

**NHS Forth Valley Annual Review
Self Assessment
2013/14**

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1. SUMMARY OF PROGRESS AGAINST 2013 ANNUAL REVIEW ACTIONS

Following the 2012/13 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.

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

Across NHS Forth Valley the priority with regard to the prevention and control of infection remains high. 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 prompt and effective response to the findings of HEI and Older People in Acute Hospitals inspections.***

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

- ***Sustain performance against all HEAT targets and standards.***

NHS Forth Valley has worked towards delivery and sustainability of all HEAT targets throughout 2013/14 and onwards. Updates in respect of Key and Standard HEAT targets are highlighted throughout the self assessment.

- ***Ensure sustainable delivery of the 12 week Treatment Time Guarantee for every patient.***

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.

To the end of August 2014, NHS Forth Valley is fully compliant with the Treatment Time Guarantee (TTG), having had zero breaches since November 2013. During August 2014, one patient had an ongoing wait exceeding 12 weeks. Treatment took place in early September 2014 and was formally recorded as a breach of the TTG for the month of September.

- ***Work to reduce variation in the delivery of the 4 hour Emergency Access target.***

Achievement of this target has proved challenging for NHS Forth Valley with an average of 94.2% reported for 2013/14. This is slightly lower than the target of 95% to be achieved by September 2014 with variability in performance remaining a key issue. A Local Unscheduled Care Action Plan has been developed and agreed.

- ***Make sustained progress against staff sickness absence standard.***

Work continues in respect of delivering the national HEAT standard of 4% sickness absence. This remains a challenging target and a high priority for managers across the organisation. Activities to support this are detailed under Quality Outcome 5 - Staff feel supported and engaged.

- ***Continue to work with planning partners on the local Health and Social Care integration agenda, and on delivery against the Delayed Discharge target.***

Work in respect of the integration of Health and Social Care is continuing. NHS Forth Valley and its Local Authority Partners have agreed to pursue the Body Corporate model which means delegation by Local Authority and Health Board of all functions within scope of integration, to a new entity governed by an Integrated Joint Board with accountability for overseeing the provision of functions. A local planning structure has been formed which consists of 6 work streams that have been tasked with developing the Integration Schemes. This work is being overseen and supported by a core group of senior officers.

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

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 12,476 **Alcohol Brief Interventions (ABI)** for year 2013/14, exceeding the planned annual target of 3676. The first quarter of 2014/15, to the end of June, has seen the delivery of 2504 ABIs.
- A total of 1148 children completed **Child Healthy Weight** interventions exceeding the target of 883 interventions.
- Within the 40% most deprived SIMD areas, NHS Forth Valley provided support to a total of 3520 successful **Smoking Quits** recorded at one month post quit. This exceeds the planned target of 3002 quits.
- The target of 60% of 3 and 4 year olds in each SIMD quintile receiving twice year **Fluoride Varnish** applications by March 2014 has been challenging across NHS Forth Valley with the position at March 2014, 11.78%. Whilst the performance is lower than the target every effort has been made to ensure that the programme is reaching the appropriate children. The target reports the percentage in the deprivation quintile with the lowest uptake. As a result it does not reflect any of the work undertaken by NHS child smile teams in deprived areas. Key actions continue in supporting delivery of the target which include the Dental Public Health team contacting GDPs to promote fluoride varnish application and supporting GDPs with low claim rates to improve claim systems.
- The 5 year rolling **Suicide rates** to December 2013 for NHS Forth Valley is 11.9 per 100,000 population against the Scotland position of 14.5 per 100,000 population.
- 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.

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.

Over the past year the Board has appointed a sub group formally tasked with reviewing NHS input to Community Planning and making recommendations on how to strengthen both our influence on and delivery of the Single Outcome Agreements in Falkirk, Stirling and Clackmannanshire. The sub group reviewed a wide range of local health improvement activity including the asset based community development projects in South East Alloa and Fallin, the Keep Well Project and the work of the Forth Valley Alcohol and Drug Partnership, as well as receiving presentations on revised Community Planning Structures and the three local Single Outcome Agreements. The final recommendations of this group will be presented to the NHS Board Meeting in December 2014.

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 and in the first quarter of 2014/15, 2504 alcohol brief interventions were completed. Smoking cessation also continues as a high priority with progress in successful quits remaining above the agreed target trajectory.

Following on from the publication of the Sexual Health and Blood Borne Virus (BBV) Framework 2011 – 2015 the decision was taken to combine the local BBV and Sexual health Networks and this has resulted in a new vigour and focus in both areas of this work.

A particular focus in Forth Valley is in the provision of services to the local prisoner populations at Glenochil, Polmont and Cornton Vale. The move to NHS provision of prisoner health services has continued to deliver benefits in organisation and delivery of services and this has been complemented by the decision to transfer the health care of prisoners in police custody suites to a new South East and Tayside (SEAT) NHS regional service.

The NHS Board INTERACT health promotion team has continued to deliver the innovative Max in the Middle school based child healthy weight programme which now incorporates a wider range of health messages including mental well being and dental health messages. In total the programme has been delivered to almost 5000 local children with 1148 qualifying interventions against the Child Healthy Weight HEAT target.

The Healthy Working Lives programme continues to deliver occupational health and safety and health improvement support to small and medium enterprises together with an awards programme with health improvement benefits to the working age population.

In adult mental health we have continued to prioritise prevention through initiatives such as mental health first aid training. Trend data appears to confirm a continuing reduction in suicide rates despite the prevailing economic climate and the impacts of welfare reform.

Keep Well

The Keep Well Forth Valley programme continues to deliver more than 3000 health assessments per year with the majority of those undergoing a health assessment living within the target areas of relative deprivation. It invariably identifies some opportunity for improvement, and often leads to health gains in a variety of ways. This can be described as co-production through a whole-person enabling approach. The focus continues to be deprivation and vulnerable groups enhanced by a local focus on men's health and employability but with increasing reach and links to clinical services. There is continued commitment to Keep Well Forth Valley from NHS Forth Valley as a key component of primary anticipatory care work.

The delivery of the Keep Well Forth Valley supports a cross cutting approach to addressing health inequalities within core NHS services and Community Planning Partnership action plans. Outcome reviews are now a standard feature of the Keep Well process and show that significant behaviour change can be achieved following the Keep Well assessment. There are currently over 14,000 individuals on the database with an opportunity for further engagement in respect of follow up to provide an indication of longer term outcomes.

