

NHS Forth Valley Annual Review

Self Assessment

2015/16

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INTRODUCTION

The 2016 Annual Review allows NHS Forth Valley to reflect upon the achievement of outcomes and aspirations outlined in our 2015-16 Local Delivery Plan and Annual Plan, and to share our priorities and future vision to address the key challenges facing NHS Forth Valley during the coming year and beyond.

During 2015/16 work continued on our Clinical Services Review (CSR) in preparation for the development of our new Healthcare Strategy. Eight working groups were established to review the wide range of clinical services and look at ways these could be designed and delivered in the future to meet the needs of local people, keep pace with rising demand and deliver the Scottish Government's 2020 Vision for healthcare. The CSR took account of national policies, trends and best practice, as well as looking at innovative ways of working across the UK and beyond. An important part of this work was gathering feedback from frontline staff, patients, and the general public on what they think about existing health services and how they would like to see them developed in the future. Hundreds of patients and staff completed an online survey, attended public meetings or returned a short leaflet questionnaire which was widely distributed across the organisation. All of this feedback was carefully considered to help identify key themes, priorities and recommendations. This work has culminated in our new Healthcare Strategy approved by the NHS Board in August 2016.

There continued to be a major focus on establishing our health and social care partnerships throughout the year. In Forth Valley, there are two partnerships; a partnership between NHS Forth Valley and Falkirk Council and a multi-authority partnership between NHS Forth Valley, Stirling Council and Clackmannanshire Council. Work is now focussed on the delivery of the priorities within the partnership's Strategic Plans, which are entirely consistent with the priorities of the new Healthcare Strategy.

Progress has been made throughout the year with a number of LDP standards and Annual Plan targets, with the majority either at green or amber on our Balanced Scorecard which is routinely presented to the NHS Board. However, a number of challenges have been experienced during the latter part of the year with regards to achieving and sustaining performance around some key access targets, including, the Treatment Time Guarantee and the number of outpatients waiting over 12 weeks for their first appointment. Work continues to ensure improvement and sustainability plans are in place moving forward.

The following Self Assessment summarises achievement and challenges indicating LDP Target and Standards performance. The format follows the 3 Quality Ambitions and reflects both LDP and Annual Plan delivery for 2015/16.

1. SUMMARY OF PROGRESS AGAINST 2014 ANNUAL REVIEW ACTIONS

Following the 2014/15 Annual Review the Cabinet Secretary for Health and Wellbeing and Sport wrote to the Chairman of the Board setting out the following main action points. The narrative below sets out the response to each of the action points.

NHS FORTH VALLEY ANNUAL REVIEW 2015 - MAIN ACTION POINTS

The Board must:

- 1. Work to improve delivery of smoking cessation targets, including successful quits in the most deprived areas.**

Progress has been made with the smoking cessation target. NHS Forth Valley achieved 259 successful 12 week quits in the 40% SIMD areas, against an annual target of 219.

- 2. Continue to review, update and maintain robust arrangements for controlling Healthcare Associated Infection, with particular emphasis on MSSA.**

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. In respect of MSSA, 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, healthcare and community 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. Findings are reported on a monthly basis to all staff.

- 3. Continue to deliver on its key responsibilities in terms of clinical governance, risk management, quality of care and patient safety, including an effective response to the findings of Healthcare Environment Inspectorate and Older People in Acute Hospitals inspections, as well as the recommendations of the Vale of Leven Inquiry.**

Delivery against key clinical governance priorities, including clinical risk management, quality of care and patient safety, remains a key focus for NHS Forth Valley with robust governance systems in place. The Vale of Leven report identified 68 actions to be taken forward and NHS Forth Valley has implemented all of these actions locally. There is an ongoing focus on the requirements of the Healthcare Environment Inspectorate with a swift response to any issues. Feedback from the most recent inspection to Clackmannanshire Community Hospital was positive with no recommendations made. There has been no Older People in Acute Hospitals inspection for 2015/16, however work continues to ensure standards around this area remain high.

- 4. Maintain emphasis on the delivery of all access targets and standards; in particular the 12 week outpatient standard, the Treatment Time Guarantee for inpatients and day cases, and the 62 day cancer access standard.**

The access programme remains a key priority for the Board with progress reported routinely through the Corporate Management Team, to the Performance and Resources Committee and onwards to the NHS Board. Details on the position to March 2016 are detailed within this Self Assessment.

5. Make sustainable progress against the staff sickness absence standard.

NHS Forth Valley continues to work towards delivering the 4% national LDP Standard for sickness absence. While striving to meet the 4%, work has focussed throughout the year on ensuring that NHS Forth Valley remains below the Scotland position per month and that hotspot areas of higher absence are proactively supported to reduce the percentage. The 2015/16 highlights a position of 5.11%, which compares positively with the Scotland position.

