

NHS Forth Valley Annual Review

Self Assessment

2016/17

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INTRODUCTION

The 2017 Annual Review allows NHS Forth Valley to reflect upon the achievement of outcomes and aspirations outlined in our 2016-17 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.

Subsequent to NHS Board approval of our new Healthcare Strategy in August 2016, work has been undertaken to develop an implementation plan. Six work streams have commenced work around, Personal Responsibility, Planning Ahead, Providing Care Closer to Home, Transforming Planned Care, Transforming Emergency Care and Transforming Palliative and End of Life care, each with a small leadership team and supported by an overall Programme Leadership Group reporting to the Transformation Board. Significant activity is already underway across the system associated with each of the work programmes with the aim of the approach to ensure co-ordination of activity and traction for the delivery of transformational change in line with the local health and social care partnerships respective Strategic Plans.

There continued to be a major focus on establishing our health and social care partnerships throughout their first full 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.

Significant progress has been made throughout the year with regard to the construction of the Stirling Care Village. This is a key development for the Clackmannanshire and Stirling Health and Social Care Partnership. The sod cutting ceremony for the Stirling Care Village took place in January 2017. The innovative £35m development, which is being built in the grounds of Stirling Community Hospital, is a joint venture between Stirling Council, NHS Forth Valley and the Scottish Ambulance Service. The Care Village will support the integration of local health and social care services, making it easier for staff to work together to deliver better co-ordinated care to local people. The majority of facilities are expected to be completed by autumn 2018 with the ambulance service workshop and final site works completed by autumn 2019.

In March of this year Maggie's Forth Valley was officially opened by Lord Jack McConnell, a much welcomed development for the area. The centre offers a unique programme of support to anyone affected by any type of cancer, as well as their family and friends. This includes drop-in sessions with cancer support specialists, nutrition workshops and relaxation classes. Each year over 1900 people in Forth Valley are diagnosed with cancer, this figure is rising with around 15,000 people in the area are estimated to be living with cancer. The new Maggie's Forth Valley Centre is expected to receive 3000 visits in its first year.

Throughout the year progress continued to be made against a number of LDP standards and Annual Plan targets, with the majority green or amber on our Balanced Scorecard which is routinely presented to the NHS Board. However, a number of challenges have been experienced with regards to achieving and sustaining performance around some key access targets, including the Emergency Department 4hour target, delayed discharges, 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 2016/17.

1. SUMMARY OF PROGRESS AGAINST 2016 ANNUAL REVIEW ACTIONS

Following the 2015/16 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.

The Board must:

1. Continue to review, update and maintain robust arrangements for controlling Healthcare Associated Infection, with particular emphasis on SABs.

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 Staphylococcus aureus bacteraemia and Clostridium difficile cases undertaken to identify the cause of the infection. Healthcare and community infections are fully investigated and reviewed to the same standards as all our hospital infections.

2. Keep the Health and Social Care Directorate informed on progress towards achieving all access targets and standards, in particular for Child and Adolescent Mental Health Services and Psychological Therapies.

The elective programme has seen some challenge throughout the year. There has been an increase in the number of outpatients waiting over 12 weeks and an increase in the number of patients waiting beyond the 12 week Treatment Time Guarantee. There has been a resultant impact on the ability to achieve the 18 week Referral to Treatment target on a consistent basis. It is acknowledged that further work is required to maintain the position with a focus on capacity and sustainability plans for pressurised specialties.

There has been significant investment in Child & Adolescent Mental Health Services with a continual improvement in the 18 week RTT. Work is continuing in terms of maintaining this position. Psychological Therapies performance however has remained inconsistent throughout the year with a number of key actions being taken forward in terms of maximising capacity to support achievement of the target. Some challenges remain in terms of staffing however recruitment to key posts is improving with an expectation of full staffing by the autumn and delivery of the target by the end of the calendar year.

3. Continue to make progress against the staff sickness absence standard.

NHS Forth Valley continues to work towards delivering the 4% national LDP Standard for sickness absence which is a high priority for managers across the organisation. There is a clear focus on 'hotspot' areas with good practice shared across the organisation in support of ensuring a consistent approach to sickness absence. The 2016/17 rolling average was 5.11% for NHS Forth Valley compares positively with the Scotland position.

The agreed focus for 2017/18 is for NHS Forth Valley's absence rate to; aim to be at or below 5% each month, match or be below the Scottish average and continue work to achieve the HEAT standard of 4%.

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

Financial balance was achieved with a £1.534m surplus for revenue, a balanced capital out-turn and achievement of the cash target. Regular communication was maintained with the Scottish Government.

2. QUALITY AMBITION 1 – PERSON CENTRED

Access Targets and Standards

A number of challenges were been experienced throughout 2016/17 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 2017 are highlighted below.

