FORTH VALLEY NHS BOARD

A meeting of FORTH VALLEY NHS BOARD will be held on TUESDAY 27 NOVEMBER 2012 at 9:30AM in the BOARDROOM, FORTH VALLEY NHS BOARD HEADQUARTERS, CARSEVIEW HOUSE, CASTLE BUSINESS PARK, STIRLING,

Please notify apologies for absence to Anne O'Donnell, Corporate Services Assistant

e-mail anne.o'donnell1@nhs.net or telephone 01786 457248

AGENDA

1/ APOLOGIES FOR ABSENCE

2/ DECLARATIONS OF INTEREST

3/ MINUTE OF FORTH VALLEY NHS BOARD MEETING HELD ON 25 SEPTEMBER 2012

For Approval

4/ MATTERS ARISING

5/ PATIENT EXPERIENCE

(Presentation led by Professor Angela Wallace, Director of Nursing)

6/ FINANCIAL & PERFORMANCE ISSUES

6.1 Executive Performance Report to end of October 2012

(Paper presented by Professor Fiona Mackenzie, Chief Executive)

7/ REPORTS FROM SUB COMMITTEES

7.1 Minute of Performance and Resources Committee meetings held on 5 October 2012 and 2 November 2012

For Noting

7.2 Minute of Area Clinical Forum meeting held on 20 September 2012

For Noting

7.3 Minute of Falkirk Partnership Board meeting held on 21 September 2012

For Noting

7.4 Minute of Clackmannanshire & Stirling Partnership Board meeting held on 3 October 2012

For Noting

7.5 Minute of Staff Governance Committee meeting held on 28 September 2012

For Noting

7.6 Minute of Audit Committee meeting held on 19 October 2012

For Noting

7.7 Minute of Endowment Committee meeting held on 19 October 2012

For Noting

7.8 Minute of Clinical Governance Committee meeting held on 30 October 2012

For Noting

8/ NHS FORTH VALLEY WINTER CONTINGENCY PLAN

(Paper presented by Mr David McPherson, General Manager)

For Noting
9/ QUALITY ASSURANCE IN NHS FORTH VALLEY - CLINICAL GOVERNANCE & RISK MANAGEMENT
(Paper presented by Dr Iain Wallace, Medical Director) For Approval

10/ TAKING FORWARD THE EQUALITY & DIVERSITY AGENDA IN NHS FORTH VALLEY
(Paper presented by Professor Angela Wallace, Director of Nursing) For Noting

11/ ANY OTHER COMPETENT BUSINESS
Forth Valley NHS Board

27 November 2012

This report relates to Item 3 on the agenda

Minute of Forth Valley NHS Board Meeting
25 September 2012

For Approval
1. APOLOGIES FOR ABSENCE

Apologies for absence were intimated on behalf of Ms Fiona Gavine, Mr Tom Hart and Dr Iain Wallace.

2. DECLARATIONS OF INTEREST

There were no declarations of interest.

3. MINUTE OF FORTH VALLEY NHS BOARD MEETING HELD ON 31 JULY 2012

The minute of the Forth Valley NHS Board meeting held on 31 July 2012 was approved as a correct record, subject to the following amendment:-

Jim King to be recorded in those present.

4. MATTERS ARISING

There were no matters arising.

5. FINANCIAL & PERFORMANCE ISSUES

5.1 Executive Performance Report to end August 2012

The NHS Board considered a paper “Executive Performance Report to end August 2012”, presented by Professor Fiona Mackenzie, Chief Executive.

Professor Mackenzie highlighted the following, as detailed within the Report:-

- Purpose of Report
The Chairman highlighted the positive response to the Annual Review on 18th September 2012 and acknowledged the efforts of all staff involved.

He also acknowledged the achievement of Dr Ian Ritchie, Orthopaedic Consultant, in being elected President of the Royal College of Surgeons Edinburgh and the eHealth Awards 2012 that had been received.

In response to a question from Mr Clark regarding Whooping Cough, Dr Anne Maree Wallace confirmed that this was a world wide issue, which was not particularly serious in adults but could be serious for children.

In response to a further question from Mr Clark regarding the reported deficit in August 2012, Mrs Ramsay confirmed that this was due to the high impact of supplies purchasing catching up.

In response to a question from Dr Nash regarding Delayed Discharges, Ms Duffy reported on the current improvement in the Delayed Discharge position, and actions being taken to address the issues, specifically in the Falkirk area.

In response to a question from Mr Forbes regarding Freedom of Information (FOI) requests, Professor Mackenzie reported on how the majority of FOIs were generated and how efforts were being focussed to respond.

After discussion, the NHS Board noted:

- The key items of information detailed within the Chief Executive’s Summary
- The Financial Summary within Section 1
- The main areas highlighted in the Balanced Scorecard and Performance Summary within Section 2
- The Corporate Risks Summary in Section 3
- The National Healthcare Associated Infection Reporting Template in Section 4
- The Communications Update in Section 5
The NHS Board also acknowledged the following:-

- The efforts of all staff involved in dealing with the high levels of emergency activity
- The efforts of everyone involved in the arrangements and organisation of the Annual Review meeting on 18 September 2012
- The achievement of Dr Ian Ritchie, Orthopaedic Consultant, in being elected President of the Royal College of Surgeons Edinburgh
- The eHealth Awards 2012 that had been received by the Pharmacy Project and the ICT Delivery Team.
- The progress with the Stirling Care Village proposal

6. ASSET BASED APPROACH

The NHS Board received a detailed presentation “Asset Based Approach”, from Ms Aileen Schofield, Health Promotion Officer, under the following headings:-

- What is the Asset Based Approach
- Key Steps in the Process
- Health Benefits of the Asset Based Approach in the Beacon Estate in Falmouth (2000 - 2010)
- Rationale for Clackmannanshire
- Hawkhill today
- Public Health – Hawkhill
- Successes (so far)
- Priorities as identified by Hawkhill residents (so far)
- Quick wins
- Confidence & Energy
- Further information – Scottish Perspective

The NHS Board discussed in detail the Asset Based approach, challenges, benefits and priorities. Succession planning, sustainability and other initiatives that were progressing were also discussed.

Mr Forbes highlighted similar work that had been undertaken 12 years prior, that had been treated as projects and had time limited success. The need to change the approach, involve services and have the community take ownership was highlighted.

The NHS Board discussed ways in which to sustain and build on the improvements that had been achieved and to adapt the approach across Forth Valley, involving all key stakeholders. The benefits of employment, the key steps and principles and the need to achieve self sustaining communities were also discussed.

After discussion, the NHS Board acknowledge the work of the Asset Based Approach in Hawkhill and the efforts of staff involved.

7. REPORTS FROM SUB COMMITTEES

7.1 Minute of Area Clinical Forum meeting held on 19 July 2012

The NHS Board considered the minute of the Area Clinical Forum meeting held on 19 July 2012, presented by Dr Allan Bridges, Chair.
Dr Bridges highlighted the following:-

- Area Clinical Forum Event – November 2012
- Request to the NHS Board for key issues/topics for the Area Clinical Forum
- Concerns regarding workforce
- Vulnerability of services

The NHS Board discussed the concerns regarding workforce and the need to understand the issues.

Professor Mackenzie highlighted the National issue of availability of workforce and allocation of Doctors in training and Dr Cumming highlighted the role of Allied Health Professionals and the concerns expressed by this cohort of staff.

After discussion, the NHS Board agreed that this matter would be considered further by the Strategic Management Team to enable appropriate action to be taken. A further report detailing agreed actions and progress would be reported to the NHS Board at a future meeting.

After discussion, the NHS Board noted the minute of the Area Clinical Forum meeting held on 19 July 2012.

7.2 Minute of Performance and Resources Committee meetings held on 3 August 2012 and 7 September 2012

The NHS Board considered the minute of the Performance and Resources Committee meetings held on 3 August 2012 and 7 September 2012, presented by Dr Vicki Nash, Chair.

Dr Nash highlighted the following:-

- Breast Feeding Target position
- Waiting Times Plans to March 2013 and need to ensure sustainability from 2013/14 onwards
- Prescribing – impact of GP Incentive Scheme
- NHS Forth Valley Response to the Integration of Adult Health and Social Care Consultation

In response to a question from Mr Womersley regarding the Finance Report, Mrs Ramsay explained the associated risks to achieve financial balance.

In response to a further question from Mr Womersley regarding the sale of Bannockburn Hospital, Mr Steel advised on the process and confirmed that the Property Advisors were liaising with the clients and that their report was awaited.

The NHS Board noted the minute of the Performance and Resources Committee meetings held on 3 August 2012 and 7 September 2012.

7.3 Minute of Clinical Governance Committee meeting held on 27 July 2012

The NHS Board noted the minute of the Clinical Governance Committee meeting held on 27 July 2012.

8. PATIENT RIGHTS (SCOTLAND) ACT 2011
The NHS Board considered a paper “Patient Rights (Scotland) Act 2011”, presented by Professor Angela Wallace, Director of Nursing.

Professor Wallace highlighted the following, as detailed within the report:

- Purpose of Paper
- Key Priorities
- Background
- The Patient Charter and Health Care Principles
- Feedback, Comments, Concerns and Complaints
- Supporting Patients and the Public
- Supporting Staff
- Collecting and Reporting Data
- Encouraging, Handling and Learning from Complaints

She also confirmed that Section 4: Treatment Time Guarantee would be reported within the next item in the agenda, “Access Policy”.

The NHS Board welcomed the Patient Rights (Scotland) Act 2011 and acknowledged the work undertaken to date to adhere to the Act.

The NHS Board discussed the role of the Patient Relations Team, additional support that may be required, identified training needs and access to independent advice and support.

Early and local resolution, investigation of complaints and timescales, role of the Scottish Public Services Ombudsman and promotion of the Act, was also discussed.

Professor Wallace highlighted the reporting structure and the involvement and role of the Person Centredness Committee, Clinical Governance Committee, Performance and Resources Committee and the NHS Board.

After detailed discussion, the NHS Board noted the paper “Patient Rights (Scotland) Act 2011”, and supported the key deliverables as detailed.

9. ACCESS POLICY

The NHS Board considered a paper “Access Policy”, presented by Professor Fiona Mackenzie, Chief Executive.

Professor Mackenzie reported that in preparation for the Patient Rights (Scotland) Act 2011, NHS Forth Valley had reviewed its Access Policy governing the rights and responsibilities of patients and services in using and delivering health care. She also highlighted the issues of system capability and administration for this.

Mr Rankin, Head of Patient Access, and Ms Roslyn Grant, Service Improvement Manager, gave a detailed presentation, under the following headings:

- Treatment Time Guarantee
- Patient Access Policy
- Consultation Process
- Key Issues of the Act
- Requirements
- Principles
The NHS Board discussed in detail the application of rules, a patient’s right to request a specific Consultant, the element of choice and communication.

Concern was expressed regarding “reasonable offer” and equality of access.

Flexibility, capacity, dialogue, eligibility criteria and the role of the General Practitioner were also discussed. The NHS 24 reminder system, anticipatory care planning and identification of patients who may not attend, were highlighted.

In response to a question from Mr King regarding impact, Mrs Ramsay reported on the potential significant increase of additional patients and estimated financial costs. She also reported on the work with other NHS Boards around certain specialties to assist with capacity.

The education of patients, assistance to vulnerable groups and the effective management of referrals were discussed.

Dr Cumming highlighted concerns regarding the level of administration support and the patient transport services criteria.

The need to have effective and appropriate communication, manage expectations and achieve the targets was also highlighted.

After discussion, the NHS Board approved the Access Policy for implementation across NHS Forth Valley, and noted the risks and implications.

_Councillor Brisley left the meeting at this point._

10. **FORTH VALLEY NHS BOARD MEETING/SEMINAR PROPOSED DATES 2013**

The NHS Board considered a paper “Review of Forth Valley NHS Board, Performance and Resources Committee and Board Seminar Scheduling”, presented by Professor Fiona Mackenzie, Chief Executive.

Professor Mackenzie reminded the NHS Board of the discussion at the Board Seminar on 11 September, and the decision to approve Option 2 – Alternate bi-monthly Board meetings and Seminars and monthly Performance and Resources Committee meetings. It was also agreed that a business free month in July 2013 was desirable.

Concern was expressed regarding the reduced number of Seminars. The Chairman highlighted the opportunity available for all NHS Board members to attend any Committee meeting and encouraged attendance at future Performance and Resources Committee meetings.

He also highlighted the requirement to ensure sufficient information was provided to Non-executive members to ensure they could carry out their duties, the opportunities at Board meetings for detailed presentations, the role of the Performance and Resources Committee and the option to convene a special meeting of the NHS Board if required.

After discussion, the NHS Board:-

- Approved the proposal to alternate Board meetings and Seminars, maintaining the monthly Performance and Resources Committee meetings
- Approved the proposal to have no business meetings in July 2013
• Noted that future dates would be confirmed as soon as possible

11. **ANY OTHER COMPETENT BUSINESS**

There being no other competent business the Chairman closed the meeting at 12.20pm.
<table>
<thead>
<tr>
<th>Contents</th>
<th>Page</th>
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<tbody>
<tr>
<td>Purpose of report</td>
<td>3</td>
</tr>
<tr>
<td>Chief Executive’s Summary</td>
<td>3</td>
</tr>
<tr>
<td>Recommendations</td>
<td>6</td>
</tr>
<tr>
<td>Section 1 - Financial Position</td>
<td>7</td>
</tr>
<tr>
<td>Section 2 – Board Executive Performance Summary</td>
<td>Attached</td>
</tr>
<tr>
<td>Section 3 - Corporate Risk Summary</td>
<td>Attached</td>
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<tr>
<td>Section 4 - Healthcare Associated Infection Reporting Template (National Template )</td>
<td>Attached</td>
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</tbody>
</table>
1. PURPOSE OF REPORT

The purpose of this Board Executive Performance Report (BEPR) remains to provide assurance to the NHS Board of the overall performance of NHS Forth Valley. Acknowledging more detailed consideration of performance taking place at the Performance and Resources Committee (P&RC), the format of this report continues to be reviewed and streamlined to ensure the Board is succinctly updated on key performance issues. The Finance Update has now been included in the report.

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

2. CHIEF EXECUTIVE’S SUMMARY

Since the last Board meeting I have taken the opportunity to spend time with key operational staff. To date I have focussed on the work underway around capacity and flow to gain a more detailed knowledge of the key issues. This has been extremely valuable and it is clear that there are a number of challenges however the focussed project approach, led by Dr Iain Wallace, under the Efficiency Productivity and Quality Programme (EPQ), will yield results in both the short and medium term across the system. The P&R Committee received a presentation on some of the issues and outline of the approach at the October meeting.

I am pleased to report progress with the development of Stirling Community Hospital. Inpatient services will transfer from Bannockburn Hospital to the Stirling Community Hospital site on 24 and 25 November 2012 to a newly refurbished 84-bed inpatient unit on the ground and first floor of the former maternity building, above the existing Minor Injuries Unit.

Adult mental health services from Kildean Hospital and day hospital services from Orchard House Health Centre will transfer to a new Rehabilitation 'hub' which is currently being developed on the site in early 2013. Other services due to move across to the site in 2013 including the Psychology Department which is currently based at the University of Stirling and a number of services for children and young people.

Finance

A financial summary is detailed within Section 1 of this report. NHS Forth Valley is reporting an overspend of £0.820m to the end of October 2012 (£0.870m to the end of September). As previously reported the most significant pressure areas remain medical workforce (emergency department and paediatrics), nursing in surgical unit, continued provision of contingency beds and delivery of access targets. A balanced financial outturn is projected - this assumes additional funding of between £2.5m and £4m is agreed (of which £1m has been confirmed at the mid year review on 21st November). Such agreement is based on submission of a sustainable and affordable access plan by Christmas.

Mid Year Review

The mid year review with the Scottish Government was held on the 21st November in Carseview House. This followed a standard format considering the position to date across a range of areas including finance, waiting times, workforce, HEAT targets and redesign.
This was a very positive meeting with a number of areas considered. The significant progress around the prescribing agenda in terms of efficiency was acknowledged, as well as evident focus on improvement of the 12 week Treatment Time Guarantee (TTG) position. Further work has been agreed around the plans for maintaining the TTG position between January and March 2013. Progress in respect of the 31 day and 62 day cancer targets was also highlighted. Discussion in terms of the financial position should be noted above.

**Waiting Times**

The focus on waiting times continues. Significant progress has been made towards the 12 week Treatment Time Guarantee (TTG) ahead of the December target date. The main focus thereafter will be maintaining the position from January to March and sustainability into 2013/14. There are challenges within the RTT position at present with work to review the position focussing on a number of medical specialties including neurology, rheumatology, respiratory and gastroenterology. Waiting Times formed a key part of the agenda at the mid year meeting on the 21st November.

**Quality Improvement**

**Scottish Patient Safety Programme**

During October we had a Scottish Patient Safety Visit entitled Autumn Harvest. This was another positive visit highlighting significant ongoing progress. The purpose of this visit is to collate learning of good practice from the first phase of the Scottish Patient Safety programme, identify areas of success and factors leading to that success, look at the spread of interventions within Boards and identify themes for focus of the next phase of the programme. A number of areas were highlighted across the workstreams. The strategic priority given to the HSMR reduction and reduction in adverse events was clearly evident with excellent progress made and an HSMR of 15.9% to March 2012. Leadership and engagement were seen as particular strengths with visible collaborative working at all levels. The work previously reported to the Board around reliable rescue and patient experience in theatres was also highlighted as positive and innovative. The safety and improvement culture in theatres and critical care was described as impressive and palpable involving a broad spectrum of staff including healthcare support workers. These developments have led to sustained improvements across a number of areas.

**Awards / Conferences / Interest**

I am delighted to highlight a number of recent awards and achievements across a broad range of areas in Forth Valley.

**Procurement Capability Assessment**

NHS Forth Valley’s Procurement Capability Assessment (PCA) at the end of October 2012 highlighted a ‘Superior’ rating with a score of 82%. This is the highest performing category and is an improved score from the previous review rating of 75%. This great team effort maintains our performance level as a ‘superior procurement organisation’.

**Unicef Baby Friendly Award**

The Women and Children's Unit at Forth Valley Royal Hospital has recently achieved the prestigious Baby Friendly Award from UNICEF for the high levels of care and support it provides to all mothers and babies, particularly in relation to breast-feeding. Achieving the award has required a lot of hard work and effort over several years and is testament to the ongoing commitment and motivation of staff across the Unit.
Scottish Health Awards 2012
A joint service to help older people has received a national accolade at the Scottish Health Awards 2012 for providing an invaluable contribution to Scottish healthcare. The Stirling Intermediate Care and Reablement Teams collected the Integrated Care for Older People Award at the prestigious Scottish Health Awards ceremony in Edinburgh on the 8th November after impressing the judges with their dedication to serving the needs of older people in the local community. The Intermediate Care services aims to prevent unnecessary admission to hospital and facilitate early hospital discharge and premature admission to residential care, while the Reablement Service is provided to people who are medically fit but need support to maintain their independence.

University of Stirling Mentorship Awards
Over 50 NHS Forth Valley staff were recently presented with certificates from the University of Stirling during a special ceremony held at Forth Valley Royal Hospital. The staff were commended for the work they have done to support and mentor students in the School of Nursing, Midwifery and Health during their placements.

Global FM Award
NHS Forth Valley, in partnership with Forth Health and Serco, won the platinum award for excellence in facilities management at the Global FM awards. The award was made in recognition of the work which has been carried out over the last two years to improve the external environment and woodland amenities around the hospital.

Diamond Jubilee Medals
Senior Staff Nurse Kevin McCloskey and former NHS Forth Valley Resuscitation Officer Graeme Ramage have been awarded The Queen's Diamond Jubilee Medal for their volunteering work which helps save lives.

Both are members of BASICS (British Association of Immediate Care Schemes) and as responders, are part of a scheme which enables the Scottish Ambulance Service to call them out to accidents, cardiac arrests and other life-threatening emergencies either ahead of ambulance resources or to assist them. PPF members Morag Mason and Margo Biggs also received the prestigious awards for their work as volunteers and patient representatives within NHS Forth Valley.
3. RECOMMENDATIONS

The Board is asked to note:

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

Author of Paper

<table>
<thead>
<tr>
<th>Name</th>
<th>Designation</th>
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<tbody>
<tr>
<td>Elaine Vanhegan</td>
<td>Head of Performance</td>
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</tbody>
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Approved By

<table>
<thead>
<tr>
<th>Name</th>
<th>Designation</th>
</tr>
</thead>
<tbody>
<tr>
<td>Fiona Mackenzie</td>
<td>Chief Executive</td>
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</tbody>
</table>

November 2012
SECTION 1 - FINANCIAL SUMMARY

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

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

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

<table>
<thead>
<tr>
<th>Annual Budget Plan</th>
<th>Actual Overspend / (Underspend) to 30/09/2012</th>
<th>Actual Overspend / (Underspend) to 31/10/2012</th>
</tr>
</thead>
<tbody>
<tr>
<td>Resources</td>
<td>£m</td>
<td>£m</td>
</tr>
<tr>
<td>Revenue Resource Allocation Core</td>
<td>422.814</td>
<td>0.000</td>
</tr>
<tr>
<td>Revenue Resource Allocation Non Core</td>
<td>54.702</td>
<td>0.000</td>
</tr>
<tr>
<td>Anticipated Resource Allocations</td>
<td>6.883</td>
<td>0.000</td>
</tr>
<tr>
<td>Income - other Scottish Boards</td>
<td>7.166</td>
<td>(0.058)</td>
</tr>
<tr>
<td>Income - Junior Doctors (NES)</td>
<td>6.336</td>
<td>0.000</td>
</tr>
<tr>
<td>Income - Miscellaneous</td>
<td>7.056</td>
<td>0.000</td>
</tr>
<tr>
<td>Total Resources</td>
<td>504.957</td>
<td>(0.058)</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Expenditure Plan</th>
<th>£m</th>
<th>£m</th>
<th>£m</th>
</tr>
</thead>
<tbody>
<tr>
<td>Corporate and External Boards</td>
<td>96.440</td>
<td>0.365</td>
<td>0.372</td>
</tr>
<tr>
<td>Acute Services</td>
<td>171.099</td>
<td>2.428</td>
<td>2.985</td>
</tr>
<tr>
<td>Waiting Times</td>
<td>2.763</td>
<td>1.209</td>
<td>1.100</td>
</tr>
<tr>
<td>CHP, Prescribing and Other Areas</td>
<td>220.680</td>
<td>0.196</td>
<td>0.190</td>
</tr>
<tr>
<td>Committed Balances / Contingency</td>
<td>13.975</td>
<td>(3.386)</td>
<td>(3.854)</td>
</tr>
<tr>
<td>Total Expenditure</td>
<td>504.957</td>
<td>0.812</td>
<td>0.793</td>
</tr>
</tbody>
</table>

NHS Forth Valley is reporting an overspend of £0.820m to end of October 2012 (£0.870m to end of September). Information on the phased release of committed balances / contingency and savings not yet distributed will be incorporated into the Finance Report to next month’s Performance and Resources Committee. This Report will also include an update on progress repaying brokerage of £12.1m provided by SGHD in the preceding two financial years to support implementation of local healthcare strategy.

As previously reported the most significant financial pressures remain medical workforce (emergency department and paediatrics), nursing in surgical unit and delivery of access targets.

Continued focus is required on reducing cost pressure areas such as temporary medical workforce costs and use of contingency beds seeking permanent solutions at lower cost. Good progress continues on primary care prescribing savings and work continues preparing and implementing savings plans for 2013/14. Regarding future years savings, a more strategic service approach is
required including joint work with neighbouring Boards and other public sector bodies linking to demographic and workforce profile changes.

A balanced out turn is projected for 2012/13 although this remains predicated on continued focus on current service pressures and additional funding support of £2.5m to £4m (of which £1m is confirmed) based on submission of a sustainable and affordable access plan by Christmas.
**SECTION 2 - BOARD EXECUTIVE PERFORMANCE SUMMARY – BALANCED SCORECARD**

**Report Format**
Review of performance management and reporting at the various levels throughout the organisation continues to be a focus. All aspects within the Balanced Scorecard (BSC) are now considered in detail at the Performance Resources Committee (P&RC) with the Board Executive Performance report streamlined to focus on key issues. The areas highlighted within this report derive from particular areas of note within the BSC and/or major points considered by the P&RC.

**Balanced Scorecard**
Work continues in the development of the BSC to provide a broader range of measures and build upon the qualitative and quantitative data which will enable and support quality improvement and assurance. The local focus remains across the six dimensions of quality with a balanced approach to measurement. This is reflected in the on-going development of a strategic dashboard and the refocusing of the Board Executive Performance Report.

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

```
<table>
<thead>
<tr>
<th>Improvement in period</th>
<th>↑</th>
</tr>
</thead>
<tbody>
<tr>
<td>Position maintained</td>
<td>←→</td>
</tr>
<tr>
<td>Deterioration in period</td>
<td>↓</td>
</tr>
</tbody>
</table>
```
- Where trajectories have been agreed, this will be reported as red, amber or green

```
<table>
<thead>
<tr>
<th>R</th>
<th>Off trajectory &gt;5%</th>
</tr>
</thead>
<tbody>
<tr>
<td>A</td>
<td>Minor deviation from trajectory &lt;5%</td>
</tr>
<tr>
<td>G</td>
<td>On track</td>
</tr>
</tbody>
</table>
```
- The narrative will provide contextual information and support
### Equitable
<table>
<thead>
<tr>
<th>EQ1</th>
<th>a) Ethnicity recording - patients</th>
<th>Imp</th>
<th>RAG</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>A</td>
<td></td>
</tr>
<tr>
<td>b) Ethnicity recording - staff</td>
<td></td>
<td>A</td>
<td></td>
</tr>
<tr>
<td>EQ2</td>
<td>Suicide rate</td>
<td>G</td>
<td></td>
</tr>
<tr>
<td>EQ4</td>
<td>Smoking cessation</td>
<td>G</td>
<td></td>
</tr>
<tr>
<td>EQ5</td>
<td>Alcohol brief intervention</td>
<td>G</td>
<td></td>
</tr>
<tr>
<td>EQ6</td>
<td>Child Healthy Weight</td>
<td>G</td>
<td></td>
</tr>
<tr>
<td>EQ7</td>
<td>Fluoride varnish</td>
<td>R</td>
<td></td>
</tr>
<tr>
<td>EQ8</td>
<td>Breastfeeding rate</td>
<td>R</td>
<td></td>
</tr>
</tbody>
</table>

### Efficient
<table>
<thead>
<tr>
<th>EQ1</th>
<th>a) Antimicrobial use - Acute</th>
<th>Imp</th>
<th>RAG</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>A</td>
<td></td>
</tr>
<tr>
<td>EQ2</td>
<td>Non Core Staff Costs</td>
<td>A</td>
<td></td>
</tr>
<tr>
<td>EQ3</td>
<td>Prescribing</td>
<td>G</td>
<td></td>
</tr>
<tr>
<td>EQ4</td>
<td>Secondary Care Doctor's appraisal</td>
<td>A</td>
<td></td>
</tr>
<tr>
<td>EQ5</td>
<td>Average length of stay</td>
<td>A</td>
<td></td>
</tr>
<tr>
<td>EQ6</td>
<td>Bed occupancy</td>
<td>A</td>
<td></td>
</tr>
<tr>
<td>EQ7</td>
<td>Inpatient cancellations</td>
<td>A</td>
<td></td>
</tr>
<tr>
<td>EQ8</td>
<td>Same day surgery</td>
<td>A</td>
<td></td>
</tr>
<tr>
<td>EQ9</td>
<td>Did Not Attends</td>
<td>A</td>
<td></td>
</tr>
</tbody>
</table>

### Effective
<table>
<thead>
<tr>
<th>EQ1</th>
<th>a) Antimicrobial use - Primary care</th>
<th>Imp</th>
<th>RAG</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>A</td>
<td></td>
</tr>
<tr>
<td>EQ2</td>
<td>Emergency bed days &gt;75 years</td>
<td>A</td>
<td></td>
</tr>
<tr>
<td>EQ3</td>
<td>Boarding</td>
<td>A</td>
<td></td>
</tr>
<tr>
<td>EQ4</td>
<td>A&amp;E attendance</td>
<td>A</td>
<td></td>
</tr>
<tr>
<td>EQ5</td>
<td>Delayed discharge &gt;4 weeks</td>
<td>R</td>
<td></td>
</tr>
<tr>
<td>EQ6</td>
<td>Bed days lost due to delayed discharge</td>
<td>R</td>
<td></td>
</tr>
</tbody>
</table>

### Person Centred
<table>
<thead>
<tr>
<th>EQ1</th>
<th>a) Patient Experience - Inpatient survey</th>
<th>Imp</th>
<th>RAG</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>G</td>
<td></td>
</tr>
<tr>
<td>EQ2</td>
<td>b) Patient Experience - GP survey</td>
<td>-</td>
<td></td>
</tr>
<tr>
<td>EQ3</td>
<td>a) Complaints - responses</td>
<td>G</td>
<td></td>
</tr>
<tr>
<td>EQ4</td>
<td>b) Complaints - numbers</td>
<td>A</td>
<td></td>
</tr>
<tr>
<td>EQ5</td>
<td>c) Complaints - themes</td>
<td>-</td>
<td></td>
</tr>
</tbody>
</table>

### Timely
<table>
<thead>
<tr>
<th>EQ1</th>
<th>12 Week Treatment Time Guarantee</th>
<th>Imp</th>
<th>RAG</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>A</td>
<td></td>
</tr>
<tr>
<td>EQ2</td>
<td>Unavailability - outpatients</td>
<td>A</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Unavailability - inpatients</td>
<td>A</td>
<td></td>
</tr>
<tr>
<td>EQ3</td>
<td>18 week Referral to Treatment</td>
<td>R</td>
<td></td>
</tr>
<tr>
<td>EQ4</td>
<td>12 Week Outpatient wait</td>
<td>R</td>
<td></td>
</tr>
<tr>
<td>EQ5</td>
<td>a) Cancer 31 day target</td>
<td>G</td>
<td></td>
</tr>
<tr>
<td></td>
<td>b) Cancer 62 day target</td>
<td>A</td>
<td></td>
</tr>
<tr>
<td>EQ6</td>
<td>Access to drug treatment</td>
<td>G</td>
<td></td>
</tr>
<tr>
<td>EQ7</td>
<td>Access to child &amp; adolescent mental health</td>
<td>G</td>
<td></td>
</tr>
<tr>
<td>EQ8</td>
<td>% A&amp;E waits &lt;4 hours</td>
<td>R</td>
<td></td>
</tr>
</tbody>
</table>

### Improvement in period:
- **Imp**: Improvement
- **Off trajectory**: >5%
- **No assessment**: 0%

**Position maintained**: On track
- **G**: On track
- **A**: Minor deviation from trajectory

**Deterioration in period**:
- **G**: On track
- **R**: Off trajectory >5%

**KEY**
- **-**: No assessment
NHS Forth Valley’s key performance highlights are noted below against the balanced scorecard (BSC).

### EQUITABLE

**Context**
Most areas under the ‘Equitable’ heading within the BSC are performing well.

Recently confirmed smoking cessation figures highlight that NHS Forth Valley is currently on track to exceed the Scottish Government target of 3002 over the three year period to March 2014.

### SAFE

**Context**
It is positive to note that areas under the ‘Safety’ heading remain at green in the BSC with the exception of SABs. The Amber SABs position causes a degree of challenge with monthly fluctuation.