Key themes continue to be in respect of ethos and approach, recognising and accommodating complexity, empathy and compassion, innovation and application of a new, unique approach, the importance of giving time; and underpinning it all an approach based on values and principles.

Tobacco

In 2013/2014, NHS Forth Valley continued to fulfil the requirements of the 3 year HEAT target by seeing 15% more clients than the required number by the end of the target timeframe. Work is now ongoing to address the new challenging one year target.

In terms of the wider tobacco agenda, NHS Forth Valley appointed the Board's first Tobacco Control Officer who patrolled the sites of Forth Valley Royal Hospital, Stirling Community Hospital, Falkirk Community Hospital and Clackmannanshire Community Healthcare Centre. In the 4 months the post was live within the financial year, the Tobacco Control Officer approached 1300 people, advising on the Board's smoke free grounds and providing information on local Stop Smoking services.

As well as this, the staff and service users from the Mental Health Unit at Forth Valley Royal Hospital developed robust plans for the unit to become totally smoke free on 1 April 2014. To date, the smoke free programme has progressed well within the unit.

Health Promoting Health Service (HPHS)

NHS Forth Valley made significant progress with the HPHS agenda in 2013/14. Improvements in the majority of the areas for development within the monitoring framework were noted with feedback from Health Scotland reporting 25 of the action areas complete, 3 partially met and 2 unmet. Key areas of progress include the Board's maintenance of the Healthy Working Lives silver award, the breastfeeding policy which supports staff returning to work with infant feeding, smoking cessation services in hospital settings and the development of greenspace health improvement planning for NHS Forth Valley estates.

Health and Employability

NHS Forth Valley continued to progress the national Healthy Working Lives award programme with involvement at national level, in the development of the reviewed programme, which commenced in October. The team supported a number of companies, not only to achieve a Healthy Working Lives award, but also with occupational health and safety and health improvement programmes to improve staff health. Some of the Healthy Working Lives awarded companies in 2013/14 included Ochilview Housing (gold award), SEPA (bronze award) and Forth Valley College and SPS Cornton Vale which both achieved a mental health commendation award.

NHS Forth Valley implemented the national Working Health Service programme locally. In the 4 year period the programme has been established the service has seen 844 clients working for small to medium enterprises. These clients were either at risk of going off work due to ill health or were absent due to sickness. Within NHS Forth Valley, the Working Health Services and Healthy Working Lives teams work closely together to support workplace health initiatives, for example, through Business Gateway Open days and training programmes.

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. This year a fourth work stream has been added to include older primary school age children. All three local authorities have been actively engaged with NHS staff and other partners including the voluntary sector to provide training in EYC methodology and develop local projects.

For young mothers NHS Forth Valley has now commenced the delivery of our local Family Nurse Partnership project which complements previous work with Barnardo's Scotland to support young mothers in our local communities. Other important child health initiatives over the past year have included the roll out of the psychology of parenting project, the greatly

enhanced uptake of sure start vitamins through the EYC work and the delivery of the successful child smile dental health programme to local schools and nurseries.

Early access to maternity care

An extensive advertising campaign was implemented on 6 October 2014 to launch an electronic format for women to request antenatal care. Women can now email the maternity booking bureau 24 hours per day to request their first midwife appointment. This will assist in encouraging women to access care at the earliest opportunity, and in arranging early appointments, thus supporting the HEAT target of at least 80% of pregnant women in each SIMD quintile will have booked for antenatal care by the 12th week of gestation by June 2015.

The maternity antenatal tracker has been updated to focus on 9 key health improvement themes:

- Review vitamin uptake at 16 weeks gestation
- Maternal mental health review at each contact, evidence 32-34 weeks
- Smoking in pregnancy at pre-booking appointment, 16 weeks and 28 weeks
- Alcohol review at pre-booking appointment and 28 weeks
- Drug review at pre-booking appointment and 28 weeks
- Domestic abuse review at one point during contact, if possible
- Conversations in pregnancy around bonding and infant feeding 22-34 weeks
- Education tool discussed/given to mothers in relation to fetal movement at 16 weeks
- Antenatal Parent Education discussed/arranged at 22-24 weeks

Post natal communication from midwife to health visitor

100% of discharge letters are now sent electronically for women living in the Forth Valley area.

Breastfeeding for year 2013/14

The statistics for year ending March 2014 indicate that the exclusive breastfeeding rate at 6-8 weeks remains static at 23%, however review of data collection is required to ensure robust processes for return of Child Health Systems Programme (CHSP) forms to Child Health.

The breastfeeding initiation rate was 50% which is slightly lower than the previous year, however 32% of mothers continued to exclusively breastfeed at transfer of care to Health Visitor (10-14 days). Statistics are also collated from the Guthrie card on day 6 for each Midwifery Team area which provides further insight into the initial breast feeding drop-off rate.

Since March 2014, we have provided enhanced breastfeeding support, two sessions per week, to mothers experiencing early challenges following discharge from hospital. The evaluation of this service has been positive from client feedback and midwifery colleagues. Data is collected to review the impact of this service on re-admission rates with feeding related issues.

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

Detect Cancer Early (DCE)

The NHS Forth Valley Detect Early Cancer Steering Group continues to support the implementation of the DCE programme in Forth Valley which includes the breast, colorectal and lung cancer campaigns. The group works with NHS Boards to manage demand, share learning across sites, input to national review of referral guidelines for breast, colorectal and lung cancers and work with NHS Boards to maintain performance against national access standards.

The DCE Steering group includes clinical and managerial leads from across the directorates and also 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, a primary care lead and a consultant nurse lead. These leads meet regularly at the Forth Valley Cancer Board alongside management from various directorates. Operational issues relating to the provision of cancer services are discussed here.

The redesign of the Breast Service is supporting the increase in demand for one-stop clinics with patients seen and diagnosed timeously following a referral from their GP.

The focus of the Bowel Screening campaign is to increase the uptake of screening. The Health Promotion Service has recruited and trained volunteers from community groups across Forth Valley to deliver awareness sessions to organisations and groups. The toolkit aims to increase awareness of the screening test, address the lack of knowledge about the importance of signs and symptoms, highlight that early treatment is life saving and address practical issues around doing the test. GP practices are highlighting the bowel screening programme to help increase uptake, particularly in areas of increased deprivation.

The Lung campaign was launched at the beginning of November 2013. The focus of the campaign is 'a change in cough'. Stakeholder events took place for GPs and Pharmacists across Forth Valley. The social marketing of the Lung Cancer Campaign was well received. The radiology department have been monitoring the impact of the campaign on demand for diagnostics.