6. Continue to work with planning partners on the integration agenda.

In Forth Valley there are now two partnerships; a partnership between NHS Forth Valley and Falkirk Council and a multi-authority partnership between NHS Forth Valley, Stirling Council and Clackmannanshire Council. The Integration Schemes of both Integration Joint Boards (IJBs) were approved and both IJBs legally established on 3rd October 2015. Strategic Plans for both partnerships were formally approved in March 2016 with work now focussing on implementation.

7. Maintain focus on improving progress towards the 18 week target for access to Child and Adolescent Mental Health Services and Psychological Therapies.

Over the last year, significant investment was made to increase capacity in both CAMH services and Psychological Therapies. Despite this, performance has remained variable throughout the year. This has been mainly due to a significant increase in referrals and some specific staffing challenges. Priority continues to be given to patients with the longest waits and work is underway to redesign these services and complete the recruitment programme.

8. Continue to work on the achievement of in year and recurring financial balance, and keep the Health and Social Care Directorates informed.

Financial balance was achieved with a £0.201m surplus for revenue and a break even position for capital. Regular communication was maintained with the Scottish Government.

2. QUALITY AMBITION 1 – PERSON CENTRED

Access Targets and Standards

Progress was made throughout the first half of 2015/16 with regards to the delivery of access targets. A number of challenges have been experienced throughout the latter part of the year with regards to achieving and sustaining performance around these targets, including, the Treatment Time Guarantee and the number of Outpatients waiting over 12 weeks for their first outpatient appointment. Details of the performance to March 2016 are highlighted below.

Scheduled Care

- 85.4% of patients were treated within **18 week referral to Treatment (RTT)** at March 2016 against a target of 90%. The 90% RTT target was achieved for seven consecutive months, however, performance around this was more challenging towards the end of the year. Work is underway to review capacity and sustainability plans across specialties.
- At the March 2016 the number of NHS Forth Valley outpatients with ongoing waits over **12 weeks** was 2,286. NHS Forth Valley had 84.3% compliance at March 2016 against the minimum standard of 95%. Specialty level actions have been agreed for those areas of particular challenge and sustainability plans finalised.
- Throughout 2015/16, 12,658 inpatients and daycases were treated of which 139 patients exceeded the **Treatment Time Guarantee (TTG)**. Compliance with the TTG for 2015/16 was 98.9%. Work is ongoing to address issues within specialties of particular challenge including ENT and Orthopaedics.
- At March 2016, 98.3% of patients with **cancer began treatment within 31 days** of the decision to treat, exceeding the 95% target. At the quarter ending March 2016, 90.1% of patients with a suspicion of **cancer began treatment within 62 days** of receipt of referral against a 95% target. There is on-going review in respect of patients who wait beyond the target with appropriate actions taken to support improvements.
- At the quarter ending March 2016, NHS Forth Valley has continued to exceed the 90% **drug and alcohol waiting time** standard with 93.4% of clients waiting less than 3 weeks from referral received to appropriate drug or alcohol treatment that supports their recovery.
- At March 2016, no one in Forth Valley meeting the eligibility criteria for **in vitro Fertilisation (IVF)** was waiting over 12 months.

Mental Health Access Targets

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

- **Psychological Therapies:** At March 2016, 73.0% of patients were treated **within 18 weeks of referral**.
- **CAMHS:** At March 2016, 39.3% of NHS Forth Valley patients were treated **within 18 weeks of referral**.

Psychological Therapies

Significant investment has been made in respect of Psychological Therapies during 2015 with a major plan of service improvement being implemented across the services. However the service has seen a 32% increase in new referrals over the year and a number of recent retirements within the service have had an impact on more recent performance. Recruitment is now nearing completion with staff coming into post. Work continues in respect of securing improvements in terms of operational management within psychology including, ensuring appropriate management arrangements; job plan reviews to ensure required levels of clinical activity; and service redesign work. There is continued focus on treating people who have been waiting longest, with an

improvement in the RTT expected once all staff are in post. The Redesign Plan for Psychological Therapies has been agreed and is moving into the implementation phase. Planning support has been arranged, as well as support from the Mental Health Access Improvement Support Team. The redesign will reduce points of access and waiting lists, and result in more effective use of current resources.

CAMHS

Similarly there has been significant investment in the CAMH service. However, this service has also seen a notable rise in new referrals; up by 22% during the year. This, coupled with ongoing staff vacancies, has had an impact on capacity. In support of reducing referrals, where appropriate, links have been re-established with wider primary care and universal services to provide support through early advice.

Service delivery models have been revised with changes implemented and further service redesign is ongoing in order to achieve the required target. This includes reviewing the tiered approach to service delivery across all 4 tiers with an initial focus on optimising the Tier 2 workforce. Tier 4 is highly specialised inpatient and intensive community treatment services; Tier 3 is specialist multidisciplinary outpatients; Tier 2 is a combination of some specialist CAMHS and some community based services; and Tier 1 is universal services consisting of all primary care agencies. There has been an increase in presentation of young people suffering from severe psychiatric disorders (T4) requiring either to be admitted to an in-patient facility or in order to avoid admission, require intensive home based treatment involving several members of the team. Improvement work now requires to focus on service redesign around T4 services. It is hoped that support from the Mental Health Access Improvement Support Team will assist the service move this forward.