As highlighted in the Chief Executive’s Summary the Scottish Patient Safety Visit in October noted that the strategic priority given to the HSMR reduction and reduction in adverse events was clearly evident, with leadership and engagement seen as particular strengths with visible collaborative working at all levels.

### Table: Smoking Cessation

<table>
<thead>
<tr>
<th>Target: 3002</th>
<th>Improved position 1634 @ June 2012</th>
</tr>
</thead>
</table>

- HEAT target to deliver smoking cessation services to contribute to NHS Scotland target of 80,000 successful quits (at one month post quit) over the 3 year period ending March 2014
- The agreed NHS Forth Valley target for this period is 3002 successful quits. This is within the 40% most deprived SIMD areas
- Activity to June 2012 highlights that NHS Forth Valley is ahead of trajectory and on track to achieve the target with 1634 quits against a trajectory of 1251
- Enhanced recording and data gathering is in place to maximise quit rate capture for Keep Well clients, pharmacies and GP practices

### Table: Adverse Events

<table>
<thead>
<tr>
<th>Target: 17.5 per thousand</th>
<th>Within target 10.2 @ August 2012</th>
</tr>
</thead>
</table>

- Scottish Patient Safety Programme - 30% reduction in adverse events by December 2012
- Taking the NHS Forth Valley baseline of 25.4 a 30% reduction in adverse events sets a target reduction to 17.5 per thousand
- Twenty case notes are reviewed monthly and assessed using the Global Trigger Tool, which is a tool to identify triggers that may indicate patient harm. The process of review identifies if this is indeed harm that resulted from healthcare or if the event was part of the illness process itself
- Data is reported on a retrospective basis with the August 2012 position 10.2 per thousand
Context
A number of areas under the ‘Efficiency’ heading pose challenge with most indicators Amber on the BSC. Some of these relate to overall capacity which is a key focus within the EPQ Prioritisation Plan. Of note is the average length of stay which as highlighted has been increasing month on month over the last year and is being reviewed under the capacity and flow work. In addition absence management remains at red despite continued and significant effort and activity around the agenda.

<table>
<thead>
<tr>
<th>Average Length of Stay</th>
<th>Attendance Management</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Target:</strong> 3.5</td>
<td><strong>Target:</strong> 4%</td>
</tr>
<tr>
<td><strong>Deteriorating</strong></td>
<td><strong>Improved</strong></td>
</tr>
<tr>
<td><strong>3.83 @ October 2012</strong></td>
<td><strong>5.34% @ September 2012</strong></td>
</tr>
</tbody>
</table>

- The provisional average length of stay for emergency inpatients for October 2012 is 3.83 days against a target of 3.5.
- There has been a gradual month on month increase in the length of stay since November 2011 when the position was 3.03. This is being monitored and is part of the overall capacity and flow work.
- The most up to date figure for all Scotland is 3.2 days at March 2012 (figures are updated annually).

- The March 2009 target of 4% was not achieved.
- The September 2012 position of 5.34% is an improvement of 0.20% against the August 2012 position of 5.54%.
- Decreased absence in month is highlighted in Acute (-0.22%), Corporate (-0.65%), Forth Valley Facilities (-0.54); increase is shown in CHP (0.02%).
- Focus on attendance management continues as challenge remains in achieving this target. Significant management interventions are being undertaken.
Context
Performance under the ‘Timely’ heading is variable. The introduction of the Patient Rights (Scotland) Act 2011 with the 12 week Treatment Time Guarantee (TTG), delivery of 18 week Referral to Treatment (RTT) and the stage of treatment targets are demanding. The 4 hour A&E target remains challenging with continued fluctuation in day to day activity.

The cancer position which was previously considered has an improving in month position reported below with the 31 week target delivery 100%.

12 Week Treatment Time Guarantee

<table>
<thead>
<tr>
<th>Target: 100%</th>
<th>Improving</th>
<th>78% @ within 12 weeks</th>
<th>trend</th>
<th>October 2012</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Unavailability - Outpatient</th>
</tr>
</thead>
<tbody>
<tr>
<td>Target: &lt;5%</td>
</tr>
</tbody>
</table>

Under the Patient Rights (Scotland) Act 2011, from 1st October 2012, all eligible patients will start to receive their day case or inpatient treatment within 12 weeks of the agreement to treat.

- Graph displays NHS Forth Valley position from January to November 2012 (November data incomplete). Compliance dipped in July and is only just recovering with the October compliance 78%
- Although incomplete, compliance in November is currently 82%
- Recovery plan progressing with weekly team meetings ongoing to review progress and to further actions, along with planning for December and the festive period
- The first TTG patient due treatment 24th December

The graph describes the percentage of outpatients that are unavailable as a proportion of the total waiting list size
- The NHS Forth Valley intent is that proportion of unavailability will be less than 5% of the total waiting list
- In September 2012, the Forth Valley unavailable list was 1.1% of the total outpatient waiting list with the Scotland position 4.8%
- The new Access Policy was agreed at the NHS Board meeting in September 2012 and is now in place with training underway
- Work continues in applying the agreed access policy and in monitoring rates of unavailability
The graph highlights the percentage of inpatient/day cases that are unavailable as a proportion of the total waiting list size.

The NHS Forth Valley intent is that proportion of unavailability will be less than 5% of the total waiting list.

In September the Forth Valley unavailable list was 5.1% of the total outpatient waiting list, whilst Scotland was 21.4%.

The new Access Policy was agreed at the NHS Board meeting in September 2012 and is now in place with training underway.

Work continues in applying the agreed access policy and in monitoring rates of unavailability.

In September 83.1% of patients were treated within 18 weeks against a 90% target.

The Scotland position was 90.8% for September.

Within Forth Valley 4600 patients were compliant with the target however 4980 were required to achieve 90% (380 additional patients).

933 patients were over 18 weeks, of this, 520 (56%) were within the specialties of Audiology, Ophthalmology, General Surgery and Orthopaedics where challenges remain within Audiology, Ophthalmology, General Surgery and Orthopaedics.

Work is ongoing dealing with the patients who have waited the longest and this is currently impacting on the overall 18 week target.
TIMELY

### Cancer

<table>
<thead>
<tr>
<th>Target: Static in 100% @ 95% position month October 2012</th>
<th>Target: Improved in 94.6% @ 95% month position October 2012</th>
</tr>
</thead>
<tbody>
<tr>
<td><img src="image1.png" alt="Graph" /></td>
<td><img src="image2.png" alt="Graph" /></td>
</tr>
</tbody>
</table>

HEAT Target - 95% of patients with cancer treated within 31 days of decision to treat by December 2011
- Quarterly statistics at June 2012 show that 93.7% of patients were treated within 31 days against a 95% target
- The Scotland position at June 2012 is 95.3%, a reduction on the previous quarter
- In October 2012 the monthly position highlighted that 100% of patients were treated within 31 days
- Despite the 100% achievement areas of challenge remain particularly in respect of endoscopy

*Published data highlighted in graph*

HEAT Target - 95% of patients with suspicion of cancer treated within 62 days or less by December 2011
- The quarterly statistics at June 2012 highlight that 92.1% of patients were seen within 62 days
- This is below the 95% target and the Scotland position of 98%
- The monthly management position for October 2012 is 94.6%, highlighting a continuing improvement from the September position at 93.4%
- 3 breaches noted for October; 1 lung, 1 colorectal, 1 head & neck

*Published data highlighted in graph*

### A&E 4 Hour waits

<table>
<thead>
<tr>
<th>Target: 98%</th>
<th>Deteriorated 90.2% @ position October 2012</th>
</tr>
</thead>
<tbody>
<tr>
<td><img src="image3.png" alt="Graph" /></td>
<td></td>
</tr>
</tbody>
</table>

- At the end of October 2012, 90.2% of patients waited 4 hours or less for discharge or transfer from A&E
- This is a 1.5% deterioration on the previous month
- Fluctuation in activity remains on a day to day basis and is a symptom of wider capacity and flow challenges across the system

*Note: 12 hour breaches on 23 October capacity challenges being reviewed*
Context
The ‘Effective’ heading continues to show a variation in performance. There are an increasing number of delayed discharges over 4 weeks against a reducing trajectory with an increasing number of bed days lost in line with this. This remains a key area of focus for NHS Forth Valley and partner organisations.

Delayed Discharge

<table>
<thead>
<tr>
<th>Target:</th>
<th>Deteriorated</th>
<th>31 @ October 2012</th>
<th>↓</th>
<th>Target:</th>
<th>Deteriorating</th>
<th>2211 @ October 2012</th>
</tr>
</thead>
</table>

- The October position is 31 delays over 4 weeks for NHS Forth Valley. This is against a trajectory point of 8. In addition there was 1 patients from Out of Area
- Breakdown by Local Authority is Clacks – 0, Falkirk – 28, Stirling – 3
- Weekly monitoring is on-going reviewing the over 6 week, over 4 week and over 2 week position
- Issues in respect of care homes timely completion of suitability assessments are currently being monitored
- The delayed discharge position is having a significant impact on capacity

Weekly position noted in table

<table>
<thead>
<tr>
<th>Position at Thursday 15/11/2012</th>
<th>Over 4 wks</th>
<th>Over 6 wks</th>
</tr>
</thead>
<tbody>
<tr>
<td>Clackmannanshire</td>
<td>1</td>
<td>1</td>
</tr>
<tr>
<td>Falkirk</td>
<td>30</td>
<td>25</td>
</tr>
<tr>
<td>Stirling</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>TOTAL</td>
<td>31</td>
<td>26</td>
</tr>
</tbody>
</table>

Total bed days occupied by delayed discharges at October 2012 is 2211
Weekly meetings which focus on individual patient needs continue to be critical in ensuring improvement
Due to a number of reasons there are limited vacancies across the care home sector adding to pressure within the system
SECTION 3 - CORPORATE RISKS

Corporate Risks Summary

Corporate Risks continue to be reviewed on a monthly basis. In line with the revised approach to risk management outlined in the Quality Assurance in NHS Forth Valley-Clinical Governance and Risk Management strategy, the Corporate Risk Register is currently under review to reflect the new risk categories and risk owners. This work will also take account of the new organisational management structures. This work will be complete by the end of January 2013.

Significant risks remain and are detailed below.

Finance Risk and Efficiency Savings
Finance risk for 2012/13 remains high. All efforts are focussed on ensuring financial balance with risks updated monthly and reported through all governance processes. Robust monitoring of performance at departmental meetings and areas of overspend in acute reviewed and actions identified. Most significant financial issue is delivery of access guarantee and targets with implications currently being quantified. This will be discussed with the Scottish Government at the NHS Board midyear review on 21st November 2012.

Inability to meet waiting time targets
There are a number of significant challenges in relation to waiting times. Recent focus has been on the delivery of the 12 weeks Treatment Time Guarantee with a backlog of legacy patients further to review of unavailability. Significant progress has been made however challenges remain in maintaining the position between January-March 2013 and sustaining this thereafter. 18 week RTT highlights a number of challenges in certain specialties, with work underway to address these. This will also be one of the areas for discussion at the midyear review on 21st November 2012.

Capacity and flow work continues to address peaks and troughs in the 4-hour wait A&E standard.

Delayed discharges
To meet and sustain the delayed discharge zero position in partnership against the current financial pressure and care home capacity continues to pose challenges. A focus on reducing this target from zero delays over 6 to zero delays over 4 weeks, throughout 2012/13 (Local Delivery Plan 2012/13), places additional pressure on this work. A range of actions are in place to reduce delays for patient discharges including Joint Improvement Team working with local authority partners and health. This is also being proactively pursued through the Partnership Boards.
Section 1 – Board Wide Issues

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

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

Key Healthcare Associated Infection Headlines for October 2012

- **HEAT Targets**
  - *Clostridium difficile* infections (CDI) remain stable across NHS Forth Valley and remains one of the lowest rates in Scotland. There were no cases this month that were hospital acquired.
  - *Staphylococcus aureus* bacteraemias (SABs) remain statistically stable across NHS Forth Valley. Two cases this month were hospital acquired.

- **Norovirus**
  - Health Protection Scotland announced the norovirus season has started. NHSFV is fully prepared, all relevant stakeholders have been contacted and issued with appropriate information to help minimise any potential service disruption in the event of an outbreak.

- **Device Associated Bacteraemia Surveillance**
  - Since September, the Infection Control Team now undertakes enhance surveillance on *all* device associated bacteraemias across NHS FV; it is not organism specific like the SAB HEAT target but will cover all organism types. This will allow the Infection Control team to have an accurate overview of all device associated bacteraemias and will used to potentially target resources and reduce our overall device associated infection rate.

*Staphylococcus aureus* (including MRSA)

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

Staphylococcus aureus: [http://www.nhsinform.co.uk/Health-Library/Articles/S/staphylococcal-infections/introduction](http://www.nhsinform.co.uk/Health-Library/Articles/S/staphylococcal-infections/introduction)

MRSA: [http://www.nhsinform.co.uk/Health-Library/Articles/M/mrsa/introduction](http://www.nhsinform.co.uk/Health-Library/Articles/M/mrsa/introduction)

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

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

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

Over the last 12 months, our average number of SAB cases is 6 per month. In October 2012, the number of patients with a SAB infection was 11. Two cases were hospital attributed.

**Clostridium difficile**

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

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

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


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

Over the last 12 months, we have managed to reduce the number of CDIs to an average of 3 per month. In October 2012 there was 1 CDI reported which was healthcare attributed.
Hand Hygiene

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

http://www.washyourhandsoftthem.com/

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

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

This month, the HPS national audit report for September gave NHS Forth Valley top marks with 98% compliance with hand hygiene opportunities.

Cleaning and the Healthcare Environment

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

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

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

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

Outbreaks

During the months of September and October 2012, there were no outbreaks of norovirus or from any other pathogenic organism reported for this period. A weekly update from Health Protection Scotland can be found at: http://www.hps.scot.nhs.uk.
Other HAI Related Activity

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

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

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

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

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

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

Primary care
Primary care covers a wide area, and includes community hospitals, dental practices and GP practices across NHS Forth Valley. The Infection Control Team provides a full time 5 day service (out of hours covered by the Duty Microbiologist) to Primary care; the service includes advice, support, audit and education and training. This service is crucial; reducing the incidence and number of patients with a HAI in Primary care, can help reduce the HAI incidence in the acute hospitals. For instance strict antimicrobial management in the community can reduce patients developing conditions such as C.difficile Infections (CDI) or even the potential development of multi resistant bacteria which could be subsequently introduced to the hospital environment.
This report card details our Board wide performance for SABs (MRSA and MSSA), CDI's, Hand Hygiene and Cleaning Compliance. Reports published by Health Protection Scotland detailing the national progress of the SAB and CDI targets indicate that NHS Forth Valley remain statistically stable and in line with the rest of Scotland.
Quarterly rolling year *Clostridium difficile* Infection Cases per 1000 total occupied bed days for HEAT Target Measurement

<table>
<thead>
<tr>
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</thead>
<tbody>
<tr>
<td>Target</td>
<td>0.20 0.17 0.15</td>
<td>0.12 0.12 0.11</td>
<td>0.39 0.39 0.39</td>
<td>0.39 0.39 0.39</td>
<td>0.39 0.39 0.39</td>
<td>0.39 0.39 0.39</td>
<td>0.39 0.39 0.39</td>
</tr>
<tr>
<td>Actual Performance</td>
<td>0.20 0.17 0.15</td>
<td>0.12 0.12 0.11</td>
<td>0.39 0.39 0.39</td>
<td>0.39 0.39 0.39</td>
<td>0.39 0.39 0.39</td>
<td>0.39 0.39 0.39</td>
<td>0.39 0.39 0.39</td>
</tr>
</tbody>
</table>

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

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<thead>
<tr>
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<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Target</td>
<td>0.26 0.26 0.26</td>
<td>0.26 0.26 0.26</td>
<td>0.26 0.26 0.26</td>
<td>0.26 0.26 0.26</td>
<td>0.26 0.26 0.26</td>
<td>0.26 0.26 0.26</td>
<td>0.26 0.26 0.26</td>
</tr>
<tr>
<td>Actual Performance</td>
<td>0.44 0.41 0.45</td>
<td>0.46 0.41 0.38</td>
<td>0.44 0.41 0.38</td>
<td>0.44 0.41 0.38</td>
<td>0.44 0.41 0.38</td>
<td>0.44 0.41 0.38</td>
<td>0.44 0.41 0.38</td>
</tr>
</tbody>
</table>
Healthcare Associated Infection Reporting Template (HAIRT)

Section 2 – Healthcare Associated Infection Report Cards

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

Understanding the Report Cards – Infection Case Numbers

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

*Clostridium difficile*: [http://www.nhs24.com/content/default.asp?page=s5_4&articleID=2139&sectionID=1](http://www.nhs24.com/content/default.asp?page=s5_4&articleID=2139&sectionID=1)


MRSA: [http://www.nhs24.com/content/default.asp?page=s5_4&articleID=252&sectionID=1](http://www.nhs24.com/content/default.asp?page=s5_4&articleID=252&sectionID=1)

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

Understanding the Report Cards – Hand Hygiene Compliance

Good hand hygiene is crucial for infection prevention and control. More information can be found from the Health Protection Scotland’s national hand hygiene campaign website: [http://www.washyourhandsofthem.com/](http://www.washyourhandsofthem.com/)

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

Understanding the Report Cards – Cleaning Compliance

Hospitals strive to keep the care environment as clean as possible. This is monitored through cleaning compliance audits. More information on how hospitals carry out these audits can be found on the Health Facilities Scotland website: [http://www.hfs.scot.nhs.uk/online-services/publications/hai/](http://www.hfs.scot.nhs.uk/online-services/publications/hai/)

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

Understanding the Report Cards – ‘Out of Hospital Infections’

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

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

Hand Hygiene Monitoring Compliance (%)

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<th>Month</th>
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Cleaning Compliance (%)

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Estate Monitoring Compliance (%)

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Clostridium difficile Cases (ages 15 and over)

Total Staphylococcus aureus Bacteraemia Cases (all ages)

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MRSA Bacteraemia Cases (all ages)

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MSSA Bacteraemia Cases (all ages)

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Community Hospitals

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

Cleaning Compliance (%)

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<thead>
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<th>Nov-11</th>
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Estates Monitoring Compliance (%)

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<th>Mar-12</th>
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<td>92</td>
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Clostridium difficile Cases (ages 15 and over)

MRSA Bacteraemia Cases (all ages)

Total Staphylococcus aureus Bacteraemia Cases (all ages)

MSSA Bacteraemia Cases (all ages)
This report card details all SAB and CDIs that were not acquired during their stay at hospital.

### Out of Hospital Infections

#### MSSA Bacteraemia Cases

#### MRSA Bacteraemia Cases

#### Clostridium difficile Infection Cases
ANNEX 1. Healthcare & Community acquired Infections

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

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

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

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### Healthcare MSSA Bacteraemia Cases

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### Healthcare MRSA Bacteraemia Cases

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### Community MSSA Bacteraemia Cases

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### Community MRSA Bacteraemia Cases
Forth Valley NHS Board

27 November 2012

This report relates to
Item 7.1 on the agenda

Minute of Performance & Resources
Committee meetings held on
5 October and 2 November 2012

For Approval
Minute of the Performance and Resources Committee meeting held on Friday 5 October 2012 at 9.30 am in the Boardroom, Forth Valley NHS Board Headquarters, Carseview House, Castle Business Park, Stirling.

Present:  
Dr Vicki Nash (Chair)  
Mrs Helen Kelly  
Mr Alex Linkston  
Mrs Fiona Ramsay  
Professor Fiona Mackenzie  
Mr Tom Steele  
Professor Angela Wallace

In attendance:  
Mr Charlie Forbes, Non Executive Board Member  
Mr Tom Hart, Non Executive Board Member  
Ms Elaine Vanhegan, Head of Performance Management  
Ms Jann Gardner, Lead Pharmacist  
Ms Elsbeth Campbell, Head of Communications  
Ms Marian Smith, Corporate Service Assistant (minute)

Dr Nash welcomed Ms Gardner, Mr Forbes and Mr Hart to the meeting.

1/ APOLOGIES FOR ABSENCE

Apologies for absence were intimated on behalf of Dr Stuart Cumming, Ms Fiona Gavine and Dr Iain Wallace

2/ DECLARATIONS OF INTEREST

There were no declarations of interest.

3/ MINUTE OF THE PERFORMANCE AND RESOURCES COMMITTEE MEETING HELD ON 7 SEPTEMBER 2012

The minute of the Performance and Resources Committee meeting held on 7 September 2012 was approved as a correct record.

4/ MATTERS ARISING

There were no matters arising.

5/ URGENT BUSINESS

There was no urgent business to note.
6/ FINANCIAL AND PERFORMANCE ISSUES

6.1. Finance Report

The Performance and Resources Committee considered a paper “Finance Report to 31 August”, presented by Mrs Fiona Ramsay, Director of Finance.

Mrs Ramsay advised that NHS Forth Valley was reporting an overspend of £0.741m to the end of August 2012 with a balanced outturn projected for 2012/13 based on continued focus to reduce costs.

As previously reported Acute Services and Waiting Times remained the most significant pressure areas.

Mrs Ramsay highlighted the continued focus on:-

- Nursing skill mix review within Medical, MECAR and Women and Children’s
- Prescribing savings
- Procurement
- Cross boundary flow (inflow and outflow)
- Savings targets associated with review of AHPs

Mrs Ramsay also stressed the need to ensure that the causes of overspend areas were addressed such as use of contingency beds and ongoing reports for rota cover in paediatricians rather than looking at additional savings proposals.

She further highlighted the ongoing discussions with Scottish Government Colleagues regarding additional funding to support the extra capacity in order to achieve the 12TTG estimated at £2.5m.

The Performance and Resources Committee discussed the implications of referrals for specialised forensic mental health services from the Prison Service, access funding and the impact of Healthcare Tourists within the NHS.

In response to a question from Mr Brendan Clark in relation to a breakdown of areas and reasons for bank and agency spend, Mrs Ramsay advised that a more detailed report on ward areas and linked to vacancies would be submitted to a future Performance and Resources Committee. Mrs Kelly reported that an authorisation process was in place for the use bank/agency staff.

The Performance and Resources Committee noted:-

- the revenue overspend of £0.741m to 31 August 2012
- that financial balance is projected for March 2013, but there is some risk associated with this given the early financial pressures seen across specific areas including medical agency costs and access delivery.
- the cash savings requirement of £11.244m recurrently required by March 2013 and the further steps required to deliver savings related to organisational structure review.
- the balanced capital position projected
6.2. 2013/14 Scottish Budget

The Performance and Resources Committee received a verbal update from Mrs Fiona Ramsay, Director of Finance.

Mrs Ramsay reported on the draft Scottish Budget announcement on 19 September and highlighted the following:-

- Announcement in relation to IVF treatment
- Change fund
- Impact of auto enrolment to the pensions scheme
- Pay costs
- Non inflation costs
  - Prescribing
  - Access activity levels
- 3 year capital allocation

The Performance and Resources Committee discussed the impact of auto enrolment, the impact on the Integration of Adult Health and Social Care and the complexities around IVF treatment. Professor Mackenzie advised that discussions were ongoing with Chief Executive colleagues regarding the national policy on IVF.

Mrs Ramsay advised that further detail on the budget would be submitted to a future Performance and Resources Committee.

Following discussion the Performance and Resources Committee noted the update.

6.3 Core Performance Report

The Performance and Resources Committee considered a paper “Core Performance Report”, presented by Professor Fiona Mackenzie, Chief Executive.

Dr Nash advised that following discussions at the previous Performance and Resources Committee the Core Performance Report had been revised. Areas where there had been no change in month had now been 'shaded'.

Professor Mackenzie highlighted the following as detailed in the paper:-

- Theatre under runs
- Cancer Waits
- Delayed Discharges
- Complaints

Professor Mackenzie advised that discussions had been held at the recent Falkirk Partnership Board meeting regarding the current position with delayed discharges across local authority areas and that work was underway to establish a joint understanding of issues. An update on the action plan from the Joint Improvement Team work would be submitted to the Chief Executives’ Group.

The Performance and Resources Committee discussed including information on the management of complaints and having further breakdown of type of complaints received in the core performance report. The continued use of feedback/suggestion systems to reduce the number of complaints received was also discussed.
The Performance and Resources Committee were advised that work was underway, in line with the Patients Rights Act, to look at the management of complaints. It was noted that there had been a further improvement to the position in August to 74%. The Performance and Resources Committee acknowledged the work to date to address this issue.

The Performance and Resources Committee discussed the Balanced Scorecard performance trends with the areas of focus being:-

- EQ1a: Ethnicity recording
- E3: Reduction in prescribing costs per patient
- E5: Average length of stay
- V2: To reduce emergency bed days in age 75+
- P1: Patient Experience

The Performance and Resources Committee discussed the recent Patient Experience Survey and noted that this had included figures for both Stirling and Falkirk Community Hospitals but not from the GP Survey. It was suggested the information from the GP survey should be reported as part of the Patient Experience in the future.

Following discussion the Performance and Resources Committee noted the paper.

6.3. Waiting Times

The Performance and Resources Committee received a verbal update from Mrs Fiona Ramsay, Director of Finance

Mrs Ramsay advised that the new 12 week TTG came into effect on 1 October 2012 and the impact on NHS Forth Valley was an additional 1223 patients.

She further advised that work was underway with a focus on addressing any additional resources required, monitoring local core activity to ensure a sustainable position in future years. She also advised of ongoing discussions with the Scottish Government.

Mrs Ramsay highlighted the following as areas of focus:-

- Weekend waiting list initiative
- Capacity at GJNH
- Private Sector
- Joint working with other NHS Boards
- Additional resources for outpatient clinics

She further highlighted the links to the work on Capacity and Flow and that a review of the patient booking system was underway to ensure that it was fit for purpose.

The Performance and Resources Committee noted the update.
7/ STRATEGIC PRIORITIES/BALANCED SCORECARD ISSUES

7.1 Capacity and Flow

The Performance and Resources Committee received a presentation “EPQ in Forth Valley, Capacity and Flow”, presented by Ms Elaine Vanhegan, Head of Performance Management and Ms Jann Gardner, Lead Pharmacist.

Ms Vanhegan and Ms Gardner highlighted the following as detailed in the presentation:-

- Background
- Strategic Plan
  - EPQ Prioritisation in NHS Forth Valley
- Aims of EPQ
- Approach
- EPQ Linkages
- NHS Forth Valley Strategic Plan
  - Efficiency, Productivity and Quality
- EPQ Capacity and Flow
- Aim
- Where have we come from?
- Current Challenges
- Graphs/Data
  - Emergency Inpatients Average Length of Stay (days)
  - A & E Waiting < 4 hours
- Inpatient Census March 2012
  - Community beds 80% C of E 20% MH
- Total Admissions, Readmissions, New Outpatients, Hospital Related Deaths and Acute beds per 1000 population
- FVRH 2011/12 Activity Outcomes Headlines
- Now and Next Steps?
- Enablers to Success
- Drivers
- Outcome Measures
  - Standards of Care, Standardised Ward Round
  - Ambulatory Options – Home IV Antibiotic Service

Mr Linkston highlighted a recent visit to Women and Children’s and the ongoing work between the department and GPs to ensure patients admitted to hospital only when necessary and the potential of extending this to other departments.

The Performance and Resources Committee discussed the complexities of the system, the work underway with GPs and Emergency staff to reduce hospital admissions, Community Hospitals and the changes to the models of care. The links to the integration of Adult Health, financial issues and Quality Strategy Work were also discussed.

Following discussion the Performance and Resources Committee noted the presentation.
7.2 Capital Projects Update

The Performance and Resources Committee considered a paper “Capital Projects Update”, presented by Mr Tom Steele, Director of Strategic Projects and Facilities.

Falkirk Community Hospital

Mr Steele advised that the majority of the work had now been completed on site. Work was ongoing to address some snagging and remedial work.

He further advised that the Park Street GP practice had relocated to the former Ward 17.

Mr Steele highlighted the following areas of work which required to be completed during 2012/13-

- Upgrading of inpatient units 1 and 2 in the former surgical unit to address HEI issues
- External space and garden areas for patients
- Feasibility study of the former Wards 18/19 to be reutilised for the potential relocation of Services from Westbank and Dunrowan
- Relocation of Community Alcohol and Drugs Services and the Alcohol Recovery Services on site
- Improvements to external areas of the site affected by demolition

He further highlighted the former residences at Gartcows Road were surplus to requirement and had been offered to Falkirk Council Housing Services and that further Masterplanning of the site was underway.

Stirling Community Hospital

Mr Steele reported that a number of service relocations had taken place and the first phase of demolitions had been completed.

He further reported that the refurbishment within the accommodation in the former maternity block for the relocation of services from Bannockburn Hospital would be completed by the end of October.

Mr Steele highlighted that work was ongoing in relation to creating external garden space for the use of patients and their relatives/carerers, tender documents for the refurbishment of the former Ward 9 and 30 had been prepared and issued, an application for a building warrant had been submitted for change of use in respect of Randolph Road and that buildings considered surplus to requirement would be demolished.

Stirling Care Village

Mr Steele advised that the Scottish Government Health Directorates’ Capital Investment Group had considered the Joint Initial Agreement and following clarification on a number of points approval had been received to proceed to Outline Business Case (OBC).
He further advised that Hub East Central Scotland Limited had been appointed to progress with the OBC and Masterplanning of the site. It was anticipated that the OBC would be submitted, for approval, to a future Forth Valley NHS Board meeting.

It was noted that a number of other NHS Boards had expressed an interest in the project.

Mr Steele provided an update on recent property transactions:

**Bannockburn**

The Central Legal Office had been asked to review the offers received and submit a report to the Board’s Property Advisers on the preferred bidder.

**Randolph Road**

The Board’s Property Advisers were marketing the property and consideration was being given to setting a closing date for offers.

**Gladstone Place**

An offer had been accepted and the CLO were in the process of concluding missives.

**Larbert House**

The developer had submitted a planning application to Falkirk Council in respect of the Stables and Walled Garden area.

**Land at Doune**

Discussions were ongoing between the CLO and Miller Homes in conclude missives to allow NHS Forth Valley to acquire the land early in the next financial year.

The Performance and Resources Committee noted the paper.

**8/ ANY OTHER COMPETENT BUSINESS**

There being no further competent business the Chair closed the meeting at 12.10 pm.
Dr Nash welcomed everyone to the meeting.

1/ APOLOGIES FOR ABSENCE

Apologies for absence were intimated on behalf of Dr Stuart Cumming, Mrs Helen Kelly, Mr Jim King and Mrs Fiona Ramsay

2/ DECLARATIONS OF INTEREST

There were no declarations of interest.

3/ MINUTE OF THE PERFORMANCE AND RESOURCES COMMITTEE MEETING HELD ON 5 OCTOBER 2012

The minute of the Performance and Resources Committee meeting held on 5 October 2012 was approved as a correct record.

4/ MATTERS ARISING

There were no matters arising.

5/ URGENT BUSINESS

There was no urgent business to note.

6/ FINANCIAL AND PERFORMANCE ISSUES

6.1. Finance Report
The Performance and Resources Committee considered a paper “Finance Report” presented by Mr Scott Urquhart, Assistant Director of Finance.

Mr Urquhart advised that NHS Forth Valley was reporting an overspend of £0.870m to the end of September 2012 with a balanced outturn projected for 2012/13 based on a continued focus to reduce costs over the second half of the year, and on confirmation of financial support from Scottish Government Health Department in relation to access targets.