Access to Insulin Pumps

During 2013/14, a number of children and families with an interest in pump therapy were identified. Patients and families are empowered to make their own decision about pump therapy and when to start, if appropriate. This has sometimes led to delayed pump starts due to personal circumstances such as exams, holidays, other commitments or plans and simply not being the right time. The anticipated increase in the numbers of children and adolescents during the first half of 2013/14 did not come about as planned. During the first 6 months of

2013/14, numbers reduced as patients were removed from the start-up programme or pump therapy for a variety of reasons with the schedule reviewed to reflect on-going challenges.

Forth Valley held a pump awareness evening event on Wednesday in February 2014. This was for children, young adults and their families, and was held in partnership with Diabetes UK Scotland. All patients, aged under-18 years, treated in Forth Valley and not already on a pump, were invited to this pump awareness event. The event evaluated positively and we continue to follow up notes of interest. We have continued to proactively discuss pump therapy with patients, especially young adults, at our clinics during 2014. In July and August 2014, Forth Valley met and then exceeded the initial target of 48 children and adolescents on pump therapy. The challenge is keeping the numbers of children and adolescents above the 25% target as this tends to fluctuate on a monthly basis as patients move to other areas or transition into the adult cohort.

NHS Forth Valley has continued to make excellent progress in terms of our planned schedule for adults during the last 2 years and currently remain on track to meet the planned target.

3. QUALITY 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 August 2014, NHS Forth Valley reported 0.2 cases of **Clostridium difficile infection** per 1,000 total occupied bed days; better than the target of 0.25.
- At August 2014, NHS Forth Valley reported 0.34 cases of **Staphylococcus aureus bacteraemia** per 1,000 acute occupied bed days which is higher than the trajectory point of 0.28.

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 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 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 are 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 Board's 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.

In February 2014 NHS Forth Valley was notified by Healthcare Improvement Scotland that the HSMR for NHS Forth Valley for the period April to June 2013 was statistically significantly higher than the national average HSMR. 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. Following receipt of the information from Health Improvement Scotland a detailed review was undertaken. The Clinical Governance Committee received the full report at its most recent meeting on 26th September. Whilst the review found that there was no one obvious cause or contributory factor, or critical events or action leading to the deaths, it did identify a number of cross-cutting themes with potential for improved practice and outcomes. These included improved recognition and escalation of deteriorating patients, documentation standards, more standardised ward rounds and handovers, dementia care and earlier recognition of end of life needs. A number of recommendations have been made which will be incorporated into improvement actions for 2014/15 to reduce HSMR. These will be monitored and reported through clinical governance. Since the quarter April to June 2013 the HSMR for NHS Forth Valley has not been statistically different from the national average. The last published HSMR data for NHS Forth Valley has demonstrated an overall reduction of 19.7% since October 2007.

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 2013/14.

- United Kingdom Maternity Service of the Year award.
- Golden Services award 2013 for the cleanest healthcare premises with more than 250 beds.
- Scottish Health Award 2013 – Innovation award for an intervention to improve the quality of life of terminally ill patients.
- The Macmillan nurse consultant for Cancer and Palliative Care received the Macmillan Partnership Excellence Award.
- Falkirk Councils Mobile Emergency Care Services and NHS Forth Valley's REACH Falkirk Team won the 'Working Better, Working Together' award for the joint work on the Falkirk Falls Management Project.
- The catering team at Forth Valley Royal Hospital won the Health Catering Association Catering Service Team of the Year 2013 Award.

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.

Priorities for 2014/15 continue to be:

- Building on local systems further improve processes for the management of adverse events in response to the Healthcare Improvement Scotland (HIS) Review Report on the management of Adverse Events in NHS Forth Valley and the national framework. Work is ongoing to ensure a consistent and robust approach to significant adverse events across Directorates including processes for reporting, reviewing, action planning and escalation. This also includes engaging and supporting patients, families/carers and staff affected by adverse events.
- Development and agreement on the definition of the organisational risk tolerance in line with internal audit recommendations.

- Identifying and sharing wider organisational learning from the Directorate Clinical Governance and Risk Management Groups shared with the Clinical Governance Working Group and Risk Network to support an integrated approach.
- NHS Forth Valley is working with the Scottish Prison Service to take forward a national review of the suicide risk management process and review of deaths/suicides in custody. The aim is to develop a joint approach to the review of suicides in custody.

Healthcare Associated Infection (HAI)

In respect of HAI, NHS Forth Valley has effective reporting structures in place; HAI reports are submitted to ward staff, management teams, Clinical Governance Committee and the NHS Board on a regular basis. All staff have appropriate access to HAI data and information via the intranet.

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, and accurate and rapid patient review and feedback to clinicians and GPs ensures the continued reduction of 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 6 years.

Staphylococcus Aureus Bacteraemia (SABs)

Every SAB is fully investigated to identify the cause of the infection. A full root cause analysis is performed with ward staff 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. Collaborative work is on-going in respect of wound care, the promotion of better hygiene by intravenous drug users and safe injection practices.

Device associated Bacteraemia

Peripheral Venous Cather care bundles have been implemented and the effectiveness of these audited. In October 2012, the IPCT started monitoring all device associated bacteraemias, for example, patients who have urinary catheters or vascular devices. This surveillance is not organism specific unlike the SAB HEAT target which allows the IPCT to tackle and investigate all bacteraemias associated with invasive devices.

Ward visits and audit

To give the IPCT team assurance of compliance to Infection Control policies and procedures in all clinical areas, the IPCT performs various audits and compliance checks every month. These checks include ward cleanliness, adherence to standard infection control precautions and practices. All acute wards are visited by the team at least on a weekly basis, community hospital wards and mental health wards are visited on a monthly or biweekly basis. Observations and issues identified from these visits are recorded and closely monitored by the team; results are fed back on a monthly basis to all relevant stakeholders. In addition to these audits, ward staff also perform a ward-based Infection Control Audit on a monthly basis; results of these audits are discussed at a local level and provides 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 have trained this year, 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 week as part of the SPSI campaign; these results are reported both locally to the ward and to the board on a bimonthly basis. Performance to end March 2014 was 99%.

Scottish Patient Safety Programme

NHS Forth Valley continues to progress all work streams of the Scottish Patient Safety Programme (SPSP).

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 staphylococcus aureus bacteraemia; 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.

