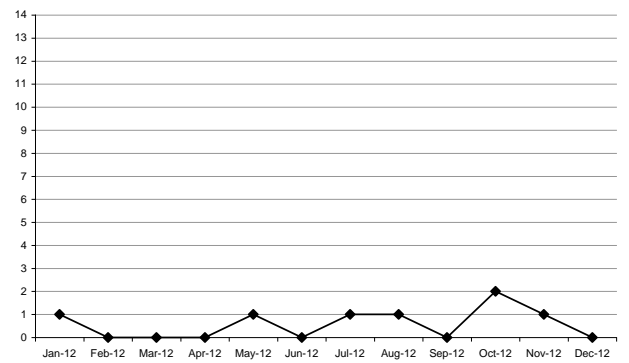
Jan-12	Feb-12	Mar-12	Apr-12	May-12	Jun-12	Jul-12	Aug-12	Sep-12	Oct-12	Nov-12	Dec-12
2	2	5	3	1	3	5	3	1	1	1	2

MSSA Bacteraemia Cases



Jan-12	Feb-12	Mar-12	Apr-12	May-12	Jun-12	Jul-12	Aug-12	Sep-12	Oct-12	Nov-12	Dec-12
0	6	3	2	5	3	2	5	5	7	7	4

MRSA Bacteraemia Cases



Jan-12	Feb-12	Mar-12	Apr-12	May-12	Jun-12	Jul-12	Aug-12	Sep-12	Oct-12	Nov-12	Dec-12
1	0	0	0	1	0	1	1	0	2	1	0

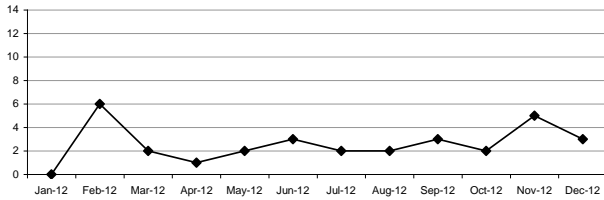
ANNEX 1. Healthcare & Community acquired Infections

In this annex, is the breakdown of the 'out of hospital' infections described on the previous page.

Healthcare acquired SABs are infections that can be associated and attributed from previous hospital admissions; this group is an area where the Infection Control team actively investigate and if it is suspected the infection has arisen from a previous hospital admission, it is treated as a hospital acquired SAB; although due to the strict HPS definitions of acquisition type it is classified as out of hospital.

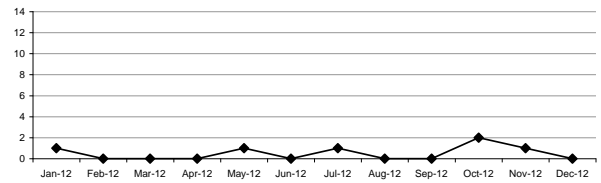
Community acquired SABs are those that have not had any healthcare contact or intervention and as such are outwith our control to reduce these infections.

Healthcare MSSA Bacteraemia Cases



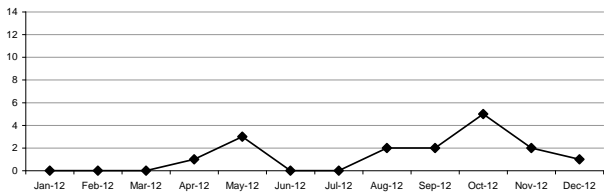
Jan-12	Feb-12	Mar-12	Apr-12	May-12	Jun-12	Jul-12	Aug-12	Sep-12	Oct-12	Nov-12	Dec-12
0	6	2	1	2	3	2	2	3	2	5	3