Reducing Inequalities

NHS Forth Valley continues to support those most at risk of health inequalities through targeted interventions to support vulnerable people and harder to reach communities.

Protect Vulnerable Groups

There is a focus to protect vulnerable groups from harm with a continued focus on Child Protection, roll out of the Family Nurse Partnerships, delivery of the Blood Borne Virus and Sexual Health Framework and offering a wide range of population screening and immunisation programmes. Work around gender based violence has also been progressed throughout the year.

Alcohol and Drug Partnership

The Forth Valley Alcohol and Drug Partnership (ADP) plays a pivotal role in addressing 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 within the organisation. With regards to Alcohol Brief Interventions Forth Valley has exceeded the target this year.

Forth Valley Alcohol and Drug Partnership (FVADP) commissioned a strategic needs assessment for substance misuse during 2015. Additionally, the Local Enhanced Service (LES) for ABIs delivery within Primary Care has been reviewed, as well as the Opiate Replacement Therapy (ORT) LES. Education evenings for GPs have taken place, as well as an evaluation of GPs' views on Opiate Replacement Therapy (ORT). Work is ongoing to continue to identify the determinants of substance use and to maximise partnership work to ensure a person centred recovery approach is taken.

Tobacco

NHS Forth Valley continues to prioritise actions around Health Improvement to reduce the harmful effects of smoking and further engage with hard to reach groups. The Stop Smoking Service has continued to plan and deliver smoking cessation services in community venues using different approaches to ensure delivery of the LDP standard. In 2015/16, the full year target was 219

successful 12 week quits in the 40% SIMD areas. Stop Smoking services will continue to focus on areas of greatest need (40% SIMD) and with inequalities groups who are known to have higher than average rates of smoking prevalence, including people with mental health issues as well as priority groups, such as pregnant women. NHS Forth Valley achieved 118% of the target for 2015/16.

Significant effort has been made by NHS Forth Valley to achieve this target, including:

- Launch of the Forth Valley wide Smoke Free Homes and Cars Campaign where a number of pledges were made. The Smoke Free Homes Group has worked closely with planning partners, including, Scottish Fire and Rescue, the Area Drug Partnership and Falkirk Council Education Services, to agree commitment from each to pledge numbers which each will aim to achieve during 2016/17.
- NHS Forth valley has an organisational no smoking policy as required by the Health Promoting Health Service; Action in Secondary Care Settings Scottish Government Guidance.
- Community outreach groups are now operating in areas of inequality: Fallin Community Nursery, Denny Community Flats, and Lorreto Outreach Support. In addition, 2 pilots for smokers whose first language was not English began in January 2016.
- A number of training and awareness events have supported the agenda throughout 2015/16.

Health Promoting Health Service (HPHS)

The Health Promoting Health Service (HPHS) Framework was developed as a tool to promote and guide the development of consistent standards in health promotion practice within the healthcare setting. NHS Forth Valley made significant progress with the HPHS agenda in 2015/16. The following are examples of work taken forward throughout the year:

- In September 2015, NHS Forth Valley was re assessed for the bronze and silver Healthy working Lives awards and was successful in maintaining these.
- A pilot of health behaviour change surveys was completed within the AHP and pre operative assessment services. From 1 April 2016 all patients within these pilot areas will be asked about their readiness to change health behaviours.
- Over 500 staff participated in the 6 week NHS Forth Valley Step Challenge.
- Royal Voluntary Service initiated work with NHS Forth Valley to improve compliance of Healthcare Retail Standards and the Healthy Living Award Plus.
- The Health Behaviour Change Learnpro module was included in all staff eKSF files.

Dementia

Dementia and Post Diagnostic Support Strategy

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

Implementation of SCI-Gateway for GP referrals to the Community Teams, supported by a Primary Care referral protocol, has improved swift referral. Services are continually looking at ways to improve communication at transitions of care to ensure safe and effective care. Significant work is in progress within Stirling to develop an Intermediate care facility with the view to rolling this development out to Falkirk and Clackmannan. Our Alzheimer's Nurse Consultant has been working with our Older People's admission wards to improve patient care by introducing personalisation of

patient's rooms to offer a more comfortable environment. The Nurse Consultant post has become vacant and the Board committed to replacing this role.

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

Playlist for Life: Families across Forth Valley caring for a relative or friend living with dementia are being encouraged to try the 'Playlist for Life' initiative at home. The project sees people living with dementia create a playlist of music which has been meaningful in their life. This could be songs from a wedding, a film or a favourite song from their childhood. The project, which is used in a number of local care homes and hospitals, can help alleviate symptoms such as anxiety and agitation, reducing the need for medication as well as helping people to reconnect with those around them.