A Care Assurance Framework has been developed within NHS Forth Valley. This process involves the Associate Director of Nursing and other senior nurses undertaking visits to all wards to review key aspects of 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 will be 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 any actions being taken to address any issues that have been highlighted.

Strategic Leadership and oversight of 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. 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. The group overseeing delivery of SPSP and the leadership workstream has been subject to change and development over time and it is planned to establish a refreshed strategic delivery group to oversee and report ongoing delivery of SPSP.

Work has been undertaken to share experience and learning across all the SPSP workstreams. This has included a learning and sharing event involving SPSP workstream leads together with the leads for the Person Centred Health and Care Programme and the Early Years Collaborative.

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 January to March 2014 there has been a 19.7% 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 have 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.
- Spread of the general ward workstream to all acute inpatient areas and relevant areas of work to community hospitals and mental health wards.
- A sustained improvement in pressure area care with a reduction in pressure injury across NHS Forth Valley.
- Ongoing spread of the model of care for the deteriorating patient developed in the acute admissions unit to all speciality wards in Forth Valley Royal Hospital.
- 1387 days since the last ventilator associated pneumonia as at 27 April 2014
- 826 days since the last central line bloodstream infection as at 27 April 2014.
- Sustained reliability in 2 pilot areas with the heart failure bundle. Work is planned in 2014/15 to spread to the one remaining applicable clinical area.
- The implementation of post restraint debrief process in mental health.

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 was one of 9 boards who met the level three quality indicator target for overall antibiotic prescribing in primary care.
- Within Acute care, compliance with empirical prescribing policies remains good and notable progress is being made with the new indicator introduced this year which concentrates on prescribing in a downstream medical ward.

Within both sectors however challenges remain and the Antimicrobial Management Team have identified the following as priorities for 2014/15

- Reducing the use of broad spectrum carbapenems within Acute care
- Promote the prompt switch from intravenous therapy to oral where clinically appropriate to improve use of hospital resources and improve capacity. Ways to maximise existing services and investigate novel ways in which to provide intravenous antibiotic therapy to clinically stable patients either through ambulatory care or within their own home or care home are being explored and developed.
- Reducing co-amoxiclav and quinolone use within Primary Care.

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

Performance against the key HEAT targets in support of 'Everyone has a positive experience of healthcare' is as follows:

- 87% of patients were treated within **18 week referral to Treatment (RTT)** at August 2014 against a target of 90%. This position is as a consequence of treating more long waiting patients and will improve as this number reduces.
- At the end of August 2014, the number of patients exceeding the **12 week outpatient wait from referral** was 983. After significant improvement in all but three specialties, the plan is to recover the 12 week position within Ophthalmology, Orthopaedics and Gastroenterology. Work is on-going within the directorates to support the continued reduction in numbers waiting over 12 weeks and to achieve the standard of zero patients waiting over 12 weeks.
- At June 2014, 95% of patients with a suspicion of cancer began treatment within **62 days of receipt of referral**, and 99.6% of patients with cancer began treatment **within 31 days of the decision to treat**, exceeding the 95% target. A review of all aspects of the pathway is ongoing to streamline and reduce time-lines where possible.
- At September 2014, 92.8% of patients waited **4 hours or less** from arrival to admission, discharge or transfer for **accident and emergency treatment**, lower than the target of 95%. The average for the year is 94.2%
- At June 2014, NHS Forth Valley has continued to exceed the 90% **drug and alcohol waiting times** target with 96.3% of clients waiting less than 3 weeks from referral received to appropriate drug or alcohol treatment that supports their recovery. Forth Valley Alcohol and Drug Partnership (FVADP) has continued to drive forward service improvement over the last year. External evaluations were undertaken of our 4 Opiate Replacement Therapy (ORT) Services with an action plan in place to ensure all learning is captured from these. We plan to undertake the same within the NHS Prison Healthcare setting, across the three establishments.
- At August 2014, 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**.

Treatment Time Guarantee (TTG)

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.

To the end of August 2014, NHS Forth Valley is fully compliant with the Treatment Time Guarantee (TTG), having had zero breaches since November 2013. During August 2014, one patient had an ongoing wait exceeding 12 weeks. Treatment took place in early

September 2014 and was formally recorded as a breach of the TTG for the month of September.

Orthopaedic surgery is the highest risk area in respect of maintaining the 12 week TTG. NHS Forth Valley is working to ensure that the required capacity is in place, across all specialties, to support on-going delivery.

Diagnostics

No patients waiting for MRI, CT, ultra sound or barium studies, waited longer than the target of 42 days at August 2014. There were, however, a significant number of patients waiting longer than 42 days for an endoscopy. Most of the patients waited for colonoscopy. Work is underway to reduce the number waiting with the implementation of evening and weekend sessions.

4 Hour A&E Target

The Local Unscheduled Care Plan builds on previous work in addressing whole system change to support improvement in the delivery of the required 95% standard working towards 98% compliance.

In addition to the LUCAP, the Board is working as the lead pilot board along with 3 other boards and the Institute of Health Care Optimisation to deliver the sustainable improvements in the overall capacity and flow through inpatient outpatient elective and unscheduled care services. It is anticipated that following data collection testing will commence an improving medical flow in downstream wards which will address flow out of the department and address the issue of wait for a bed.

In 2013/14 as outlined in the August 2014 NHS dashboard NHS Forth Valley achieved 94.6% compliance with the 4 hour access target, while this was an improvement from the 91.8% compliance for the previous year. The Board did not achieve the required 95% compliance.

The main reasons that contributed to the variability in performance remain poor flow out of the department resulting in wait for a bed, and the resilience of the Emergency Department to deal with surges in demand resulting in wait for first assessment.

The Board has focussed attention on improving the time of day/discharge and discharges over 7 days.

In addition to this the Board has updated the redirection policy and is currently working on a plan to re-launch the 'know who to turn to campaign'. This is aimed at redirecting the public to the most appropriate access to healthcare redirecting demand on the Emergency Department.

Stroke Unit Care

During 2013/14, we initiated a local Stroke Care Improvement Group to lead the redesign of our stroke pathway and ensure a timely and smooth flow of stroke patients into the stroke unit at Forth Valley Royal Hospital (FVRH), especially at weekends. In April 2013 a new stroke bundle was introduced at FVRH, which has helped to drive improvement and deliver high standards of care. Importantly, the first 6 months of 2014 saw 89% of stroke patients admitted to the stroke unit within 24 hours. The Stroke Care Improvement Project Team reviews the circumstances surrounding each case where the timely delivery of the bundle

elements are not achieved. This Group is actively engaged in making the local processes more systematic and consistent for the benefit of patients.