Healthcare MRSA Bacteraemia Cases



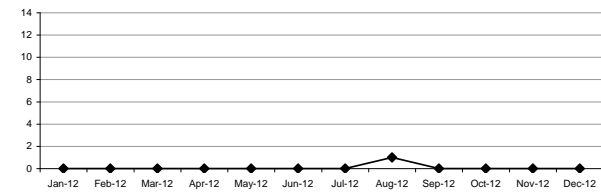
Jan-12	Feb-12	Mar-12	Apr-12	May-12	Jun-12	Jul-12	Aug-12	Sep-12	Oct-12	Nov-12	Dec-12
1	0	0	0	1	0	1	0	0	2	1	0

Community MSSA Bacteraemia Cases



Jan-12	Feb-12	Mar-12	Apr-12	May-12	Jun-12	Jul-12	Aug-12	Sep-12	Oct-12	Nov-12	Dec-12
0	0	0	1	3	0	0	2	2	5	2	1

Community MRSA Bacteraemia Cases



Jan-12	Feb-12	Mar-12	Apr-12	May-12	Jun-12	Jul-12	Aug-12	Sep-12	Oct-12	Nov-12	Dec-12
0	0	0	0	0	0	0	1	0	0	0	0

EXECUTIVE SUMMARY

One of the main priorities for the Communications Department in the last quarter of 2012 was to support the Board's winter plans and reinforce the importance of making use of local services. This included a local launch to coincide with the national NHS 'Be Ready for Winter' campaign which provided, the development of a new Winter Zone on the NHS Forth Valley website with health advice and links to information provided by our council partners and extensive use of social media to reinforce key messages. Work was also undertaken to encourage local uptake of the flu vaccination campaign and promote the services provided by local pharmacists during the festive period.

The Christmas and New Year period was a busy period for on call communications staff who dealt with a number of requests regarding the first Christmas and New Year babies born at Forth Valley Royal Hospital, enquiries about bed shortages, cancellations and A&E waiting times.

Plans for the new Forth Valley Maggie's Centre continued to progress and an open evening was organised by Maggie's to let local people find out more about what Maggie's does and how it can support patients and families affected by cancer. A new fundraising campaign was also launched along with details of the architectural team who have been commissioned to design the new centre.

Work continued with Forestry Commission Scotland with the success of the woodland rehabilitation programme for cardiac patients at Forth Valley Royal Hospital. A Halloween Event and health event were also promoted to encourage patients, visitors, staff and local communities to enjoy the woodland surrounding the hospital.

Further work was undertaken to raise awareness of changes and developments within our community hospitals. Stirling Community Hospital (SCH) welcomed a number of new services with the transfer of inpatient services for older people from Bannockburn Hospital and the decision was taken to transfer a number of mental health services moved to Stirling and Falkirk Community Hospitals.

A communication plan was developed and implemented to support the recruitment of a new non executive Board member. This post was widely promoted across Forth Valley and beyond and generated more than 40 applications which are currently being reviewed.

Over the last few months, the Communications Team has successfully promoted a wide range of new initiatives and service developments. These included the introduction of a new 'Way-finding' service to help patients and visitors find their way around Forth Valley Royal Hospital and the launch of a new 'Oxygen at Home Service' which will see around 200 Forth Valley patients who need home oxygen having it delivered directly to them. Work was also undertaken in conjunction with the Scottish Ambulance Service to raise awareness of changes to their patient transport service which enable eligible patients in Forth Valley to benefit from a new direct booking system.

Throughout the period the Communications Department continued to proactively promote the work of staff, volunteers and supporters. This included highlighting how local legacies totaling almost one quarter of a million pounds are being used to improve services for patients and staff across NHS Forth Valley and promoting the work of local volunteers who are assisting with battery exchange and hearing aid maintenance in audiology clinics across Forth Valley. Local success in recognising and treating sepsis was also highlighted to coincide with the first ever World Sepsis Day.

A number of awards and achievements were also promoted. These included two community-based teams who were finalists at the Scottish Health Awards 2012, the NHS Forth Valley IT team won the "Efficiency in Information Technology" Award at the Health Service Journal Efficiency Awards and our Women's and Children Unit achieved the prestigious 'Baby Friendly Award' from UNICEF. The Falkirk Buggy Group, which encourages new mums to get fit and is supported by Forth Valley health visitors, received a top award from NHS Health Scotland.