Scheduled Care

- At the end of March 2017 the number of NHS Forth Valley outpatients with ongoing waits over **12 weeks** was 2,567. NHS Forth Valley had 82.9% compliance as at March 2017 against the minimum standard of 95%. The majority of patients waiting over 12 weeks are within Trauma and Orthopaedics, Gastroenterology and Respiratory Medicine. Detailed capacity and sustainability plans have been completed and there is a comprehensive specialty level action plan in place to support an improvement in performance against this standard, however some specific workforce challenges remain.
- Throughout 2016/17, 11,890 inpatients and daycases were treated of which 2,450 patients exceeded the **Treatment Time Guarantee (TTG)**. Compliance with the TTG for 2016/17 was 79.4%. Work is ongoing to address issues within specialties of particular challenge including ENT, Orthopaedics and General Surgery.
- 79.4% of patients were treated within **18 week referral to Treatment (RTT)** as at end March 2017 against a target of 90%. The ability to achieve this target has been impacted by Outpatient and TTG performance. Work to review capacity and sustainability plans across specialties is on-going.
- At March 2017, 97.8% of patients **with cancer began treatment within 31 days** of the decision to treat, exceeding the 95% target with the quarterly position to the end of March 2017, 96.6%. In terms of the 62 day target at March 2017, 93% of patients **with a suspicion of cancer began treatment within 62 days** of receipt of referral against a 95% target with the quarterly position to the end of March 2017, 89.3%. All breaches are reviewed on a case by case basis to ensure that issues are addressed and learning is appropriately disseminated.
- NHS Forth Valley has continually met and exceeded the 90% **drug and alcohol waiting time** standard. The position at the quarter ending March 2017 is that 98.7% of clients waited less than 3 weeks from referral received to appropriate drug or alcohol treatment that supports their recovery.
- Throughout 2016/17, 100% of patients meeting the eligibility criteria for **in vitro Fertilisation** waited less than the 12 month standard.

Mental Health Access Targets

Acknowledging the challenging RTT position in Psychological Therapy services and the significant work in Child & Adolescent Mental Health Services, there has been considerable focus to improve the delivery of the targets moving forward.

- **Psychological Therapies:** At March 2017, 39.1% of patients were treated **within 18 weeks of referral**.
- **CAMHS:** As at March 2017, 100% of NHS Forth Valley patients were treated **within 18 weeks of referral**.

Psychological Therapies

Significant investment has been made in respect of Psychological Therapies with a major plan of service improvement currently being implemented across the services. Phase 1 of redesign commenced on schedule with 3 multi-disciplinary psychological therapy teams now in place. The implementation of Multi Disciplinary Team allocation processes to ensure optimal matched care at

the point of referral. Implementation of Phase 2 of service redesign focuses on psychological therapies delivered out with the services currently included in reporting ensuring a broader coverage of all subspecialties. This will support more accurate monitoring and reporting of all psychological therapies delivered within NHS Forth Valley and will be closely monitored.

Work continues in respect of maximising capacity within the service and the options available through differing staffing configuration and reviewing skill mix. Whilst challenges remain in terms of staffing, recruitment to key posts is improving. There is continued focus on treating people who have been waiting longest, with an improvement in the RTT of 63.9% noted at June 2017. Work to streamline all administrative processes is on-going with weekly meetings to review waiting times and to monitor adherence to the Access Policy and use of the service DNA replacement protocol for new patients.

CAMHS

There has been a continual improvement in the 18 week RTT from a position at June 2016 of 16.1% with the RTT position in March 2017, 100%. Sustaining 100% has not been possible however performance remained above 90% into June 2017. Improvement work is on-going in terms of implementing a multi level action plan, with positive results. However, as a small service, risk to delivery exists as minor staffing changes can impact on performance. The waiting lists and compliance against targets continues to be addressed including weekly analysis of data, outcomes and activity projections.

Staff have worked closely with parents as improvements have been made to service provision. A successful parent engagement was held at the end of May 2017 with a new Parent Liaison Group recently established. The service is also keen to set a liaison and engagement group for children and young people who use the service.

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 continued focus on the protection of vulnerable groups from harm. The key areas of focus are Child Protection, roll out of the Family Nurse Partnerships, delivery of the Blood Borne Virus programme, gender based violence and Sexual Health Framework and offering a wide range of population screening and immunisation programmes. There is on-going implementation of the Children's Strategy through detailed action planning which is reviewed regularly at the Children and Young People's Strategy Group.

In the last year Falkirk Council and Clackmannanshire/Stirling Councils have established their respective multi-agency Adult Support and Protection (ASP) Committees. Both ASP Committees along with a number of sub-groups have representation from NHS Forth Valley and are contributing to revised Forth Valley ASP Guidelines, ensuring robust systems of data collection, and identifying and responding to harm. The focus for the coming year is on improving awareness of ASP through; case file audit; staff training; and review of the multi-agency protocols

Alcohol and Drug Partnership

The Forth Valley Alcohol and Drug Partnership plays a fundamental role in addressing key health issues, and co-ordinates the work of the three local partnerships. Delivery of alcohol brief interventions and health behaviour change training continues as a priority within the organisation. NHS Forth Valley continues to make progress with a workforce development model. A recent success has been the Community Pharmacy, 'Getting Our Priorities Right' training, which was undertaken to develop a greater understanding of recovery within the Community Pharmacy cohort

by supporting attendance at Recovery Oriented Systems of Care training. Forth Valley has exceeded the target in respect of delivery of Alcohol Brief Interventions for 2016/17.

Tobacco

NHS Forth Valley continues to prioritise actions to reduce the harmful effects of smoking and further engage with hard to reach groups including work within prisons. The Stop Smoking Service has delivered smoking cessation service in community venues using different approaches to ensure delivery of the LDP standard. In 2016/17, the full year target was 319 successful 12 week quits in the 40% SIMD areas with the number achieved 375, exceeding the target.

Health Improvement Strategy

A requirement of the NHS Forth Valley Annual Plan for 2016/17 was for the development and production of an evidence based Health Improvement Strategy. **A Thriving Forth Valley: NHS Forth Valley Health Improvement Strategy 2017-2021** has been developed and was approved by the Board in August 2017. It is focused on the health inequalities issues which have the biggest Public Health implications for the local area, and are in line with current Scottish Government and Local Authority plans for health improvement. The strategy reflects national policy and guidance, local Community Planning Partnership activity and includes contributions from the Forth Valley Health Improvement and Health Inequalities Group.