We have agreed local targets for Stroke Bundle Compliance in discussion with the Scottish Stroke Care Improvement Programme Team. These are 65% by end of June 2014 and 70% by end of December 2014. Of positive note is that in June the position was that 79% of stroke patients received all elements of the bundle with the focus now on sustaining this improvement.

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 patient and the public, make, drawing on their valuable experience and knowledge to ensure that they remain at the centre of 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, which includes a full review of the full Patient Focus and Public Involvement agenda and existing groups. We are currently developing a Person Centred Care framework and action plan, establishing a Person Centred Care Steering Group, supporting implementation for the National Person Centre Health and Care Programme at a Local level and developing an implementation plan for the 5 'Must Do's' and reporting mechanism.

NHS Forth Valley has been measuring patient experience since 2003 and as we move to the Person Centred agenda the focus on feedback, data collection and qualitative information continues to gain momentum.

From September 2014 formal arrangements are in place to report on specific measures. The focus of the initial measurement and reporting will be around the 5 'Must Do's' which are:

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

An organisational plan to test spread measurement and implement improvements using improvement methodology has been developed. A clear reporting structure has been established, which will facilitate regular reporting both nationally and to the Person centred Steering group.

The National Better Together results were made available in the week of 25 August 2014. The results illustrate comparable scores from all inpatient surveys from 2010 - 2011, 2012-2013 and this year's data. 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 reports 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

NHS Forth Valley are delighted to announce the 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.

To take forward this programme in NHS Forth Valley, a Person Centred Health and Care Programme will be supported through a collaborative.

The collaborative will provide 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. Using the Model for Improvement teams will be able to test and implement change within their areas.

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** 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 is scheduled for conclusion in 2014/15 which is one year ahead of schedule.

2013/14 Outturn

NHS Forth Valley achieved all three financial targets for 2013/14 with a revenue surplus of £ 0.209m.

Brokerage of £ 3.566m was repaid in 2013/14 leaving a remaining balance of £ 4.414m

2014/15

The Financial Plan for 2014/15 – 2018/19 was approved at the April Performance and Resources Committee and ratified at the April Board Meeting. This included delivery of savings of £13.489m.

For the period ended 30 September 2014 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 2014 with significant additional cost. The continued focus on delivery of both 18 week RTT and 12 week outpatient wait has also brought additional in-year cost.

2015/16 and beyond

The Financial Plan assumes continued relative protection for the NHS in line with the Spending Review. Cash 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 : pension changes : the demands of both an increasing population and changing needs of an increasingly elderly population.

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

The Integration of Health and Social Care brings both benefits and 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.

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 target is as follows:

- The **Sickness Absence** rate across NHS Forth Valley at August 2014 was 5.04%.

Staff Engagement and Development

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 2014 have included:

- **Values Matter Programme:** In 2013, engaging with 20% of our staff, we identified the Organisational Values and corresponding behaviours which our Board, Corporate Management Team and staff see as core to being a successful organisation. From these, in 2014, we 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 is currently being piloted with 5 teams throughout the organisation.
- **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 was delivered to support the new Policy which included:
 - Access to the Values Toolkit described above, which Managers can use within their own Teams.
 - 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 held to support Managers and Leaders across the organisation in living our values and demonstrating behaviours for success. 102 attended a programme entitled: *How to Deal with Difficult People* and 104 attended a programme entitled: *How to Avoid Accusations of Workplace Bullying and Harassment*. 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 has developed and launched '**Recognising our People**', a values-based recognition scheme. The scheme has been well received with over 300 nominations from patients, the public and staff for a range of awards. The Awards Ceremony will take place as part of the Annual Review process.

- **KSF Review and Personal Development Plans (PDPs):** Significant work has been undertaken this year to ensure our staff completion of KSF reviews meets the standard required. A diagnostic engagement process has also been undertaken with our staff to review quantitative and qualitative performance when completing staff KSF reviews and PDPs. The outcomes of this process have informed the development of a KSF Improvement Plan to ensure staff are supported to have high quality, meaningful reviews and PDPs.
- **Staff Engagement and Communication Schedule:** During 2014 several improvements have been put in place to ensure our staff are well informed about a range of activities 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. 4-page *Everyone Matters* sections have been also been included within 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 have taken place this year 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 meeting to showcase and discuss their work. Events and meetings are also planned throughout the winter to involve staff in the Clinical Services Review and the processes for Health and Social Care Integration.
- **iMatter Staff Experience Framework:** Following on from the successful pilot programme in Forth Valley, a Staff Experience Lead has been identified and has developed an NHS Forth Valley iMatter Rollout Plan for 2014-2016. NHS Forth Valley actively participates in the national iMatter Operational Leads Group and has developed a Managers Development Programme which includes a range of materials which will be used by all Boards to support their rollout.
- **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.
- **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.

Staff Governance and Staff Survey

External Assessment

Achievements have included a positive Investors in People Assessment in Acute Services in 2013 and CHP/Community Services in 2014 where our current IIP Bronze Standard was met. We received positive feedback in a number of areas in an assessment by the Pay Review Body in June 2014. Some areas of improvement were highlighted in relation to staff development reviews and staff recognition and these are both being addressed through the activities described above.

Staff Governance and Staff Survey

The Board's Staff Governance Self Assessment was published and submitted to national colleagues in May demonstrating a range of important achievements under the Staff Governance Standard.

The Staff Survey ran from 25 August until 6 October 2014. The response rate for NHS Forth Valley at the close of the survey period was 35%, which was 1% higher than the national average of 34%. This was a 1% increase on the 2013 response rate.

The national report is due to be published on the Scottish Government website in December 2014. For NHS Forth Valley, the outputs of the survey will be reported both on a Forth Valley wide basis and also by individual directorates. This means that in addition to the overall results, the general managers and the directors of the corporate departments will have rich local data with which to drive local improvements.

NHS Forth Valley's analysis on the survey results will be taken forward by the Staff Survey Steering Group which involves representatives from human resources, communications and staffside. The results of the Survey will be communicated to all staff and will further inform the current Staff Governance Action Plan for 2014/15.

Partnership Working

NHS Forth Valley has a strong history of partnership working. The Facilities Partnership Forum was reformed in 2013. The Acute and Facilities Fora meet bi-monthly and CHP 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 colleague. Staff-side representatives are involved in the Health and Social Care Partnership Agenda, and this is a regular item on the local Partnership Agenda.