Detect Cancer Early (DCE)

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

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

The agreed target for NHS Forth Valley is 27% for 2013/2014, with this increasing to 29% for 2014/15. Published data highlights that 27.5% of people with breast, colorectal and lung cancer in Forth Valley were diagnosed at stage 1 of the disease in the period 01/01/2013 to 31/12/2014. The next publication is due August or September 2016.

Early Years

Early Years Collaborative (EYC)

The Early Years Collaborative (EYC) is a key health improvement programme aimed specifically at young children from pre-birth to age five. Work is continuing to strengthen and build on services using improvement methodology, working closely with the Community Planning Partnerships. A number of key achievements include:

- The implementation of the new Universal Health Visiting Pathway which ensures that women are offered antenatal contact with the named person at 32-34 week gestation.
- Continued delivery of the Family Nurse Partnership project, with a full complement of young mothers from local communities.
- Referral pathway in place for those patients currently receiving midwifery care who require additional support.
- All women have CO₂ monitoring carried out at their first ultrasound.

Other important child health initiatives over the past year have included the successful child smile dental health programme to local schools and nurseries, child healthy weight programme, and in terms of physical activity, the Daily Mile has been incorporated across a number of schools. Family Support Workers, Nursery Nurses and Staff Nurses are fully involved in the delivery of parenting

programmes across Forth Valley and are championed by the collaborative working between partner agencies.

The Child's Plan

Arrangements were in place by the 31 March 2016 to ensure that every child under the age of 5 who required a statutory child's plan was identified. The Child's Plan is part of the Getting It Right For Every Child (GIRFEC) approach, to promote, support and safeguard the wellbeing of children and young people.

Children and Young People (Scotland) Act 2014

Work is underway to deliver the Children and Young People (Scotland) Act 2014. Regular updates are provided to ensure that the Health Visiting Staff are fully supported in their role as the named person. A number of groups have been established to ensure that all legal requirements are in place.

EYC and Maternity Services

The standard in terms of early access to Antenatal Care is being achieved in NHS Forth Valley. The national target for 80% of women accessing maternity services before 12 weeks of pregnancy has been achieved and maintained throughout 2015/16, with 95.2% of women accessing the service before this time at March 2016. The stretch target of 80% of women accessing the service before 10 weeks has also been successfully achieved in 2015/16 with 90.4% of women accessing the service before this time at March 2016. Early access to antenatal care is part of both the Early Years Collaborative and the Maternity and Children Quality Improvement Collaborative (McQIC) initiatives within NHS Forth Valley. Further support is offered around antenatal smoking cessation, alcohol and breastfeeding at this stage.

Person Centered Strategy

NHS Forth Valley has a long history of improving patient care and experience and as an organisation being determined to get right the most fundamental aspects of care and caring. This has always been about what matters to people and giving a stronger voice to those that need care and equally those who give care. Our Person Centred Health and Care Strategy, approved by the NHS Board in September 2015, build on our overall approach. Whilst NHS Forth Valley continues to focus on person centred care, this Strategy reaffirms our vision and describes the actions that we will take to deliver this agenda across the organisation with the commitment of 'what matters to you matters to us'. The Strategy is made up of 8 key Strategic Elements:

- Communications and Positive First Impressions
- Bereavement
- Patient and Public Involvement
- Fundamental Care and Standards for Patients
- Equality and Diversity
- End of life Care
- Spiritual Care

Staff Engagement and Development

Person Centred – Workforce

NHS Forth Valley is committed to delivering the Everyone Matters Workforce Vision and the priorities within the NHS Forth Valley Workforce Strategy. This is demonstrated through a wide variety of objectives and achievements, some of which are noted below.

External Assessment: Investors in People Silver Award 2015

NHS Forth Valley is the only Board in Scotland to have achieved the Investors in People (IIP) Silver Award during 2015. This award was formally presented at the Board Annual Review in September 2015. NHS Forth Valley also retained the Healthy Working Lives Silver Award in 2015, further demonstrating our commitment to our staff wellbeing and to being a learning organisation. We will have a 3-year rolling programme of reassessment from 2016 – 2018, with the aim of achieving the IIP gold standard.

Absence Management

The **Sickness Absence** rate across NHS Forth Valley from April 2015 to March 2016 was 5.11%. This compares favourably with the national position. Focussed work continues in respect of Attendance Management with the following priorities identified for 2016/17.

- To be at or below 5% each month
- To be below the Scottish average
- Strive to achieve the LDP Standard of 4%

Staff Recognition Scheme

NHS Forth Valley's values-based staff Award Scheme '**Recognising our People**' is now in its 3rd year. The scheme received over 500 nominations in 2015. And there have been 410 nominations for 2016. The Award Ceremony is due to take place after the NHS Board meeting on 27 September 2016. 201 staff were also recognised for long service in 2014/15, 10 of whom had over 40 years service in the NHS. In addition 201 staff were also recognised under our **long service scheme**, 10 of whom had over 40 years service in the NHS.