Dementia

Dementia Strategy

Scotland's 3rd National Dementia Strategy 2017- 2020 has recently been launched with NHS Forth Valley and both health and social care partnerships committed to delivering on its ambitions. There are 21 commitments and the key commitments that require to be driven through local systems include:

- Dementia diagnosis and personalised post diagnostic support
- Advanced care planning and end of life care
- The use of the **Promoting Excellence** framework resulting in a knowledgeable workforce
- Care pathways for people with dementia
- Care in acute general hospitals and specialist dementia units
- Expectations and experience of people with dementia and their carers
- Use of assistive technology

The NHS Forth Valley Dementia Strategy 2017- 2020 represents the health response to the National Dementia Strategy. In addition it also supports and is consistent with the strategic planning commitments of the two Health and Social Care Partnerships in Forth Valley.

The Dementia Strategy represents the output of work undertaken by the Dementia Steering Group, a multi-agency group including Carer and Third Sector organisations and the Care of Older People in Hospital Group, specifically the new strategy Sub Groups which are clinician focused groups who are active in obtaining the views of patients and carer experiences. Commitment 7 has seen the introduction of Dementia Champions who have worked to improve patient and carer experience as they act as advocates and work to improve the interface between the hospital and community setting.

Improvement Work

A number of initiatives are currently being undertaken to improve the patient with dementia journey. A key focus has been on Patient Flow within the acute hospital, minimising patients with dementia transfers late at night and multiple ward moves. This work has been recognised as a finalist for a variety of awards including the RCNi awards where it received a high commendation, the Patient Safety awards and more recently Scotland's Dementia Awards. A Poster demonstrating this work

won in the category Effective Care at the NHS Scotland Event in June 2017. Other work of note includes:

- NES skilled module is now integral to the organisation's Learn Pro learning programme
- Reminiscence aids and activity boxes have been introduced to acute hospital and specialist dementia units
- Playlist for Life has been successfully implemented into both acute hospital wards and specialist dementia units
- As part of John's Campaign, which supports carers to remain with their relative, Buddy bed chairs have been purchased
- Environmental audits have been undertaken within the specialist dementia units by trained auditors to ensure the wards are dementia friendly
- Dementia friendly signage in place
- Butterfly Scheme is in place throughout the hospitals with identifiers attached on eHealth to alert that the patient has a formal diagnosis of dementia
- Development of pathways for people with dementia, including targeted groups such as Learning Disability
- Implementation of measures to reduce the use of psychoactive medications including stress and distress approaches

Post Diagnostic Support

There is a national target to provide all those diagnosed with Dementia with structured post diagnostic support. To deliver this NHS Forth Valley works in partnership with Alzheimer's Scotland who provide post diagnostic support across the area. Currently there are challenges in meeting the target for post diagnostic support as demand for the service is high. To address this, a review of how post diagnostic support is provided is being undertaken. From its inception post diagnostic support has been delivered using the Alzheimer's Scotland five-pillar model of post diagnostic support. The approach focuses on planning for the future and is most effectively utilised by those in the early stages of dementia. Analysis of those referred for post diagnostic support has however highlighted that a significant proportion of people are referred to the service at a more advanced stage of dementia and in these cases the person with dementia and their family would have their needs better met by the eight-pillar model of post diagnostic support. Delivering a matched-care model of post diagnostic support in dementia would ensure a needs-led, efficient service and help manage the demand for the service. NHS Forth Valley is also working with National Services to test data collection and reporting methods to ensure more transparent and accurate reporting of performance with Post Diagnostic Support.

In addition to Alzheimer's Scotland NHS Forth Valley and the health and social care partnerships are committed to ensuring that post-diagnostic support forms part of a wider dementia pathway and work is underway to ensure that people with dementia can access the services they need in a timely and efficient way.

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.

In 2010/2011, 23.0% of people with breast, colorectal and lung cancer in Scotland were diagnosed at stage 1 of the disease. This set the national baseline for the Detect Cancer Early (DTE) NHS LDP Standard and, as such, set the national target of 28.8% of breast, colorectal and lung cancer to be diagnosed at stage 1 by 2014/2015. Recently published data highlights that in the period 01/01/2015 to 31/12/2016 the Forth Valley position is 26.2% of people were diagnosed at stage 1.

The Cancer Advisory Steering Group is committed to co-ordinating action across the area in terms of prevention.

Early Years

Children and Young Person's Improvement Collaborative (CYPIC)

The Children and Young Person's Improvement Collaborative 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. Women Children & Sexual Health Directorate has established both a Maternity Steering Group and a Maternity Working Group. Both groups reported to NHS Forth Valley Quality Improvement Strategic Leadership Group on local tests of change throughout 2016/17.

Important child health initiatives have continued over the past year and have included the on-going success with the child smile dental health programme to local schools and nurseries, child healthy weight programme, in terms of diet and physical activity, and the Daily Mile. The continued delivery of parenting programmes across Forth Valley has been 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. In promoting, supporting and safeguarding the wellbeing of children and young people. Health visitors are now working to implement the Universal Pathway and continue to offer assessment and additional supports to any preschool children identified with unmet needs. Regular liaison with preschool education colleagues ensures discussion is taking place and the Child's Plan is developed.

Training has taken place via NHS Education for Scotland (NES) Continuing Professional Development (CPD) days and local CPD events using CREATE protected learning time. An additional 1 day training event for Health Visitors and Family Nurses was provided at staff request on GIRFEC, specifically the use of the National Practice Model. This will be revisited in line with Scottish Government recommendations once the review of Information Sharing Functions of Named Person role is complete.

Children and Young People (Scotland) Act 2014

Work is underway to deliver the Children and Young People (Scotland) Act 2014 with the principles embedded in practice across NHS Forth Valley. NHS Forth Valley continues to develop and grow the Health Visiting workforce in preparation for the implementation of 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 with a number of groups established to ensure that all legal requirements are in place. National work is ongoing in respect of information sharing with the Named Person.