The Staff Governance Committee meets quarterly and receives reports on the full range of activity to achieve the Staff Governance Standard. The Area Partnership Forum meets quarterly and is jointly chaired by the Chief Executive and Employee Director. Full time officials are members of the Area Partnership Forum.

Whistleblowing

NHS Forth Valley's Whistleblowing policy was implemented in January 2013, based on national PIN policy. This policy replaced our Freedom of Speech policy. NHS Forth Valley supported the launch of the National Whistleblowing Alert Line. Staff were made aware of both the local NHS Policy and National Alert Line through separate Staff Brief, Staff Intranet, poster campaign and pay slip messages. There have been no cases raised locally, one case was reported to the National Whistleblowing Alert Line and referred back for local action.

Attendance Management

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

Work continues in respect of delivery of the national HEAT standard of 4% which remains a challenging target and a high priority for managers across the organisation. Significant work also continues with regard to the national Staff Wellbeing Agenda.

The following activities continue to be the priority:

- HR Director's Group – close scrutiny of all reports and case management

- Focus on Facilities

Following on from the World Café Events in June 2013 and follow up focus groups in October of that year, NHS Forth Valley submitted an abstract to be considered as part of the Poster Campaign for the NHS Scotland Event. The Poster 'the journey from Absence to Attendance' which illustrates the route taken, was selected from more than 400 posters to be the winner of the 'People's Choice' award.

Initial feedback from the judges recognised the project as an excellent example of a co-production approach to developing a range of interventions to support improvement. The project has contributed to an increase in timely referrals to Occupational Health Services and a sustained improvement in absence has been evidenced in the period to June 2014.

A review of current actions has been undertaken including a review of each directorate's absence plan. There continues to be a focused action plan to manage attendance and wellbeing involving directors, general managers and their teams supported by human resources teams and staff-side partners. Following recent consultation with managers and staff side at area and local Partnership Fora meetings the next steps have been prioritised as:

- Peer review across directorates will commence to ensure that best practice is shared
- Building on the success of the World Cafe events, where staff are brought together to agree solutions, these will continue and have been agreed and prioritised for a number of key areas where absence is higher as follows:
 - Domestic Services
 - Nursing Assistants within Community Hospitals.
 - Nursing Assistants within Mental Health Services.
- Collaboration with the Nursing Directorate continues to support nursing staff in respect of absence, and in the provision of support for mental health issues among staff.
- NHS Forth Valley is working with other Boards and with our Local Authority partners on policy and practice around attendance management.
- An assessment of the health and other needs of long term carers and the impact on NHS Forth Valley absence rates.
- Work between Out of Hours Services and GPs on the fit-slip and the opportunities which are available to all staff for early supported return to work, including to alternative duties on a temporary basis.
- Assessment of options to fast-track NHS Forth Valley staff for early clinical intervention to both prevent absence and to effect early return to work.

Happy, Healthy and At Work

Mental Health and Wellbeing

Stress whether from home or work life is an issues for NHS staff. Understanding what it is and how to control it has been the subject of Stress Control courses which have been delivered for staff. This complements the other existing support mechanism for staff which includes support from Occupational Health, employee counselling and staff psychology.

Mature Worker

It is clear that NHS Forth Valley will have an increasing number of mature staff within the workforce. Consideration needs to be given with regards to how to support and retain this particular cohort. Work is being undertaken with the Employee Engagement group to capture the needs of this cohort so that suitable supports can be put in place.

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:

- At April 2014 the **emergency bed day rate for patients aged 75 and over** was 4400 per 1000 population against a trajectory of 3992 which highlighted a downward or improving trend.
- **The rate of attendance at Accident & Emergency per 100,000** population across NHS Forth Valley at August 2014 was 1843 which is higher than the target of 1612.
- At September 2014, there were **10 delayed discharges over 28 days** against a target point of zero across Forth Valley, with **24 delayed discharges over 14 days** against a trajectory point of 8. **Total bed days lost to delayed discharge** have reduced to 1463 at September 2014.
- Within NHS Forth Valley, 45% of patients referred for a **Psychological Therapy** started treatment within 18 weeks at August 2014. The Psychological Therapy Steering Group is actively taking forward key areas of work to look at Demand, Capacity, Activity and Queue (DCAQ) in psychological therapies to ensure that existing resources are utilised efficiently and effectively and to identify any gaps or shortfall which may require service development. A new Head of Psychological Services has been appointed who will be the Clinical Lead for Psychology, Psychodynamic Psychotherapy and Cognitive and Behavioural Psychotherapy Services. This will support a comprehensive service review which will be incorporated into the work of the Boards Clinical Service Review of Mental Health and Learning Disability Services.

A shorter piece of work is being carried out in respect of trajectory predictions, and to inform sustainability planning, in relation to delivering the 18 week RTT target from December 2014.

- 47.8% of patients referred to **Child and Adolescent Mental Health Services (CAMHS)** started their treatment within 18 weeks. Waiting list initiatives, additional posts, service redesign and DCAQ work aim to accelerate progress towards achieving the 18 week RTT from December 2014. Two CAMHS Consultants and two crisis nurses have recently been appointed. A review of the Neurodevelopmental Service is underway, with additional assessment training being offered, to enhance capacity to address this significant area of clinical demand. Emerging pressures are linked to crisis presentations and looked after children from out of area, who are accommodated in private units in Forth Valley.

Development of Primary Care Services through CHPs

Revised CHP arrangements between NHS Forth Valley and each of the three Local Authorities, Stirling, Clackmannanshire and Falkirk have been in place since late 2010, with Partnership Boards, Joint Management Teams and CHP Sub-committees. The Partnership Boards include the respective Council Leaders, relevant elected members and the CEO of each Local Authority and the Chair, Non Executives and CEO of the NHS Board supported by senior offices. These arrangements have been designed to improve delivery of the

objectives of joint working, improve integration across organisational boundaries and help both agencies to deliver better for service users. A key role for these bodies moving forward is the Integration of Adult Health and Social Care, adoption of the Body Corporate model in both partnerships and formation of the Integration Joint Boards. Work is underway to allow drafting of initial Integration Schemes that comply with national guidance. The Partnerships are also reviewing the relative impact of schemes initiated through the Change Fund and considering priorities for the Integration Fund. At operational level the Board and CHP directorate are supporting evolving Locality based networks, action plans and models.

Our current Healthcare Strategy is in the process of being revised through the Clinical Services Review (CSR). Consideration and development of the NHS Forth Valley 2013/14 Primary Care Assessment template for the 2014/15 Local Delivery Plan will also inform the CSR.