KSF Review and Personal Development Plans (PDPs)

There has been a steady improvement with KSF Review performance during 2015/16. The June 2016 position highlights 79% compliance against the 80% target. Work in support of achieving the target is on-going to ensure staff have high quality, meaningful reviews and PDPs. National data for the period 25th May 2015 to 24th May 2016 highlights the NHS Forth Valley position for eKSF as 80.2%; the only Board to achieve over 80%.

iMatter Staff Experience Framework

NHS Forth Valley commenced the implementation of the iMatter Staff Experience Tool in March 2015. 62% of our staff have now completed iMatter and we will complete rollout in April 2017. At July 2016 there had been a 77% response rate to iMatter questionnaires and 241 active teams throughout NHS Forth Valley. The Board currently achieves a 76% Employee Engagement Index (EEI) Score.

Modern Apprenticeships

In support of NHS Forth Valley's strategic vision on youth employment an implementation plan to support the introduction of modern apprenticeships was developed and actioned. During 2015/16, following a successful recruitment campaign for the Business and Administration Modern Apprenticeship Scheme, 14 Modern Apprentices took up posts in a variety of departments throughout NHS Forth Valley, 5 of these have already gained full time employment in the organisation. There is ongoing support and training provided for these Modern Apprentices and an agreed Modern Apprenticeship Framework for Business and Administration; Modern Apprentices will receive an SVQ qualification on completion.

3. QUALITY AMBITION 2 – SAFE CARE

Hospital Standardised Mortality Ratio 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. 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 target is a 20% reduction in Hospital Standardised Mortality Ratio (HSMR) by December 2015. The HSMR for NHS Forth Valley has demonstrated a 22.4% reduction since the baseline period at quarter ending December 2015.

The Quality Improvement Infrastructure Diagnostic Tool was completed in September 2015, followed by the Critical Friend Review on the 9 October 2015. The outputs of these reviews have been used to draft a Quality Improvement Strategy to inform future plans and drive forward change in the system. This Strategy is currently going through an internal consultation exercise.

Scottish Patient Safety Programme (SPSP)

NHS Forth Valley is committed to driving quality improvement throughout the organisation with the provision of safe care is a key priority. The Scottish Patient Safety Programme (SPSP) is a national initiative that aims to improve the safety and reliability of healthcare and reduce harm for patients in Scotland. Healthcare Improvement Scotland (HIS) co-ordinate and lead on the Scottish Patient Safety Programme supporting the implementation within NHS Boards. SPSP focuses on the following areas:

- Acute Adult
- Maternity & Children's Quality Improvement Collaborative (MCQIC)
- Mental Health
- Primary Care

The Quality Improvement Steering Group, chaired by the Chief Executive, oversees all workstreams of the Scottish Patient Safety Programme. An update on each key area is noted below.

Acute Adult Workstream

The aims of the SPSP within acute adult care are to reduce mortality and harm through the implementation of improvement methodologies across a broad spectrum of interventions.

Key achievements for NHS Forth Valley include:

- 22.4% reduction in HSMR at Quarter ending December 2015, against a target of 20%
- Sustained delivery of the 10 patient safety essentials
- Sustained reduction in Pressure injury
- Ongoing work around the deteriorating patient improvement plan, improvement work is being rolled out across wards in FVRH

During the year we have been committed to consistent delivery of the 10 Patient Safety Essentials. There is regular reporting and scrutiny of Ten Essentials through the Clinical Governance Working Group, Clinical Governance Committee onwards to the NHS Board. It has been agreed that a key priority for 2016/17 is to reduce falls and falls with harm throughout NHS Forth Valley. Work is also underway around improving data collection with regards to the sepsis 6 bundle in AAU/CAU and the Emergency department.

Maternity and Children Workstream - McQIC

The Maternity and Children Quality Improvement Collaborative (McQIC) includes maternity, neonatal and paediatric strands to provide safe care to all women, babies and children in NHS Forth Valley. Significant work has been undertaken by the MCQIC team in Women and Children's Services to progress improvements across all departments during the year.

McQIC: Maternity

Post Partum Haemorrhage (PPH)

- A key area of work has been to implement 'risk assessment bundles' for (PPH) to reduce the risk of atonic PPH, ensuring that women are identified at an early stage and appropriate treatment can commence earlier.

Temperature control

- A 'warm bundle' has been introduced to ensure that the temperature of the new born infant is monitored. A checklist has been developed for staff which is regularly audited. Babies are given knitted woollen hats which have improved their temperature regulation within the post natal area.
- Work is also on going regarding the observation of the temperature of women who must deliver their babies in theatre, This bundle ensures closer monitoring and early detection of fluctuations in temperature thus improving the post surgical recovery.

New work is planned on cardiocotography (CTG) interventions, reducing rate of first Caesarean section, medicines safety and postpartum contraception, specifically long acting reversible contraception (LARC). Multidisciplinary work will continue on smoking cessation, flu vaccination and multidisciplinary team reviews. New multidisciplinary work for MCQIC will commence on substance misuse (drugs and alcohol) and obesity.