EYC and Maternity Services

The standard in terms of early access to Antenatal Care continues to be 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 2016/17, with 92.8% of women accessing the service before this time at July 2017. The stretch target of 80% of women accessing the service before 10 weeks has also been successfully achieved in 2017 with 89.3% of women accessing the service before this time at July 2017. Early access to antenatal care is part of both the Children and Young Person's Collaborative (CYPIC) 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. The NHS Forth Valley Maternity CYPIC Working Group continues to meet on a regular basis to progress these ongoing quality improvement initiatives.

Person Centered Strategy

NHS Forth Valley's Person Centred Health and Care Strategy continues to be embedded. 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

Work in terms of implementing the delivery plan to fulfil the Person Centred Health and Care commitment is on-going. A balanced scorecard has been developed to report the status of the implementation of the Strategy and is reported through the Person Centred Steering Group routinely. Additionally, this was presented to the NHS Board in November 2016.

Looking towards 2017/18, a development session was held to agree the priorities taking into consideration the strategic aims with an action plan developed.

Carer Support

The Carers Act 2016 is due to commence in April 2018 and discussions have been underway at a national level to address issues identified during the legislative program. Health and Social Care Partnerships have been identified as having a major role in the effective implementation of the Act at a local level and regular updates have been provided.

Working groups, including Carers organisations, have been established in the 2 partnership areas. Local actions include an audit of requirements in terms of the commencement of the Carers Act in April 2018, gaps that need to be addressed and an action plans have been produced. Local stakeholder engagement has already began with carers involved directly in the development of Partnership Carer Strategies, eligibility criteria, Adult Carer Support Plans, Young Carers Statements and associated assessment processes.

Palliative and End of Life Care

The national Strategic Framework for Palliative and End of Life Care and its recommendations have been reviewed. The aims and objectives have been incorporated into key local documents including the Forth Valley Healthcare Strategy and the Forth Valley Local Delivery Plan. Delivery of the Framework will continue through the implementation of the Forth Valley Healthcare Strategy and the work of the Forth Valley Palliative and End of Life network. Emphasis has been placed on raising awareness about the key principles contained within the guidance; caring for people within the last days and hours of life.

A structure to support the continual delivery of a bereavement model has been developed utilising a modified model of the Intensive Care Unit bereavement service. This is currently being rolled out

across all ward areas and is all in line with the Commitments within the Person Centred Care Strategy.

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.

Investors in People

NHS Forth Valley was privileged to be recognised with the 'Silver Level' Investors in People (IIP) Award in 2015. This award recognised NHS Forth Valley's ongoing commitment to being a Learning Organisation and to developing its staff. Attainment of the Silver Level Award demonstrated that Forth Valley excelled in many areas over and above the 'Standard'. NHS Forth Valley agreed to be re-assessed for IIP over a 3 year period, with the current year, year 2 of the assessment for the attainment of a 'Gold Award'. NHS Forth Valley will also take forward an Assessment over a two year period to attain the Investors in Young People Award commencing in 2017.

Absence Management

The **Sickness Absence** rate across NHS Forth Valley from April 2016 to March 2017 was 5.11%. This compares favourably with the national position. Focussed work continues in respect of Attendance Management with good practice shared across the organisation in support of ensuring a consistent approach to sickness absence. The following local targets have been identified for 2017/18.

- To be at, or below 5% each month
- To match or be below the Scottish average
- To work 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 4th year. The scheme received 410 nominations in 2016 with nominations for the 2017 awards recently closed. The Staff Award ceremony will take place on the day of the Annual Review - 22 September 2017.

KSF Review and Personal Development Plans (PDPs)

The nationally accepted standard in terms of eKSF is 80% with the Forth Valley position for March 2017, 76% and the position for June 2017 noted as 74%. The organisation continues to strive to achieve and maintain the KSF Personal Development Review Standard. The Organisational Development and Learning, Education and Training Team provide support and development to facilitate this on an on-going basis.

For the reporting period 1st April 2016 to 31st March 2017 the eKSF position for NHS Forth Valley is 82.2%, this is compared to the national position of 54.4%.

iMatter Staff Experience Framework

iMatter Staff Experience Continuous Improvement Cycle was introduced to NHS Forth Valley in March 2015, since then all staff directly employed by NHS Forth Valley (excluding Staff Bank and Trainee doctors) have had the opportunity to take part in the iMatter process. In total, 478 teams have taken part from the NHS Board Team, the CEO Corporate Teams, and all of the Directorates. This provides an overall NHS Forth Valley report and picture of staff experience and the improvements being taken forward by teams to improve upon this. The current position is a 72% response rate to iMatter questionnaires with a 74% Employee Engagement Index (EEI) Score.

Modern Apprenticeships (MA)

In support of NHS Forth Valley's strategic vision on youth employment a plan to support the introduction of modern apprenticeships was developed and implemented. The Scottish Government set a target of 500 MAs in place in NHS Scotland by 31 July 2017. This is monitored annually and the 2017 return highlighted that NHS Forth Valley exceeded its target of 19 MAs, with 29 recruited. The majority of MAs have been recruited in Business & Administration however NHS Forth Valley has recruited to Electrical Engineering within the Estates Department. All MAs are following SVQ qualifications in conjunction with Forth Valley College.

A further Investors in People Framework called '**Investors in Young People**' was launched in 2015 and the IIP assessment process in 2016 also undertook a 'light touch' informal assessment against this Standard and provided NHS Forth Valley with some feedback as to current performance. Feedback was positive with NHS Forth Valley pursuing formal assessment for IIYP for 2017 – 2018. NHS Forth Valley will undertake this assessment over a 2-year period with 5 of the 10 indicators being assessed in 2017 and a further 5 in 2018. This will support action planning in support of achieving the 'Investors in Young People' Standard by 2018.