As previously reported, Acute Services and Waiting Times remained the most significant pressure areas.

Mr Urquhart highlighted the continued focus on temporary workforce costs, in particular medical agency staff expenditure due to cover for vacancies and absences, and unbudgeted nursing staff costs largely associated with capacity issues. He highlighted the requirement to bring these costs back into line with affordability on a sustainable basis and reiterated the need to ensure that the overspend areas were addressed as well as the delivery of planned recurrent savings.

Mr Urquhart also highlighted the:-

- need to action skill mix changes across the nursing workforce to unlock recurring savings, accepting that the current low staff turnover presented a risk on timing of delivering the changes
- investment being made across NHS FV in meeting patient waiting time requirements, with discussions on additional resources being held with representatives from the Scottish Government.

In response to a question from Mr Linkston regarding the additional resource required to meet the 12 week Treatment Time Guarantee, Mr Urquhart confirmed that costs were estimated at £2.5m to the end of December 2012 and this remained the subject of discussion with SGHSCD.

The Performance and Resources Committee discussed:

- future years’ finance strategy and the link to the local Efficiency, Productivity and Quality (EPQ) work that was currently underway.
- the risks associated with future years’ pay policy and the potential cost impact of pension auto enrolment.
- the issues related to the skill mix review for nursing and the options for progressing this work.

The Committee requested that further detail be provided to future meetings on the Board’s centrally held balances to give an additional level of assurance on plans in place to ensure a balanced outturn at March 2013. It was agreed that further information on this would be brought back to the next meeting.

The Performance and Resources Committee noted:

- the revenue overspend of £0.870m to 30th September 2012
that financial balance was projected for 31st March 2013, but there was risk associated with this given the financial pressures seen in specific units and those relating to waiting times delivery
the cash savings requirement of £11.244m recurrently required by March 2013 and further steps required to deliver savings related to the organisational structure review
the balanced capital position projected

6.2 Core Performance Report

The Performance and Resources Committee considered a paper “Core Performance Report”, presented by Professor Fiona Mackenzie, Chief Executive.

Professor Mackenzie advised that work was continuing to revise the Core Performance Report in terms of reporting requirements and governance issues and to provide an assurance to the NHS Board on key performance issues.

Professor Mackenzie highlighted the following as detailed in the paper:-

- Emergency Inpatient Average Length of Stay
- Capacity and Flow Challenges
- Delayed Discharges
- Cross boundary flow
- Cancer Waits
- Complaints

The Performance and Resources Committee discussed the Balanced Score Card performance trends with the areas of focus being:-

- E5 – Emergency Inpatient average length of stay
- V5 – No people will wait more than 28 days to be discharged

Mr Clark highlighted that the Balanced Scorecard Dashboard showed HEAT Target V5 as deteriorating and the Performance Trend as improved and requested that this be clarified.

The Performance and Resources Committee discussed possible reasons for the increase in average length of stay, local authority approach to delayed discharges, the national audit on falls prevention, NHS Forth Valley’s multi agency approach to falls prevention, links to Reshaping Care for Older People and the use of change fund monies.

Following discussion the Performance and Resources Committee noted the paper.

6.3 Waiting Times

The Performance and Resources Committee received a presentation “Update on Waiting Times”, presented by Mr David McPherson, General Manager.

Mr McPherson highlighted the following as detailed in the presentation:-

- September 2012 - Inpatients > 9 weeks and unavailability – month end snapshot (excluding second eye cataract waits)
• Updated Position – Inpatients >9 weeks and unavailability – month end snapshot (excluding second eye cataract waits)
• Updated Position – 12 week Treatment Time Guarantee (TTG) Focus - Inpatients > 12 weeks and unavailability – month end snapshot (including second eye cataract waits)
• 12 Week TTG
• Issues

The Performance and Resources Committee acknowledged the progress to date with addressing the additional capacity pressures and challenges following the introduction of the 12 Week TTG.

Mr McPherson advised that NHS Boards were required to ensure that 90% of planned patients would have their total care journey within 18 weeks of initial referral by 24 December 2012. It was anticipated that by 24 December 2012 the figure for NHS Forth Valley would be 85% of planned patients.

Dr Iain Wallace highlighted the SEAT discussions on the Croydon list and support and guidance available for cataract waits.

Professor Mackenzie advised the Performance and Resources Committee that the Internal Audit had completed their work on waiting times. A special Audit Committee had been arranged for 20 November 2012. An update from Audit Scotland would be provided to the Audit Committee.

Performance information on the 12 week TTG would be included in the Core Performance report for future meetings.

The Performance and Resources Committee noted the presentation.

7/ STRATEGIC PRIORITIES/BALANCED SCORECARD ISSUES

7.1 Absence Management

The Performance and Resources Committee received a presentation “Attendance Management”, presented by Mrs Alison Richmond-Ferns, Associate Director of Human Resources and Ms Linda Donaldson, Associate Director of Human Resources.

Mrs Richmond-Ferns and Ms Linda Donaldson highlighted the following as detailed in the presentation:-

• Background and Context
• Sickness Absence Scenario
• Analysis by Unit/CHP/Corporate/Facilities
• Headcount: Average Number of staff absent per month
• Areas Achieving 4% Standard
• NHS Scotland Board Information 2011/12
• Top 5 reasons for absence by unit
• Absence Management Initiatives introduced and Embedded in NHS Forth Valley
• Action Plan: Next Steps
The Performance and Resources Committee discussed, the variability of absences across the organisation, the processes and action plans in place to support managers in addressing both long and short term absence, management interventions, looking at areas of best practice, investigating the cost of absence, and the impact of absence of staff.

Following discussion the Performance and Resources Committee noted the presentation and that there would be further updates on Attendance Management at future meetings.

7.2 Capital Projects Update

The Performance and Resources Committee considered a paper “Capital Projects Update”, presented by Mr Tom Steele, Director of Strategic Projects and Facilities.

Mr Steele provided an update on progress with the Board’s capital projects and property transactions and highlighted the following:-

**Falkirk Community Hospital**

- Tender issued for remedial work to the façade of the main building and groundworks
- Design work commenced for Therapeutic Garden

**Stirling Community Hospital**

- Refurbishment of work to former Maternity block nearing completion
- Relocation of patients from Bannockburn Hospital
- Commencement of works to Ward 30 for the relocation of Adult Mental Health Services from Kildean
- Work nearing completion on Rehabilitation Hub
- Funding of £350k for community hospitals equipment, including Bo’ness

**Stirling Care Village**

- Anticipated completion date for Outline Business Case (OBC) by July 2013
- Involvement of the Scottish Government Policy Team in the OBC process

**Other Projects**

- Completion of extension and alterations to Bo’ness Health Centre
- Co-location of Police and Scottish Ambulance Service at Bo’ness Health Centre
- Submission of bid for capital funding of £1.3m from next financial year’s capital monies
- Work progressing to address issues with Airwave coverage at Forth Valley Royal Hospital (FVRH)
- Laing O’Rourke Cabins being removed from FVRH site

**Property Transactions**

**Bannockburn Hospital**

Formal offers had been received and reviewed with a preferred bidder selected.
**Bonnybridge Hospital**

Falkirk Council had advised that they had withdrawn their interest in the property. The Board’s Property Advisers would be instructed to commence marketing of the Property.

**Randolph Road**

Historic Scotland had indicated that they would carry out a review of the property following an approach by local residents requesting that consideration be given to listing.

**Gladstone Place**

Work was progressing to formally conclude missives.

**Larbert House**

Planning Permission for the second supporting site had been granted and it was anticipated that planning permissions for the remaining site would be dealt with by Falkirk Council under delegated powers.

**Land at Doune**

It was anticipated the transaction to purchase the land would be concluded early in the new financial year.

Professor Mackenzie suggested including information of the Travel and Transport issues, Capital Projects and Property transactions into the Core Performance Report. Ms Vanhegan agreed to meet Mr Steele to progress.

In response to a question from Dr Nash on progress with Maggie’s Centre on the Forth Valley Royal Hospital site, Mr Steele advised that following the selection of the preferred site, discussions had commenced with Scottish Water. It was anticipated that work would commence on site in May 2013.

In response to a question from Mr Clark regarding Kildean, Mr Steele advised that the NHS Board had declared Kildean surplus to requirements. Discussions had commenced with Stirling Council regarding joint disposal of the site.

Mr Steele reported that discussions with Consortia partners on the Bellsdyke Agreement had been concluded. It was noted that an application would be submitted for a change to the MasterPlan.

The Performance and Resources Committee noted the paper.

**8/ ANY OTHER COMPETENT BUSINESS**

**Forth Valley Royal Hospital – Sale of Shareholding**

Mr Steele advised that Forth Health had confirmed that John Laing Social Infrastructure Limited had agreed to sell its 50% shareholding in Forth Health Holdings Limited to Palio (No. 11) Limited. Following this transfer Palio (No. 11)
Limited would now be the sole shareholder of Forth Health Holdings Limited. Palio (No. 11) was a UK based subsidiary of the John Laing Infrastructure Fund.

**Mid Year Review**

The Performance and Resources Committee were advised that the date for NHS Forth Valley’s mid year review had been agreed for 22 November 2012.

Dr Nash advised that an update on Delayed Discharges would be presented to the Performance and Resources Committee at the meeting scheduled for 7 December 2012.

There being no further competent business the Chair closed the meeting at 11.55 am.
Forth Valley NHS Board

27 November 2012

This report relates to Item 7.2 on the agenda

Minute of Area Clinical Forum Meeting
held on 20 September 2012

For Noting
1/ WELCOME AND APOLOGIES FOR ABSENCE

Dr Cumming welcomed everyone to the meeting. Apologies were intimated on behalf of Dr Leslie Cruikshank, Mr Robert Johnston, Dr Allan Bridges, Ms Morag Harris and Professor Fiona Mackenzie.

2/ MINUTE OF THE AREA CLINICAL FORUM HELD ON 19 JULY 2012

The minute of the Area Clinical Forum held on the 19 July 2012 was approved as an accurate record, subject to the following amendments:

- Dr Keith Bowden was not present on 19 July 2012
- Item 6, paragraph 2 – The Allied Health Professional Advisory Committee held on 16 July 2012 was not quorate.

3/ MATTERS ARISING

There were no matters arising.

4/ TELEHEALTH / TELECARE STRATEGY

The Area Clinical forum considered a presentation ‘Telehealth / Telecare Strategy’ by Ms Bette Locke, AHP strategic Lead and Ms Ann Allison, Rehabilitation Specialist Nurse.

The Telehealth and Telecare strategy was being taken forward within NHS Forth Valley and discussions were underway around how to make telecare initiatives more visible within NHS Forth Valley services.

Ms Allison highlighted the following within her presentation:
- The Scottish Telecare / Telehealth strategy including the 4 national workstreams
- The Forth Valley context / approach
- Drivers for change
- Challenges faced
- Who Telehealthcare initiatives are aimed at
- How technology can promote person centred care
- DALLAS

It was noted that with the continued development of technology and changes to how people use technology continue to develop therefore further consideration is required around how to deliver healthcare more efficiently as the traditional methods may not always be acceptable. It was noted that there was a wide range of support available to people with a variety of different needs.

Ms Allison advised that technology could promote person centred care by:

- Aiding self management
- Managing risk
- Aiding self assessment
- Promoting independence
- Empowering and enabling
- Improving access to services

Further discussions took place and Ms Allison gave specific examples relating to each of the reasons above.

The Area Clinical Forum discussed how the national strategy could be taken forward and applied locally. It was noted that the use of telehealthcare would have a beneficial effect on workloads therefore there was a need to ensure that the professions affected were fully involved in the process. The introduction of telehealthcare initiatives would need to be service driven; therefore services were encouraged to take ownership of any initiatives introduced and provide the necessary support and advice to their patients.

It was agreed to use a future Area Clinical Forum evening seminar for a telehealthcare event. It was noted that all members of the Professional Advisory Committees would be encouraged to attend. The Forum discussed how to take this forward and the format for the event. Dr Cumming suggested that a range of examples of the equipment available could be presented outlining the benefits and savings which could be made. This would allow services to consider how to incorporate into their own professions.

It was suggested that this event could be arranged in place of the January 2013 Area Clinical Forum, with the following groups to be invited:

- PAC members
- Executive and non executive Board Members
- General managers
- Local Authority members
- E health Team
- Service Managers

It was agreed that an electronic version of the presentation along with the Telehealthcare Strategy would be circulated to the Area Clinical Forum.
5/ HEALTH PROMOTING HEALTH SERVICE: ACTION IN HOSPITAL SETTINGS

The Area Clinical Forum received a verbal update ‘Health Promoting Health Service: Action in Hospital Settings’ presented by Hazel Meechan, Public Health Specialist.

Ms Meechan advised that this had previously been presented to the Area Clinical Forum and agreed that further consideration was required by the Forum. Ms Meechan asked for any comments and suggested the following:

- Health Behaviour Change; the Area Clinical Forum discussed and agreed to the suggestion in principle.
- Encouraging Patients not to smoke IN Forth Valley Grounds. A paper would be going to the strategic Management Team meeting to ask them to support the proposed actions.

The Area Clinical Forum noted the update and approved the suggestions presented by Ms Meechan.

6/ SMOKING CESSATION

The Area Clinical Forum considered a presentation ‘Smoking Cessation in Forth Valley’ by Ms Hazel Meechan Public Health Specialist.

Ms Meechan highlighted the following within her presentation:

- The quit rates for NHS Forth Valley. It was highlighted that NHS Forth Valley was fulfilling 89% of the HEAT target.
- As a result a review of the outcomes of the smoking cessation service is taking place
- The HEAT targets set by the Scottish Government
- Review assessment of the number of quits after 1 month
- National Guidance
- Recommendations

It was noted that there was a need to improve on the 4 week quits by putting in place additional community clinic in areas with high smoking rates.

There was discussion around smoking in the grounds of NHS Forth Valley areas and concerns raised around the way smokers were targeted. Further discussion took place around the possibility of introducing smoking shelters in the hope of encouraging people away from the front door. It was noted that there had been a security role appointed within NHS Tayside to target smokers asking them not to and promoting smoking cessation services. The paper going to the Strategic Management Group would ask opinions on a similar post for NHS Forth Valley.

Ms Meechan highlighted the importance of recording the quit data in order to improve on the HEAT target. Discussion took place with regards to smoking cessation within GP Practices and how this data was recorded. Discussion also took place around a possible eHealth solution. The Area Clinical Forum noted the update provided.

7/ FORSESTY COMMISSION

The Area Clinical Forum received a verbal update on the ‘Forestry Commission’ presented by Ms Hazel Meechan.

It was noted that a significant amount of work had been progressed by the Forestry Commission in the grounds of Forth Valley Royal Hospital, this was to promote social investment and return on the green space available to staff, patients and visitors. Work had been carried out in partnership with staff to identify appropriate use of the space.

It was noted that Tai Chi classes had been running in the grounds for the past 6 weeks. This had been a pilot working alongside the Cardiology department. An evaluation would be carried out at
the end of November 2012. Ms Meechan advised that she would share this information with the Area Clinical Forum when available.

**ACTION: Ms Meechan**

The Area Clinical Forum noted the update provided by Ms Meechan.

8/ PHARMACY

The Area Clinical Forum considered a presentation ‘Forth Valley Area Pharmaceutical Committee Review of Pharmaceutical Care in the Community’ by Ms Kathleen Cowle, Area Pharmaceutical Committee.

The following was highlighted within the presentation:

- Review of Pharmaceutical Care of patients in the Community – Scotland
- The World Café Event by Forth Valley Area Pharmaceutical Committee
- Person Centred Pharmaceutical Care
- Safe Pharmaceutical Care
- Use of technology for education and training
- Access to services

There was a requirement to raise the profile and realise the potential of what can be done within the community pharmacy. Further discussions were needed around better ways of working between GP’s and community pharmacists. Discussion took place around the benefits of increased use of community pharmacists and how to communicate this to other healthcare professionals.

Concerns were raised around system access and sharing of information. Discussion around access to KIS took place and it was noted that it would be useful to have some access to this system within defined limits, especially within Out of Hours services.

It was noted that by raising awareness around what could be done gave the opportunity to keep the patient at the centre through improving patient pathways etc.

The Area Clinical Forum noted the update provided.

9/ INTEGRATION OF HEALTH & SOCIAL CARE CONSULTATION – UPDATE

The Area Clinical Forum considered a paper ‘NHS Forth Valley response to the Scottish Government’s Consultation Proposals on the Integration of Adult Health & Social Care in Scotland’ presented by Dr Stuart Cumming.

Dr Cumming reported that the response had been drafted and approved by the NHS Board. Individuals, professional groups and stakeholders had been given the opportunity to contribute.

Dr Cumming gave a brief overview of the paper and highlighted the following key issues for NHS Forth Valley which require further consideration:

- There was a need to have legislation which would address local requirements by supporting key groups enabling them to further develop services which currently exist
- The preference for NHS Forth Valley would be to extend beyond just older peoples services in the future
- Issues with regards to local accountability
- Issues around the single accountable office role
- Changes in culture and management structures
- Recognising the need to ensure local flexibility
- The need to create locality structures and engage Healthcare Professionals in this
The Area Clinical Forum discussed in further detail, agreeing that the principles for integration were sound but highlighted concerns around implementation. The issue of data sharing and how this could be overcome, was also discussed.

The Area Clinical Forum noted the information within the paper.

10/ ACF EVENT – UPDATE

The Area Clinical Forum considered a paper ‘Solutions at the Interfaces’ presented by Dr Stuart Cumming.

The event, sponsored by the Area Medical Committee, was scheduled for 24 October 2012 at 6:30pm.

The Area Clinical Forum noted the information held within the paper.

11/ AGENDA ITEMS FOR FUTURE MEETINGS

- Adult Support & Protection – Alison Ramsay
- Anticipatory Care Planning – Dr King / Dr Cumming
- Telehealthcare Event

12/ AOCB

There being no further competent business the chair closed the meeting.

13/ DATE OF NEXT MEETING

Thursday 15 November, at 6:15 in the Boardroom, NHS Forth Valley, Carseview House, Castle Business Park, Stirling
Forth Valley NHS Board

27 November 2012

This report relates to
Item 7.3 on the agenda

Minute of Falkirk Partnership Board Meeting
held on 21 September 2012

For Noting
DRAFT
Minute of the Falkirk Partnership Board meeting held on Friday 21 September 2012 at 10 a.m. in the 3rd Floor Meeting Room, Falkirk Council Municipal Buildings, Falkirk.

PRESENT: Councillor Craig Martin, Falkirk Council (Chair)
Mr Alex Linkston, NHS Forth Valley
Professor Fiona Mackenzie, NHS Forth Valley
Ms Sue Dow, NHS Forth Valley
Ms Margaret Duffy, NHS Forth Valley
Mr James King, NHS Forth Valley
Ms Kathy O’Neil, NHS Forth Valley
Ms Mary Pitcaithly, Falkirk Council
Ms Margaret Anderson, Falkirk Council
Ms Fiona Campbell, Falkirk Council
Councillor Linda Gow, Falkirk Council
Councillor Allyson Black, Falkirk Council
Councillor Gerry Goldie, Falkirk Council

In Attendance: Ms Jo Mclaren, NHS Forth Valley (Minute)
Ms Elaine Vanhegan, NHS Forth Valley

1. APOLOGIES FOR ABSENCE
The Chair welcomed those present to the meeting and intimated apologies on behalf of Councillor Craig R Martin and Councillor Joan Paterson.

2. MINUTE OF MEETING HELD ON 12 MARCH 2012
The minute of the meeting held on 19 June 2012 was approved as a correct record subject to the following amendment:

Councillor Craig Martin was in attendance

3. MATTERS ARISING
Terms of Reference
It was noted that a list of the core membership for this committee had been received from Falkirk Council and this would be feedback at the December 2012 meeting along with NHS Forth Valley members and a revised Terms of Reference.

Change Fund
There was a brief discussion with regards to the Change Fund. Ms Dow tabled a copy of the submission and asked that any feedback be submitted to herself over the next few days.

ACTION: All
Agenda Items for Next Meeting

There was a brief discussion around action points from the meeting held on 19 June 2012 which had not been included in the agenda. Councillor Martin emphasised the importance of capturing all actions to ensure nothing was missed. Ms Campbell advised that there were still some issues which were to be finalised with regards to Drug & Alcohol Prevention. It was noted that an update on this would be provided at the December 2012 meeting of the Falkirk Partnership Board.

ACTION: Ms Campbell

It was noted that an update report on the Equally Well funding would also be required for the December 2012, Falkirk Partnership Board meeting.

ACTION: Ms O’Neil

5. INTEGRATION OF ADULT HEALTH & SOCIAL CARE

5.1. Falkirk Council & NHS Forth Valley Consultation Response

The Falkirk Partnership Board considered a paper ‘NHS Forth Valley response to the Scottish Government’s Consultation Proposals on the Integration of Adult Health & Social Care in Scotland’ presented by Ms Margaret Duffy, NHS Forth Valley.

Ms Duffy reported that the response had been drafted and approved by the NHS Board. Individuals, professional groups and stakeholders had been given the opportunity to contribute.

Ms Duffy gave a brief overview of the paper, highlighting the following key issues for NHS Forth Valley for further consideration:

- There was a need to have legislation which would address local requirements by supporting key groups enabling them to further develop services which currently exist
- The preference for NHS Forth Valley would be to extend beyond just older people’s services in the future
- Issues with regards to local accountability
- Issues around the single accountable office role
- Changes in culture and management structures
- Recognising the need to ensure local flexibility to enable local agencies to agree an appropriate model to address local issues

The Falkirk Partnership Board considered a paper ‘Falkirk Council’s Response to the Scottish Government’s Consultation on the Integration of Health and Social Care’ presented by Ms Margaret Anderson, Falkirk Council.

Ms Anderson advised that there were a number of parallels with the NHS Forth Valley response. Ms Anderson highlighted the following differences;

- Issues around Governance and accountability emphasised concerns around the need for an appropriate balance
- Concerns around the sustainability of the actions outlined and the required resources within acute care. It was noted that the Council would not wish to compromise on the
resources available within acute care acknowledging the significant redesign in the past few years. Therefore, questions were raised around where funds would be unlocked from.

- Social work services and the importance of not fragmenting the service as it should be an integrated approach
- The models of integration should be built around the people who use the services rather than starting with Governance arrangements

The Falkirk Partnership Board considered both papers in further detail with discussions arising. Concerns were raised around the impact of prescriptive legislation. It was noted that there was still a few years to shape things and hopefully influence the legislation and how it would be implemented. Ms Duffy advised that there would be some indication around how the legislation would look towards the end of December 2012.

Further discussion took place around the following:

- Keeping staff informed of the implications / outcomes
- Model in NHS Highland
- Implications and methods around delivering integrated social work
- Integration of budgets and potential issues associated with this. Professor Mackenzie tabled a diagram illustrating a potential approach
- National and local drives and how they link together
- Accountability in terms of service delivery

The Falkirk Partnership Board noted the information held within the papers.

5.2. Next Steps

The Falkirk Partnership Board examined the options available around how to take the Integration of Health and Social Care agenda forward.

Councillor Martin suggested that there was a need to identify the services which could be integrated easily, allowing additional time to consider the issues that would present with the more challenging services and how to overcome them.

Ms Vanhegan indicated the need to agree what the priorities were in order to identify local drivers. It was agreed that once this was in place there could then be further discussion around mechanisms for delivery and measurement. Professor Mackenzie circulated a paper to the group outlining the various budgets and resources available for each Organisation. It was stressed that there was resource available and there was a need to keep this in mind when defining the vision for future services.

Further discussions took place. It was suggested that a working group would be established which would include representatives from Falkirk Council, NHS Forth Valley and third sector to look at the next steps in terms of taking forward the Integration of Health and Social Care. However, it was noted that the Joint Management Team could fulfil this function. It was suggested that this would be in place before the December 2012 meeting of the Falkirk Partnership Board.

ACTION: Ms O’Neil

/ Ms Duffy
Councillor Martin proposed that the Integration of Adult Health and Social Care remained as a standing item on the agenda.

6. DELAYED DISCHARGES

The Falkirk Partnership Board received a verbal update on ‘Delayed Discharges’ presented by Ms Margaret Duffy, NHS Forth Valley.

Ms Duffy gave a brief update on delayed discharge, advising that by March 2014 the target would be no longer than a 4 week wait with the intention to reduce this to 2 weeks by March 2015. It was noted that there was ongoing work across the Partnership around this and that a full report would be available and presented to the Falkirk Partnership Board at the next meeting.

**ACTION: Ms Duffy**

The Falkirk Partnership Board discussed the sustainability and impact on the Health and Social Care agenda in further detail. Discussion took place around care home waiting lists and the need to focus on short term solutions without impacting long term goals. Ms Duffy advised that there was a need to focus on a more integrated approach at admission as well as the patient journey.

The Falkirk Partnership Board noted the update.

7. GP PREMISES AND FUTURE INVESTMENT PLANS

The Falkirk Partnership Board considered a paper ‘Projects & Facilities Asset Management Status Report’ presented by Ms Sue Dow, NHS Forth Valley.

Ms Dow provided a brief background, advising that since the relocation of services to Forth Valley Royal Hospital there was a need to identify an interim solution for Falkirk Community Hospital services and primary care premises in light of the constrained financial position.

Ms Dow highlighted the following works which were to be completed within the financial year:

- Development of external space
- Upgrading and re utilisation of former wards 18/19 for Adult mental Health Services, relocating from Dunrowan and Westbank Clinic
- Relocation of Community alcohol and drugs Services (CADS)
- Improvements to those areas affected by demolition in particular the front end of the hospital
- Further reviews on primary care premises and identifying where the priorities lie

With regards to GP premises the most significant change was the relocation of Park Street Medical Practice to the former Ward 17 at Falkirk Community Hospital. Reviews of the accommodation within Falkirk Community Hospital and GP practices were currently being carried out with the intention to upgrade to recognised standards.
The Falkirk Partnership Board discussed GP premises in detail. Ms Dow advised that there was no time scale set out for the review of GP premises as there was a need to revisit the initial review and re focus these priorities.

An in depth discussion took place with regards to areas of deprivation and whether NHS Forth Valley targeted their spend to these areas. Councillor Goldie advised that part of the issue in these areas was access to services and therefore the requirement to identify gaps in health inequality would be necessary in order to address these issues. It was noted that it would be beneficial if the NHS could link with Council infrastructure plans.

Further discussions took place around the following:

- Joint Asset management Group
- GP's as independent Contractors
- Madison issues with regards to GP access
- Council infrastructure Plans
- Delayed discharge in areas of deprivation
- Prescriptions and driving forward quality change.

The Falkirk Partnership Board noted the information held within the paper.

8. **ANY OTHER COMPETENT BUSINESS**

**Welfare Reform**

Ms Pitcaithly advised that a report on the Welfare Reform was due to be considered by the Council. It was noted that there was a level of anxiety associated around this and its impact on Council budgets and housing. Ms Pitcaithly advised that she would circulate to NHS Forth Valley colleagues for information, as there may be some impact on Health.

**Change Fund**

Councillor Gow requested a briefing on the process for projects wishing to apply to the Change Fund for support. Ms Dow advised that she would provide a briefing to Councillor Gow.

9. **DATE OF NEXT MEETING**

The Falkirk Partnership Board will meet on Friday 21 December 2012 at 10.00am in NHS Forth Valley Board Headquarters, Carseview House, Castle Business Park, Stirling, FK9 4SW.

There being no further business to discuss, the Chair closed the meeting.
This report relates to Item 7.4 on the agenda

Minute of Clackmannanshire & Stirling Partnership Board Meeting held on 30 October 2012

For Noting
1. APOLOGIES FOR ABSENCE

The Chair welcomed everyone to the Joint Clackmannanshire and Stirling Partnership Board. There were no apologies for absence.

2/ DECLARATIONS OF INTEREST

There were no declarations of interest noted.

3. MINUTE OF MEETING HELD ON 13 DECEMBER 2011

The minute of the Joint Clackmannanshire and Stirling Partnership Board held on the 13 December 2011 was agreed as an accurate record.

4. MATTERS ARISING

Membership
It was noted that further discussions would be required with regards to the membership of the group. A revised Terms of Reference would be available at the next meeting for consideration.

5. INTEGRATION OF ADULT HEALTH & SOCIAL CARE

5.1 Clackmannanshire / Stirling / NHS Forth Valley Consultation Responses

The Clackmannanshire and Stirling Partnership Board considered a paper ‘Stirling Council’s response to the Scottish Government’s Consultation Proposals on the Integration of Adult Health and Social Care’ presented by Ms Janice Hewitt, Assistant Chief Executive, Stirling Council.

Ms Hewitt advised that the response had gone through the internal approval process before being submitted to the Scottish Government.

The Clackmannanshire and Stirling Partnership Board considered a paper ‘Clackmannanshire Council’s response to the Scottish Government’s Consultation Proposals on the Integration of Adult Health and Social Care’ presented by Ms Elaine McPherson, Chief Executive, Clackmannanshire Council.

Ms McPherson advised that the consultation response for Clackmannanshire Council had also been submitted to the Scottish Government and that feedback was awaited.

The Clackmannanshire and Stirling Partnership Board considered a paper ‘NHS Forth Valley response to the Scottish Government’s Consultation Proposals on the Integration of Adult Health & Social’ presented by Ms Margaret Duffy, NHS Forth Valley.

Ms Duffy reported that the response had been drafted and approved by the NHS Board. Individuals, professional groups and stakeholders had been given the opportunity to contribute.

Ms Duffy gave a brief overview of the paper and highlighted the following key issues for NHS Forth Valley:

- There was a need to have legislation which would address local requirements by supporting key groups enabling them to further develop services which currently exist
- The preference for NHS Forth Valley would be to extend beyond just older peoples services in the future
- Issues with regards to local accountability
- Issues around the single accountable officer role
- Changes in culture and management structures
- Recognising the need to ensure local flexibility to enable local agencies to agree an appropriate model to address local issues

The Partnership Board noted the information held within the papers.

6. CHANGE FUND MID YEAR SUBMISSION

It was agreed that item 6 Change Fund Mid Year Submission would be taken at this point
The Clackmannanshire and Stirling Partnership Board considered a paper ‘Change Fund Mid Year Submission’ presented by Ms Kathy O’Neil, General Manager CHP, NHS Forth Valley.

Mrs O’Neil briefed the Partnership Board on the joint mid year submission detailing the progress made to date. It was noted that this was the first joint report in line with shared services. Ms O’Neil advised that the change fund was being used to care for older people and reshape the services which care for older people. It was noted that there had been a time delay to ensure projects were appropriate and that everything being done was directly related to the overall aim.

The Partnership Board discussed the following in detail:

- The need to identify people’s requirements before they are admitted to hospital
- Complex care pathways and preventative measures which need to be identified to reduce admission to hospital
- Capacity and flow across the system
- The importance of integrated care
- Reablement and rehabilitation focus

Mrs O’Neil advised that there was close working with the third sector, that aimed to support people keeping them socially and physically active. It was noted that 20% of the change fund was used to support carers directly and indirectly. Mrs O’Neil informed the group that that funding had been carried forward for the full three years.

The Partnership Board discussed the Performance Management framework in further detail. It was noted that there was a need to develop this further in order to demonstrate the wider impact of the change fund. Mrs O’Neil reported that there had been a group formed to investigate this. There was a need to future proof the impact the change fund was having on older people’s care. It was noted that the fund would eventually run out therefore there was a need to restructure services around what worked well and to plan ahead to allow best possible outcomes for patient care.