McQIC: Neonatal (NNU)

There are a number of measures within the neonatal workstream which are monitored closely and fall under the 4 milestones; Safe, Effective and reliable care, Person Centred, Leadership and Culture, and Teamwork Communication, Collaboration. A late preterm bundle had been developed in conjunction with NNU and infant nutrition to standardise the care of babies born between 35 and 37+6 weeks gestation.

McQIC: Paediatrics

NHS Forth Valley has piloted and agreed the Paediatric Early Warning Score (PEWS) chart for 0-11 months. The data has been submitted to Health Improvement Scotland's National Paediatric Team to be evaluated, prior to being rolled out across all age groups. All paediatric centres will use a national chart once testing is complete. Work is progressing to implement the Sepsis 6 bundle, and a multidisciplinary team has been established who will take forward data collection and reporting around this. A new pre op information sheet has been rolled out within paediatrics which encompasses the 'what matters to me' work around person centred care. This is filled in prior to surgery by the patient and parents.

Mental Health Workstream

The Scottish Patient Safety Programme for the Mental Health workstream continues to be progressed within NHS Forth Valley. NHS Forth Valley mental health services have been active participants in the SPSP-MH programme since its inception, with local participation and representation on national steering groups (restraint, leadership/culture). The Inpatient Psychiatric Intensive Care Unit (IPCU) have been key to the post restraint debrief work nationally and the Medicine Reconciliation work has had specific recognition.

The next phase of the Scottish Patient Safety Programme for Mental Health is now in the planning phase and will include new initiatives in Old Age Psychiatry, CAMHS, Community Psychiatry and

Perinatal Psychiatry. Staff have been involved in the national development events to shape the direction and tests of change required in these areas.

Primary Care Workstream

Locally, NHS Forth Valley has taken forward patient safety work in relation to primary care for a number of years. A number of benefits have been identified from this system wide approach to patient safety in primary care, including; a more person centred approach allowing the patient to be fully involved with their own care plan and better team working and engagement within the primary care workforce.

The Scottish Patient Safety Programme in Primary Care was delivered through a combination of measures in the Quality and Outcomes Framework (QOF) relating to climate surveys and trigger tool reviews whilst a NHS Forth Valley Local Enhanced Service (LES) specification which has a focus on safe results handling and significant event analysis in 2015/16.

Additional work around quality and patient safety has included; reducing the prescribing cost per patient, where Forth Valley had originally been an outlier, good progress has been made to reduce this to below the Scottish average. A pilot had taken place across 16 pharmacies to identify how medicine reconciliation could be made safer for patients following discharge. In terms of next steps it is the intention to roll this project out across all Community Pharmacies during 2016.

Healthcare Associated Infection (HAI)

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

***Clostridium difficile* Infections (CDI)**

The target is to reduce the rate of *Clostridium difficile* infections in patients aged 15 and over to 0.25 cases or less per 1000 total occupied bed days. The rolling year rate to March 2016 was 0.2 per 1000 total occupied bed days against a target of 0.25. Full enhanced surveillance is performed on all CDIs including healthcare and community acquired.

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 7 years.

***Staphylococcus aureus* Bacteraemia (SABs)**

This standard remains a high priority for the Board with the performance against the (SABs) standard seeing a quarterly reduction throughout the year. The 12 month rolling average to March 2016 was 0.34 SABs per 1000 acute occupied bed days against a target of 0.24, with the Scottish position of 0.33 SABs per 1000 acute occupied bed days. The quarterly position to March 2016 was 0.27. 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, healthcare and community 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. Findings are reported on a monthly basis to all staff. An IR1 is also raised for all hospital acquired SABs.

Device associated Bacteraemia (DABs)

Peripheral Venous Cather care bundles have been implemented and the effectiveness of these audited. The Infection Prevention Control Team (IPCT) have been monitoring all device associated bacteraemias for a number of years. This surveillance is not organism specific unlike the SAB LDP target and allows the IPCT to tackle and investigate all bacteraemias associated with invasive devices. Investigations and reporting processes are identical to *Staph aureus* bacteraemias.

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 and community hospital wards are visited by the team at least on a weekly basis, 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. This monthly data is used to instigate a visit by the Infection Control Manager and Lead Nurse to areas where non-compliances have increased for the month to ascertain the cause and to provide additional support as required. In addition, 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 the IPCT. There are now over 200 Hand hygiene and skin surveillance facilitators across Forth Valley striving to maximise hand hygiene compliance and to prevent potential infection. As part of the SPSP programme ward staff monitor, on a weekly basis, 20 moments or opportunities of staff washing their hands appropriately. These results are reported both locally at ward level (monthly) and to the board on a bimonthly basis. Performance to the end of March 2016 was 99%.

Stroke Care

Throughout the past year performance against the stroke bundle has seen marked improvement. The position at March 2016 for the stroke care bundle was 90%. The Stroke Care Bundle has four key elements; access to a stroke unit within 1 day of admission, Aspirin administration within 1 day of admission, swallow screening on day of admission and brain scanning within 24 hours of admission.