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 to further reduce the Hospital Standardised Mortality Ratio (HSMR) by 10% from the new base, by 2018. Following a review of the HSMR model it was deemed robust however a number of refinements were incorporated. The calculation and interpretation of the Scottish HSMR has not changed however HSMRs published from August 2016 onwards cannot be compared to previous releases.

The provisional HSMR for the quarter ending March 2017 for NHS Forth Valley is 0.87. This is a reduction from the baseline for NHS Forth Valley of 13.2%, a positive position, with a reduction in the Scottish HSMR of 8.4%.

Scottish Patient Safety Programme (SPSP)

NHS Forth Valley is committed to driving quality improvement throughout the organisation with the provision of safe care 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:

- Target achieved in relation to HSMR (22.4% reduction) at December 2016 against the 2015 target. Good progress in relation to the new target of a further 10% reduction by 2018 (noted above).
- Sustained delivery of the 10 patient safety essentials
- Sustained reduction in Pressure injury.
- 54% reduction in cardiac arrest rate FVRH – data presented at national SPSP event and to the NHS Board.
- Sustained reduction in falls in pilot wards. Ongoing improvement work in relation to reducing falls and fall with harm across all acute and community hospital wards

Maternity and Children Workstream – McQIC

A number of measures established through the Maternity and Children Quality Improvement Collaborative (McQIC) are continually monitored through the Women, Children and Sexual Health Services Directorate; this includes maternity, paediatric and neonatal strands. Significant work has

been undertaken by the MCQIC team in Women and Children's Services to progress improvements across all departments during the year.

- A key area of work has been to implement Cardiotocograph (CTG) Bundle for CTG interpretation and escalation. This ensures that all fetal heart rate patterns have standardised interpretation, including an hourly "fresh eyes review", escalation and action.
- A Neonatal Early Warning Track and Trigger chart (NEWTT) has been developed and implemented. It ensures consistency to risk assessment and enables staff who care for neonates to clearly identify babies at risk, frequency and duration of observations and escalation pathway.
- Work is also on going regarding maternal attendance at stop smoking service for women who continue to smoke. This intervention includes both the woman and her partner.

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. The NEWTT chart has been developed in conjunction with NNU and ongoing work continues to reduce neonatal hypothermia.

McQIC: Paediatrics

- NHS Forth Valley has implemented the National Paediatric Early Warning Score (PEWS) chart for all age groups.
- Work is progressing to commence testing of the IR2 reporting system via safeguard. This allows staff to positively report excellent care.
- The Paediatric ward tested the Hospital Electronic Management and Prescribing (HEPMA) system. This has now successfully been embedded in practice as part of medicine reconciliation.
- Ongoing work continues to support "What Matters to Me" for children and their families pre operatively

Mental Health Workstream

Mental health services in NHS Forth Valley have been active participants in the SPSP-MH programme since it began. The work done to date has focussed on improvements in inpatient care with significant pieces of work being led by NHS Forth Valley on Missed Medicines, learning from restraint incidents and discharge pauses. Whilst this work continues, the programme has begun to reach into the community mental health services and influence service changes there.

NHS Forth Valley is a key stakeholder in national pieces of work on medicines management and medicines safety and is working with partners in other boards on realising the benefits of HePMA.

As the programme has matured in the inpatient areas there has been the development of overlap between the work-streams which comprise the mental health programme. This has facilitated the sharing of learning, ideas and pieces of work between programmes and resulted in a change of how the programme is managed locally.

Primary Care Workstream

A number of benefits have been identified from the NHS Forth Valley 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.

2016/17 has been a transitional year for General Practice in Scotland seeing an end to the GMS Quality and Outcomes Framework in preparation for the new contract in 2017 with discussion

underway at a national level. During the transitional period the focus will be on continued quality improvement through the development of practice quality clusters while Whole Systems Working specification will focus on polypharmacy medication reviews, significant event analysis and tracking and reconciliation of test results

The practice cluster model in NHS Forth Valley will be formed of 9 clusters. Practice Quality Leads have been identified and ongoing development of the model includes the appointment of Cluster Quality Leads and associated improvement plans. Clusters have started to meet and identify areas for improvement

Significant event analysis (SEA) undertaken by practices and submitted through the MOSES system has identified themes related to admission and assessment challenges, discharge issues, outpatient issues, delayed diagnosis and prescribing which will require further discussion with relevant groups.

In respect of Results Handling, a follow up session with practice managers and staff involved in results handling was held on October 2016. The session provided an opportunity to share experiences of improving results handling particularly around tracking and reconciling of test results, communication and patient involvement, whilst also providing an opportunity to reflect on the successes and challenges of patient safety in primary care

Following the successful NHS Forth Valley pilot work involving a selection of pharmacies in medicines reconciliation, all NHS Forth Valley pharmacies have been invited to participate in improvement work with option to focus on medicines reconciliation or Non-steroidal Anti-Inflammatory Analgesia (NSAIA). Awareness sessions were held in September to introduce community pharmacists to the service specification and aims, data measures and quality improvement methodology. 45 pharmacies signed up to the work and all are working on the NSAID option. The work will run until June 2017.

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 and monthly reports.

Infection Control is a key priority for the Board with the Healthcare Associated Infection Reporting Template (HAIRT) presented at every Board meeting. Detail is included in the Core Performance report to Performance and Resources Committee with dedicated time spent on the topic at the Clinical Governance Committee.