Further discussion took place with regards to reablement services and the requirement to look into the different approaches. It was noted that there was a team in place to support the changes and implement any learning points. Mrs O’Neil advised that it was not just a monitoring exercise.

Mrs O’Neil emphasised that the social aspect of care was significantly important with regards to the overall care package. This included helping people to access services as there were concerns around people remaining isolated in their homes.

The Clackmannanshire and Stirling Partnership Board noted the information held within the report.

7. NEXT STEPS IN RELATION TO INTEGRATION

The Clackmannanshire and Stirling Partnership Board discussed the next steps, in relation to Integration led by Councillor Corrie McChord.

Professor Mackenzie advised that there was a need to be flexible with regards to the local arrangements within the framework. This would allow the partnership to identify solutions that worked well. Discussion took place with regards to the accountable officer and the requirement for non prescriptive legislation.
Discussion took place around the need to focus on preventative measures such as keeping people active in the community. Ms Hewitt advised that Stirling Council were working alongside Active Stirling to promote active living within the community which would have an overall impact on anticipatory care. The possibility of better use of technology was also considered. Mr Linkston suggested that a brief presentation on Telehealthcare should be considered at the next meeting.

ACTION: AL / JM

8. JOINT MANAGEMENT TEAM UPDATE

The Clackmannanshire and Stirling Partnership Board considered a paper ‘Joint Management Team Update Report’ presented by Ms Kathy O’Neil, NHS Forth Valley.

Mrs O’Neil gave a brief background on the recent management re structure within NHS Forth Valley. It was noted that these changes would have a more focused and consistent NHS management response in driving forward partnership working. Mrs O’Neil gave a brief overview of the following:

- Integrated Mental health services
- Co Location of Health & social Care Staff
- Priorities for Health Improvement
- Asset Based approach (Clackmannanshire)
- Stirling Community Hospital

There was further discussion around the mid term stakeholder and planning event outlined in the paper, which would focus on the following:

- Admission Avoidance
- Intermediate Care Development
- Community Capacity Building

There was a requirement to focus on the Single Outcome Agreement and community planning to ensure that services were best placed to deliver care efficiently and effectively. The Joint Management Team were currently considering how to take forward the Integration of Health and Social Care agenda. Focusing on specific issues such as joint budgets and co location of staff. This would enable the relevant steps to be considered and possible solutions identified before 2015.

The Partnership Board discussed the impact of the Welfare Reform for Local Authorities and NHS. It was noted that the impact on NHS would be significant with Clinical Leads already identifying increased pressure for anti depressant prescriptions.

Concerns were raised around how much local flexibility there would be once the legislation came into place. It was hoped that by demonstrating what could be done now without any prescriptive legislation might influence the Scottish Government’s decision that only a framework was required.

Discussion around the Single Outcome Agreement took place. It was noted that there was a need for shared language and shared measurement of outcome. Ms Vanhegan advised that Covalent would be used to gather this data in future.

The Clackmannanshire and Stirling Partnership Board noted the information provided within the paper.

9. STIRLING CARE VILLAGE UPDATE
The Clackmannanshire and Stirling Partnership Board received a verbal update on the ‘Stirling Care Village’ presented by Ms Janice Hewitt, Stirling Council.

The Stirling Care Village would be built on the Stirling Community Hospital site and would focus on rehabilitation with the intention of encouraging independent living. The Initial Agreement had been submitted to the Scottish Government and approval received to proceed with the outline business case (OBC). It was noted that the next stage would be to put together the OBC and Master Plan for the Stirling Community Hospital site. This would take between 10 – 12 months to complete.

The Stirling Care Village Project Team and Project Board were now in place with the intention to submit a paper to the Council next week.

It was noted that Ms Hewitt would continue to provide updates to the Clackmannanshire and Stirling Partnership Board as and when required.

The Clackmannanshire and Stirling Partnership Board noted the update.

10. DATE OF NEXT MEETING

Tuesday 4 December 2012 at 17:30, NHS Forth Valley, Carseview House, Stirling.
This report relates to Item 7.5 on the agenda

Minute of Staff Governance Committee Meeting held on 21 September 2012

For Noting
STAFF GOVERNANCE COMMITTEE

DRAFT Minute of the Staff Governance Committee meeting held on Friday 28 September 2012 at 9.30 am in Boardroom A, NHS Forth Valley, Carseview House, Stirling

Present: Mr Brendan Clark, Non Executive Director (Chair)
Mrs Helen Kelly, Director of Human Resources
Mr Alex Linkston, Chairman

In Attendance: Ms Linda Donaldson, Associate Director of Human Resources
Mrs Morag McLaren, Associate Director of Human Resources
Mrs Alison Richmond-Ferns, Associate Director of Human Resources
Mr Peter Mackie, Head of Risk Management
Mrs Maureen Cornforth, Staff Side Representative
Ms Marian Smith, Corporate Services Assistant (Minute Taker)

1/ APOLOGIES FOR ABSENCE

Apologies for absence were intimated on behalf of Mr Tom Hart, Professor Fiona Mackenzie and Professor Angela Wallace.

2/ DECLARATIONS OF INTEREST

There were no declarations of interest.

3/ MINUTES OF MEETINGS

3.1 Minute of Staff Governance Committee meeting held on 1 June 2012

The minute of the Staff Governance Committee meeting held on 1 June 2012 was approved as a correct record.

3.2 Minute of Staff Governance Remuneration Sub Committee meeting held on 1 June 2012

The Staff Governance Committee noted the minute of the Staff Governance Remuneration Sub Committee meeting held on 1 June 2012.

4/ MATTERS ARISING

There were no matters arising.

5/ STAFF GOVERNANCE

5.1 Health & Safety

Consideration was given to a paper “Health and Safety”, presented by Mr Peter Mackie, Head of Risk Management.

Mr Mackie advised that the Health and Safety fourth quarterly report and Annual Report had been approved by at the Health and Safety Committee at its meeting in June 2012.
Mr Mackie highlighted the continued rollout of the fire strategy with risk assessments and training, the eLearning Package, the rollout of the Scottish Manual Handling Passport, the revised internal Health and Safety feedback system, the electronic risk and safety management system, the increase in security incidents at unused NHS Property and the first Mentally Healthy Workplace session for managers.

Mr Mackie reported that there had been an increase in staff incidents of 11% from the previous quarter. Slips, Trips and Falls and Violence, Aggression and Harassment incidents had increased by 2% from the previous quarter. These topics continued to form part of the Risk Management department objectives for 2012/13.

The Staff Governance Committee discussed training opportunities for staff, the challenges associated with releasing staff to attend, encouraging the use of eLearning packages, the continued work around slips, trips and falls to ensure a reduction in the number of incidents and the links to the Integration of Health and Adult Social Care. It was agreed that staff training was a significant priority and would be covered in Director and Senior Manager objectives.

The Staff Governance Committee received an assurance from Mr Mackie that there were robust procedures, process and systems in place for the management of Health and Safety and training across NHS Forth Valley.

Following discussion the Staff Governance Committee noted the paper.

Mr Peter Mackie left the meeting at this point.

5.2 Attendance Management

Consideration was given to a paper “Attendance Management”, presented by Mrs Alison Richmond-Ferns, Associate Director of Human Resources.

Mrs Richmond-Ferns confirmed that delivery of the National HEAT Standard of 4%, although challenging, remained a high priority for NHS Forth Valley. Work was also continuing to deliver against the national Staff Wellbeing Agenda.

Mrs Richmond-Ferns reported on the July 2012 position. Absence had increased by 0.34% from 4.91% in June 2012 to 5.23% in July 2012 compared to 4.99% for July 2011. Work was continuing across NHS Forth Valley to minimise absence, address the reasons for absence and to support staff back to work.

The Staff Governance Committee discussed the links to capacity and flow challenges, the impact of holding vacancies in support of workforce planning priorities to enable full models of care to be finalised, ensuring compliance with the attendance management policy, management training, unit/manager performance reporting, ensuring appropriate systems in place to address both short and long term absences and management interventions. NHS Forth Valley’s performance against other mainland Boards was also discussed.

Mrs Kelly provided an assurance to the Committee that a partnership approach continued to address attendance management across the organisation whilst ensuring patient safety. Mrs Richmond-Ferns highlighted that Absence and Attendance Management would be discussed at the Performance and Resources Committee meeting scheduled for 2 November 2012.
Following discussion the Staff Governance Committee noted the:-

- Report on July absence
- current priorities of work on attendance management

5.3 Staff Governance Standard Self Assessment Audit

Consideration was given to a paper “NHS Scotland Staff Governance Self Assessment Audit”, presented by Mrs Alison Richmond- Ferns, Associate Director of Human Resources.

Mrs Richmond-Ferns reported that following agreement at the Scottish Workforce Advisory Group, an amended approach to the annual submission had been agreed. The amended approach was an interim arrangement pending the outcome of the national review of the Staff Governance Standard.

Mrs Richmond-Ferns highlighted the following:-

- 2011/12 Action Plan detailing achievement and progress against actions agreed
- Annual Review of NHS Forth Valley Performance 2012

The Staff Governance Committee noted the SAAT submission and conclusion to the 2012 Staff Governance Audit process.

5.4 Taking Forward the Learning Points from the NHS Lothian Report

Consideration was given to a paper “Taking Forward the Learning Points from the NHS Lothian Report”, presented by Mrs Morag McLaren, Associate Director of Human Resources

Mrs McLaren updated the Staff Governance Committee on the proposal to ensure that the issues and recommendations highlighted in the NHS Lothian Report were fully considered and any actions required locally were progressed. She advised that the initial steps had involved a meeting of Staff Side Representatives, Senior Staff-side Chairs and Human Resources to talk through the report and agree priorities.

NHS Forth Valley continued to embed a culture of continuous quality improvement and excellence through a range of interventions and programmes which actively influence the culture of the organisation. These were highlighted as:-

- Scottish Patient Safety Programme/improvement Fellowships
- Patient Experience Programme
- Significant Event Analysis
- NHS Leadership Development Programme
- Coaching Strategy Implementation
- Achievement of Investors in People Bronze Award
- Equality and Diversity Framework
- Dignity at Work Framework
- Celebrating Innovation and Success across the organisation
- Engaging and involving staff to develop services and teams
- Examples of excellence in collaborative working and integrated teams
Mrs McLaren further advised that the Lothian Report had been discussed at the Area Partnership Forum and with Staff Side Chairs of the Local Partnership Forum.

Any local actions required as a result of the Lothian report had been incorporated into the Forth Valley NHS Board Organisation Plan for 2012 and were highlighted as follows:

- Board Self Assessment Diagnostic and Development Session
- Team Coaching
- Development of a Culture Development Framework
- Local Partnership Forum Development Event

The Staff Governance Committee was advised that the proposed Culture Development Framework would be discussed with the Strategic Management Team, Heads of Professions Group and Partnership Fora prior to being submitted to the Committee for support and approval.

Regular updates on progress with the initiatives to address the issues and recommendations as highlighted in the Lothian Report would be submitted to future Staff Governance Committee meetings.

Following discussion the Staff Governance Committee noted the proposed way forward and that regular updates progress would be received.

6/ RESHAPING THE WORKFORCE

Consideration was given to a paper “Reshaping the Workforce”, presented by Ms Linda Donaldson, Associate Director of Human Resources.

Ms Donaldson advised that NHS Forth Valley’s Workforce Plan continued to be revised in line with emerging models of care and is closely aligned to the local delivery plan and financial plan.

Focussed work on workforce planning and skill mix reviews was continuing in Nursing, front door services, diagnostic, outpatients and Community Nursing. It was anticipated that work on the medical workforce plan would be concluded by November 2012, and that this would provide an opportunity to anticipate future service and workforce requirements.

The Staff Governance Committee discussed the impact of the Health and Social Care agenda on auxiliary staff employed by NHS Forth Valley, the impact of financial challenges on the workforce and staff numbers, ensuring that workforce plans were affordable, links to the integration of Health and Adult Social Care. The use of eTechnology, further joint working with local authorities and the evaluation of Prison posts under agenda for change were also discussed.

Ms Donaldson further advised that at national level, negotiations with the Trade Unions in relation to the new on call agreement had been concluded with a collective agreement to accept the proposals. Work was now underway to support the implementation of the new arrangements. A sub group of the NHS Forth Valley Terms and Conditions Committee had been established to look at the impact of the new harmonised on call system on the existing on call rotas.

The Staff Governance Committee noted the paper.
7/ RISK MANAGEMENT

7.1 Corporate Risk Register – Workforce Issues

Consideration was given to a paper “Corporate Risk Register, Workforce Issues”, presented by Mrs Helen Kelly, Director of Human Resources.

Mrs Kelly advised on the decision by the BMA to consider further industrial action in relation to the proposed changes in pension provision for NHS Staff.

She further advised that work was continuing to address:

- Equal Pay issues
- Absence management
- Training
- Workforce Planning

The Staff Governance received an assurance from Mrs Kelly that all risks associated with workforce issues were recorded in the Corporate Risk Register.

The Staff Governance Committee noted the amendments.

8/ REPORTS TO NOTE

8.1 Human Resources Policy Update

Consideration was given to a paper “Human Resources Policy”, presented by Mrs Alison Richmond-Ferns, Associate Director of Human Resources.

Mrs Richmond-Ferns advised that Area Policy Steering Group had agreed a programme of work for the development of a priority list of new HR policies and the review of existing policies. The national PIN policy process was highlighted and assurance given that all NHS Forth Valley policies were currently being benchmarked against these.

She highlighted the current focus was on the review of Adoption and Fostering, Professional Registration, Staff Screening during Healthcare Associate Incidents and Outbreaks of Infection:-

The Area Partnership Sub Groups would continue to meeting regularly to develop both new and amended policies for approval by the Area Partnership Forum.

In response to a question from Mr Alex Linkston regarding a review of the Secondment Policy, Mrs Richmond-Ferns gave an assurance that the Secondment Policy was being reviewed as part of the review of National Partnership Information Network (PIN) priorities and would also incorporate any local requirements.

The Staff Governance Committee noted the update.

8.2 Learning, Education & Training Strategy & IIP Update

Consideration was given to a paper, “Learning, Education & Training Strategy and IIP update”, presented by Mrs Morag McLaren, Associate Director of Human Resources.
Mrs McLaren advised the review of the Learning, Education and Training (LET) Strategy had been reviewed to take account of the updated Integrated Healthcare Strategy and the new Staff Governance Standard.

She further advised that following consultation with the LET Strategy Group, Learning Communities Forum, the CHP Education Committee, Area Partnership forum and Senior Management Team, an action plan for 2012 – 2014 had been developed. The action plan will be implemented incrementally over the next two years and reviewed annually. Regular update reports will be submitted to the Staff Governance Committee.

The Staff Governance Committee approved the:-

- refreshed Learning Education Strategy
- LET Action Plan 2012 – 14
- Noted that LET updates would be received

### 8.3 Organisational Development Update

Consideration was given to a paper “Update on Organisational Development Framework and Priorities 2012 - 2013”, presented by Mrs Morag McLaren, Associate Director of Human Resources.

Mrs McLaren reported on the Organisational Development Priorities for 2012 – 2013 and highlighted the following:-

- NHSScotland Staff Experience Project
- Leadership and Management Development Programme
- NHS Forth Valley Strategic Plan
- Quality Hub Development
- Transfer of Prison Healthcare
- Secondary Medical Care Revalidation and Enhanced Appraisal

The Staff Governance Committee noted the updates.

### 8.4 CEL 31 (2012) A Guide to Appraisal for Medical Revalidation

Consideration was given to a paper “CEL 31 (2012) A Guide to Medical Appraisal for Medical Revalidation”, presented by Mrs Morag McLaren, Associate Director of Human Resources.

Mrs McLaren advised that all NHS Boards in Scotland were expected to commence a Revalidation process by December 2012.

The Staff Governance Committee received an assurance from Mrs McLaren that NHS Forth Valley had robust systems and processes in place to commence with the Revalidation and had completed all actions as required by CEL 31 and the associated national guidance.

The Staff Governance Committee noted the paper.

### 9/ REPORTS FROM COMMITTEES
Ms Cornforth highlighted the recent NHS Forth Valley Partnership Seminar on the Integration of Health and Adult Social Care which had been very important in raising awareness and providing input to the national consultation exercise.

9.1 **Minute of Acute Services Partnership Forum meeting held on 17 July 2012**

The Staff Governance Committee noted the minute of the Acute Services Partnership Forum meeting held on 17 July 2012.

9.2 **Minute of Health & Safety Committee meeting held on 7 June 2012**

The Staff Governance Committee noted the minute of the Health and Safety committee meeting held on 7 June 2012.

9.3 **Minute of Area Partnership Forum held on 20 June 2012**

The Staff Governance Committee noted the minute of the Area Partnership Forum held on 20 June 2012.

9.4 **Minute of CHP Partnership Forum meeting held on 11 July 2012**

The Staff Governance Committee noted the minute of the CHP Partnership Forum meeting held on 11 July 2012.

10/ **ANY OTHER COMPETENT BUSINESS**

There being no further business, the Chair closed the meeting at 11.55 am
Forth Valley NHS Board

27 November 2012

This report relates to
Item 7.6 on the agenda

Minute of Audit Committee Meeting
held on 19 October 2012

For Noting
AUDIT COMMITTEE

DRAFT Minute of the NHS Forth Valley Audit Committee meeting held on Friday 19th October 2012 in the Board Room, Carseview, Stirling.

Present: Mr James King (Chair)
Mr Charles Forbes
Mrs Fiona Gavine

In Attendance: Mrs Fiona Ramsay, Director of Finance, (Executive Lead)
Prof Fiona Mackenzie, Chief Executive
Mr Alex Linkston, Chairman
Mr Tony Gaskin, FTF Audit Services
Mr David Archibald, FTF Audit Services
Mr Peter Lindsay, Audit Scotland
Mrs Fiona Mitchell-Knight, Audit Scotland
Mr Alan Pow, Audit Scotland
Mr Simon Dryburgh, Assistant Director of Finance
Mr Graeme Bowden, Capital Accountant

1/ APOLOGIES

Apologies were received from Mr Tom Hart.

2/ DECLARATIONS OF INTEREST

There were no declarations of interest intimated.

3/ MINUTES OF PREVIOUS MEETING

The Minute of the Audit Committee meeting held on 8th June 2012 was approved as a correct record.

4/ MATTERS ARISING

4.1 National Shared Services Review

Mrs Ramsay advised the Committee that the next wave of the migration to the National Single Instance (NSI) financial management system planned for the Ayrshire & Arran Consortium had been delayed by at least one month. The remaining Boards including Glasgow and Lothian have a planned transfer date of April 2013. Mrs Ramsay also indicated that the National Programme Board Minutes suggested that all Boards would be required to migrate to the Real Asset Management (RAM) Asset Register System. Information from various Shared Services working groups did however indicate that the full functionality promised by the RAM systems team was still not available. Mrs Ramsay further highlighted that a proviso for Boards moving to new systems within the Shared Services project was that they were to be seen as an improvement to existing systems. If a
national request to move was received a risk assessment would be completed and submitted in response.

The Committee noted the update on the National Shared Services Review project.

5/ INTERNAL AUDIT

5.1 Waiting Times Review

Mr Gaskin presented a paper to update the Committee on work to date on the local and national reviews of Waiting Times. Mr Gaskin highlighted that the scope of the review had been established by the Scottish Government Health and Social Care Directorates (SGHSCD) who had appointed Pricewaterhousecoopers (PwC) to produce data for analysis by Audit Scotland and local Internal Audit teams by 31st August 2012. The remit agreed for the review required that a report would be presented at the October 2012 Audit Committee meeting however, mainly due to systems problems, there had been a delay in receiving the data from PwC so it had not been possible to review and draft the report within the agreed timescales. Mrs Ramsay advised that it was likely a Special Audit Committee would be arranged for week commencing 19th November specifically to review the Internal Audit Waiting Times Review report.

Mr King queried what the difference would be between the Internal and External Audit reports and Mr Gaskin advised that the Internal Audit review would be more detailed and cover Governance & Reporting, Policy & Procedures, Systems and Implementation Guidelines. It was also noted that the timeframes under review differed with Internal Audit covering January 2012 to June 2012 and External Audit the period prior to this.

The Committee noted the Waiting Times review Report.

5.2 Internal Audit Progress Report

Mr Archibald presented the Internal Audit Progress Report that summarised the audit work achieved since the last Committee meeting. He informed the Committee that six reports had been issued from the 2011/12 plan, four reports issued from the 2012/13 and a further five draft reports were with management for comment. Mr Archibald also indicated that the format of the report was being amended and Committee members would be receiving the revised version for future meetings. The Committee were provided with a summary on the reports that had been issued as final including:-

A11/12 Risk Management Strategy, Standards and Operations – the objectives were to evaluate whether appropriate systems were in place and operating effectively to mitigate potential risks in relation to NHS Forth Valley’s duty of care to patients and staff. Mr Archibald indicated that the review confirmed that governance arrangements to deliver the NHS Forth Valley Risk Management Strategy were adequate and that risk management is being embedded into planning and processes. The report also indicated that governance arrangements had been specifically designed to facilitate delegation of risk management responsibilities. Mr Gaskin highlighted that this included the formal definition of NHS Forth Valley’s risk appetite to ensure that responses to risk were consistent across the organisation. Mr King suggested it would be beneficial if a presentation
could be given to the Committee some time in the future on the ethos of Risk Appetite.

**A26/12 ~ Management of Temporary Staffing Arrangements** – the scope of this review was to ensure appropriate management and monitoring procedures surrounding temporary staffing arrangements for Medical Staff are complied with, and that the balance between core staff and non-core staff is effective and efficient without compromising quality. Mr Archibald confirmed that a formal operational policy was in development but not yet available to staff for guidance. The Internal Audit review also highlighted that NHS Forth Valley had been using Non-Contract Agency staff to fill vacancies in specific specialties over long periods however Mrs Ramsay advised that this was mainly due to a national shortage of doctors in these specialist areas such as paediatrics.

**A43/12 ~ Data Quality** – Mr Archibald informed the Committee that the aim of this review was to ensure the management of data quality is prioritised and effectively monitored, providing adequate support for corporate objectives and relevant operational and strategic decision making. Mr Archibald commented that the report had recommended that a move towards a single system for the management of Inpatient and Outpatient data could only enhance and reduce inconsistencies of the information currently held on two systems.

The Committee noted the Internal Audit Progress Report.

### 6/ EXTERNAL AUDIT

#### 6.1 External Audit Update Paper

Mr Lindsay presented the External Audit Update paper that highlighted progress made against the External Audit 2011/12 Plan that was presented to the Committee at the January 2012 meeting. Mr Lindsay advised that the ICT Computer Audit and also the Annual Report to NHS Forth Valley & Audit General for Scotland 2011/12 had been completed in July 2012. Mr Lindsay also indicated that Audit Scotland had met with Internal Audit recently to agree areas where they would be placing reliance on Internal Audit reviews.

The Committee noted the External Audit Update paper.

#### 6.2 Annual Report to NHS Forth Valley & Auditor General for Scotland 2011/12

Mrs Mitchell-Knight presented the External Audit Report to the Board and Auditor General for Scotland for 2011/12 and highlighted that overall the report was very positive. Mrs Mitchell-Knight commented on some of the key messages within the report including:

- NHS Forth Valley have been issued with an unqualified opinion on the 2011/12 financial statements and the Board achieved all of its financial targets;
- The Board had received non-recurring brokerage from the Scottish Government Health and Social Care Directorates (SGHSCD) during 2011/12 to fund transitional costs associated with the implementation of
the Healthcare Strategy and support the achievement of financial balance for 2011/12:

- The Board’s financial planning arrangements include regular monitoring, reporting and updating of financial information to allow potential risks to the financial position to be addressed promptly;
- The Board has a well developed framework in place for monitoring and reporting performance. Mrs Mitchell–Knight also indicated that Audit Scotland had noted the establishment of the Performance and Resources Committee whose initial focus was to review the financial performance of NHS Forth Valley and ensure the 2011/12 financial position was achieved; and
- Within the action plan the risk related to Equal Pay was again identified however, in line with previous years, this was being reported as an unquantifiable liability as it was not possible to accurately cost the value of the risk. It was also highlighted within the action plan that some work on following up National Fraud Initiative (NFI) matches was outstanding.

Mrs Mitchell-Knight concluded by highlighting that the report indicated the Board faced very challenging times ahead and will be required to prioritise its use of resources.

The Committee noted the External Audit Annual Report to the Board and Auditor General for Scotland for financial year 2011/12.

6.3 ICT Service Review

Mr Lindsay presented the ICT Service Review report that had been finalised in July 2012. Mr Lindsay indicated that their audit work had been based on an established computer services review methodology that had been developed by Audit Scotland. It was a risk based assessment of ICT services that reviewed Governance & delivery, Access controls and Compliance, Asset Protection and Strategy and also Disaster Recovery and Business Continuity Planning.

Mr Lindsay indicated that the report had highlighted that NHS Forth Valley had a number of “good practice” processes in place including:

- Sound procedures for managing user access to systems;
- Business continuity arrangements have been developed for the back-up and recovery of data; and
- The Prince 2 project management methodology was being used to control ICT projects.

In conclusion Mr Lindsay indicated that NHS Forth Valley had sound controls in place for the management of ICT services however the Board was encouraged to fully implement the benefits of using the Information Technology Infrastructure Library (ITIL) and also test disaster recovery and business continuity plans when updated.

The Committee noted the ICT Service Review report.

6.4 Audit Scotland Reports

Mrs Ramsay presented a summary paper for information on three national performance reports issued by Audit Scotland regarding:

6.41 The National Fraud Initiative in Scotland
This Report was issued in May 2012 and reviewed the results of 2010/11 national detection exercise carried out by Audit Scotland and other public bodies. This was the fourth time the exercise had been carried out and all Boards were encouraged to self-appraise their involvement in the NFI process prior to the 2012/13 review. Mrs Ramsay indicated that as the Committee had reviewed the self assessment earlier this year it was not intended to repeat it at this point in time. Mrs Ramsay asked if Audit Scotland could consider an addition to the exercise to cover circumstances where staff had been dismissed from one public sector body as a consequence of fraud but were able to secure employment in another.

6.42 Learning the Lessons of Public Body Mergers

This report was published in June 2012 and looked at nine mergers that took place between 2008 and 2011 under the Scottish Government’s programme to reduce the number of national public sector bodies. The report highlighted that most mergers were implemented by the dates set by the Scottish Government and the ones examined by Audit Scotland were expected to make significant savings within the next five years. Mr King commented that the report indicated that it was too early to produce or perceive performance improvement as a result of the mergers and indeed it would be interesting to see how merged bodies will deliver significant performance improvements without robust performance measures.

6.43 Managing ICT Contracts in Central Government

This report was issued in August 2012 and reported on the management of ICT programmes that were delayed, cancelled or overspent. The report stated that many of the problems emanated from a lack of specialised information technology skills and experience. There were also weaknesses in basic project management and control. The report indicated that the Scottish Government should consider the benefits that could be achieved by providing a central resource of specialised ICT expertise and advice for public bodies undertaking major ICT projects. The report also concluded by highlighting that current public sector spending constraints make it even more important for public bodies to make best use of the funds they have available.

The Committee noted the summary paper on Audit Scotland reports issued since the last meeting.

7/ AUDIT FOLLOW-UP

7.1 Internal Audit Follow-Up Report

Mr Bowden presented the Internal Audit Follow-Up Report and indicated that good progress had been made since the last Committee meeting in obtaining confirmation that outstanding recommendations had been reviewed. Mr Bowden asked the Committee to note that the report highlighted that only three recommendations due to be reviewed were outstanding, however since the report was issued confirmation had been received by the designated officer that these issues had been reviewed. Mr Bowden further advised that only one further issue remained part complete in relation to a recommendation made within the Annual
Internal Audit Report in relation to the ongoing annual reviews of Financial Operating Procedures.

The Committee noted the Internal Audit Follow-Up Report.

7.2 External Audit Follow-Up Report

With regard to the Follow-Up process for External Audit reports Mr Bowden indicated that it was also progressing well and at the time of issuing the report no recommendations made were outstanding. Two issues remained part complete in relation to monitoring the delivery of Best Value and areas of development in Reporting however these issues were scheduled to be fully implemented by February 2013. Mr Bowden also indicated that the recommendations made within the Patients Funds and Endowment Funds annual reports were scheduled for review by the end of the calendar year.

Mr King requested if an update could be made available to Mrs Gavine on the follow-up process and Mr Bowden agreed to provide.

The Committee noted the External Audit Follow-Up Report.

8/ CORPORATE GOVERNANCE

8.1 Draft Remit of Family Health Service Performance/Reference Group

Mrs Ramsay presented the draft Remit of the Family Health Service Performance/Reference Group and informed the Committee that this group had been established to consider matters alleging breaches of primary care contractor’s terms of service and also performance reviews.

The Committee noted the Draft Remit of Family Health Service Performance/Reference Group.

8.2 Minutes of FHS Performance Reference Group

Mrs Ramsay presented the minutes of recent FHS Performance Reference Group meetings held on 7th July 2011, 10th August 2012 and 4th September 2012. Mrs Ramsay indicated that the Group had considered two cases to date as detailed in the relevant Minute.

The Committee noted the minutes of the FHS Performance Reference Group for the meetings held on 7th July 2011, 10th August 2012 and 4th September 2012.

9/ COUNTER FRAUD SERVICES

9.1 Counter Fraud Services Quarterly Report ~ Quarter ending 30th June 2012

Mr Archibald presented the Counter Fraud Services (CFS) Quarterly report for quarter ending June 2012 and highlighted that he had recently attended a national meeting of Boards Fraud Liaison Officers. Mr Archibald advised that the report had indicated that NHS Forth Valley had made one referral to CFS during the quarter and there had also been one further intelligence case opened. There was
however insufficient evidence to pursue the intelligence case. Mr Archibald also asked the Committee to note the report highlighted that CFS had recovered just over £4,000 for the period 1st April to 30th June 2012 on behalf of NHS Forth Valley in relation to patient exemption checking.

The Committee noted the Counter Fraud Services Report for quarter ending 30th June 2012.

10/ RISK MANAGEMENT

10.1 Corporate Risk Register

Mrs Ramsay asked the Committee to note that the Corporate Risk Register previously circulated through the Audit Committee and other Governance Committees would now be presented at the Performance and Resources Committee. Only issues relevant to the Audit Committee would be brought to future meetings.

The Committee noted the update on the Corporate Risk Register.

11/ ANY OTHER COMPETENT BUSINESS

11.1 Post Transaction Monitoring

Mrs Ramsay advised the Committee that to comply with the NHS Scotland Property Transaction Handbook, NHS Forth Valley are required to draft an annual report on property transactions completed during the previous financial year and present it to NHS Forth Valley’s Audit Committee. Mrs Ramsay highlighted that during 2011/12 there had been no properties purchased and three sales transacted the details of which were attached to the report.

Mr Archibald presented the Post Transaction Monitoring Internal Audit Report and advised the Committee that NHS Forth Valley’s Post Transaction Monitoring process had merited a Category “B” audit opinion. Mr Archibald also summarised the recommendations made by Internal Audit within the report’s Action Plan and highlighted that actions had been agreed with management.

The Committee noted the Post Transaction Monitoring Reports.