Significant Adverse Events (SAE)

During the year the Management of Adverse Event Policy and the Significant Adverse Event Policy were merged to present a streamlined approach to managing all events. Work continues across the organisation to support a consistent approach to significant adverse event (SAE) reviews, including processes for reporting, reviewing, action planning, escalation and sharing learning. This also includes engaging and supporting patients, families/carers and staff affected by adverse events. Training was commissioned to better equip staff involved in reviewing adverse and significant adverse events, which was completed on 30th May 2016.

Care Assurance

NHS FV has had a bespoke nursing care assurance system in place for over 4 years, entitled Assuring Better Care. Developed locally in Forth Valley, it initially focussed on inpatient areas in both the acute and community hospitals and also on older people's mental health services. It has since been progressed and developed within community nursing, mental health, learning disabilities and maternity care.

The purpose of the system is to support NHS Forth Valley's continuous improvement in key areas such as pressure injury, falls, nutrition and infection control. It also focuses on additional domains included in the Senior Charge Nurse balanced score card, covering safe staffing levels, absence management, team / ward financial management, staff development and ensuring a positive patient / staff experience

These improvement priorities are tested and verified through unannounced visits conducted by senior nurses and through the feedback of patients families and staff. Observational tools are also used to determine the quality of care in order to evidence that the care provided is respectful, individual, compassionate and preserves respect and dignity. Our system and the results obtained informs the development of the ongoing national approach of Excellence in Care.

4. QUALITY OUTCOME 2 – EFFECTIVE

Finance

2015/16 Outturn

NHS Forth Valley achieved all three financial targets for 2015/16 with a revenue surplus of £0.201m and a balanced capital position. Total Savings of £ 13.650m were achieved of which £ 13.314m were recurrent.

2016/17

The Financial Plan for 2016/17 – 2020/21 was approved at the March Board Meeting with the final savings plan approved at the May Board Meeting. Recurrent Cash Savings of £26.614m (6%) require to be delivered in 2016/17. Delivery of recurrent cash savings at this level is challenging and work is ongoing to scrutinise all areas of spend.

Current issues and risks include unscheduled care including potential implications of extension of 24/7 working, sustainability of access targets and prescribing including the very significant rise in hospital drug costs.

The Integration of Health and Social Care brings benefits but also risks from a financial perspective with the aim of ensuring maximum value for money from public spending and delivering improved outcomes for the local population, however the changing financial regime/governance arrangements at a time of significant financial challenge is a major risk in 2016/17 requiring very careful management.

The Capital Plan is reviewed and updated on a regular basis to reflect local priorities improving community and primary care estate, medical equipment, Information Technology, Stirling Care Village and meeting statutory standards.

Delayed Discharge.

Delayed Discharges remain a key priority for the NHS Board and for both Partnerships in Forth Valley. At the March 2016 census there were 19 delays over 14 days against a zero standard. The total bed days lost to delayed discharge in March 2016 were 666. Performance remains variable however with the June position reported at 32 delays over 14 days and an increase in bed days to 1246.

It is recognised across the Partnerships that significant effort is required to make and sustain improvements in respect of achieving the 2 week target. Specific focus is being given to immediate short term actions ahead of the winter and then more medium terms actions to sustain service changes required. This remains a key priority on Integration Joint Board agendas.

The reasons for delays in discharge vary across the council areas. During the year the pattern has remained the same with challenges in terms of limited availability of care home placements in the Falkirk area and homecare packages in Stirling, particularly in the more rural areas. However, over recent months, we are now also beginning to see some pressure around homecare packages in Falkirk and some care home placement challenge in Stirling. Focussed work has been undertaken to proactively manage Guardianship timescales with close monitoring of the policy on choice to ensure interim care home arrangements are being offered. Daily and weekly meetings are in place to ensure focus is maintained on discharge, particularly packages of care with use of 'Closer to Home' to support short term bridging of packages of care. Key actions include redesign of homecare services to create additional homecare capacity. There is a focus on reassessment of current home care packages in the short term, and longer term review of commissioning arrangements from external providers.

Unscheduled Care

Meeting the 4 hour Emergency Department Standard remains a key priority for NHS Forth Valley. There continues to be challenges around achieving the 95% standard on a consistent basis and work is underway to improve performance. It is recognised that the target is a whole system issue and through delivery against the 6 Essential Actions, equal emphasis is being placed on all elements of the system to ensure smooth patient flow.

For the year ending March 2016, 94.5% (MIU 99.9% ED 93.2%) of patients waited **4 hours or less across the Board** from arrival to admission, discharge or transfer for accident and emergency treatment against the target of 95%. The most recent data highlights a slight improvement in performance with 94.8% (MIU 100%, ED 93.6%). The position for year of 2015/16 was 94.4% (MIU 99.7% ED 93.0%) of patients waited 4 hours or less from arrival to admission discharge or transfer for accident and emergency treatment. During 2015/16 there was a 73% reduction in 8 breaches, (729 down to 195) and a 92% reduction in 12 hour breaches, (96 down to 7).