As always, the Communications Department managed communications for a number of high profile issues. These included a major road traffic accident in the Stirling area which resulted in a number of seriously ill on patients being treated at FVRH, the publication of our internal audit report on waiting times, the death of a local GP, a maternal death at FVRH, a drug alert linked to 'legal' highs and local criteria for accessing IVF. As a precautionary measure, around fifty schoolchildren who attend three schools in Forth Valley were offered screening for TB (tuberculosis) and a number of staff and babies were offered treatment after two members of staff in the Emergency Department tested positive for whooping cough.

The Winter Issues of Staff News and Community Health News were produced and distributed during this period. Online versions were also produced for staff and members of the public. During this period, 10 staff briefs were issued to ensure staff were updated on a wide range of local and national issues. Staff also received Christmas messages from the Chief Executive and Cabinet Secretary for Health and Wellbeing.

During the period, the Communications Department responded to more than 80 media and out-of-hours enquires. We also issued 60 proactive press releases and 63 media statements. A total of 84% of the coverage was either positive or neutral with only 16% negative. For further information and a detailed analysis of coverage please see appendix 1.

FOI Requests

The table below details the number of FOI requests received to date and highlights how many met or exceeded the 20 working day deadline. Although performance has improved since the last quarter, work continues with local leads across the organisation to highlight the importance of FOI and identify further areas for improvement.

Month	Requests	Reviews	Met	% Met	Over 20	
					days	% Over 20 days
Sep	51		35	69	16	31
Oct	39		30	77	9	23

Nov	42	37	88	5	12
Dec	13	5	-	-	-

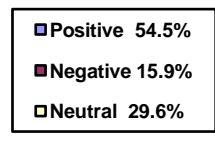
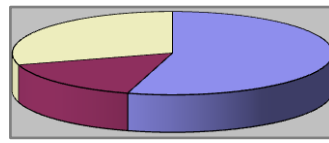
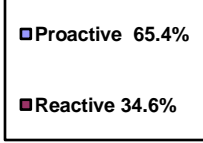
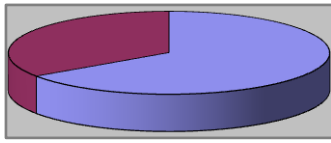
-Data not available