There being no further business the meeting closed at 11.10am

12/ DATE OF NEXT MEETING

The next meeting of the NHS Forth Valley Audit Committee will take place on Friday 18th January 2013 in the Board Room, Carseview, Stirling commencing at 9.30am. A special meeting to discuss the Internal Audit review of Waiting Times will also be arranged (now confirmed at 8.30am on 7th December 2012).
This report relates to Item 7.7 on the agenda

Minute of Endowment Committee Meeting
held on 19 October 2012

For Noting
ENDOWMENT COMMITTEE

Minute of the Forth Valley NHS Board Endowment Committee meeting held on Friday 19th October 2012 in the Forth Valley NHS Board Headquarters, Carseview House, Castle Business Park, Stirling.

Present: Mr. James King, Chair of NHS Forth Valley Endowment Committee (Trustee)
Mrs. Fiona Ramsay, Director of Finance, NHS Forth Valley (Trustee)
Mr. Charlie Forbes, Non-Executive Member (Trustee)
Prof. Fiona Mackenzie, Chief Executive, NHS Forth Valley (Trustee)

In attendance: Mr. Jonathan Procter, IM&T Director/E-health Lead, NHS Forth Valley (Lead Director)
Mr. Alex Linkston, Chair of Forth Valley NHS Board (Trustee)
Mr. Garry Wells, Treasury Services Manager
Mr. Craig Holden, Fundraising Manager
Mr. Russell Crichton, Investment Advisor, Speirs & Jeffrey, Stockbrokers
Mr. Craig Baxter, Investment Advisor, Speirs & Jeffrey, Stockbrokers

1/ APOLOGIES FOR ABSENCE

There were no apologies for absence.

2/ DECLARATION OF INTEREST

There were no declarations of interest.

3/ MINUTE OF THE FORTH VALLEY NHS BOARD ENDOWMENT COMMITTEE MEETING HELD ON 8TH JUNE 2012

The Committee approved the minute of the Forth Valley NHS Board Endowment Committee held on 8th June 2012 as a correct record.

4/ MATTERS ARISING

4.1 Risk register
Mr. Wells gave an oral report advising the committee that in accordance with statutory accounting requirements, a formal report assessing the risks that the Endowment fund may be exposed to will be submitted to the next meeting of the committee.

The committee noted this report

5/ INVESTMENT PERFORMANCE & MONITORING REPORT

Mr. Russell Crichton presented to the committee the Investment Performance Report for the three months ended 30th September 2012 and highlighted the following issues:
5.1 Performance of Portfolio
Mr. Crichton presented a report on the performance of the investment portfolio detailing the percentage return on investments during the last three months to September 2012 together with comparisons to other relevant financial indices. The Committee noted that despite the difficult financial climate the performance of the portfolio had exceeded comparable benchmarks within the charities financial sector.

5.2 Market issues
Mr. Crichton updated the Committee on market issues, with particular reference to the ongoing debt crisis in the Eurozone and the slowing of the economy in China. Mr Crichton also commented that whilst there were also a number of positive factors in the financial markets, the credit crisis was still ongoing and to expect further volatility in the global financial markets.

5.3 Portfolio Concentration/Risk
Mr. Crichton reported that during the last few years the distribution of the portfolio had been extended to include a wider range of different companies in order to spread the risks arising from the continued uncertainty in the financial markets. The committee noted that these changes were in accordance with the low risk strategy included in the Investment Policy.

5.4 Transactions carried out in period
Mr. Crichton provided the Committee with a report of the acquisitions and disposals of investments carried out during the 6 months ended 30th September 2012 and asked the committee to note that these transactions reflected the prevailing market forces during this period.
The Committee noted that these transactions were carried out in accordance with the terms of the discretionary portfolio management agreement.
Following a brief discussion the Committee thanked Mr. Crichton and Mr. Baxter for their contribution and approved the Investment and Performance Monitoring Report for the three months ended 30th September 2012.

Having concluded their report, Mr. Crichton and Mr. Baxter left the meeting at this time

6/ FINANCIAL REPORT FOR THE 6 MONTHS ENDED 30TH SEPTEMBER 2012
Mr. Wells reported that the receipt and disbursements of funds during the period were in accordance with anticipated levels. Mr. Wells also asked the committee to note the receipt of two windfall legacies during the period. Mr. Wells then provided additional information on the transactions relating to the activities funded from Arts Strategy Grants, Legacies and the WRVS. Mr. Wells also asked the Committee to note the continued improvement in the performance of the investment portfolio.

Following a brief discussion during which Mr. Wells answered a number of questions from Committee members, the Committee thanked Mr. Wells for his contribution and approved the Financial Report for the 6 months ended 30th September 2012.
7/ WRVS GIFTING OF FUNDS

Mr. Procter presented a paper “WRVS gifting of funds”.

Mr. Procter advised the committee of the current arrangements agreed with the WRVS for the gifting of funds and further advised that initial discussions were underway with the WRVS in accordance with these arrangements.

The Committee noted the position.

8/ ADDITIONAL FUNDING REQUESTS FOR 2012/13

Mr. Procter presented a paper “Additional funding requests for 2012/13”

1) Wellbeing book scheme £ 499

2) Additional funding for Bursary scheme £1,056
   These two urgent requests were approved by the Lead Director prior to this meeting in accordance with the scheme of delegation contained in the Bidding for Funds policy. The committee now ratified this approval.

3) Schools Art Competition £1,684
   After a brief discussion, the Committee approved this request for funding.

4) Christmas trees for Forth Valley Royal Hospital £1,200
   After a brief discussion, the Committee approved this request for funding.

5) Invitation to present a paper at conference in Vancouver £1,200
   After a brief discussion, the Committee approved this request for funding

6) Purchase/Framing of artwork for the Occupational Health Department £1,395
   The committee did not approve this bid and asked Mr. Wells to determine whether the Arts Strategy budget would be a more appropriate source of funding for this bid.

9/ DISBURSEMENT OF FUNDS POLICY

Mr Holden presented a paper “Disbursement of Funds Policy”.

In accordance with a request from the Committee, Mr. Holden carried out a review of the current arrangements for the disbursement of funds and presented to the Committee a brief description of the current procedures and a number of alternative options for consideration.

In the discussion that followed the committee agreed upon the scope of the policy, the evaluation and review process’s, the need to provide match funding where appropriate and the timetable for carrying out the disbursement of funds. Following this brief discussion the
committee asked Mr. Holden and Mr. Wells to incorporate these principles into a revised Disbursement of Funds Policy and to submit this to the next meeting of the committee for consideration.

10/ UTILISATION OF SIGNIFICANT DONATION FROM THE SAMARITANS

Mr. Procter presented a paper “Utilisation of significant donation from the Samaritans”

This paper proposed a number of options relating to the utilisation of this sum and following a brief discussion the committee agreed to await the completion of the Disbursement of Funds Policy and to utilise the legacy in accordance with the provisions of this policy.

11/ REPORT ON SUB-COMMITTEES - CHARITABLE DEVELOPMENT GROUP

Mr. Procter presented a paper “Report on sub-committees – Charitable Development Group”

1) Mr. Procter presented a paper - Revised Terms of Reference.
   Mr. Procter asked the committee to consider the revised Terms of Reference for the Charitable Development Group’s consequent upon the changes to the membership of this group.
   After a brief discussion the committee approved the revised Terms of Reference for the Charitable Development Group

2) Mr. Procter highlighted the “Fundraising Managers Report”
   Mr Procter highlighted the various activities between April and August 2012. These activities included the implementation of an awareness raising campaign, the establishment of public donation points and the development of corporate sponsorship.
   Mr. Procter also reported to the committee the activities carried out in support the Charitable Development Group and the NHS Forth Valley Arts Strategy including contributing to the significant sums raised from successful bids to grant making agencies.
   Mr. Procter also asked the committee to note key objectives contained in the 2012/13 Fundraising Action Plan.
   The committee noted this report

3) Mr. Holden presented a paper “Maggie’s Fundraising Plan”
   Mr. Holden advised the committee of the outcome of two recent meetings that the Fundraising Manager had held with representatives of Maggie’s that included the agreement of an action plan detailing the joint working arrangements over the next six months between Maggie’s and the Fundraising Manger in support of the delivery of Maggie’s Fundraising Plan. Mr Procter highlighted the importance of this project and the time commitment required from NHS to support this worthwhile initiative. Mr Procter further advised that he would be meeting with the Head of Campaigns at Maggies later that day along with Mr Holden to confirm the support arrangements.

4) The Committee noted the Minutes of the Charitable Development Group held on 22nd May 2012 and the Draft Minutes of the meeting held on the 20th September 2012.
12/ REPORT FROM THE NATIONAL ENDOWMENTS REVIEW GROUP

Mr. Wells presented a paper “Report from the National Endowments Review Group”

Mr. Procter asked the committee to note the draft report issued by the National Endowments Review Group that provided a number of recommendations on the governance and best practice of NHS Endowment funds in Scotland. Mr. Procter also asked the committee to consider their responses to the questionnaire included in this draft report.

In the discussion that followed the committee reviewed the recommendations included in the draft report and noted that the current policies and procedures for the Forth Valley Endowment Fund were sufficient to comply with the main recommendations contained in this report. The committee also agreed to further consider the recommendations included in the report during the annual review of the policies and procedures of the Endowment Fund.

After further discussion the Committee also agreed their responses to the questionnaire and asked Mr. Wells to submit this reply to the National Review Group.

13/ INTERNATIONAL ACCOUNTING STANDARD 27 – CONSOLIDATION OF ACCOUNTS

Mrs. Ramsay reported that there was no further update from the Directors of Finance in NHS Scotland regarding compliance with International Accounting Standard 27.

14/ ARTLINK ANNUAL REPORT

The Committee noted the Annual Report received from Artlink.

15/ ANY OTHER COMPETENT BUSINESS

There being no other competent business the Chair closed the meeting at 13:30 a.m.

DATE OF NEXT MEETING

The next meeting of the Forth Valley NHS Board Endowment Committee is to be held on Friday 18th January 2013 at the Forth Valley NHS Board Headquarters, Carseview House, Castle Business Park, Stirling. The meeting is to commence at approximately 11.30am, following the conclusion of the business of Audit Committee.
Forth Valley NHS Board

27 November 2012

This report relates to Item 7.8 on the agenda

Minute of Clinical Governance Committee Meeting held on 30 October 2012

For Noting
DRAFT
Minute of the Forth Valley NHS Board Clinical Governance Committee meeting held on Friday 30 OCTOBER 2012 at 9.30 am in the BOARDROOM, CARSEVIEW HOUSE

Present: Ms Fiona Gavine, Non Executive Board Member (Chair)
Dr A Bridges, Chair of Area Clinical Forum
Mr C Forbes, Non Executive Board Member
Mrs H McGuire, Public Involvement Network
Ms V Nash, Non Executive Board Member

In Attendance: Mrs I Graham, Personal Assistant (Minute)
Mr J Horwood, Infection Control & Public Health Manager
Mrs M Inglis, Head of Clinical Governance
Mr A Linkston, Chairman, NHS Forth Valley
Professor F Mackenzie, Chief Executive
Mrs A Richmond-Ferns, Associate Director of Human Resources
Ms E Vanhegan, Head of Performance Management
Professor A Wallace, Director of Nursing
Dr I Wallace, Medical Director

1/ APOLOGIES FOR ABSENCE

Apologies for absence were intimated on behalf of Dr S Cumming, Dr AM Wallace, Mrs G Caldwell and Mrs E Crosbie.

2/ DECLARATIONS OF INTEREST

There were no declarations of interest.

3/ MINUTE OF NHS FORTH VALLEY CLINICAL GOVERNANCE COMMITTEE MEETING HELD ON 27 JULY 2012

The minute of the Clinical Governance Committee meeting held on 27 July 2012 was approved as a correct record, subject to the following amendment.

Pg 3, Item 5.1, should read - ‘Mrs McGuire confirmed that Public Partnership Forum members had now taken part in domestic audits at Falkirk, Clackmannan and Bo’ness Community Hospitals. Professor Wallace advised that she had followed up the reason that the audits had been cancelled and a process had been put in place to address this issue in the future, including the provision of appropriate notice.’

4/ MATTERS ARISING

4.1 Review of Actions
The Committee considered the actions from the previous meeting and noted the progress made to date.

Item 5.1 Ms Vanhegan reported that Mrs Janette Fraser, Senior Planning Manager would link into the Scottish Ambulance Service on behalf of NHS Forth Valley and would check that there were appropriate communications back to Public Panel members

Item 6.1 Picked up in the agenda

Item 6.2 Mrs Inglis stated that all operational governance arrangements in the units were being reviewed.

Item 6.5 Ms Vanhegan reported that Mrs Gail Caldwell and Mr Peter Mackie had met and that work was in progress.

Item 8.1 Mrs Inglis advised that no date had been reached for the HIS review visit to Older People in Acute Care

5/ CLINICAL GOVERNANCE: STRATEGY AND OBJECTIVES

5.1 Draft Quality Assurance in NHS Forth Valley - Clinical Governance & Risk Management

The Committee received a paper - Draft Quality Assurance in NHS Forth Valley - Clinical Governance & Risk Management - presented by Dr Iain Wallace, Medical Director.

Dr I Wallace stated that work was in progress which would bring together both clinical governance and risk management strategies, this included staff governance and wellbeing, and health and safety and was underpinned by the Quality Improvement Framework. Dr Wallace highlighted that the document described the systems and accountabilities to provide assurance, including the monitoring/metrics under further development. Ms Vanhegan advised that information governance would be added to the document. Dr I Wallace welcomed comments from the Committee.

Mr Forbes and Ms Nash gave their congratulations on this very helpful document which explained the linkages that were in place.

In response to a question from Mr Linkston, Ms Vanhegan confirmed that this document would be integrated into Covalent.

Mrs McGuire noted that there was a need for consistency of language in relation to the terms 'patient centred' and 'person centred'.

The next step was to circulate to key individuals in the organisation and any amendments to the document would be circulated to this Committee.

The Committee noted this approach.
5.2 Draft NHS Forth Valley Quality Improvement Framework

The Committee received a paper - Draft NHS Forth Valley Quality Improvement Framework - presented by Professor Angela Wallace, Director of Nursing.

Professor Wallace stated that this document underpinned the approach to clinical governance and risk management in NHS Forth Valley and would be brought together under the Efficiency, Productivity and Quality (EPQ) Programme. Work had already been carried out with managers, clinicians and other staff to develop the framework and sharpen the approach to objectives and measurement. It was aimed to have this signed off by the end of the year, and Professor Wallace welcomed comments from the Committee.

After discussion the Committee felt that this was a key document, however there was still some work to be undertaken in relation to the terminology. There was also discussion regarding adding more detail on specific goals and benchmarks. The point was made to include a glossary of acronyms as an appendix to the document in order to make it understandable to all. It was also suggested that the document should be put into the Covalent system. Professor Wallace highlighted the infrastructure that supported the framework including the development of measures as part of a single system balanced score card.

In response to a question from Mrs McGuire, Professor Wallace confirmed that the document would be presented to a Patient Panel Group and Professor Wallace agreed to action this.

Professor Wallace thanked the Committee for their comments.

6/ SAFE CARE

6.1 Health Improvement Scotland (HIS) - Ayrshire & Arran

The Committee received a presentation - Health Improvement Scotland (HIS) - Ayrshire & Arran from Mrs Monica Inglis, Head of Clinical Governance.

Ms Inglis reported that following publication of the Health Improvement Scotland report, the following themes had been identified:

- Lines of accountability, reporting and ownership of Significant Adverse Events actions and learning
- Sharing information on Significant Adverse Event reviews
- Robust and systematic approach to implementing action plans/monitoring progress
- Involving patients and families
- Identifying thematic learning
- Scrutiny applied to information collected on incidents
- Decisions to undertake Significant Adverse Event reviews/type of review
- Timelines
- Staff support resource
Areas of good practice had been identified together with evidence of thematic learning with linkage to complaints. Mrs Inglis tabled the Australia/New Zealand risk quantification criteria which were used to grade incidents and risks. She advised that this was being reviewed locally as it had been identified that the multiplication of likelihood and consequence reduced the final score for ‘rare’ events – scoring based on consequence was under consideration.

Ms Inglis stated that there was no national definition of a Significant Adverse Event; however this was under review. She met regularly with Professor Wallace and Dr I Wallace to look at thematic learning from events and to discuss significant adverse events. The 3 stages taken after a significant adverse event were:

- Immediate action
- Review and investigation
- Actions and learning

The Clinical Governance Working Group oversaw these processes and provided assurance to this Committee.

Ms Inglis would continue to look at developments required and would bring a further report back to the next meeting of the Committee.

The Committee thanked Mrs Inglis for her presentation and stressed that they were keen to encourage an open culture.

6.2 Serious Adverse Events Report to end of September 2012

The Committee received a presentation - Serious Adverse Events Report to end of September 2012 from Dr Iain Wallace, Medical Director.

Dr I Wallace explained -

- The definition of a Significant Adverse Event
- How Significant Adverse Events are reported
- The risk quantification criteria
- How Significant Adverse Events are investigated
- The system for reviewing recommendations/taking forward actions
- Organisational learning

Dr I Wallace asked for comments on the format of report, the Committee requirements and the level of detail that should be contained in the report.

After discussion the Committee agreed on the following format:

- Cumulative comparative figures with high level detail
- Mortality trends including deaths
- Assurance that systems are being monitored
6.3 **NHS Forth Valley Healthcare Associated Infection Reporting Template (HAIRT)**

The Committee received a paper - NHS Forth Valley Healthcare Associated Infection Reporting Template (HAIRT) - presented by Mr Jonathan Horwood, Infection Control & Public Health Manager.

Mr Horwood highlighted the Board reporting performance arrangements for Health Associated Infection from April – September 2012.

Mr Horwood reported an average of 6 Staphylococcus Aureus Bacteraemias (SAB) cases per month. Cases of cDifficile averaged 3 per month which was a reduction on last year’s figures. No cases of norovirus had been recorded to date.

The Committee noted the report and it was agreed that as this Template was presented to the NHS Forth Valley Board, there was no requirement for presentation to this Committee in future.

6.4 **NHS Forth Valley Healthcare Associated Infection (HAI) Quarterly Report**


Mr Horwood stated that over the period from April - September 2012 there had been a 10% reduction in Staphylococcus Aureus Bacteraemias (SAB) cases. There had been 11 cases of Clostridium difficile infections (CDI) which was an increase in last years figure, however we were still the lowest rate in Scotland. No deaths associated with SABs had been recorded and there had been no outbreaks of norovirus.

The Committee noted the report.

6.5 **NHS Forth Valley Corporate Risk Register**

The Committee received a paper - NHS Forth Valley Corporate Risk Register - presented by Ms Elaine Vanhegan, Head of Performance Management.

Ms Vanhegan stated that in light of the new structure, a review was underway to align risks with appropriate committees.

In response to a comment regarding the amount of risks highlighted in red, Ms Vanhegan reported that the Performance and Resources Committee would be reviewing these risks in depth.
In response to a question regarding concerns about patients being discharged, Professor Wallace stated that no patient was discharged until deemed clinically ready for discharge.

The Committee noted the report.

7/ EFFECTIVE CARE

7.1 Health Improvement Scotland (HIS) Surgical Profiles

The Committee received a paper - Health Improvement Scotland (HIS) Surgical Profiles - presented by Mrs Monica Inglis, Head of Clinical Governance.

Mrs Inglis stated that this was the final response to Health Improvement Scotland (formerly NHS Quality Improvement Scotland) which updated them on the local actions in relation to 2 indicators:

- Emergency readmission to medical specialty following discharge from general surgery
- Planned cholecystectomy procedures

The Committee noted the report.

7.2 NHS Forth Valley Clinical Governance Performance Monitoring Template Summary

The Committee received a paper - NHS Forth Valley Clinical Governance Performance Monitoring Template Summary - presented by Mrs Monica Inglis, Head of Clinical Governance.

The Committee was asked to note that the service would benchmark against the Out of Hours quality indicators and also that the MCN annual reports and actions being taken had been a substantial agenda item at the last meeting of the Clinical Governance Working Group.

The Committee noted the report.

8/ PERSON CENTRED CARE

8.1 NHS Forth Valley Complaints Performance Report

The Committee received a paper - NHS Forth Valley Complaints Performance Report - presented by Professor Angela Wallace, Director of Nursing.

Professor Wallace stated that this was the first iteration of the new format of this report. The total number of complaints received from April – 30 September 2012 had been 299 which was a 12% increase from the same period last year.
The Committee discussed the detail of the report. Professor Wallace stated that no particular areas/clinicians had been identified as having a high number of complaints however the total number of complaints had been broken down in themes with the top 3 issues being:

- Clinical treatment
- Attitude and behaviour
- Date for appointment

The Committee noted the progress achieved.

9/ REPORTS FROM ASSOCIATED CLINICAL GOVERNANCE GROUPS

9.1 Minute of Patient Focus and Public Involvement Steering Group held on 5 June 2012

The Committee noted the minute of the Patient Focus and Public Involvement Steering Group held on 5 June 2012 as presented by Professor Angela Wallace, Director of Nursing.

Professor Wallace stated that this Group had now been stood down and that new arrangements would be established in accordance with the National Region Centred Health and Care Programme.

9.2 Draft Minute of the Area Prevention and Control of Infection Committee held on 19 July 2012

The Committee noted the draft minute of the Area Prevention and Control of Infection Committee held on 19 July 2012 as presented by Mr Jonathan Horwood, Infection Control and Public Health Manager.

9.3 Child Protection Action Group - Quarterly Report

The Committee noted the Child Protection Action Group - Quarterly Report as presented by Professor Angela Wallace, Director of Nursing.

The Committee agreed that this item would be taken earlier in the agenda in future.

9.4 Draft Minute of the Joint Clinical Governance Working Group held on 2 August 2012

The Committee noted the draft minute of the Joint Clinical Governance Working Group held on 2 August 2012 as presented by Mrs Monica Inglis, Head of Clinical Governance. Mrs Inglis drew attention to item 3.1 of the minute which related to the following up of actions arising from the investigation of a critical incident.

10/ ANY OTHER COMPETENT BUSINESS

There was no other competent business.
11/ DATE AND TIME OF FUTURE MEETINGS

PLEASE NOTE CHANGE TO JANUARY DATE

The next meeting of the NHS Forth Valley Clinical Governance Committee would be held on Tuesday 22 January 2013 at 2.00pm in the Boardroom, Carseview House, Stirling.

2013/2014 dates agreed for 9.30am in the Boardroom, Carseview House are:

15 March 2013
21 June 2013
13 September 2013
13 December 2013
21 March 2014

There being no further business, the Chair closed the meeting at 5.20pm
Forth Valley NHS Board

27 November 2012

This report relates to Item 8 on the agenda

NHS Forth Valley Winter Contingency Plan
(Paper presented by Mr David McPherson, General Manager)

For Noting
SUMMARY

1. **TITLE: NHS FORTH VALLEY WINTER CONTINGENCY PLAN 2012-2013**

2. **PURPOSE OF PAPER**
This paper provides a summary of the overall approach taken by NHS Forth Valley in relation to the development of the “Winter Contingency Plan 2012-2013”. This includes how we intend to address the recommendations identified in “Preparing for Winter 2012-2013 guidance” report and the NHS Director for Health Workforce and Performance letter on preparing for Winter 2012/2013.

3. **KEY ISSUES**
The focus of the winter contingency plan deals with the period November 2012 to March 2013 and in particular detailed arrangements for the festive holiday period 17 December 2012 to 4 January 2013.

This Winter Plan has also been fully integrated with the approach taken for the development of Pandemic Influenza arrangements in Forth Valley and the associated Operational Framework. The plan has also been considered by the Civil Contingency Unit to ensure it is fully integrated with the Business Continuity Planning process.

The existing capacity planning team membership and remit has been augmented to include winter planning capacity, to develop the plan to deal with the additional demands placed on services during the “winter period”. The group has incorporated all year round capacity plans and this approach ensures the organisation has both a local and system wide perspective and involvement in developing and implementing the plan. This approach has involved representation (where indicated) from the three local authorities and primary care services.

In addition, considerable managerial effort is ongoing to fully realise the benefits accruing from Forth Valley Royal Hospital. Work is undertaken daily to actively manage capacity and information derived from new KPI’s will vastly improve decision making during winter.

**Key Points to the Winter Contingency Plan:**

- Enhanced surveillance system developed and in place incorporating ISD System Watch, bed occupancy and predictions for all NHS services, in addition to reporting rates of Diarrhoea and Vomiting and flu.
- Fully developed Vaccination Plans for seasonal flu.
- Integrated approach developed for escalation of service response across the whole care system
- Robust contingency arrangements will be in place. This will ensure urgent elective work continues even if winter pressures exceed expectations.
- Day Surgery will be maximised over the festive period, which increases the capacity to deal with emergency work.
- Robust bed management, weather, flu watch arrangements will be in place.
- Clear Escalation plans will be in place to swiftly address the need to rebalance bed use in Acute Service.
• Rapid assessment and decision making through Acute Admission Unit (AAU).
• 24/7 access to diagnostics e.g. CT scan and X-ray.
• Fast Track Services (AHP’s) at weekend over winter period.
• Estimated Date of Discharge will be in place.
• Anticipatory care planning will be in place.
• Increased 4x4 capability within the transport fleet.
• Partnership with local authorities relating to discharging of patients will continue.
• Rapid access Day Medicine Services.
• Introduction of “Safe Havens” in Stirling and Falkirk to deal with festive partygoers.

4. **FINANCIAL IMPLICATIONS**
   Resource implications are identified within each of the work streams.

5. **WORKFORCE IMPLICATIONS**
   Workforce implications are identified in individual work streams

6. **RISK ASSESSMENT AND IMPLICATIONS**
   The development of this winter plan is intended to reduce the risk factors identified in local Business Continuity Management (BCM) arrangements, national guidance for 2012/2013 and capacity issues over the winter.

7. **RELEVANCE TO STRATEGIC PRIORITIES**
   This meets NHS Forth Valley commitments in relation to coping with Winter Pressures identified for 2012/2013.

8. **EQUALITY DECLARATION**
   The author can confirm that due regard has been given to the Equality Act 2010 and compliance with the three aims of the Equality Duty as part of the decision making process.

   Further to an evaluation it is noted that:  *(please tick relevant box)*
   □ Paper is not relevant to Equality and Diversity
   □√ Screening completed - no discrimination noted
   □ Full Equality Impact Assessment completed – report available on request.

9. **CONSULTATION PROCESS**
   *(detail briefly which groups & / or individuals have been involved in contributing to the document, use a table format if required for ease of understanding)*

10. **RECOMMENDATION(S) FOR DECISION**
    The Forth Valley NHS Board is asked to approve the winter planning arrangements being put in place for 2012/2013.
11. **Author of Paper/Report:**

<table>
<thead>
<tr>
<th>Name</th>
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<tr>
<td>David McPherson</td>
<td>General Manager, Specialist and Ambulatory Care Services Unit</td>
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**Approved by:**

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<td>Fiona MacKenzie</td>
<td>Chief Executive</td>
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Winter Contingency Plan

2012 - 2013
Contents

1. Winter Planning Arrangements          Pages 3 – 4


3. Winter Capacity Factors Informing Plan Page 6

4. Links to Pandemic Flu Planning Page 7

5. Service Standards and Action Plans
   Section One   Flu Immunisation Pages 8 - 12
   Section Two   Acute Services Pages 13 - 18
   Section Three Primary Care Services Pages 19 - 20
   Section Four  Capacity Contingencies and Information Management Page 21
   Section Five  Communication Pages 22 - 23
   Section Six   Infection Control Page 24

6. Appendix one Out of Hours Winter Contingency Plan Page 25 – 35
1 Winter Planning Arrangements

Introduction

The NHS Forth Valley Winter Plan has been reviewed based on the issues highlighted in the two winter planning sessions held in June and September 2012. It also incorporates the guidance issued by John Connaghan in his letter dated 16th October 2012.

The main focus of the winter contingency plan deals with the period November 2012 to March 2013 and in particular details arrangements for the festive holiday period 24th December 2012 to 4th January 2013.

The existing capacity planning team membership and remit has been augmented to include winter planning capacity, to develop the plan to deal with the additional demands placed on services during the “winter period”. The group has incorporated all year round capacity plans and this approach ensures the organisation has both a local and system wide perspective and involvement in developing and implementing the plan. This approach has involved representation (where indicated) from the three local authorities, primary care services and the Scottish Ambulance Service.

There are several significant pieces of work ongoing and while it is anticipated that they will impact on the Winter Plan, it is too early to predict accurately what that impact will be. However the outcome of the work will be assessed and incorporated as appropriate.

The two most significant pieces of work relate to capacity and flow and discharge planning of patients. The Board has already had an update on the capacity and flow workstream and the impact that this workstream could have on winter planning is obvious.

The emphasis on the discharge will also have a major impact on the availability of beds within FVRH and this too will ensure that the maximum resources are available to deal with the pressures of winter.

This is the first winter plan which is required to address the Treatment Time Guarantee enshrined within the Patients Rights Act. Normally major elective activity would be reduced during the first full working week in January to deal with “surge” presentations.

Instead this year, the focus will be on maximising the use of the Day Surgery Unit, and with the exception of urgent cases, including cancers, surgical colleagues will manage elective workload accordingly.

Every effort will be made to ensure targets are met while inpatient capacity is actively managed.
During October the Scottish Government announced that additional monies would be made available to Boards to support winter planning arrangements. A bid has been submitted incorporating a range of proposals and a response is anticipated imminently.

**Key Points to the Winter Contingency Plan**

The main action areas are summarised below:

- Enhanced surveillance system developed and in place incorporating ISD System Watch, bed occupancy and predictions for all NHS services, in addition to reporting rates of Diarrhoea and Vomiting and flu.
- Integrated approach developed for escalation of service response across the whole care system.
- Robust contingency arrangements will be in place. This will ensure urgent elective work continues even if winter pressures exceed expectations.
- Robust bed management, weather, flu watch arrangements will be in place.
- Clear Escalation plans will be in place to swiftly address the need to rebalance bed use in Acute Service.
- Rapid assessment and decision making through Clinical Assessment Unit (CAU).
- 24/7 access to diagnostics e.g. CT scan and X-ray.
- Fast Track Services at weekend over winter period.
- Estimated Date of Discharge will be in place.
- Anticipatory care planning will be in place.
- Partnership with local authorities relating to discharging of patients will continue.
- A revised targeted communications plan.
- Additional Clinics.
- Rapid access Day Medicine Services.
- Contingency nursing staff recruited on a temporary basis (15 WTE).
- Introduction of “Safe Havens” in Stirling and Falkirk to deal with festive partygoers.
- Review of arrangements for management of outbreaks.
- The impact of the severe weather has been considered carefully.
- Increase in local 4x4 capacity through a memorandum of understanding with the British Red Cross.