***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 2017 was 0.12 per 1000 total occupied bed days against a target of 0.25. Robust surveillance for all cases, including healthcare and community acquired, and accurate and rapid patient review and feedback to clinicians and GPs ensures the continued reduction of CDI across NHS Forth Valley. No CDI has been linked to cross infection (person to person spread) in the last 8 years.

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

This standard remains a high priority for the Board. Health Protection Scotland figures highlight the Forth Valley position for the quarter ending March 2017 as 0.47 per 1000 Acute Occupied Bed Days (AOBD). This is a decrease from 0.50 per 1000 AOBDs in the previous quarter and remains within statistical limits. The 12 month rolling average to March 2017 was 0.33 SABs per 1000 acute occupied bed days against a target of 0.24, with the Scottish average 0.32 for the year ending March 2017.

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. In addition, an IR1 is raised for all hospital and healthcare acquired SABs.

Device associated Bacteraemia (DABs)

Peripheral Venous Catheter and urinary catheter care bundles have been implemented and the effectiveness of these audited. The Infection Prevention Control Team (IPCT) has been monitoring all device associated bacteraemias which is unique in NHS Scotland since 2013. 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 *Staphylococcus 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. The Infection Prevention & Control Team undertake approximately 2500 routine visits to clinical areas per annum; during the visits, compliance with Standard Infection Control Precautions (SICPs) are monitored. A local tool has been revised to align with the national SICPs compliance monitoring requirements. All inpatient areas are visited on a minimum 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. 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.

Cleaning and Estates monitoring

As part of the Health Facilities Scotland, Facilities Monitoring Report, the IPCT closely monitors both cleaning and estates audit scores across NHS Forth Valley to ensure effective cleaning is being performed and if the estate/environment can be cleaned effectively. Both cleaning and estates audit scores are published in the HAIRT Report and HAI quarterly reports.

Hand Hygiene

Hand hygiene is monitored continually both by ward staff and the IPCT. Hand hygiene and skin surveillance facilitators across Forth Valley are working to maximise hand hygiene compliance and to prevent potential infection. As part of the SPSP 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 2017 was 98.8% at FVRH and 99.7% within Community Hospitals.

Stroke Care

The position for the year to March 2017 in respect of the stroke care bundle is that 76.2% of patients received the appropriate elements of the stroke care bundle.

The position for the year to March 2017 in terms of the Stroke Care Bundle is, access to a stroke unit within 1 day of admission 90.1%, Aspirin administration within 1 day of admission 94.7%, swallow screening on day of admission 85.8% and brain scanning within 24 hours of admission 96.3%.

Processes to ensure closer tracking of patients who require admission to the stroke unit have been reviewed. A daily stroke huddle incorporates a review of the Emergency Department Information

System to ensure that the stroke team have knowledge of the patients who presented over the previous 24 hours. Real time feedback on swallow screening is provided at the daily stroke huddle to support continuing improvements mainly in respect of documentation of the swallow screen assessment. All patients whose care does not achieve full 'stroke bundle' standards are reviewed to identify any learning and actions required.

Older People in Acute Care

Within Forth Valley there is a focus on ensuring care is delivered with compassion, dignity and respect. In support of this, Care Assurance Leadership visits take place where Nurse Managers make observations on the care that is being delivered.

In support of improving screening for frailty and improving the early management of delirium a screening for cognitive impairment (4AT) tool is in place in all inpatient areas. A recent audit demonstrated compliance of greater than 90%. Where there is a positive assessment, associated actions are put in place (time bundle).

Work is on-going in terms of prevention and management of pressure injury. NHS Forth Valley has demonstrated a sustained reduction in hospital acquired pressure injury since May 2012. The current focus is to determine where patients coming into hospital are originating from e.g. home not known to health, home known to health and care homes. Weekly audits in respect of completion of patient assessments and care plans are in place with steady progress being made. A falls improvement facilitator is in place with a focus on high risk areas. Some progress is being made however this is not sustained and more work is required. Monitoring of the Forth Valley position takes place through the Care of Older Peoples Group on an on-going basis.

There was a Healthcare Improvement Scotland (HIS) unannounced inspection for the Care of Older People in Acute Hospitals to Forth Valley Royal Hospital on 15–17 November 2016 with the report published in March 2017. This report reflected the high standard of care provided for older people in Forth Valley Royal Hospital. Inspectors noted that the majority of patients praised the way they were looked after, and despite being busy, wards appeared calm and organised. There was good flexibility in providing alternative or additional meals, and people needing help received it in a timely manner. The report also commended the ageing and health integrated care ward for their work with patients with a cognitive impairment.

Whilst the report is welcomed, it is recognised that there is no room for complacency and work will continue to ensure we maintain consistently high standards, particularly in relation to documentation, which was an issue for improvement that was highlighted in the report. Changes have already been introduced to the way initial assessments and personal care plans are completed and it is noted that the inspectors were keen to emphasise that poor documentation does not mean that care is poor.

4. QUALITY OUTCOME 2 – EFFECTIVE

Finance

2016/17 Outturn

The final out-turn recorded in the Annual Accounts confirms a revenue surplus of £1.534m. Savings delivered in 2016/17 total £23.760m, against an annual target of £26.614m. After accounting for non-recurring savings of £1.757m related to rebates, credits and other one-off items the total recurrent savings gap carried forward into 2017/18 is £4.613m. This has been factored into the 2017/18 financial plan approved at the March Board meeting.

2017/18

The Financial Plan for 2017/18 – 2021/22 was approved at the March Board Meeting. Recurrent Cash Savings of £24.000m (5%) require to be delivered in 2017/18 to maintain underlying recurrent balance. Identification and delivery of recurrent cash savings of this magnitude is very challenging and all areas of spend continue to be reviewed to identify opportunities for efficiencies in current and future years.