Clinical Leadership in Primary Care

NHS Forth Valley benefits from effective networking and excellent collaboration with a supportive Primary Advisory Committee structure.

A Primary Care Clinical Leadership Forum provides a network that will inform development of and raise awareness of a wide range of priorities being taken forward. The role of the Forum is to provide a considered primary care perspective on key developments, such as patient safety in primary care, and system challenges including the Health and Social care Integration agenda, and to support effective collaboration and ensure effective development and use of our clinical leadership resource.

The Forum membership has been extended this year through the development of Locality Co-ordinator posts to support the integration agenda. Primary care clinical lead involvement has also been recognised as being key to the Clinical Services Review process.

Health and Social Care Integration

Within Forth Valley, there will be 2 Partnerships, a Partnership with Falkirk Council and a Multi-Authority Partnership with Stirling and Clackmannanshire Councils. Partnership Boards agreed that where practical, work to develop integration frameworks would be co-ordinated across the Forth Valley area. A core group of senior officers has been established to oversee developments which have been progressed across 6 key work streams relating to:

- Governance
- Finance
- Workforce and Organisation Development
- Participation and Engagement
- Clinical and Care Governance
- Planning and Operational

The current focus of the work streams is the preparation of the Integration Scheme and the integration governance structure. It is not apt for all work streams to operate on a Forth Valley level. This particularly relates to the Planning and Operational, and Participation and Engagement work streams. The components of work to be undertaken by both these groups will consider local need and adhere to local planning policy for example the Participation Strategy.

Funding has been made available to NHS Forth Valley to support transitional arrangements. To date, Integration Programme Managers have been recruited to each Partnership area. It is anticipated that the remaining funds will be allocated equally across the Partnership areas to support the work streams.

Local Partnership Boards have agreed to meet on a more frequent basis to oversee the development of the Integration Scheme and support the transition to Shadow Integration Joint Board.

Consideration is being given to future models for collaborative locality work. Six evolving Localities have been formed working to the principles of improving communication collaboration and consistent and equitable models of care, while recognising specific needs within individual communities. These groups have held multidisciplinary and multiagency workshop sessions this year to inform stakeholders about the developing local and national picture and to support the development of outcomes based locality action Plans. This provides an opportunity to productively draw together several key initiatives including Reshaping Care, Early Years Collaborative and Anticipatory Care Planning towards a common strategic objective. It is anticipated that the Locality Groups through the Joint Integration Boards will have influence on prioritisation of resources from the Integration Fund. This is seen as key to ensuring longer term engagement with Locality work.

Delivering Quality in Primary Care (DQPC)

The framework for the development of primary care is based around the Quality Strategy which focuses on ensuring that care is safe, clinically effective and person-centred as well as linking to the other quality dimensions of efficiency, equity and timeliness.

The CHPs provide clinical and managerial leadership to enable delivery of this model of care through cross system working and clinical engagement with primary and secondary care clinicians as well as through the Professional Advisory Committee structure. The focus of work includes integrated care pathway development and providing data and evidence to allow understanding and management of variability.

Continued Professional Development and Enhanced Service development have been aligned with the key DQPC areas. The focus on Long Term Conditions management has resulted in low admission rates for key conditions such as COPD and diabetes. Ongoing dialogue with secondary care colleagues is focussed on the development of an increasing range of ambulatory alternatives to admission. Through the community diagnostic users group and the Whole System Working project there is a much more informed and effective use of diagnostic services. Work associated with these workstreams is considered by the Primary Care Leads Forum and is also reported to the Primary Care Quality Improvement, Risk Management and CHP Professional Committee which in turn reports to the Clinical Governance Working Group and the CHP Directorate SMT.

While a large number of important projects are underway, 5 substantive areas of work central to improving quality are prioritised in response to DQPC.

These are:

- Long Term Conditions
- Whole System Working
- Prescribing Efficiency
- Scottish Patient Safety Programme
- Releasing Time to Care

Implementation of long-term conditions action plans

In Forth Valley work initiated through the Long Term Conditions Collaborative has been progressed with focus on three central workstreams relating to Self Management, Complex Care and Condition Management. It is important to note that this work has expanded in line with future models of care to recognise an increasing focus on managing frailty, multimorbidities and anticipatory care. There has been disease specific work led through MCN and clinical pathway groups and a considerable focus on managing patients with dementia and cognitive problems in line with current best model practice. This work is led by the Dementia Steering Group and Older People's Mental Health Programme Group and is aimed at ensuring we develop equitable services in line with our integrated care pathway for dementia.

Shifting the Balance and anticipatory care

In the region of 90% of patient contacts occur in the community. For most people their first, and perhaps only, ongoing contact with the NHS is within primary care. 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 is a vital part of implementing our strategy and consistent with the 2020 route map and vision. To achieve this outcome requires the development of an informed multidisciplinary workforce to support individuals within their immediate support system and community and within their locality. Appropriate and effective workforce development to ensure a model of care that is fit for future needs is dependent on strong partnership working.

There has been increasing involvement of primary care services in developing and delivering the LUCAP with a particular focus on admission avoidance through initiatives such as the development of the Frailty Unit. 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, locality working and the Primary Care Assessment Template and is a key principle within our Clinical Service Review programme.

This work is supported by a focus on anticipatory care planning through 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 are being developed using the Key Information Summary which can be shared with other parts of the healthcare system. 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 Aug 2014, 8816 individuals in NHS Forth Valley had an ACP in place recorded using KIS. This is 2.7% of our population and is significant progress in developing management plans for our most vulnerable patients.

Whole System Working and Quality Improvement

There are two main workstreams linked with the GP contract to support quality improvement and encourage practices to consider wider healthcare challenges from both national and local perspectives.

The Whole System Working project started in Forth Valley in 2009 and encourages GP practices to reflect on their clinical activity for prioritised workstreams using comparative data and evidence based guidance. Patient lists along with demographic, socio-economic and prevalence information are also used to provide a more informed context to the work. From 2012 this way of working has been extended by the introduction of quality improvement work within the Scottish GP Contract. This has been extended through the Quality and Safety

Domain which has replaced QIP QOF this year with greater focus on access to general practice, patient safety and anticipatory care, as well as ongoing focus on continued quality improvement using national and local datasets.