NHS Forth Valley is targeting improvement against the 6 Essential Action Building Blocks namely:

- Building Blocks 1&2 – Hospital management arrangements, capacity and flow alignment
- Building Blocks 3&4 - Flow across acute sites
- Building Blocks 5&6 – 7 day working and managing people at home or in the community

Focus continues on increasing the percentage of patients discharged earlier in the day and over the weekend and also better matching of capacity to recognised spikes in demand.

Primary Care and Community Care

In the region of 90% of patient contacts occur in the community. Increasingly complex case management is routinely managed in the community delivered by a wide range of professional staff. Shifting the balance of care away from reactive episodic care in an acute setting to team based anticipatory care closer to people's homes within a Locality setting is a vital part of implementing our new Healthcare Strategy and also the two local Partnerships Strategic Plans.

Work focuses on anticipatory care planning through the development of person-centred care plans and is supported by prioritising work around falls pathways, polypharmacy, self management, ambulatory options to admission, and improved discharge planning. NHS Forth Valley aims to provide a sustainable service avoiding the need for admission for those whose needs can be met through self management and the use of anticipatory care plans, concentrating on patients with multi morbidity and the frail and elderly. Key initiatives include:

- **ALFY (Advice Line For You)** a dedicated 24/7 phone line providing help and support ranging from offering general reassurance and advice on a wide range of health issues to signposting callers to relevant emergency, voluntary or local services. The ALFY team and the Efficiency Productivity Quality and Innovation (EPQi) team won the Person Centred and the People's Choice award for the 'What's it all about ALFY?' poster at the NHS Scotland Event in June 2016.
- The **Frailty Clinic** which has been established to provide rapid assessment and prevent avoidable attendance at the Emergency Department. GPs can refer and are able to book appointments for patients to attend the rapid access frailty clinic where a holistic multidisciplinary assessment can be undertaken.
- The Enhanced Community Team (ECT) is part of the new **Closer to Home Service**. The Team has dedicated additional nursing and AHP workforce and has access to additional carers to support people to remain at home during the day and overnight. This has been in place since December 2015 and is currently being evaluated.

In terms of scheduled access to primary care, 84% of patients across Forth Valley were able to access a member of the **GP Practice Team within 48 hour**, and 80% of patients were able to obtain a **GP consultation more than 48 hours in advance**. This data relates to the 2015/16 Health and Care Experience Survey.

General Practice Sustainability Challenges

At last year's Annual Review, we reported on the position regarding a number of Primary Care Practices in Forth Valley that were experiencing particular difficulty in terms of recruitment and sustaining service. At one point there were 5 practices under the management of the Board, this has since reduced to 3, however there continue to be a number of vulnerable practices. In order to maintain access to local medical services in two of our practices, we put in place a range of additional services and support including nursing, pharmacy, physiotherapy and mental health services designed to free up GP capacity, ensuring that patients who need to see a doctor can get an appointment as soon as possible. These interventions have proved successful. The Medical Director chairs a GP Sustainability Group retaining an overview of the position, including any "at risk" Practices. The position in Forth Valley mirrors that being experienced nationally. Factors affecting this relate to workforce demographics, the nature of GMS contract, and general practice not being viewed as an attractive career option.

eHealth

Progress continues with delivery against the NHS Forth Valley eHealth Strategy. Key projects include:

- The Electronic Patient Record (EPR) which incorporates a number of key clinical systems that are brought together through a Clinical Portal. There are a number of workstreams in place to develop this including; the Clinical portal which allows clinicians and GPs to access patient information held on the Key Information Summary and the Emergency Care Summary through one portal, Order Comms for electronic Test requesting and technical resilience work to ensure maximum protection. The Hospital Electronic Prescribing and Medicines Administration (HEPMA – see below) programme is also part of the ongoing work around EPR.
- HEPMA is a new electronic system that will support the safe prescribing and recording of the administration of medicines in the hospital which is being rolled out across NHS Forth Valley. The aim of this project is to move to an ePrescribing system across NHS Forth Valley Acute and Community Hospital services and to replace the current paper based process. The system will improve patient safety by reducing the possibility of prescribing and administration events that could ultimately result in medication errors and adverse drug events. The system promotes, safer prescribing, ordering, administration, reconciliation and supply of medicines within the hospitals in Forth Valley as well as supporting a robust audit trail and enabling greater standardisation of practice.

Summary

Overall NHS Forth Valley has performed well throughout the year. Much has been achieved, with the completion of the Clinical Services Review and drafting of the Healthcare Strategy, and significant progress made with the Integration of Health and Social Care. There has been a notable improvement with a number of targets including the absence and SAB standards. However, it is recognised that there remains work to do to ensure sustained improvement in outpatient access targets, CAMHS and Psychological Therapies RTT and also in ensuring consistent delivery of the 4 hour Emergency Department Standard.