Current issues and risks include unscheduled care including out of hours working, sustainability of access targets and prescribing including increase in hospital drug costs.

Health and Social Care integration continues to present a risk from a financial perspective given the changes in financial regime / governance arrangements at a time of significant financial challenge requiring 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, local developments and meeting statutory standards.

Delayed Discharge

Delayed Discharges have remained a major area of focus for the NHS Board and the Integration Joint Boards. Progress was seen in early 2017 with a Scottish Government target put in place in November 2016 to make a 50% reduction in total delays, including Code 9 delays and Guardianship patients by the end of March. The total number of Delayed Discharges reduced from 92 in November 2016 to 54 at the March 2017 census.

At the March 2017 census there were 28 delays over 14 days against a zero standard. The total bed days lost to delayed discharge in March 2017 were 830. However performance remains variable with the June position reported at 21 delays over 14 days and an increase in bed days to 1136. Outwith census points performance can be volatile with the total position rising to 81 during July (including those waiting under 2 weeks, Guardianship and code 9's).

It is recognised across the Partnerships that significant effort is required to make and sustain improvements in respect of achieving the 2 week target (and indeed move towards the 72 hour target). The majority of delays are within the Falkirk partnership with detailed work continuing to address the particular challenges around care homes. The Stirling position also has a degree of variability although numbers are smaller. Focussed work has been undertaken to proactively manage Guardianship timescales. There has been close monitoring of the policy on choice to ensure interim care home arrangements are being offered where first choice of care home is not available. Daily and weekly meetings are in place to ensure focus is maintained on discharge, particularly packages of care. This remains a key priority on Integration Joint Board agenda.

Unscheduled Care

Meeting the 4 hour Emergency Department Standard remains a key priority for NHS Forth Valley. Achieving the 95% target on a consistent basis continues to be challenging with a degree of volatility in performance. The majority of breaches to the 4 hour target relate to 'wait for first assessment', as opposed to the previous challenge of 'wait for bed breaches' in the preceding 12 months. Discussion has taken place with the Scottish Government regarding variation in performance and what further support may be required. Work is underway, led by the Medical Director, to look at maximising internal processes in terms of escalation and preventing breaches, focussing on the '6 Essential Actions' established by the Scottish Government, and working in partnership with Integration Authorities looking at the whole system in support of sustainable improvement. This will support the creation of realistic trajectories for the Partnership Improvement Plans around Unscheduled care. The recently established Unscheduled Care Programme Board has an appropriate breadth of membership, including Chief Officers, to drive the required improvements.

For the year ending March 2017, 94.4% (MIU 99.9% ED 93.1%) 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 position of 93.2% (MIU 100%, ED 91.5%). During 2016/17 there was a 62% increase in 8 hour breaches, (195 up to 317) and a 14% reduction in 12 hour breaches, (7 down to 6).

Institute for Healthcare Optimisation (IHO) Programme

NHS Forth Valley has been working with the Institute for Healthcare Optimisation (IHO) for the past 2 years in support of improving capacity and flow. The IHO carried out an analysis of patient level data, from medical and ageing and health wards. The dataset included markers of when patients met discharge, admission or transfer criteria. For the purpose of analysis, NHS Forth Valley described the ideal scenario as 'patients being in an appropriate downstream bed within three hours of decision to admit being made'. Modelling and scenarios were run on this basis with a number of potential gains in the current system that would allow the above scenario to be achievable. The areas of potential gains were identified as:

- Improved weekend processes - 6.0 annualised beds
- Reduction in wait times for patients that discharge home without packages of care - 5.6 annualised beds
- Reduction in wait times for patients that discharge home with packages of care - 4.6 annualised beds
- Reduction in wait times for patients for Community Hospital - 12.3 annualised beds
- Reduction in wait times to enter wards (AAU/CAU/ITU) - 9.2 annualised beds

The analysis offered reassurance that the current bed model within FVRH was appropriate, although, it was identified that allocating patients to contingency/boarding beds first would increase access efficiency.

There have been a number of interventions introduced with the aim of identifying patients for discharge or transfer as soon as appropriate, with a number of the initiatives introduced now also part of the 6 Essential Actions daily dynamic discharge project.

Over the course of the past two years there have been a number of measures which have shown improvement:

- Marked reduction in the number of breaches due to wait for a bed
- Median time of discharge has come down from 16:30 in the day to 14:00 in some of the wards piloting the work.

- Reduction demonstrated in LOS across the medical wards with associated annual bed days saved
- Weekend discharges remain challenged

Primary Care and Community Care

90% of all contacts with healthcare start and finish in primary care with primary care interactions key to addressing Inequalities in Healthcare and Access to Health (and often Social) 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 within a Locality setting is a vital part of implementing our new Healthcare Strategy and the two local Partnerships Strategic Plans.

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 (ACPs), concentrating on patients with multi morbidity and the frail and elderly. Initial work focusing on ACPs and readmission prevention has shown effective change. Work continues to be prioritised in respect of falls pathways, polypharmacy, self management, ambulatory options to admission, and improved discharge planning. There are a number of initiatives in place in terms of admission avoidance and support for early discharge which include ALFY (Advice Line For You), Enhanced Community Team (ECT) as part of the Closer to Home Service and piloting models of Discharge to Assess. These initiatives are currently being evaluated with the potential to align these further through primary care transformation and the Healthcare Strategy implementation.

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

In terms of sustainability there is ongoing monitoring and horizon scanning through the Primary Care Services Group and through the development of the Primary Care Risk Register. The multi-professional working model in 2c practices at Bannockburn and Kersiebank Health Centres are stable, and assessed independently using the Royal College of General Practitioners Stressed Practice Module. Ongoing engagement is being progressed through the Primary Care Transformation Programme, Cluster working, Clinical Leadership Structure and with Professional Advisory Committees.