2    Arrangements for Implementation of the Winter Plan for 2012/2013:

*Accountability*: Acute General Managers:-
Specialist and Ambulatory Care Unit
Emergency and Inpatient Services
Women, Children & Sexual Health Services
CHP

Responsibility: Chief Executive

Involvement: Forth Valley NHS Board, Acute Services, Primary Care Services, Social Work Services – Clackmannanshire / Falkirk / Stirling

Meetings and Performance Management:

Capacity planning meetings have been fully established and will be responsible for appropriately monitoring and managing the capacity position. The winter contingency plan links to the acute capacity escalation plan, this in turn, has been augmented to include the NHS 24 and Out of Hours service escalation processes.
3 Winter Capacity Factors Informing Plan

- Winter Capacity Planning
- Festive Plan – 2 x 2 day holiday
- Capacity Escalation Planning
- All Year Round Capacity Planning
- Delayed Discharge Planning
- Bed Management
- Infection Outbreak Capacity Impact
4 Links to Pandemic Influenza Planning

Surveillance System
The main indicators include:

Local Forth Valley Data:
- Flu Spotter GP practice figures
- School Absence Data
- Emergency Department data
- Bed State Data
- Out of Hours GP Data (Adastral)
- Tamiflu Prescribing Data (antiviral usage by community pharmacy) – if required

National Data (broken down by Health Board Area)
- NHS 24
- ISD surveillance reports
- System Watch
- Winter reporting model

This approach will be developed and rolled out to cover the whole of the winter planning period and recognises the need to have information that supports ‘real time’ decision making capability within services.

De/escalation Model

The development of a de/escalation model, which has been based on the principle of maintaining care for as long as possible in the community, has been agreed locally. This includes an essential services list that can be delivered depending on the scale of the pressure on services. The five phases identified within the NHS Forth Valley escalation model are:

- Normal service provision
- Mobilisation
- Non-essential services stopped
- Limited service provision
- Essential/Urgent services maintained
### 5 Service Standards and Action Plans 2012/13

<table>
<thead>
<tr>
<th>Section One: Flu Immunisation</th>
<th>Responsibility: Dr H Prempeh</th>
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<td>The delivery of these standards will be monitored by the Multi-agency ‘Seasonal Flu Group’ led by the Public Health Department</td>
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**Standards:**

**General Population**

Dr Prempeh will co-ordinate via the Forth Valley Seasonal Flu Group the overall responsibility for influenza immunisation. This will involve working closely with Primary Care to ensure that all those in the specified ‘high risk’ categories per current CMO guidelines are aware of their eligibility and access vaccination within the local arrangements. The work undertaken by the Forth Valley Seasonal Flu Group will give confidence that the national target for uptake (75%) in those aged 65 and over will be reached. The Forth Valley Seasonal Flu Group has again set the local target at 77%. The uptake for 2011/12 across Scotland as a whole was 76.6%; NHS Forth Valley again achieved the highest uptakes in Scotland at 80.0%.

Each general practice will be encouraged to have arrangements in place to maximise coverage of the most vulnerable patients in the under 65 age group. Arrangements will be put in place to monitor the uptake of vaccine in each general practice (to allow for local regional and national evaluation). The national target for this group has been raised to 75%. Scotland as a whole achieved 56.4% in 2011/12 and NHS Forth Valley achieved the second highest uptake at 60.0%.

**Staff Immunisation – NHS and Social Care**

NHS Forth Valley will have robust plans in place to ensure that influenza immunisation is offered to all NHS staff involved in the delivery of care and/or support to patients. Proactive arrangements will be put in place for all NHS Staff, but particularly those in sensitive areas such as paediatrics and maternity services, Intensive Care, Haematology, etc. and offer immunisation at various times and locations. These arrangements may be modified due to unforeseen pressure on vaccine supply, when prioritisation may be required in order to target ‘front line’ staff and high risk patients initially. This year Flu Champions have been identified in each of the divisions under a scheme coordinated by the Scottish Government. These Flu Champions will act as a focal point for raising the moral of the healthcare workers and encouraging the uptake of the vaccine.

Local Authority Social Services will be assisted in meeting their responsibility to have plans in place to ensure that influenza immunisation is offered to all staff involved in the delivery of care and/or support to patients. Multi-agency working between NHS and Local Authorities has been on-going for the last 6 years, during this time a robust arrangement has been devised in order to identify and target the ‘front line’ employees and offer immunisation to this group.

Stirling and Clackmannanshire Councils will continue to be supported in taking forward a unique programme which involves targeted staff accessing a vaccination service provided by local Community Chemist. This service will be completely funded by the Councils.

**Local Arrangements to Deliver These Standards**

- **Accountability**  
  For population immunisation: Director of Public Health. For staff immunisation: NHS Chief Executives and Social Services Directors.
- **Responsibility**  
  Consultant in Communicable Disease and Public Health.
- **Involvement**  
  General Practices, Primary Care Services, Acute Services, Local Authority Social Services, Care Homes.
Section One: Flu Immunisation – continued

Falkirk Council will continue to provide a more direct service in collaboration with NHS Forth Valley to their Social Services staff, while this service will be jointly funded the Council will also be putting in place a service for all other frontline workers including teachers, and bin collectors etc. This service will be funded by the completely funded by the Council. This service will be extended to care homes and unpaid carers. NHS forth Valley achieved the highest uptake of the vaccine by unpaid carers with 65.7% compared to Scotland as a whole with 51.3%.

Each organisation will have arrangements in place to ensure that they evaluate uptake and the effects of immunisation on staffing over the winter. NHS Forth Valley will make arrangements for immunisation of Care Home Staff, and have robust plans in place to ensure that influenza immunisation is offered to all staff involved in the delivery of care and/or support to patients.

Local Arrangements to Deliver These Standards

- **Accountability**  For population immunisation: Director of Public Health. For staff immunisation: NHS Chief Executives and Social Services Directors.
- **Responsibility**  Consultant in Communicable Disease and Public Health.
- **Involvement**  General Practices, Primary Care Services, Acute Services, Local Authority Social Services, Care Homes.
## Section One: General Population and Flu Immunisation

<table>
<thead>
<tr>
<th>Standard</th>
<th>Action</th>
<th>Expected Outcome/Impact</th>
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</table>
| General Population and Flu Immunisation | • National target set at 75% uptake and local target set at 77% for those aged 65–years and over.  
• National target set at 75% uptake for those under 65–years in at risk groups.  
• Recommended target of 50 % for staff working in sensitive areas.  
• National and Local media campaign October-November 2012 targeted at vulnerable groups. NHS Forth Valley has for the first time developed its own awareness raising campaign to complement the National approach. This involved the printing of 14,000 local leaflets, and over 700 locally designed posters. These promotional materials will be distributed to GPs, pharmacies, Local Authorities, libraries, care homes, sheltered housing schemes. Articles have also been prepared for Local Authorities magazines.  
• National SIRS letters sent to all those aged 65–years and over.  
• Monitoring uptake co-ordinated via HPS; reports collated by co-ordinator, and submitted to Scottish Government.  
• Plans formulated by NHS Forth Valley reflecting national guidance; first priority given to at risk members of the public before Health Care staff.  
• GPs encouraged to vaccinate Care Home residents. | • Forth Valley Health Board will attempt to maintain uptake levels among the three highest in Scotland.  
• Regular progress reports provided to CHPs and GPs on the campaign via their representatives on the Forth Valley Seasonal Flu Group.  
• Improved flu immunisation uptake compared with 2011/12  
• Participation by at least 95% of GP practices in the new Scottish Influenza Surveillance Reporting scheme. |

### Local Arrangements to Deliver These Standards

- **Accountability**: For population immunisation: Director of Public Health. For staff immunisation: NHS Chief Executives and Social Services Directors.
- **Involvement**: General Practices, Primary Care Services, Acute Services, Local Authority Social Services, Care Homes.
### Section One: General Population and Flu Immunisation – continued

<table>
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<tr>
<th>Standard</th>
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| **Health and Social Care Staff and Flu Immunisation** | • Health and Social Care staff will be targeted where the services provided are critical to the protection of vulnerable clients, the overall performance of the organisation, and protection of staff and their families – these are:  
- Ambulance Service – staff with direct patient contact.  
- All Care Home staff.  
- Unpaid Carers.  
- LA – staff with direct patient contact  
- All NHS Staff, in particular those in Acute Services including staff in: A&E, Critical Care, Medical Admissions Units, Intensive Care, Haematology, Paediatrics and maternity, Obstetrics, Care of the Elderly.  
- Proactive publicity within the NHS via wage slips over 5000 leaflets will be distributed; targeted emails; programme implementation via Occupational Health providers, with “on site” sessions a priority.  
- Over 200 Posters with NHS clinic times will be distributed.  
- All staff in provider units (children and adults), all home care staff including managers and call centre staff, key staff undertaking assessment and care management e.g. duty workers, hospital teams and purchasing teams. Programme implementation via contract with Community pharmacist or with the assistance of NHS Forth Valley.  
- Each partner agency will have a plan for local monitoring of uptake;  
- Monitoring of uptake in FVNHS Board to be co-ordinated via Occupational Health, according to nationally agreed arrangements. | • Timely submission of relevant data by Occupational Health.  
• Collation and sharing of uptake figures from Local Authority partners.  
• High uptake of vaccine by Care Home staff.  
• High uptake of vaccine by unpaid carers.  
• Few or no outbreaks of influenza within Care Homes, or amongst other at risk groups within Forth Valley. |

### Local Arrangements to Deliver These Standards

- **Accountability** For population immunisation: Director of Public Health. For staff immunisation: NHS Chief Executives and Social Services Directors.
- **Responsibility** Consultant in Communicable Disease and Public Health.
- **Involvement** General Practices, Primary Care Services, Acute Services, Local Authority Social Services, Care Homes.
### Section One  Standard – General Population and Flu Immunisation – continued

<table>
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<tr>
<th>Standard</th>
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| • Independent sector care homes contacted in writing to remind them of current DOH recommendations and their responsibilities as employers to ensure the health and safety of their staff.  
• Immunisation sessions will be provided by NHS Forth Valley for care home staff if no service is provided the care home or the specific Local Authority. | | |

### Local Arrangements to Deliver These Standards

- **Accountability**  
  For population immunisation: Director of Public Health.  
  For staff immunisation: NHS Chief Executives and Social Services Directors.
- **Responsibility**  
  Consultant in Communicable Disease and Public Health.
- **Involvement**  
  General Practices, Primary Care Services, Acute Services, Local Authority Social Services, Care Homes.
<table>
<thead>
<tr>
<th>Standards:</th>
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<tbody>
<tr>
<td><strong>Emergency and Urgent Care</strong></td>
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</tr>
<tr>
<td>Patients will be sign posted to the correct service and the organisation will continue to endeavour to reduce attendances at ED. Those individuals (already identified) who are frequent attendees to ED will continue to be case managed. The 4-hour emergency care access standard will be worked towards with breaches kept to a minimum. Contingency areas have been clearly identified and NHS Forth Valley has employed a further 15wte registered nurses on 6 month fixed term contracts to ensure that the contingency areas are appropriately staffed, to reduce potential for variation of practices and establish continuity of care with these additional areas, which clear lines of accountability. There is an ongoing Efficiency, Productivity and Quality initiative ongoing within NHS Forth Valley. Outputs from the various subgroups will be fed into the established daily capacity etc available Fast Track – AHP support available in wards at weekends In-Patient areas – Surgical The risk of cancelling elective operations will be minimised and theatre access maximised. TTG targets will be maintained and assistance with general capacity being considered on a weekly basis. In-Patient areas - Others Early discharges will be maximised to increase bed capacity. Available bed capacity will be maximised and length of stay minimised. Clinical handovers from in hours to out of hours staff will be improved and safe and effective management of unwell patients out of hours fully maintained. Utilisation of frail elderly community beds will be maximised to allow for increased acute services capacity.</td>
<td></td>
</tr>
</tbody>
</table>

**Local Arrangements to Deliver These Standards**

- **Accountability**  
  Chief Executive
- **Responsibility**  
  General Managers Acute and Falkirk, Stirling and Clackmannanshire CHP’s.
- **Involvement**  
  Primary Care, Social Services, Care Homes, Pharmacists.
### Section Two: Acute Services- continued

<table>
<thead>
<tr>
<th>Standard</th>
<th>Action</th>
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</table>
| Emergency and Inpatient Services | • Review referral criteria for following: SAS to MIU and ED to OOH.  
• Reinforce paramedic referral process to OOH; ensuring OOH numbers available to SAS.  
• Reissue centre contact numbers for professional-to-professional referrals.  
• Stream admissions through ED.  
• Introduce case management for identified frequent attendees through ED.  
• Remind GP practices of need to update Special Patient Notes on Adastra.  
• Ensure Special Patient Notes are updated.  
• Appoint Registered Mental Nurse to work at peak times in ED.  
• All confirmed hip fractures to be admitted direct to trauma unit.  
• Establish referral pathways and criteria for identified conditions through ambulatory care/receiving units and day hospital.  
• Fast track service extended to include weekend working.  
• Monitor compliance with 4-hour emergency care standard and ensure targeted intervention of any breaches.  
• Local SAS performance managers should continue to ensure the process of transferring patients to the correct area at the correct time in the safest method.  
• Increase rapid access Day Medicine Services. | • Patients will be sign posted to the correct service.  
• Attendances at ED may be reduced.  
• Appropriate management of frequent ED attenderers will be developed on a case management basis.  
• Identified vulnerable self-harming and/or substance misuse individuals will be treated in a timely manner with a positive outcome.  
• Access to dental services in Forth Valley will be through a robust referral system, which will be in compliance with National Standards.  
• Compliance with 24-hour hip fracture heat target.  
• Reduce in-patient activity and admission.  
• Improve local access for patients.  
• Create alternatives to in-patient admissions.  
• Establish Rapid access to point of care testing.  
• Promote early discharge of patients.  
• The number of breaches for the 4-hour target will be kept to a minimum.  
• Smooth and efficient patient transfer across the sites and discharges home. |

### Local Arrangements to Deliver These Standards

- **Accountability**: Chief Executive.
- **Responsibility**: General Managers Acute and Falkirk, Stirling and Clackmannanshire CHP’s.
- **Involvement**: Primary Care, Social Services, Care Homes, Pharmacists.
### Section Two: Acute Services- continued

<table>
<thead>
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| Specialist and Ambulatory Care Services – Ambulatory Care unit | • Maximise day surgery activity. Increased resources to allow for weekend working which will minimise risk of failure to meet TTG  
• Surgical bed modelling tool is completed and allows for proactive management of surgical capacity.  
• Maintain predicted date of discharges and reduced length of stay for surgical in-patients to proactively manage patient pathway and expectations.  
• Ensure all surgical activity whether planned or otherwise is communicated through the capacity planning and escalation meetings.  
• Continue to increase early identification of take home medicines at pre-op assessment.  
• Appropriate radiology cover implemented to support any additional trauma theatre.  
• Increase AHP into rehabilitation to support early discharging of patients and maximisation of rehabilitation process 7 days a week. | • Minimise the risk of cancelling of elective operations.  
• Ensure theatre access is maximised.  
• Maintain level of waiting time breaches at zero.  
• Assist with capacity in acute services.  
• Reduce delays in patient discharges from surgical unit. |

**Local Arrangements to Deliver These Standards**

- **Accountability** Chief Executive.  
- **Responsibility** General Managers Acute and Falkirk, Stirling and Clackmannanshire CHP’s.  
- **Involvement** Primary Care, Social Services, Care Homes, Pharmacists.
### Section Two: Acute Services- continued

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| In-patient areas - Others | • Review utilisation of discharge lounge to maximise discharges early in morning.  
• Profile patients that could be treated at ambulatory care rather than as inpatients.  
• Improve access to diagnostics for patients as outpatients’ e.g. Ambulatory care.  
• Maximise use of outpatient antibiotic therapy service in particular for Orthopaedic services.  
• Increase throughput in frail elderly in community hospitals.  
• Maximise occupancy in community hospitals. | • Maximise early discharge to increase bed capacity.  
• Reduce in-patient admissions.  
• Reduce length of stay and promote early discharge.  
• Maximise available bed capacity.  
• Improve clinical handovers between day and out of hours staff.  
• Promote safe and effective management of unwell patients during the out of hours period.  
• Maximise and increase utilisation of frail elderly community beds to increase acute services capacity. |

**Local Arrangements to Deliver These Standards**

- **Accountability** Chief Executive.
- **Responsibility** General Managers Acute and Falkirk, Stirling and Clackmannanshire CHP’s.
- **Involvement** Primary Care, Social Services, Care Homes, Pharmacists.
## Section Two: Acute Services - continued

<table>
<thead>
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| Laboratory     | **Staffing**<br>• Review staffing daily and triage work according to impact on patient care. | • Important samples will be processed and patient care for this group will not be compromised.  
• There may be some reduction in service to routine or non-urgent patients (dependent on numbers of staff available). |
|                | **Supplies**<br>• Increase levels of stock held over winter            |                                                                                        |
|                | **Services**<br>• Gas supply failure work around is available.          |                                                                                        |
|                | • Electrical supply failure would result in urgent work being transferred to another lab. |                                                                                        |
|                | **Blood Supply**<br>• Liaise with SNBTS on a daily basis or as required to assess blood deliveries and transport difficulties. | • Operations may be cancelled by the EBMT in the event of blood stock shortage.       |
|                | • Hospital to implement the emergency blood management team (EBMT) if blood stocks greatly reduced (notified by SNBTS if this is the case). |                                                                                        |
| Radiology      | **Staffing**<br>• Review staffing daily and triage work according to impact on patient care. | • There may be some reduction in service to routine or non-urgent patients              |
|                | **Supplies**<br>• Increase levels of stock held over winter            |                                                                                        |
|                | **Services**<br>• Maintain rapid access/same day for CT and US In – patients | • Continue to promote efficient patient flow and earliest discharge                    |
|                | • Continue to support 4hour target                                    |                                                                                        |
|                | • Radiology Healthcare Continuity plan                               |                                                                                        |

**Local Arrangements to Deliver These Standards**

- **Accountability**  
  Chief Executive.

- **Responsibility**  
  General Managers Acute and Falkirk, Stirling and Clackmannanshire CHP’s.

- **Involvement**  
  Primary Care, Social Services, Care Homes, Pharmacists.
### Section Two: Acute Services - continued

<table>
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<tr>
<th>Standard</th>
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<tbody>
<tr>
<td><strong>Woman and Children and Sexual Health</strong>&lt;br&gt;Maternity&lt;br&gt;Gynaecology&lt;br&gt;Outpatients&lt;br&gt;Colposcopy&lt;br&gt;Subfertility&lt;br&gt;Paediatrics&lt;br&gt;NNU&lt;br&gt;Labour (Wd7)&lt;br&gt;Antepostnatal ward (Wd 8)&lt;br&gt;Sexual Health</td>
<td><strong>Staffing</strong>&lt;br&gt;• Review staffing daily/skill mix/location in all areas&lt;br&gt;• Ensure appropriate staff have access to patient details&lt;br&gt;• Increase capacity in Paediatric Assessment Unit or decrease capacity to support ward depending on any issues arising in ED&lt;br&gt;• Negotiate flexibility of SPA time for clinical activity with medical staff&lt;br&gt;• Encourage all staff to have flu vaccine&lt;br&gt;• Explore facilities for staff staying overnight&lt;br&gt;• Move staff from areas of low/cancelled elective activity to areas of higher activity</td>
<td></td>
</tr>
<tr>
<td><strong>Service</strong>&lt;br&gt;</td>
<td>Manager to review discharge process daily&lt;br&gt;Review outpatient activity on a weekly basis.&lt;br&gt;Phone reviews for postnatal patients where appropriate&lt;br&gt;Explore use of Health Centres for additional midwifery clinics&lt;br&gt;Commence capacity flow chart for possible closure of paediatric ward if required&lt;br&gt;Elective activity to be at minimum over festive period&lt;br&gt;Link with SAS- ensure a direct number is given for Labour Ward&lt;br&gt;Link with GPs / tertiary centres and neighbouring midwifery units</td>
<td></td>
</tr>
<tr>
<td><strong>Supplies</strong>&lt;br&gt;</td>
<td>Increase levels of stock</td>
<td></td>
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</tbody>
</table>

**Local Arrangements to Deliver These Standards**

- **Accountability** Chief Executive.
- **Responsibility** General Managers Falkirk, Stirling and Clackmannanshire CHP’s.
- **Involvement** Primary Care, Social Services, Care Homes, Pharmacists.
### Section Three: Primary Care Services

**Responsibility:** Mrs K. O’Neill

<table>
<thead>
<tr>
<th>Standard:</th>
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<tbody>
<tr>
<td><strong>Contingencies for access</strong></td>
</tr>
<tr>
<td>Arrangements will be in place to allow patients to access the correct service at the correct time resulting in consequent demand on secondary care being managed.</td>
</tr>
<tr>
<td>Care will be co-ordinated to reduce admissions to the acute hospitals.</td>
</tr>
<tr>
<td>Pharmaceutical support for primary care will be easily accessible.</td>
</tr>
<tr>
<td>Patient demand will be suitably managed during and after the festive critical time period.</td>
</tr>
<tr>
<td>Unnecessary admissions will be minimised.</td>
</tr>
<tr>
<td>Patients with palliative care needs will have access to palliative care line for out of hours services</td>
</tr>
<tr>
<td>Community Nursing will continue to have weekly planning meetings looking at patient demand and staffing levels.</td>
</tr>
</tbody>
</table>

### Local Arrangements to Deliver These Standards

- **Accountability**  
  Chief Executive.
- **Responsibility**  
  General Managers Falkirk, Stirling and Clackmannanshire CHP’s.
- **Involvement**  
  Primary Care, Social Services, Care Homes, Pharmacists.
## Section Three: Primary Care Services - continued

<table>
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<tr>
<th>Standard</th>
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</table>
| **Contingencies for access**     | • Practices providing extended hours consultation are required to provide this service over the festive weeks.  
• Undertake campaign to remind GP patients of need to re-order repeat prescriptions.  
• Remind GP practices of need to update Special Patient Notes on Adastra.  
• Ensure Special Patient Notes are updated.  
• Ensure advanced care planning being rolled out and incorporates information about expectations relating to what to do if patient becomes unwell.  
• Ensure community pharmacy opening is concentrated on easily accessible pharmacist in the three large towns.  
• Over the whole festive period practices will consistently arrange for the safe transfer of patient details for those patients who GP’s feel may require reviews to prevent possible admission.  
• Community nursing services will remain operational throughout the festive season, with contingency arrangements in place for any rise in unexpected demand. | • Arrangements will be in place to allow patients to access the correct service at the correct time resulting in consequent demand on secondary care being managed.  
• Care will be co-ordinated to reduce admissions to the acute hospitals.  
• Pharmaceutical support for primary care will be easily accessible.  
• Patient demand will be suitably managed during and after the festive critical time period.  
• Unnecessary admission will be minimised.  
• District nursing services will be available to provide home nursing services for patients following early discharge arrangements through the festive period. |

**Local Arrangements to Deliver These Standards**

- **Accountability**    Chief Executive.  
- **Responsibility**    General Managers Falkirk, Stirling and Clackmannanshire CHP’s.  
- **Involvement**    Primary Care, Social Services, Care Homes, Pharmacists.
### Section Four: Standard – Capacity, Contingency and Information Management

<table>
<thead>
<tr>
<th>Standard</th>
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</tr>
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</table>
| Capacity Contingency and Information Management | • Review audit of management plans for Monday discharges to establish whether alternatives available.  
• Ensure robust internal and external communication lines are clearly established and communicated.  
• Revise escalation plans to incorporate NHS 24 and OOH escalation requirements and winter contingencies. Ensure trigger points clearly indicated.  
• Establish Friday review meetings where all patients are reviewed by a team of clinicians to establish clear management plans.  
• Identify inpatient beds, which can be made available to support Emergency activity.  
• Create Festive Plan of services available over critical festive timeframe.  
• Ensure effective bed management systems are maintained.  
• Ensure information from PIPeR is fed into weekly capacity planning meetings.  
• Weekly Capacity Management meeting to review:  
  ➢ System Watch;  
  ➢ Bed Occupancy Predictor (including community hospitals);  
  ➢ Situation Reporting for Scottish Government and local executive/senior management team;  
  ➢ Flu Immunisation Uptake;  
  ➢ Flu spotter information.  
• All requested information would continue to be sent to ISD and any problems rectified. | • Capacity contingency arrangements will be in place and fully operational.  
• Escalation plans will be revised to incorporate NHS 24 and OOH escalation requirements and winter contingencies. Close links with all agencies will be maintained including SAS and Local Authorities. The plans will have key roles and responsibilities clearly identified and will have transparent and open trigger points known to all who participate.  
• Robust internal and external communication lines will be clearly established and communicated.  
• The major incident policy will be evoked as required.  
• Effective bed management systems will be maintained and capacity achieved to meet the demand on the system.  
• Information management will be utilised in a proactive manner to establish earlier intervention and proactive management of capacity issues. |

### Local Arrangements to Deliver These Standards
- **Accountability**  
  Chief Executive.
- **Responsibility**  
  Information Management Team.
- **Involvement**  
  Acute Services, Primary Care, Social Services, NHS 24, Scottish Ambulance Service.
**Section Five: Communication**  
**Responsibility: Elsbeth Campbell**

### Standard:

**Communication Plans**

A communication plan will be in place, which has clear objectives and has been developed as part of the overall plan, with close links between communication and operational leads.

This will include:

- A proactive media relations plan to raise awareness of NHS arrangements for the winter period and encourage local people in the eligible groups to take up the offer of flu vaccination.
- Media management arrangements to handle media interest over the winter period on a wide range of issues including potential ward closures, outbreaks of winter related viruses, flu vaccination uptake and appropriate use of MIU/ED.
- A range of initiatives to communicate information to the public, publicising the services that are available (e.g.: the opening hours of local GP surgeries, pharmacies, family planning services – both routine and additional – etc and who to contact for further information and advice e.g. NHS24 and NHS Inform).
- Internal communication plans to ensure staff are fully informed about preparations for winter including staff flu vaccination, national campaigns and local initiatives.

### Local Arrangements to Deliver These Standards

- **Accountability**  
  Chief Executive.
- **Responsibility**  
  Head of Communication.
- **Involvement**  
  Acute Services, Primary Care, Social Services, NHS 24, Scottish Ambulance Service.
### Communication Plans

<table>
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<tr>
<th>Standard</th>
<th>Action</th>
<th>Expected Outcome/Impact</th>
</tr>
</thead>
</table>
| Communication Plans | Ensure a robust communication action plan is in place to meet the needs of key audiences. This will include:  
- Campaign to encourage people who are ill to stay away from hospital to help prevent D&V outbreaks (launched Friday 16th Sept 2011)  
- Launch of local flu vaccination campaign (October 2011)  
- Features articles in council newspapers with advice and information on how to keep well over the winter period (Stirling and Falkirk winter issues)  
- General media release on keeping well over winter and where to get help and advice (community pharmacists, minor injuries etc) interviews with Central FM).  
- Media briefings, and web update on services available over holiday period including opening hours of pharmacies (Dec)  
- Staff briefings on staff vaccination campaign, local arrangements and national campaign (Oct/Nov/Dec) – Staff Brief, Intranet, PC wallpaper – clinics start 10th October 2011  
- Use of social media to promote flu vaccination and get ready for winter messages via NHSFV twitter and council partner social media vehicles – Oct/Nov/Dec  
- Work closely with NHS 24 to tie in with national campaign messages and resources - launched on 3rd October 2011 | • Staff and general public are aware of local arrangements and how to access health and social care services over the winter period.  
• A consistent and joined-up approach with clear messages and advice. |

### Local Arrangements to Deliver These Standards
- **Accountability**: Chief Executive.
- **Responsibility**: Head of Communication.
- **Involvement**: Acute Services, Primary Care, Social Services, NHS 24, Scottish Ambulance Service.
### Section Six: Infection Control Service Provision:

<table>
<thead>
<tr>
<th>Standard</th>
<th>Action</th>
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</thead>
<tbody>
<tr>
<td>Infection Prevention &amp; Control service will be provided by the infection prevention &amp; control team Monday – Friday 08.00-16.00. Weekend and out of hours is covered by the on-call Microbiologist. The public holidays will be covered by on-call microbiologist</td>
<td>• Named infection Prevention &amp; control nurse available.</td>
<td>• To ensure consistency and continuity of advice and support to ward staff.</td>
</tr>
<tr>
<td>Outbreak management has been reassessed to help with bed capacity.</td>
<td>• Outbreak folders remain available on all appropriate wards. Content will be update with new copies of ICPs Enteric Illness.</td>
<td>• Action cards from Outbreak /Incident Policy details the responsibility of the facilities general manager or person on call to close wards following consultation with microbiology and Infection Control Nurse Specialist.</td>
</tr>
<tr>
<td>Increase public and staff awareness of Norovirus and visiting patients.</td>
<td>• Awaiting publication of HPS Norovirus Guidelines to ensure FV continue to comply with national guidance.</td>
<td>• Wards now given ownership to help with the local management of the outbreaks.</td>
</tr>
<tr>
<td></td>
<td>• Members of the Infection Control team to hold public awareness sessions in Forth Valley Royal Hospitals and Community Hospitals to increase awareness of Norovirus and visiting patients in hospital. This will start week 15th October in line with national infection control week</td>
<td>• To help educate the public and staff regarding the risks of Norovirus and control measures required.</td>
</tr>
</tbody>
</table>

### Local Arrangements to Deliver These Standards

- **Accountability**: Chief Executive.
- **Responsibility**: Head of Infection Control.
- **Involvement**: Acute Services, Primary Care, Social Services, NHS 24, Scottish Ambulance Service.
Section 6 - Appendix one

Out of Hours Service
Winter Contingency Plan

2012 - 2013
### Contents

<table>
<thead>
<tr>
<th>Section</th>
<th>Pages</th>
</tr>
</thead>
<tbody>
<tr>
<td>7  Capacity Planning</td>
<td>27 - 29</td>
</tr>
<tr>
<td>8  Communications</td>
<td>30 - 32</td>
</tr>
<tr>
<td>9  I.T and Telephony</td>
<td>33</td>
</tr>
<tr>
<td>10 Medical/Nursing/Pharmacy</td>
<td>34</td>
</tr>
<tr>
<td>11 Reporting</td>
<td>35</td>
</tr>
<tr>
<td>12 Finance</td>
<td>36</td>
</tr>
<tr>
<td>13 Conclusion</td>
<td>37</td>
</tr>
</tbody>
</table>
7 Capacity Planning

Capacity in the NHS Forth Valley Out of Hours (OOH) service has been considered in detail. The attendance and home visit figures for the same period over the last four years were reviewed and as a result of this review, the following capacity plan has been agreed.

Activity during the periods November 2012 and March 2013 will be closely monitored and where there is clear evidence of sustained increased service activity or sickness absence, consideration will be given to increasing the clinical work force by one person working 1300-1900 both Saturday and Sunday and will be available to go to the area of greatest demand. These dates exclude the additional capacity planned for the festive critical time period indicated below.

The primary care emergency centres (PCECs) winter rotas have been distributed. The service has every confidence that it will be able to meet the additional manpower requirements based on its detailed capacity planning for the festive period, although at present the festive rota is not fulfilled. This relates to the entire service rotas e.g. general practitioner, nurse practitioner, receptionists, hub operators and drivers.

The critical time period during the festive period is anticipated to be:

**22nd December 2012 until 2nd January 2013 at 8am.**

To ascertain the resources that may be required for this critical time period, activity for the same periods, 2008/2009, 2009/2010, 2010/2011 and 2011/2012 were reviewed.