The 2013/14 work prioritised Locality Development and Anticipatory Care Planning with continued focus on developing whole system pathways with improved collaboration at the primary and secondary care interface. There was also alignment of the work with the safer medicines workstream of the Scottish patient safety programme in Primary Care. The latter has been extended in 2014/15 to consider Medicines Reconciliation pathways

All practices in Forth Valley participated in the work with events attended by over 150 GPs and participation from a wide range of other professional groups. This type of work provides a useful opportunity to share good practice and requires individual reflection by GPs followed by further discussion initially at a practice level and then with a group of practices within the Locality or CHP that is focussed on improving ways of effective working.

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 57 NHS Forth Valley General Practices have signed up to Local Enhanced Service contracts using care bundle methodology for Near Patient Testing and Anticoagulant Monitoring and have also engaged with work to consider high risk medicines combinations in 2013/14.

There has been achievement of 80% compliance with the Anticoagulation care bundle and this standard is being approached 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 230 practice participants supported Forth Valley Patient Safety Protected Learning Time sessions in May and June 2013. Events in 2014 have enjoyed similar levels of support.

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

Delayed Discharges

Delayed discharges remain a key priority for NHS Forth Valley and Partners with significant activity underway. The delayed discharge situation in Forth Valley has proved challenging throughout the year both in terms of numbers of patients waiting over 2 and 4 weeks but also in bed days lost. While all delayed discharges arise as a result of an emergency admission to a single acute hospital, the reasons for delay are different across council areas with no single factor and hence the requirement for a variety of solutions. There is a shared social care service for Stirling and Clackmannanshire and the delays to discharge in 2013/14 have been mainly arising from waits for community care assessment or packages of care. Almost all the delays for the Falkirk Council area are due to waiting for residential care home places.

Improvement Aims

There are 3 key strands to the work underway:

- Improve processes through the hospital and implement the Admissions Discharge and Transfer Policy. A key component of this is to robustly implement the Choice Policy with regard to interim placements with work underway currently supported by JIT.
- Work around implementing earlier 'discharge to assess' model from acute hospital i.e. at home to prevent a 'delay in discharge'.
- Expanding the range of options in the Community including:
 - Community Rehab/ Reablement and Intermediate Care
 - Close Monitoring of Care Home availability
 - Expanding the range of services 24/7 to prevent admission and expedite discharge

Some of these activities are supported by Change Fund initiatives and are a core part of the Local Unscheduled care Plan (LUCAP). Recent additional support has been received from the Scottish Government.

Older People in Acute Care

In July 2013 an announced inspection of Older People in Acute Hospitals to Forth Valley Royal Hospital was carried out. The aim of the inspection was to ensure older people were being treated with compassion, dignity and respect whilst in hospital.

The team inspected 13 wards and departments and reviewed the following areas:

- dementia and cognitive impairment
- falls prevention and management
- nutritional care and hydration
- preventing and managing pressure ulcers

The findings of the inspection:

Areas of strength

The team reported the following areas where NHS Forth Valley was performing well in relation to the care provided to older people in acute hospitals.

- Warm, caring and meaningful interactions between staff and patients. Patient care was carried out in a way that maintained patient dignity and was compassionate and respectful.
- There is good leadership in the wards. Senior charge nurses appeared to lead and manage their wards well. The culture within the wards inspected was one of improvement and putting patients at the centre of care.
- Staff spoke favourably of the electronic patient management system which is used to record 'real-time' information about patients' admissions to hospital. They believed that it helped to improve patient flow and time management as well as helping to improve communication in and across the wards. This system complements and supports patient care.

The majority of pressure ulcer risk assessments had been carried out within the correct timeframe.

Areas for improvement

Further improvement is required in the following areas.

- Screening for cognitive impairment was not consistently carried out in patients over 65 years when admitted to hospital. In particular, there was no evidence that patients coming into hospital for an elective (planned) procedure were routinely screened for cognitive impairment.
- The ward environments that were inspected needed to be made more suitable for people with dementia and cognitive impairment.
- Care delivered to patients appeared to be appropriate and of a good standard, we found that the documentation available for staff to use should be improved.

Following the report work continues to be taken forward through a single system improvement plan. Progress on the requirements is reported to Healthcare Improvement Scotland.

Mental Health

Patient Centeredness

There is ongoing development of clinical documentation which identifies patient strengths and promotes Multi Disciplinary Team working, along with the development of Integrated Care Pathways to ensure a high standard of patient care. This is supported by variance reports to allow team leads to have an overview of a team's performance and the quality of patient care.

The development of a Person Centeredness Framework which ensures patient experience is reported and is a key component to service improvement. Further patient experience work is being carried out within our Mental Health Unit. This is based around TCAB (transforming Care at the Bedside). It was recognised that many of the questions/themes asked were not relevant to mental health. This has been reviewed and currently there are some small tests of change underway to pilot the amended questionnaire.

Dementia Strategy

NHS Forth Valley Dementia Steering Group is currently developing a work plan/action plan mapping out 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. The hospital psychiatric liaison service for older people has had a positive impact in supporting enhanced assessment and diagnosis of dementia/delirium and has had a positive impact on reduced length of stay in hospital.

Scottish Patient Safety Programme Update – Mental Health

Much of the work over year two of the programme was focussed on consolidation and spread of the workstreams, learning and processes developed in Year 1. The workstreams of particular focus have been Medicine Reconciliation and Control and Restrain (post restraint debriefs). Staff are now becoming involved in the communication at transitions and risk workstreams and we have a representative on the National Leadership and Culture Steering Group. The patient safety climate tool has been piloted in the acute inpatient unit with the workstreams initiated in the acute inpatient unit now being rolled out to the Bellsdyke site.

Prison Healthcare

Health, social work and the Prison Governor at HMP Glenochil are formulating a proposal to pilot social work needs assessments on the cohort of complex, older prisoners with long term conditions. This is to ensure person centred proactive, rather than reactive care, and to collate data to support national discussions in respect of, whether development of a specialist unit is required somewhere within the prison estate. This should inform predictive modelling based on the current increasing trend for convictions of older sex offenders (historical crimes).

An initiative involving health centre staff at HMP Glenochil and the NHS Forth Valley patient relations department is aimed at improving handling of complaints. This will include setting up some focus groups.

Given that any death in custody results in an automatic Fatal Accident Inquiry (FAI), there is a requirement to review the suicide review processes utilised by the Scottish Prison Service (SPS) and Health, with a view to developing a joint review forum for reflection learning. The Associate Medical Director for Mental Health, NHS Forth Valley is on the National Review panel looking at suicide risk management and suicide review.