The position in Forth Valley mirrors that being experienced nationally. The primary care transformation programme has a particular focus on sustainability and is sharing some of the multidisciplinary learning from our 2C practices and testing at a multi-practice level within three of our GP clusters.

Primary Care Transformation

Transformation of Primary Care is crucial to the delivery of sustainable Primary and Community Care models. A Scottish Government funded Primary Care Transformation programme is in place to allow testing and evaluation of what primary care models work in individual communities with a view to spreading out the most successful models across Scotland. There are 3 strands of the Transformation Programme:

- Urgent Care GP Out of Hours Transformation
- Primary Care Transformation
- Mental Health in Primary Care

Forth Valley Health & Social Care Partnerships submitted joint primary care and mental health transformation plans to the Scottish Government in the summer of 2016 and were allocated NRAC share of the primary care fund over 2 years to take these forward.

A Primary Care Transformation Group has been formed with the proposed remit of overseeing delivery of the primary care transformation programme. Membership is drawn from senior clinical and leadership team members from both Health and Social Care Partnerships and NHS Forth Valley.

GP Out of Hours Services (OoH)

In line with other NHS Boards, the availability of suitably qualified and experienced GPs to provide clinical cover out of hours has become increasingly challenging. This has led to vacant rota slots and increasingly frequent activation of the Board's Contingency Plan for OoHs services over the past few months. There are a number of factors which have contributed to this situation locally and nationally which are outlined in the Report of the Independent Review of Primary Care Out-of-Hours Services by Professor Sir Lewis Ritchie.

Work is ongoing to redesign the service model in line with the National Review Report recommendations however timescale for delivery of the changes required do not address the immediate challenges faced by the service, particularly over the summer months and during public holidays. These are peak times for leave for many of the GPs who provide cover which presents a high risk of vacant rota slots and further unplanned activation of contingency arrangements.

A number of interim changes have therefore been put in place to consolidate service provision and ensure safe care while wider work is carried out to review the service and look at future long term sustainable service arrangements.

eHealth

Progress continues with delivery against the NHS Forth Valley eHealth Strategy. It is noted that in overall terms the eHealth plan for 2016/17 progressed well and accordance with expectations. A summary update is noted:

- HePMA has been well delivered across the Acute sector and key community sites within NHS Forth Valley and the focus is now on supporting the services to 'bed in' and to implement across the remainder of the Community areas
- Considerable progress has been made with the Boards Electronic Paper Record Programme with a focus on paper light outpatients with 8 specialties now fully paper light. Clinical Portal , which is a key enabler for the programme has been enhanced during the year and rolled out to all GP practices and a wide range of community practitioners. Access to patient records through the Clinical Portal has increased from 31,000 records per month to 80,000 records per month over an 18 month period.
- The Community System replacement is an important strategic system for NHS Forth Valley and whilst the timescales of the National Procurement exercise are longer than desired they are important in establishing the optimal solutions and to minimise our increased financial outlays.
- Order Comms, has now been fully implemented in the main service areas. A plan to 'turn-off' paper in the first half of 2017/18 has commenced with the majority of GP paper test requests now ceased.
- The business case for the replacement Patient Management System (PMS) was approved by the Health Board in March 2017 and represents a significant strategic development that will deliver convergence with the national system.

- Integration work and data sharing is progressing. With regard to a Clinical Information Sharing Portal, it has been recognised by partners, that there is a need to develop a full technical and operational proposal rather than proceed with a proof of concept and this will be taken forward in 2017/18.
- Considerable work has been focused on refreshing GP and Primary Care server technology and infrastructure and this programme concluded in March. Focus is now turning to the acute hospital site network infrastructure in 2017/18
- Cyber resilience and Business Continuity remains a key focus for the Board and work continues to strengthen the cyber technological tools and processes as well as reviewing policies and security processes and patches. This will be a considerable piece of work for all Public sector bodies over the next 12 months.
- Risks remain around resourcing both locally and nationally in terms of finance and team capacity, with some items such as transition to Office 365 and Windows 10 adding significant new revenue pressure.
- The approved 2017/18 eHealth Delivery Plan will see the efforts of the eHealth team focussing on the PMS replacement programme and the 'must do' developments next year.

Records Management

Following approval by the Forth Valley NHS Board in January 2016, the NHS Forth Valley Record Management Plan (RMP) and supporting evidence was submitted to the Keeper of the Records of Scotland (the Keeper) for assessment. The Public Records Officer interim report was received in June 2016 highlighting the thinking of the Public Records Officer on the submitted plan. NHS Forth Valley responded to the interim report in July 2016 with a revised RMP and supporting evidence. This combined to set out arrangements for the management of NHS Forth Valley's public records which was accepted by the Keeper with confirmation of agreement received on 9 September 2016 approving the RMP.

A RMP Implementation Working Group (IWG) has been established and an implementation plan agreed for each element of the RMP. A Business Classification Scheme (BCS) has been developed which enables the effective management of records and information management standards. Two areas have been identified, ICT and Women & Children's Directorate, to pilot the BCS with a rolling programme for implementation throughout the organisation to be developed following completion of the pilot.

SUMMARY

Overall NHS Forth Valley has performed well throughout the year. Much has been achieved, with the approval of the Healthcare Strategy and development of an approach to implementation. The progress with the Stirling Care Village and the opening of the Maggie's Centre are testament to the positive partnership working within Forth Valley. Whilst performance across many areas is strong, it is recognised that there remains work to do to ensure sustained improvement with the 4 hour Emergency Department Standard, the Treatment Time Guarantee and Delayed Discharges.