The actual NHS Forth Valley figures for these timeframes were as follows:

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<tr>
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</thead>
<tbody>
<tr>
<td>25th December</td>
<td>223 contacts</td>
<td>206 contacts</td>
<td>203 contacts</td>
<td>197 contacts</td>
</tr>
<tr>
<td>26th December</td>
<td>431 contacts</td>
<td>372 contacts</td>
<td>419 contacts</td>
<td>375 contacts</td>
</tr>
<tr>
<td>1st January</td>
<td>295 contacts</td>
<td>246 contacts</td>
<td>357 contacts</td>
<td>280 contacts</td>
</tr>
<tr>
<td>2nd January</td>
<td>518 contacts</td>
<td>417 contacts</td>
<td>517 contacts</td>
<td>434 contacts</td>
</tr>
</tbody>
</table>
Bearing these figures in mind the following additional resources have been agreed for the critical time period:
Taking the base staffing levels as that of a usual busy Saturday, the following GP’s have been supplemented to the three PCEC rotas to work from 0900-2100 or 1000-2200 or 1000-1800 or 1300-1900:

<table>
<thead>
<tr>
<th>Date</th>
<th>Alloa</th>
<th>Stirling</th>
<th>Larbert</th>
</tr>
</thead>
<tbody>
<tr>
<td>22\textsuperscript{nd} December</td>
<td>Normal Weekend Capacity</td>
<td>+1 Doctor</td>
<td>+3 Doctors</td>
</tr>
<tr>
<td>23\textsuperscript{rd} December</td>
<td>Normal Weekend Capacity</td>
<td>+1 Doctor</td>
<td>+3 Doctors</td>
</tr>
<tr>
<td>25\textsuperscript{th} December</td>
<td>Normal Weekend Capacity</td>
<td>Normal Saturday Capacity</td>
<td>+1 Doctor</td>
</tr>
<tr>
<td>26\textsuperscript{th} December</td>
<td>+1 Doctor</td>
<td>+2 Doctors</td>
<td>+3 Doctors</td>
</tr>
<tr>
<td>29\textsuperscript{th} December</td>
<td>Normal Weekend Capacity</td>
<td>+1 Doctor</td>
<td>+3 Doctors</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Date</th>
<th>Alloa</th>
<th>Stirling</th>
<th>Larbert</th>
</tr>
</thead>
<tbody>
<tr>
<td>30\textsuperscript{th} December</td>
<td>Normal Weekend Capacity</td>
<td>+1 Doctor</td>
<td>+3 Doctors</td>
</tr>
<tr>
<td>1\textsuperscript{st} January</td>
<td>+1 Doctor</td>
<td>+2 Doctors</td>
<td>+3 Doctors</td>
</tr>
<tr>
<td>2\textsuperscript{nd} January</td>
<td>+1 Doctor</td>
<td>+2 Doctors</td>
<td>+3 Doctors</td>
</tr>
<tr>
<td>5\textsuperscript{th} January</td>
<td>Normal Weekend Capacity</td>
<td>+1 Doctor</td>
<td>+3 Doctors</td>
</tr>
<tr>
<td>6\textsuperscript{th} January</td>
<td>Normal Weekend Capacity</td>
<td>+1 Doctor</td>
<td>+3 Doctors</td>
</tr>
</tbody>
</table>

In addition to the increase in general practitioners, the nurse practitioners festive rota will see them working during the peak times over this critical time period.
It is not anticipated that the demand will exceed capacity based on the extensive capacity planning review. The Out of Hours service in Forth Valley Royal Hospital Larbert is adjacent to the Emergency Department where there is a redirection process in place to ensure maximum use of resources across the two areas.

During the festive critical timeframe, the OOH service will undertake to fulfil the following amount of NHS 24 pre-prioritisation calls, on the basis that all the festive critical timeframe medical shifts are fulfilled. We will liaise directly with NHS 24 to confirm final figures:

- Saturday 22\textsuperscript{nd} December 2012 11am – 6pm 16 Calls/hour
- Sunday 23\textsuperscript{rd} December 2012 11am – 6pm 16 Calls/hour
- Tuesday 25\textsuperscript{th} December 2012 11am – 6pm 8 Calls/hour
- Wednesday 26\textsuperscript{th} December 2012 11am – 6pm 16 Calls/hour
- Saturday 29\textsuperscript{th} December 2012 11am – 6pm 16 Calls/hour
- Sunday 30\textsuperscript{th} December 2012 11am – 6pm 16 Calls/hour
- Tuesday 1\textsuperscript{st} January 2013 11am – 6pm 16 Calls/hour
- Wednesday 2\textsuperscript{nd} January 2013 11am – 6pm 16 Calls/hour
- Saturday 5\textsuperscript{th} January 2013 11am – 6pm 16 Calls/hour
- Sunday 6\textsuperscript{th} January 2013 11am – 6pm 16 Calls/hour
These planned NHS 24 re-prioritisation calls will require NHS 24 to delegate a selection of non-serious/non-urgent calls to the NHS Forth Valley central hub, as indicated above. The central hub will then assign the calls to the PCECs based on the patient’s geographical area and Clinical availability. There is a clear protocol in place within each of the three PCECs detailing how the general practitioners and receptionists/hub operators are to deal with re-prioritisation of NHS 24 calls. The on-call coordinator will monitor activity and will allocate the OOH resources to reflect the demand. Should there be a request to increase the number of re-prioritised calls; this will be discussed directly with the NHS 24 duty clinical services manager and the OOH service on-call coordinator.
8 Communications

NHS 24 Communication Contingency with NHS Forth Valley

A national communication plan has been established and NHS Forth Valley has assisted in this process and is participating in the promotion of the nationally driven key messages.

NHS 24 will communicate on a shift basis with the central hub in NHS Forth Valley. This will enable both partners to update each other on any issues and to reinforce the communication processes for any issues that may arise during that particular shift.

NHS 24 has put further communication contingencies in place in the event that their traffic light contingency plans are evoked. These communications are as follows:

- **Green State** – “Business as usual”, communications will be as per normal activity with the addition over the critical time period, of shift communications with partner organisations.
- **Amber State** – “Peak volume period”, partner communications commenced when callback queues and timing will significantly impact partner workload.
- **Red State** – “Not sustainable although within safety parameters”, partner communications informing them of the “red state”, with additional information of when telephone conference will commence using the pre-arranged dial-in details. The OOH on-call manager will be the responsible person within NHS Forth Valley for undertaking the telephone conference, and discussing the outcomes with the relevant personnel e.g. PCEC staff and on call Executive, if required.
- **Flashing Red State** – “Clinical safety compromised”, partner communications informing them of the “flashing red state”, with additional information of when telephone conference will commence using the pre-arranged dial-in details. The OOH on-call manager will be the responsible person within NHS Forth Valley for undertaking the telephone conference in conjunction with the on-call Executive. Both these individuals will be responsible for agreeing the actions required locally and for ensuring all relevant parties are fully informed of the decisions reached and actions required within NHS Forth Valley.
- **Major Incident** – escalation procedure the same as for flashing red state detailed above.

NHS Forth Valley Communications with NHS 24

NHS Forth Valley is currently working with its colleagues in NHS 24 through participation in a number of initiatives. They include sharing information through the national winter capacity planning meetings, open communications relating to capacity planning, winter contingency plan approval etc.

In order to keep NHS 24 aware of escalating problems associated with technological or capacity issues in NHS Forth Valley, a communication escalation contingency is currently fully functional in the service.

The PCECs in NHS Forth Valley will make contact with NHS 24 in the event of an I.T. or telephone failure, to allow alternative arrangements for contact to be made whilst resolution to the problem is sought.

The on-call coordinator will make direct contact with NHS 24 in the event of an operational or capacity issue, which may impact on the delivery of the service provided by both NHS 24 and NHS Forth Valley.
NHS Forth Valley Winter Contingency Plan 2012-2013

**NHS Forth Valley Internal and Community Communications**

The on-call coordinator will make contact with the central hub every four hours or more often if required during office hours. This contact will enable the central hub to update the on-call coordinator as to the services activities and any issues that may have arisen, which requires actioning or noting. Out with these timeframes the on-call coordinator will be contacted, as required, by the PCECs via telephone.

An integral element of the OOH partnership working is its continued open communication with the Scottish Ambulance Service (SAS). SAS staff have direct communication capacity with the doctor(s) in the PCEC’s, which allows formalised two-way discussion, decision-making and agreement to allow for the most appropriate clinical response to be undertaken and the appropriate referral pathway achieved. The communication can relate to the paramedics seeking advice about a patient he/she is seeing, to the doctor in the OOH PCECs requesting the community paramedic to review a patient (in North and West Stirlingshire).

In addition to this OOH has liaised with each of the three local authorities and has clearly established the services that will be available out of hours in each of the three areas and how they can be accessed by those both in the OOH service and secondary/primary care (if required). A festive plan will be completed and distributed to the three PCECs as well as secondary care and primary care. This plan clearly indicates the services available in primary/secondary and local authority areas and their contact numbers over the festive period.

Professional to professional lines of communication are well developed between each of the three PCECs and medical/nursing/pharmacy/ambulance colleagues throughout NHS Forth Valley. This has been established to improve patient contact/clinical care in the event of an unplanned episode occurring. We are also in the process of reviewing specific referral procedures relating to the referral from OOH to ED, MIU and acute services and for referral to the OOH service from ED and MIU.

Each of the three community health partnerships (CHP’s) in NHS Forth Valley have been requested to provide assurances that the general practitioners in their area of remit will be fulfilling their contractual agreements over the festive time critical period. The OOH service has also issued an e-mail to all general practices in NHS Forth Valley, reminding them of the types of information that should be included in the special patient note function within Adastral, a protocol for how to add a special patient note and a reminder for the practices to review all their special patient notes to ensure they are up to date and accurate.

In the event of the requirement by NHS Forth Valley to evoke its emergency contingency plans, the on-call senior manager will liaise closely with the on-call executive and together through discussion, appropriate actions will be identified.

The OOH service winter contingency is fully integrated in the NHS Board contingency plans.

NHS Forth Valley has been involved with NHS 24 in the development of the national winter communication strategy. Forth Valley will fully support the national campaign, and will promote the nationally driven key messages through provision of local access to information for the general public. The OOH service’s patient information leaflet “How to access urgent medical help when your Doctor’s surgery is closed”, along with locally developed winter poster and “Know who to turn to” leaflet, along with the NHS 24 winter campaign leaflet and posters will be available in the PCECs and will be issued to the 54 local medical practices, health centres and clinics, minor injuries unit, emergency department, local pharmacists and the NHS Forth Valley public website, for information. In addition to this NHS Forth Valley will have its own information made available as follows:
<table>
<thead>
<tr>
<th>ACTION</th>
<th>AUDIENCE</th>
<th>TIMESCALE</th>
</tr>
</thead>
<tbody>
<tr>
<td>Local press release about Flu Vaccination campaign</td>
<td>Patients/Public</td>
<td>End October 2012</td>
</tr>
<tr>
<td>Local press release about use winter health advice</td>
<td>Patients/Public</td>
<td>November 2012</td>
</tr>
<tr>
<td>Advertorials in local press outlining the range of services available and when to access each</td>
<td>Patients/Public</td>
<td>November 2012 until festive period</td>
</tr>
<tr>
<td>Press release in advance of public holidays to communicate key messages including need to stock medicine cabinets, where your nearest pharmacy is etc.</td>
<td>Patients/Public</td>
<td>Two weeks prior to festive week</td>
</tr>
<tr>
<td>Features in Community Newsletter</td>
<td>Community Groups</td>
<td>1st week December (after NHS Board Meeting)</td>
</tr>
<tr>
<td>NHS 24 posters/leaflets for GP practices, health centres, ED, MIU, Pharmacists etc</td>
<td>Patients/Public</td>
<td>End November 2012</td>
</tr>
<tr>
<td>NHS Forth Valley Winter Website – containing information on self-care, how to access appropriate services and contact information.</td>
<td>Patients/Public</td>
<td>End November 2012 – March 2013</td>
</tr>
<tr>
<td>Feature in November staff newsletter</td>
<td>Staff</td>
<td>End November 2012</td>
</tr>
<tr>
<td>Information in wage slips November and December 2012</td>
<td>Staff</td>
<td>November and December 2012</td>
</tr>
</tbody>
</table>
9 I.T. and Telephony

I.T.

Adastra
There are no planned changes occurring with the Adastra system during the festive period.

There is a generic login to the PCs in Larbert and Stirling under Litana. Alloa still logs in under CCHC. There is also a generic login to the Citrix Server to facilitate connecting to Adastra. The Hub has the ability to unlock and change passwords if these are forgotten or individuals are locked out.

Should the Adastra system falter, the individual responsible for reporting the fault to the Adastra support line must undertake a full local diagnostic script. This will provide the individual with the necessary information, which is required by the Adastra Helpdesk. Contact details for Adastra Helpdesk during the festive period are as follows:

The Adastra support line is available 24 hours a day 7 days a week on 01233 722707.

NHS 24
NHS 24 will contact the PCEC’s in the event of an identified fault within its system. However, should this not be the case then the centre must contact the NHS 24 help desk for further information and advice (CSM OOH Helpdesk Number: 07788636269).

NHS Forth Valley
In the event of a problem being identified with the locally run OOH server a full local diagnostic script should be undertaken and then the local on call I.T. specialist contacted for further information and advice. Spare passwords for the OOH service may be obtained from the reception staff in the PCECs.

NHS Forth Valley will ensure that NHS 24 has all the dedicated contact details for the PCECs as well as the on-call coordinator during the winter period.

Telephone

The PCEC’s in NHS Forth Valley each have dedicated telephone lines. Alloa and Stirling have one line, Larbert has two and the central hub has two lines. In the event of telephone failure each of the sites has a mobile telephone for emergency use and the central hub has one. On identifying a telephone fault, local contingencies will be evoked with minimal delay. The receptionist will inform NHS 24 of all telephone problems and provide alternative contact details. The on-call coordinator will also be informed of the situation.

In the event of a failure of a fax machine a spare one may be obtained from the central hub.
10 Medical/Nursing/Pharmacy/Emergency Dental Service

Medical and nursing arrangements have been fully described in the capacity planning section. In addition to the increased capacity the medical/nursing staff are alerted locally, by the department of public health, to any increased incidence of sickness and/or diarrhoea or other public health illnesses that may impact on capacity in the service. The duty doctors within the PCEC’s may contact the department of public health or on call consultant in public health medicine in the event that they may have concerns in relation to apparent increased incidences of illness or symptoms relating to public health.

In relation to the potential for influenza pandemic, NHS Forth Valley has prepared its own contingency plan. OOH PCEC’s will be an important element of its implementation in the event that the situation materialises. It is anticipated that each of the PCEC’s will hold a copy of the influenza pandemic contingency plan for information.

As part of the winter contingency planning in OOH, each member of staff who has direct patient contact will be sent information on how to access and receive the flu vaccine. The programme locally has been advertised through a local poster campaign, information being put into the staff wage slips as well as the staff newsletter.

The staff flu immunisation campaign commenced in October 2012. OOH staff will be encouraged to receive flu immunisation, which will hopefully (where applicable) reduce the level of staff sickness absence rates, attributable to flu like symptoms, during the festive period. In addition to this there is a robust plan in place throughout Forth Valley for the flu immunisation of patients, utilising GP practices to increase the numbers immunised.

Arrangements for pharmacy services and medicines supply for the festive period are as follows:

- Information on pharmacy opening times and OOH rota service, palliative care pharmacy network, oxygen contractors and pharmacies providing emergency hormonal contraception and sexual health service is available in each of the NHS Forth Valley PCEC’s.
- A review of the stock of prescription pads in each of the PCEC’s has been undertaken and buffer stocks are available from the on-call coordinator should these be required.
- Additional medicines top up arrangements have been put in place. All PCEC’s will receive appropriate levels of medicines to assist them over the festive period. It is not anticipated that the PCEC’s will run out of medicines due to the top up arrangements in place. However, should this be the unfortunate case then the on-call pharmacist may be contacted via the hospital switchboard (01324 566000) by either the duty nurse or general practitioner.
- The general population will be reminded through the local media of the need to ensure that all repeat prescriptions are filled in advance of the critical time periods. This should reduce the number of centre visits for prescription filling thus allowing centre resources to be targeted in a more efficient/effective manner.
- Local pharmacies (where applicable) will also participate in the arrangements through supply of urgent medicines, minor ailment services and for direct referral by the pharmacist to the OOH PCEC’s, should the need arise.
11 Reporting

Routine Reporting Out of Hours Service
Normal reporting practices within the PCEC’s will continue during the winter period. Each PCEC is required to report anything untoward via the on-call coordinator. The on-call coordinator will escalate the reports if required, to the appropriate individuals.
Any problem identified during each shift that may be related to NHS 24 requires an additional form to be completed in detail. This form (once completed) is sent to the OOH office for further action. The OOH service manager is responsible for bringing the detail of the form to the attention of the NHS 24 accounts manager. This will be undertaken at the earliest opportunity if the problem is deemed to be of a serious nature; otherwise the detail of any forms received may be discussed within the routine monthly meetings between the OOH service manager and the NHS 24 accounts manager.

Incidents
All incidents occurring within the OOH are recorded within NHS Forth Valley’s incident reporting form (IR1) process. These are collated centrally and a summary report issued to the manager as required.

NHS 24 Reporting
NHS 24 provides regular reports to the OOH service. This includes a weekly activity report including key performance indicators, and a monthly accounts management report.

Escalation Process
The on-call coordinator will be alerted to any potential or actual problems and where escalation is deemed necessary (as per local procedures), the on-call senior manager will be contacted and appropriate action taken in line with local policy and procedures.
12 Finance

The winter contingencies being put in place have the following approximate associated costs:

- Additional GP sessions for 8 weeks on a Saturday and Sunday starting 12th January 2013.
  - 16 additional six hour sessions.
    - 96 hours at £63.50/hour = **Total £7,760** (including employers costs).
- Additional GP sessions – festive critical time period.
  - 3 additional eight hour sessions, 18 additional 12 hours sessions and 14 additional six hour sessions over the festive critical time period = total additional hours of 324.
    - 180 hours at £101/hour = **Total £23,143** (including employers costs).
    - 144 hours at £63.50/hour = **Total £11,640** (including employers costs).
    - Cost of NHS Forth Valley Out of Hours Winter Communications Strategy = **Total £10,000**.
- Recharging NHS 24 for two GP’s for 12 additional sessions from 11am–6pm taking 16 pre-prioritisation calls/hour and one GP for 7 additional sessions 11am–6pm taking 8 re-prioritisation calls/hour, over the festive critical timeframe, totalling a potential of 1064 calls for re-prioritisation.
  - 12 sessions of 7 hours = (84 hours) at £63.50/hour = **Total £6,790** (including employers costs).
  - 7 sessions of 7 hours = (49 hours) at £101/hour = **Total £6,300** (including employers costs).

The grand total for the successful implementation of the NHS Forth Valley OOH Winter Contingency Plan

<table>
<thead>
<tr>
<th></th>
<th><strong>£65,633</strong></th>
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<tbody>
<tr>
<td>NHS Forth Valley</td>
<td><strong>£52,543</strong></td>
</tr>
<tr>
<td><strong>NHS 24</strong></td>
<td><strong>£13,090</strong></td>
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</tbody>
</table>
13 Conclusion

The OOH Winter Contingency Plan sits within the context of NHS Forth Valley Winter Planning procedures and will be managed as an integral part of the overall plans, with the NHS Forth Valley Board receiving a presentation surrounding the plan at its next meeting on 16th November 2012.

Deirdre Anderson
Service Manager
Acute and Emergency Services
Winter Planning

2012 / 2013
Background

- Introduction of NHS 24
- Creation of Out of Hours Winter Plan
- Development of Broader Health System Plan
- Single System Working
Methodology

• 2 Regional Events
• National Guidance
• Evolution not Revolution
Year on Year Development

• Single System Working
• Capacity Management
• Escalation Plans
• Pandemic Flu
• Severe Weather
This Year

• Efficiency, Productivity & Quality (EPQ) – Capacity and Flow
• Discharge Planning
• Staff Contingency Areas
• Support from Scottish Government Health Department
Communications

‘Be Ready for Winter’ Local Launch
Dedicated ‘Winter Zone’ on NHS Forth Valley website
• Joint working with council partners
• Programme of media briefings and features
• Use of Social Media – news and updates
This report relates to Item 9 on the agenda

Quality Assurance in NHS Forth Valley – Clinical Governance & Risk Management

(Paper presented by Dr Iain Wallace, Medical Director)

For Approval
SUMMARY

1. **TITLE:** Quality Assurance in Forth Valley – *Clinical Governance and Risk Management*

2. **PURPOSE OF PAPER**
   The purpose of the paper is to describe the draft Strategy for clinical governance and risk management entitled Quality Assurance in Forth Valley.

3. **KEY ISSUES**
   In line with the review of governance and management structures undertaken during 2012 it has been opportune to review how the organisation supports, and can demonstrate, that it delivers safe, effective and person-centred care to the population it serves. This document, ‘*Quality Assurance in Forth Valley*’ combines, for the first time, Clinical Governance and Risk Management strategies. This approach covers all aspects of risk and includes aspects of Staff Governance and wellbeing and also Health and Safety.

   This strategy requires to be seen in the context of the Integrated Healthcare Strategy and relates to the Efficiency Productivity and Quality Programme (EPQ) within the Strategic Plan, the Workforce Modernisation Strategy. It is underpinned by the Quality Improvement Framework which was presented to the recent Clinical Governance Committee and details operational actions and priorities.

   The Assurance, Accountability and Reporting Framework in Appendix 2 is key in setting out the structure of accountability and flow of reporting and information.

   There has been a review and streamlining of the Risk Categories described in the previous risk management strategy with the updated categories now:

   - **Clinical**- Aspects that directly affect the health of the local population and the delivery of quality clinical services in an appropriate environment e.g. patient safety, infection control, outbreak
   - **Staffing** - Aspects that directly affect the ability of staff to do the best job possible e.g. environmental, training
   - **Financial & Organisational**- Aspects that may result in spend over budget and risks financial sustainability and/or impacts on the routine business e.g. emergency planning.

4. **FINANCIAL IMPLICATIONS**
   Content is core business with no additional financial consequences. Failure to ensure sound clinical governance and risk management would have increased financial requirements.

5. **WORKFORCE IMPLICATIONS**
   *Directly relates to staff wellbeing, training and safety and fitness to provide a high quality service.*

6. **RISK ASSESSMENT AND IMPLICATIONS**
   Failure to ensure an effective Strategy for Clinical Governance and Risk Management would result in unmanaged risk.

Document Control – Version 6 to Board Nov 12
7. **Relevance to Strategic Priorities**
Core business to the delivery of quality, patient centred services which is key to the Integrated Healthcare Strategy and a priority within the EPQ.

8. **Equality Declaration**
The author can confirm that due regard has been given to the Equality Act 2010 and compliance with the three aims of the Equality Duty as part of the decision making process. An EQIA is underway.

9. **Consultation Process**
Key individuals have been involved in the drafting of the Strategy.

10. **Recommendation(s) for Decision**
The NHS Board is asked to:
- Support the approach in combining clinical governance and risk management into one strategy document - Quality Assurance in Forth Valley
- Note the revised risk categories and subsequent changes to presentation of the Corporate Risk Register both in content and to relevant Committees
- Approve the draft Strategy - ‘Quality Assurance in Forth Valley – Clinical Governance and Risk Management’

11. **Author of Paper/Report:**

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<thead>
<tr>
<th>Name</th>
<th>Designation</th>
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<tbody>
<tr>
<td>Elaine Vanhogan</td>
<td>Head of Performance</td>
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Approved by:

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<th>Name</th>
<th>Designation</th>
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<tr>
<td>Iain Wallace</td>
<td>Medical Director</td>
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QUALITY ASSURANCE IN NHS FORTH VALLEY

Clinical Governance and Risk Management

2012/2015
Section 1: Strategic Context

NHS Forth Valley’s strategic direction is clearly set out in the Integrated Healthcare Strategy *Fit for the Future, 2011 – 2014*. The organisation has seen significant change over the past two years with a new and exciting chapter ahead: driving quality improvement throughout the organisation; streamlining patient pathways and achieving greater consistency of care in the design and delivery of healthcare services to make them fit for the future. Healthcare provision today is both dynamic and challenging as hospital and primary care services continue to work together to create an integrated, more streamlined healthcare system, in line with Better Health, Better Care. In addition, the future integration of adult health and social care will introduce new ways of working to deliver nationally agreed outcomes, particularly for older people.

In line with the rapidly changing organisational environment a review of governance and management structures was undertaken during 2012. It is, therefore, opportune to review how the organisation supports, and can demonstrate, that it delivers safe, effective and person-centred care to the population it serves. This document, *Quality Assurance in Forth Valley* combines, for the first time, Clinical Governance and Risk Management strategies in pursuit of this objective.

It is essential that NHS Forth Valley has a robust and transparent system of clinical governance and risk management in place to assure the NHS Board and its public and external reviewers. Clinical governance and risk management are inextricably linked. **Clinical Governance** is a framework through which NHS organisations are accountable for continually improving the quality of their services to deliver high standards of care, by creating an environment in which excellence in clinical care flourishes. Clinical governance combines risk management, clinical effectiveness and person centered approaches to develop, implement, monitor and review systems that drive improved outcomes and a better quality experience for patients. **Risk Management** is an integral part of good management practice. The management of risk and learning from adverse events is a major priority for NHS Forth Valley. As healthcare is becoming increasingly complex it is important that sufficient time and resource is applied to this area. To deliver and manage safe and effective care to the people who use our services whilst ensuring the health, safety and welfare of our staff, patients and visitors is a top priority for the organisation.

The NHS Scotland **Quality Strategy** sets out the aim of making Scotland a world leader in healthcare quality. The Quality Strategy has become the overarching context for the prioritisation of policy development and improvement in terms of the quality of healthcare.

NHS Forth Valley’s overall vision is to **improve health and the quality of healthcare for the people of Forth Valley**. The Quality Ambitions described in the NHS Scotland Quality Strategy are reflected in the key priorities outlined in the NHS Forth Valley Integrated Healthcare Strategy *Fit for the Future, 2011 – 2014* to:

- **Prevent** ill health
- Improve the **experience** of patients and **involve** them in their care
- Increase the **quality, safety and consistency** of care
- Work in **partnership**
- Increase the **effectiveness** and **efficiency** of the services we provide
- Deliver care as **close to home** as possible
1.2 Supporting Strategies and Work Programmes

There are a number of strategies and work programmes that support the delivery of the Quality Assurance Strategy in NHS Forth Valley.

EPQ Priorities Programme
NHS Forth Valley is focussing on priorities around efficiency, productivity and quality. It is important that the links between these three strands are clearly articulated with the EPQ Priorities Programme now embedded within the overall Strategic Plan. The priorities identified within the EPQ Programme are those major issues that require organisational and Board focus over the next 2 years including the delivery of savings to ensure ongoing financial sustainability. They are designed to deliver the vision and objectives within the Integrated Healthcare Strategy thus ensuring that the values of the organisation are realised. The EPQ Programme brings together significant improvement schemes, delivering on efficiency and taking out costs, into a single approach that ensures Forth Valley continues on its journey of quality improvement. The EPQ Programme promotes an integrated approach which focuses on the major systems-wide schemes which require particular corporate leadership and oversight.

Quality Improvement Framework
The NHS Forth Valley Quality Improvement Framework “Getting it right for people, first time, every time” sets out ambitious aims for delivering high quality patient care and services. This approach builds on a solid foundation of providing high quality care and services over many years. The framework is also one key priority of the EPQ programme.

Workforce Modernisation Strategy
The Workforce Modernisation Strategy set out the vision for the workforce. The strategy has been driven with Board support and its aims have been to deliver a modern workforce; a modern healthy culture; to become a model employer and a model partner. This is critical in ensuring a trained and effective workforce to provide the highest quality care in a safe and supportive environment. The Staff Governance Standard, revised in 2012 requires Boards to demonstrate that staff are well informed; appropriately trained and developed; treated fairly and consistently with dignity and respect in an environment where diversity is valued; and provided with a continuously improving safe working environment, promoting the health wellbeing of staff, patients and the wider community. In conjunction with this the NHS Forth Valley Learning and Education Strategy supports the development of staff with additional policies and procedures considering fitness to practice, recruitment and retention. In tandem with this, the approach to Equality and Diversity in Forth Valley ensures equity across all strands of the Equality Duty.

Section 2: Scope, Aims and Principles of ‘Quality Assurance in NHS Forth Valley – Clinical Governance and Risk Management’

2.1 Scope
This Strategy describes how NHS Forth Valley will utilise effective systems of clinical governance and risk management to assure the public of the quality and safety of patient care provided in the Board area. These systems are underpinned by a robust and accountable framework with appropriate monitoring and reporting. The Strategy also highlights the broader elements of risk encompassing health and safety and the NHS Board responsibilities for Civil Contingencies.

Clinical Governance encompasses the actions taken by all staff in NHS Forth Valley, whether employed or a self-employed contractor. General medical and dental practices, community pharmacies and optometrists have their own internal clinical governance arrangements but the Board has a role in ensuring that the systems they have in place are robust.

NHS Forth Valley is an organisation firmly focused on future opportunities through partnership working. This is expressed in the Integrated Healthcare Strategy and made explicit in the corporate objectives. The increasingly important agenda of partnership working with Local Authorities, independent contractors and the third sector requires the organisation to also have an outward focus. Account requires to be taken of shared governance and the joint risks to service delivery in this future context.
This Strategy has been developed in line with relevant national guidance:

- ‘Designed to Care’ introduced the concept of ‘Clinical Governance’ 1997 White paper
- HDL (2002) 11 - Corporate Governance: Statement of Internal Control which includes a requirement to annually report on the control environment including the management of risk
- HDL (2003) 29 which sets out the decision to integrate the healthcare risk management standards developed by the Clinical Negligence and Other Risk Indemnity Scheme (CNORIS) and the NHS Quality Improvement Scotland (NHS QIS) generic clinical governance standards
- Corporate Manslaughter and Corporate Homicide Act (2007)
- Scottish Patient Safety Programme (2008 onwards)
- Equality Act 2010
- Staff Governance Standard (2012)

**Scope**

The diagram below details the scope of this Strategy under the 6 dimensions of quality (Institute of Medicine 1999)
2.2 Aims and Supporting Principles

Aims
- To ensure evidenced based care is used to continually improve quality
- Improve patient and staff experience
- Reduce avoidable mortality
- Reduce avoidable harm and in the event of an adverse event minimise the impact on patients, carers, families, staff and the organisation
- Review and learn from adverse events and complaints
- Contribute to safely reducing costs whilst also increasing staff time to care and deliver the quality ambitions for their service
- Proactively identify and reduce risk by creating a culture founded on assessment and prevention rather than reaction and remedy.

Supporting Principles
- Being a person centred organisation ensuring the health and wellbeing of patients, staff, and stakeholders, and the delivery of safe care in partnership.
- Taking an inclusive and integrated approach - embedding the use of recognised improvement and patient safety methodologies and risk management techniques in day-to-day activities
- Having a culture of openness and involvement with the full engagement of all key stakeholders in learning from risks and adverse events.
- Ensuring that approaches to improvement, measurement and performance are integrated and aligned.

Communicating the strategy is an essential component of ensuring that its aims and principles are known and understood by all staff across the organisation. A key objective will be to ensure that a wide range of mechanisms are utilised to engage with staff in the ongoing programme of quality improvement and the delivery of safe, effective and patient focused services.

Section 3 Assurance and Accountability Framework
The schemata in Appendix 1 describes the Assurance, Accountability and Reporting framework.