Forward Look

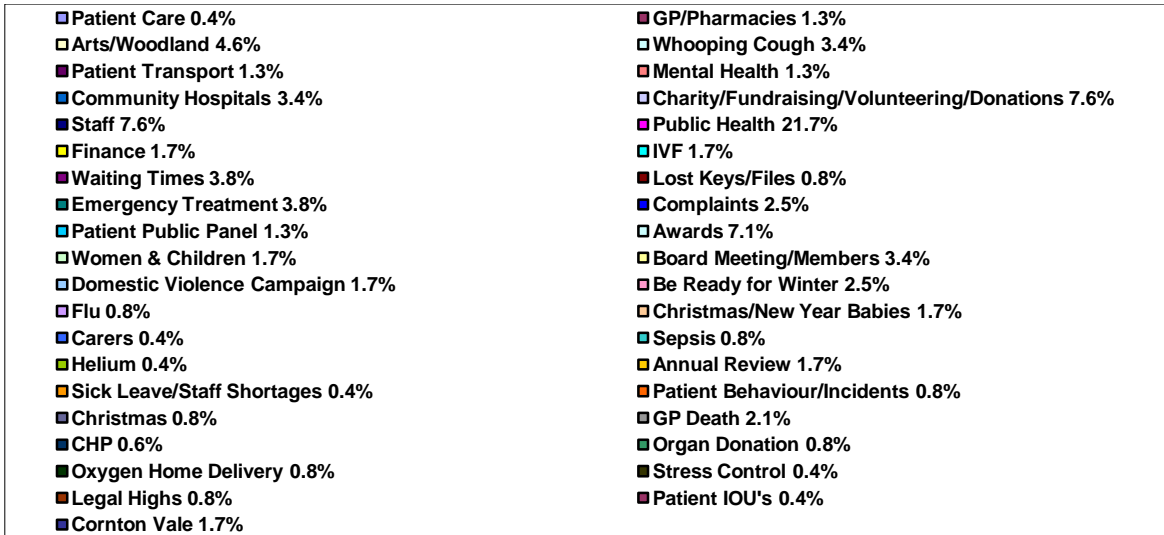
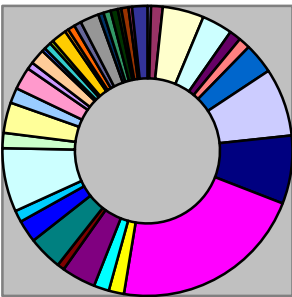
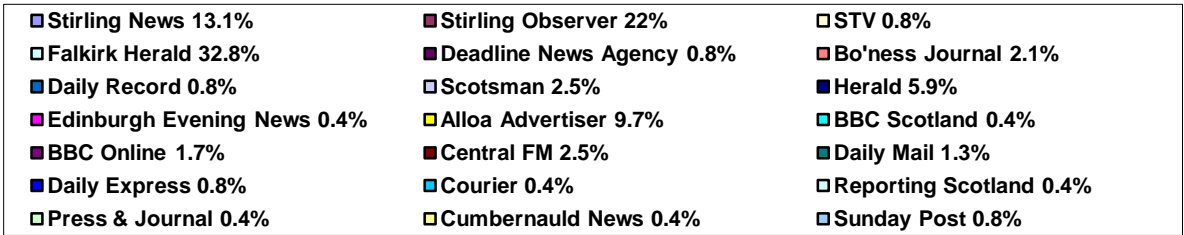
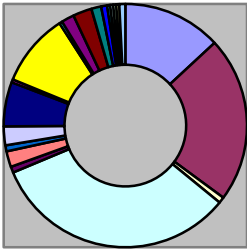
Some of the key priorities for the first quarter of 2013 will be the ongoing reconfiguration of services at Stirling and Falkirk Community Hospital, the design and development of the new Maggie's Forth Valley and work to highlight the actions being taken to reduce waiting times across a number of specialties.

Appendix 1 - Media Monitoring

Media Monitoring and Analysis

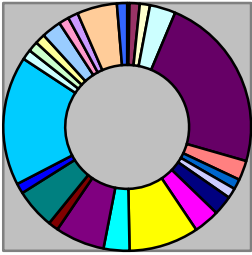


Coverage by Newspaper



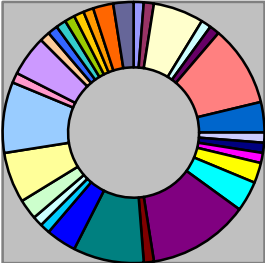
Coverage by Subject

Enquiries by News Provider



- Sunday Times 0.3%
- Mail on Sunday 3.3%
- Sunday Herald 1.3%
- Central Scotland News Agency 3.3%
- BBC Scotland 6.3%
- Press Association 1.3%
- The Sun 1.3%
- Sunday Mail 1.3%
- Scottish Chemist Review 1.3%
- Sunday Post 1.3%
- Falkirk Herald 22.6%
- ITV 1.3%
- Herald 8.9%
- Radio Clyde 1.3%
- Central FM 16.5%
- Maverick Media 1.3%
- Channel 4 1.3%
- Alloa Advertiser 1.3%
- BBC Radio Scotland 2.5%
- STV 2.5%
- Daily Record 3.3%
- Daily Mail 5.1%
- Bo'ness Journal 2.5%
- Daily Express 2.5%
- Freelance 5.1%

Enquiries by Subject



- Charity 1.25%
- Dental 1.25%
- IVF 6.25%
- Immunisations 1.25%
- Patient Care 1.25%
- Community Hospitals 10%
- Complaints 3.75%
- Finance 1.25%