3.1 Executive Leadership
The Chief Executive is ultimately accountable to the NHS Board for effective corporate governance (clinical, staff and financial) and the management of risk relating to NHS Forth Valley. The Scheme of Delegation included as part of the Standing Orders sets out how responsibilities are delegated to others - to ensure that organisational arrangements are in place, to promote awareness and to provide guidance as and when required.

The effective management of risks is a core aspect of governance and management arrangements. Strong leadership is given from the NHS Board, the Senior Management Team, and across all clinical and management teams underpinned and supported by a range of risk management advisors.

- The Medical Director is the executive lead for Clinical Governance and, along with the Nurse Director considers clinical processes, systems, policies and procedures, patient safety and associated risks.
- The Director of Human Resources is the executive lead for Staff Governance considers systems for staff employment, training, wellbeing and associated risks.
- The Director of Strategic Projects and Facilities is the executive lead for Health and Safety.
- The Director of Public Health is the executive lead for Civil Contingencies, population health and emergency planning, HAI and associated risks.
- The Finance Director is the executive lead for ensuring effective internal control and review of risks with financial consequences and for those risks relating to systems of internal control ensuring appropriate completion of the Directors Report at the year end.
• **General Managers** are responsible for ensuring that robust processes are in place within their Units to oversee and provide assurance about the quality and safety of patient care and staff wellbeing. This includes continually improving quality and proactively managing risk; responding to and learning from e.g. adverse events and complaints.

• **Multi-professional clinical teams** are responsible for working effectively to provide safe and effective care, promoting a culture of openness and team working.

• **Individual healthcare practitioners** will continue to participate in ongoing continuous professional development, developing and maintaining skills and competencies and meeting professional requirements for practice.

The **Head of Clinical Governance** supports and facilitates the delivery of safe and effective care across the system in a culture of openness ensuring continuous improvement and learning. The **Director of Pharmacy** undertakes a strategic leadership role in supporting a consistent and integrated approach to risk management. This ensures an oversight of strategy and policy implementation, effective links between risk types, a focus on risk registers and the Corporate Risk Register and that the statutory annual report is submitted to the Board, reporting directly to the Chief Executive.

**3.2 Committees and Groups**

NHS Forth Valley has a number of governance committees reporting to the NHS Board. The controls assurance framework exists for the Board and all its committees based on the overall terms of reference and scheme of delegation approved by the Board. There are also a number of supporting groups. The Schemata in Appendix 1 details the linkages. In terms of the ‘Quality Assurance Strategy – Clinical Governance and Risk Management’ Committees and groups include:

- The NHS Forth Valley **Clinical Governance Committee** is responsible for providing assurance to the NHS Board, patients and the public that the framework, systems and processes to deliver Clinical Governance and Risk Management are robust and working effectively to deliver the highest standards of healthcare. The Committee will review relevant risks and adverse events.

- The NHS Forth Valley **Staff Governance Committee** is responsible for providing assurance to the Board that staff are appropriately trained to deliver high quality patient care and that an appropriate approach is in place to deal with staff risk management across the system including health and safety. The Committee will review relevant risks and adverse events.

- The **Performance and Resources Committee** scrutinises financial and operational performance and will also maintain an overview of the Corporate Risk Register considering what requires to be reported to the NHS Board. The Executive leads and Committee Chairs form the membership of the Committee so are well placed to review the overall position.

- The **Audit Committee** has overall responsibility to evaluate the system of internal control and corporate governance, including the risk management strategy and procedures.

- The **Clinical Governance Working Group** is responsible for overseeing and providing assurance to the NHS Forth Valley Clinical Governance Committee that effective systems are in place across NHS Forth Valley to deliver safe and effective care, supporting and advising operational Units. (See further detail below)

- The **Area Partnership Forum** has the role of overseeing implementation of the Staff Governance Standard and specifically Health and Safety. Activities and issues are reported to the Staff Governance Committee.

- Each Unit will have a **Service Improvement/ Clinical Governance & Risk Management Group** to support delivery of continually improving quality patient care, staff wellbeing, and risk management responding to and learning from adverse events and complaints. Units will be held to account three times a year on a full range of performance issues including those relevant to this Strategy.

- The **Strategic Management Team** (SMT) will retain an overview of activity reviewing risk and adverse events on a routine basis.

- The **Risk Network Group**, is a key group which supports the operational implementation of effective risk management across the whole organisation, supporting the Units and Departments to make risk management principles part of day to day activity and to share learning.
In terms of issues and potential risks associated with contracted services, the Family Health Services (FHS) Performance Review/Reference Group has an overview of the various Contractor Performance Review Groups. This Group receives minutes and reports from the individual Contractor Performance Review groups with the overall purpose of:

- Approving administrative, contractual and financial arrangements for the provision of Family Health Services
- Determining actions to be taken on matters alleging breach of primary care practitioners’ terms of service assuring the NHS Board of safe regulatory systems.

The FHS Performance Review/Reference Group reports to the Audit Committee providing NHS Board assurance regarding contracted services. Clinical issues are also taken to the Clinical Governance Committee for noting but the formal reporting route is to the Audit Committee. Issues of concern or risk are reported to the Board and entered onto the Corporate Risk Register as required.

The Clinical Governance Working Group has a key role in terms of delivery and assurance. Key aspects include:

- Oversight of the CG/RM annual work plan and quality improvement priorities
- Ongoing review of assessment of quality of care through balanced scorecards at operational unit and service level
- Ensuring that risk registers are effective at service operational unit, and that there is robust reporting, monitoring and learning from adverse events
- Ensuring that best practice is implemented through the use of guidelines, protocols, audit and quality improvement methods. This requires to link to healthcare planning and the work of MCNs to ensure effective service design
- Research is actively encouraged and that there are robust systems in place to ensure research governance
- Active learning from complaints, medico-legal processes and patient and public feedback
- Staff training and appraisal is in place to ensure fitness to practice, and that systems are effective in detecting and addressing underperformance
- Maintaining patient confidentiality through robust information governance processes

3.3 Providing ongoing Assurance

- The Audit Committee seeks to assure the NHS Board that appropriate systems are in place for controls assurance and the management of risk. The existence, integration and evaluation of the elements identified provide a basis for the committee to endorse an annual statement on the effectiveness of internal control and corporate governance as part of the statutory accounts cycle. The Audit Committee ensures that there is a mechanism is in place to review the organisation’s risk management, clinical and staff governance arrangements in depth on a periodic basis.
- The NHS Board receives an annual report on clinical governance, staff governance and risk management activity undertaken by the various committees of the Board.
- The Internal Audit Plan is risk based and provides a process for review of overall risk management arrangements, and the provision of advice and training as necessary.
- External audit will undertake a review of overall governance arrangements as part of the annual audit cycle. This will be supplemented by an annual report on the management of risks for consideration by the NHS Board as part of the annual accounts cycle.
- The operation of this process will allow the Audit Committee to present an annual assurance statement to the NHS Board to support the Directors Statement on Internal Control.

Section 4 Delivery of the Strategy
4.1 Quality Improvement in practice - Continuous Quality Improvement Priorities 2011-2013

NHS Forth Valley has adopted the six dimensions of quality described by the Institute of Medicine (1999) - person centred; safe; effective, efficient; equitable and timely - to describe the range of activities that underpin the delivery of safe and effective, high quality healthcare and this is reflected in the Board’s approach to measurement through the Balanced Scorecard and the priorities within the Efficiency, Productivity and Quality Programme.

NHS Forth Valley's Quality Improvement Framework “Getting it Right for People, First Time, And Every Time” has been designed to set out our ambitious aims to deliver high quality patient care and services. The framework focuses on the key improvement priorities that underpin the Board’s Efficiency, Productivity and Quality (EPQ) Programme. Key work streams for the period 2012-2014 have been identified. In addition to key areas of work the framework also sets out the ways that we will measure the outcomes of care and use information to drive improvement, action and continuous learning. It also describes how we will build the skills and capacity to deliver the programme including establishing a local quality hub to support the delivery of the programme.

Key priorities are to:

- **Improve safety and reduce avoidable harm.** Specific areas of work include embedding a culture where safety is at the core of all what we do, reporting and learning from adverse events, continually reducing the risk of healthcare acquired infection and the reliable recognition and response to sick patients.

- **Deliver person centred services and improve the patient and family experience of care.** A range of patient feedback mechanisms are used to support understanding of the patient’s experience. Local and National surveys of patient experience, patient stories and observations of care, as well as complaints are used for learning and improving care. Key priorities include the provision of a safe, clean and comfortable environment; treating people as individuals, with respect and dignity and involving people in decisions about their care. From November 2012 Forth Valley will commence the implementation of the three work streams of the National Person Centred Health and Care programme—care experience, staff experience and co-production – with staff experience linking to the Staff Governance committee and the staff survey.

- **Deliver effective care.** Key areas of work include actions to reduce mortality using the Hospital Standardised Mortality Ratio as the outcome measure; the use of the tools such as the Global Trigger Tool and morbidity and mortality review to identify adverse events and the development of reliable care and care pathways across primary, secondary and tertiary care.

The aims of the Scottish Patient Safety Programme are integral to the Quality Improvement Framework and the implementation of the programme in NHS Forth Valley will continue to support the delivery of reductions in avoidable mortality and harm. This includes the ongoing implementation of the original work streams, the introduction of new areas of the programme including maternal health, mental health and primary care as well as the new National Harm Free Care programme, which will shortly be launched.

4.2 Risk Management in practice

**Categories of Risk**

In establishing arrangements for managing risk it is important to define risk categories and to underline that the approach to effective management of risk in NHS Forth Valley covers all aspects of risk with no differentiation between clinical and non clinical risk.

Three main risk categories have been reviewed and identified:

- **Clinical-** Aspects that directly affect the health of the local population and the delivery of quality clinical services in an appropriate environment e.g. patient safety, infection control, outbreak

- **Staffing** - Aspects that directly affect the ability of staff to do the best job possible e.g. environmental, training

- **Financial & Organisational**- Aspects that may result in spend over budget and risks financial sustainability and/or impacts on the routine business e.g. emergency planning.
The process for implementing risk management in NHS Forth Valley is based on the model illustrated in Appendix 2. The delivery of an effective risk management system is through a consistent approach to risk identification, assessment, mitigation and reassessment of risks. Supporting integration, coordination and organisational learning from risks is also a key part of the process. In NHS Forth Valley this process is underpinned by a consistent approach to the use of Risk Registers across Units to identify, quantify and reduce both clinical and non-clinical risks. This includes the appropriate escalation and de-escalation of risks and systems to share learning to support an integrated approach so that lessons learned in one area are quickly shared with another. This is a key role of the Risk Network.

The risk management policies e.g. Incident Management Policy and Risk Register Guidance underpin the Quality Assurance in NHS Forth Valley -Clinical Governance and Risk Management Strategy. These are signed off in accordance with the NHS Forth Valley Policy on Developing Guidelines ensuring that they have been through appropriate consultation with stakeholders. The Risk Management Department maintains a register of Policies, Procedures and Guidelines covering risk management issues.

Risk management priorities for 2012-3
- **Risk Appetite**-The resources available for managing risk are finite and therefore the aim of a risk management system is to achieve an optimal response to risk, prioritised in accordance with the risk assessment. Risk is unavoidable and every organisation needs to take action to manage risk in a way that it can justify to a tolerable level. The amount of risk that is judged to be tolerable and justifiably is defined as the *risk appetite*. Risk appetite is therefore the amount of risk that NHS Forth Valley is prepared to accept, tolerate or be exposed to at any point in time. The risk appetite will be defined and considered by the relevant Committees during 2012/3.
- **Significant Adverse Events**-Building on existing local systems for incident management and the learning from the Healthcare Improvement Scotland report on the Management of Significant Adverse Events in NHS Ayrshire & Arran a Significant Adverse Event Policy will be developed in 2012. This will ensure a consistent and robust approach to significant adverse events across Units including processes for reporting, investigation, action planning and escalation. This will also include engaging and supporting patients, families/carers and staff affected by adverse events.
- **Unit Service Improvement and Risk Management Groups**-Reflecting the recent review of governance and management structures operational units will establish Service Improvement and Risk Management Groups. This will support an effective management and governance framework for reporting and managing risks at individual, Unit and organisational level. These Service Improvement and Risk Management Groups will for example review risk registers, support incident trend identification and monitor progress with Significant Adverse Event action plans. Wider organisational learning will be identified and shared with the Risk Network to support an integrated approach. Relevant risks and adverse events will be escalated ultimately to the appropriate NHS Board Governance Committee for review.

4.3 HAI and Infection Control
HAI is a key priority within the scope of clinical governance and risk management. The HAI agenda is overseen by the Area Prevention & Control of Infection Committee (APCIC). Membership of this committee consists of relevant stakeholders and is chaired by the Director of Public Health who is also HAI Executive Lead. The Infection Control & Public Health Manager, (who is responsible for the implementation and management of the HAI agenda) updates the committee regarding the progress of the HAI three year work programme and discusses any relevant issues concerning infection control across NHSFV. The committee also approves proposals of new local initiatives and all policies and procedures relevant to the HAI agenda.

Formal updates of the HAI agenda to the wider stakeholder is communicated in the form of quarterly and annual reports and the Healthcare Associated Infection Reporting template (HAIRT). These reports are presented to the Board Clinical Governance Committee (to which the APCIC reports) and the Clinical Governance Working Group; the HAIRT report is presented bimonthly to the Board. Monthly HAI reports detailing ward infection rates, audit results and general updates of HAI initiatives are also circulated to all Senior Charge Nurses and management.
4.4 Complaints
As detailed in section 4.1 delivering person centred services and improving the patient and family experience of care is a key priority. A range of patient feedback mechanisms are used to support understanding of the patient’s experience with complaints a major component. Demonstrating an understanding of trends, acting on issues and capturing learning from complaints are key. Regular reports are presented at various levels through the organisation with ongoing review of format to ensure relevance to the Clinical Governance Committee and the Board. During 2012/13 the duties of the Patient Rights (Scotland) Act 2011 require to be taken forward.

The key priorities are
- Supporting patients, carers and the public to give feedback, make comments, raise concerns and complain
- Supporting staff to value and respond positively to feedback, comments, concerns and complaints
- Implement systems to capture, record and report feedback, comments, concerns and complaints
- Learn and improve services as a result of feedback, comments, concerns and complaints

Achieving these priorities will require building on the progress already made in designing a person centred complaints process and achievements through the Patient Experience work. This will also require continued work in partnership with a range of internal and external stakeholders.

4.5 Health and Safety
Compliance with all current health and safety legislation is critical and to provide assurance that our systems are fit for purpose, a formal system for the management and monitoring of health and safety is in place. The health and safety system is made up of many aspects and are described below.

Policy; a range of health and safety policies, guidance notes and templates are in place, reflecting the importance NHS Forth Valley places on health and safety.

Structure and accountability; A formal hierarchy of health and safety responsibilities is laid out within the Forth Valley Health and Safety Policy and other topic specific policies. A committee structure is in place, overseen by the Health and Safety Committee, where health and safety issues are discussed and resolved. The NHS Forth Valley Staff Governance Committee is responsible for providing assurance to the Board in relation to health and safety within the organisation.

Formal health and safety training is provided as part of staff induction into the organisation and continues, through the delivery of topic specific training, such as risk assessment, manual handling or violence and aggression. Further levels of training are also provided e.g. management skills via the IOSH Managing Safely course or the Stress Awareness Course for Managers.

Implementation systems; a system for recording health and safety risk assessments which automatically links to the risk register process is in place. In addition, a system for ensuring competency of those carrying out risk assessment has recently been implemented.

Measuring Performance; Production of regular, localised reports to all levels of the organisation regarding health and safety incidents and actions supports review and learning. Formal quarterly and annual health and safety reports are produced and discussed at the appropriate committees. This is underpinned by the ongoing proactive monitoring of health and safety management system compliance and effectiveness.

Reviewing Performance; Internal Audit consider many aspects of the health and safety systems and provide formal reports for General Managers and appropriate Committees. External enforcing agencies such as Central Scotland Fire and Rescue Service, Health and Safety Executive etc. are regularly working with NHS Forth Valley to further improve Health and Safety systems.

Key priority for 12/13
Work is on-going to produce a new electronic version of the existing health and safety system. The electronic risk and safety management system or eRSM, will provide a one stop shop for all risk and
safety information for frontline staff. This will allow all levels of staff to have access to appropriate health and safety information and also allow managers to review what is in place within each of their areas.

4.6 Research and Development
Research is central to patient care in that it provides knowledge about how services and care could be improved and also, in some cases, makes a direct contribution to healthcare.

Research has been defined as:
“The attempt to derive generalisable new knowledge by addressing clearly defined questions with systematic and rigorous methods” (Department of Health, 2005). Research is central to patient care in that it provides knowledge about how services and care could be improved and also, in some cases, makes a direct contribution to healthcare.

The Executive Lead for R&D is the Medical Director and the department is line-managed by the Head of Clinical Governance. The MD is supported in his role by the R&D Management Group, consisting of the MD, Head of Clinical Governance, R&D officers, Chair of the R&D committee and the Management Accountants responsible for R&D.

All research in the NHS must abide by the terms of the Research Governance Framework for Health and Community Care - 2nd Edition (SGHD 2006) and any other relevant legislation, regulation or guidance. It is the R&D Officers’ responsibility to ensure that all proposed research meets the appropriate governance requirements. They are supported in this by the MD, Head of Clinical Governance and Management Accountants and can seek advice elsewhere (eg, from the Central Legal Office) as required. The officers also provide support, training and advice to NHS FV staff and external researchers wishing to carry out studies locally.

4.7 Service continuity planning and major emergency procedures
In line with the Civil Contingencies Act 2004 (Scotland) Regulations 2005 NHS Forth Valley requires to ensure Healthcare Continuity Plans exist for all services which are reviewed at least annually by Heads of Service in consultation with specialist advisors. Significant work to support Healthcare (Business) Continuity is underway within the organisation to ensure compliance with the legislation.

The Director of Public Health is responsible for ensuring that NHS Forth Valley’s Major Emergency Procedures are regularly reviewed, tested and understood by all those that play a part within them, and that learning from events and practices take place. The Civil Contingencies Tactical Group supports delivery operationally and reports to the Clinical Governance Working Group.

4.8 Information Governance
Information Governance ensures the necessary safeguards for appropriate use of patient and personal information. Information is a vital asset both in terms of the clinical management of individual patients and efficient management of services and resources throughout NHS Forth Valley and beyond. It plays a key part in clinical governance; patient safety; service planning and performance management. It is therefore of paramount importance that information is efficiently managed and that appropriate policies, procedures, management accountability and structures provide a robust governance framework for information management.

Complimentary to this Strategy, is the Information Governance Strategy which sets out the approach taken by NHS Forth Valley to provide a robust Information Governance framework for the current and future management of information.

The Information Governance Strategy acts as an enabler to ensure that NHS Forth Valley, which has a statutory responsibility to patients, public and staff, has: effective processes, policies, and people in place to deliver its objectives in relation to the holding and use of confidential and personal information. Information Governance reports through the assurance, accountability and reporting framework of this Strategy document.

Section 5 Performance Monitoring and Reporting
Monitoring the delivery of this Strategy is of critical importance to ensure the overall aims are realised. Appendix 1 details the Assurance, Accountability and Monitoring Framework with roles of the relevant Groups and Committees considered under Section 3. In line with NHS Forth Valley’s approach to performance management and the balanced approach to measurement, seen in Appendix 3, priorities will be monitored and relevant metrics developed across the scope of the Strategy against the dimensions of quality. This approach is already used at Board level in the Strategic Balanced Scorecard. Further work is being undertaken to develop operational balanced scorecards supporting the new operational Unit structures. The metrics within the underpinning Quality Improvement Framework will feed into this process. It is acknowledged that the scope detailed within this strategy is broad and covers many aspects of care delivery.

**Section 6 Summary**
The strategic context of this Strategy ‘Quality Assurance in NHS Forth Valley – Clinical Governance and Risk Management’ has been clearly set out. In line with the review of governance and management structures, as detailed, it has been opportune to review how the organisation supports, and can demonstrate, that it delivers safe, effective and person-centred care. The importance of a robust and transparent system of clinical governance and risk management has been underlined and for the first time these respective strategies have been combined in this document. The underpinning Quality Improvement Framework operationally supports delivery.

The Assurance, Accountability and Reporting Framework in Appendix 2 is key in setting out the structure of accountability and flow of reporting and information.

This Strategy will be monitored as described and revised as necessary on an annual basis.
IMPLEMENTING THE STRATEGY
The table below illustrates the generic risk management process.

GENERIC RISK MANAGEMENT PROCESS
NHS Forth Valley Performance Management Framework
Balanced Approach to Measurement

- NHS Board
- Governance Committees
- SMT
- Unit/Level
- Frontline teams

Assurance
- Examples only
  - Aggregated data e.g. emergency LoS
  - HSMR
  - Reduce adverse events by 15%
  - Reduce crude mortality by 15%
  - Board level SABS C Diff
  - Patient/staff experience

Performance
- Examples only
  - Speciality LoS
  - Re-admissions medical/surgical
  - Unit/Hospital SABS C Diff
  - Review of specific adverse events
  - Outlining areas

Improvement
- Examples only
  - Individual LOS
  - M & M outcomes
  - Care bundle compliance
  - Speciality readmission
  - Return to theatre rates
  - Ward level SABS C Diff
  - GP Practice level data

Balanced Scorecard against Dimensions of Quality
27 November 2012

This report relates to Item 10 on the agenda

Taking Forward the Equality and Diversity Agenda in NHS Forth Valley

(Paper presented by Professor Angela Wallace, Director of Nursing)

For Noting
1 TAKING FORWARD THE EQUALITY & DIVERSITY AGENDA IN NHS FORTH VALLEY

2 PURPOSE OF PAPER

The purpose of this paper is to provide Board members with an update on progress with the Equality and Diversity agenda within NHS Forth Valley.

Within 2012 NHS Forth Valley has taken significant steps to ensure that the Equality Duty 2010 Specific Duties become mainstreamed into our work as service providers and employers.

We will continue to monitor our performance against equality and diversity criteria through the Fair for All Development Group; Chaired by Helen Kelly the Human Resource Director and Dr Abu Arafeh Fair for All Development group Lay Advisor.

Achievements against key priorities to date are reflected within the enclosed report although this report will mainly focus on the work completed to date to meet our Equality Act 2010 Public Sector Duties.

3 KEY ISSUES

NATIONAL ISSUES

Age Discrimination in Services from 1st October 2012

What is changing?
One of the biggest changes to equality law as a result of the Equality Act 2010 came into force on 1st October 2012. From that date, age discrimination will be unlawful in the provision of services and in the exercise of public functions, as well as in the activities of private clubs and other associations. This extends protection against age discrimination beyond employment and vocational training where, of course, it has been unlawful since 2006.

Who is covered?
The new rules cover the provision of all services to the public, whether in the private, public or voluntary sectors, and whether services are provided free of charge or for payment - for example, leisure facilities, banks, public utilities, sports centres, advice agencies, restaurants and shops as well as hospitals and clinics.

Who does it affect?
Age is defined in the Act by reference to a person’s age group, which can mean people of the same age or people of a range of ages. Age groups can be wide (for example, ‘people under 50 years) or narrow (for example, ‘people born in 1952’). Age groups may also be relative (for example, ‘older than me’), or linked to physical appearance.

The ban does not apply in respect of children aged under 18 in relation to services and public functions. This means that people and organisations can continue to provide different services at different rates or on different terms and conditions for children of different ages.

There is no express exception for health and social care although certain age-based policies and practices are likely to be objectively justified, especially where they are based on evidence (for example, flu jabs for older people). Services and corporate plans will have to take Age discrimination into account when developing or evaluating service provision on behalf of the Board. See Appendix 1 for further information.
3.2 Local Issues

3.2.1 NHS Forth Valley Equality and Diversity Board Seminar
Board seminar completed on 8th May 2012 for NHS Forth Valley Board members, senior managers and partner agencies to inform them of Equality Duty 2010 and actions to be taken forward (60 people attended). The event highlighted the legislative requirements to be addressed as well as the responsibilities of managers to take ownership for this agenda.

Following the seminar Mr Charlie Forbes NHS Forth Valley Non Executive Director has agreed to be the Non-Executive Lead for Equality and Diversity on behalf of the Board. An initial meeting has been held with Lynn Waddell Equality and Diversity Manager with a further update to be held in the near future.

3.2.2 NHS Forth Valley Equality Delivery Scheme (EDS)
Actions have been taken over the past few months to ensure than NHS Forth Valley are able to meet their Public Sector Duties.

3.2.3 Engagement and the Public Sector Equality Duty
The general equality duty requires public authorities to have an adequate evidence base for their decision-making, and engagement can help develop that evidence base.

To meet this requirement a series of focus groups and events have been held from May till October 2012. To date Lynn Waddell has spoken to:
- Three Patient Public Forums meetings – attendees completed questionnaires at these events
- One young persons event held 23rd May 2012 at Forth Valley Royal Hospital for local High School pupils.
- One Young carers event held 2nd August 2012.
- English as a second or other language classes (ESOL) - 13 group responses received
- Local Transgender Group – September 2012 – collective responses given
- Multi- Cultural evening held on 6th September – 118 people’s responses received.

Reports on a range of events are available on the Equality and Diversity Consultations web page.

NHS Forth Valley Equality and Diversity questionnaire is on the NHS Forth Valley web site and is highlighted via NHS Forth Valley’s Face book and Twitter accounts.

Additional events are also being held for the Disabled Community on the 30th October by the Disability Service. Helena Buckley Quality Manager will also be arranging to attend an additional ESOL Class in October/November.

To ensure that we meet staffs views and expectations we will be using the most recent NHS Forth Valley Staff Survey results to inform some of our staff outcomes. These will be evaluated in early 2014.

To date the key areas highlighted by service users are:
- To be more person centred - know the profile of your service users i.e. if they have a disability, their ethnicity, if they are LGBT etc
- Enhance staff training in equality; may assist problems with staff attitudes highlighted and greater understanding of the various equality strands. This also included medics and contracted services
• Specific Health Promotion initiatives or highlight within existing health campaigns to ensure all groups can access same e.g. smear testing for gay women.
• Provision of healthcare information in a variety of formats including the use of social media. This also included the use of ‘Apps’ not only to supply information about health promotion and service provision but also to inform the public where services are located, in particular Minor Injuries.
• Implementation of the Patients Rights Bill and its specific requirements
• Interpreter and translation services
• Reporting of Hate Crime is low from several equality communities, work needs done to enhance confidence to report both as a service user and employee
• Enhance reporting of Gender Based Violence
• Reduction in Do Not Attends: ensuring patients are able to understand their appointment times in their preferred formats as well as reducing waiting times due to patient not turning up and taking spaces.
• Needs of young LGBT people
• Board leadership and commitment

3.2.4 Mainstreaming
Changes have been made in October 2012 to the NHS Forth Valley template for Board papers. Having a clear indicator which indicates the evaluations completed on papers presented will enable NHS Forth Valley to evidence that equality and diversity has been mainstreamed into its core business.

Board papers are now also produced in size 12 Arial font print and left justified. This follows best practice guidance.

Small working group to be developed to finalise outcomes prior to submission to the public in January 2013 and to the Board in February 2013. Discussions would also include methods in which NHS Forth Valley can evidence that ‘mainstreaming’ is being completed.

3.2.5 Multi-Cultural Evening - 6th September 2012
Central Scotland Police and NHS Forth Valley with the support of their Lay Advisors have been promoting the idea of working with and for communities over the past several years. The event was attended by 118 people.

The evening focused on ‘Community Cohesion’ which aimed to celebrate and learn about the different cultures that exist alongside each other while, at the same time, encouraging people to think of themselves as being part of one community, by:

• Promoting mutual understanding between people of different ages, abilities, backgrounds, faiths and cultures.
• Empowering people from different backgrounds to take part in fun and educational activities together through song, dance, stories and networking.
• Creating a sense of belonging among those living in the Forth Valley area.
• Engaging and supporting people of all ages and backgrounds in the Forth Valley area.

The subsequent report of the event demonstrates not only the benefits of working together but also reflects the thoughts of attendees on what they think about current service provision and areas in which we can enhance it. This information will be used to inform out Equality Act 2010 Public Sector Duty Outcomes.
3.2.6 Patient Information: Improving collection of Diversity Information: As of August 2012

Despite concerted efforts in the past, NHS Forth Valley remains below the national average for data collection in relation to SMR Returns to Information Services Scotland

Discharge Episodes (SMR 01)

Fig 1: Report reflects that we are sitting at 45.5% compared to 47.6% the same time last year.

Out Patients Appointments (SMR 00)

Fig 2: Report reflects that we are sitting at 30.4% where were at 23.6% the same time last year.

As previously identified the willingness of staff and patients to provide information limits how comprehensive our data can be, as well as the quality of incoming information from the referring services. This can result in some inconsistencies and poses some challenges in being able to demonstrate information consistently for each of the protected characteristic groups.

Information on sexual orientation and transgender are the areas that currently pose the biggest challenges for the future in relation to data collection and evidencing how we are meeting the needs of services communities as per our legislative requirements under the equality duty. It has been agreed that the working group previously led by Dave Simpson meets during November 2012 to continue the work.
3.2.7 E&D Training

Training continues to be delivered on a variety of equality strands including Transgender awareness, disability specific training and LGBT Training. Equality and Diversity Advisory Team have enhanced the current induction training currently provided in relation to Equality and Diversity. Two recent sessions evaluated exceptionally well by attendees’.

3.2.8 EQIA: Update

Due to technical difficulties the online EQIA data base has had to be put on hold. NHS Forth Valley are however still completing this task manually although it remains time consuming to input the data into the current data base. Lynn Waddell who has designed the online data base has been contacted by several NHS Boards who have expressed an interest in using this system once completed.

Health Inequalities Impact Assessment of Forth Valley Royal Hospital (FVRH):

A Post project Evaluation of Forth Valley Royal Hospital is being completed on the 30th October 2012. The purpose of the evaluation is the following;

‘The Phase 3 Evaluation will determine if FVRH has achieved the objectives described in the Outline Business Case and will provide a record of the key facts relating to the project to date. The particular questions relevant to this exercise are;

- How has FVRH contributed to improving Forth Valley’s Health?
- How has FVRH contributed to reducing the health gap between rich and poor?’

This retrospective health inequalities impact assessment will form part of the post project evaluation of the FVRH. The Outline Business Case stated that the new hospital would improve the health of the people of Forth Valley and reduce inequalities. While these are very difficult to prove, the health impact assessment will look at the impact the new hospital has had or is having on a range of different populations groups as well as the staff in a systematic way.

**Scope of impact assessment** - Because of the size of the project the impact assessment has to remain at a high level. It will not go into the detail of the impacts on different patient/staff groups, but will look at them in general terms. While the assessment is mainly retrospective, it is likely it will generate a number of issues, some of which will need to be taken forward.

Dr Anne Maree Wallace Public Health Director has invited staff from the NHS Health Scotland Equalities Team to facilitate this session. Report and actions will follow.

3.3 Age Specific Actions

3.3.1 NHS Forth Valley ‘Young People Making a Difference Nationally and Locally’

On the 23rd May 2012 thirty young people and teachers from a variety of schools attended the above event including representatives of ‘Young Carers’. It was felt by the audience that this was a positive example of how to involve young people in NHS Forth Valley and Scottish Government services, enabling them to have their say on policy and legislation.

Presentations completed on ‘How we can enhance NHS Forth Valley services for Young People’ as part of our obligations under the Equality Duty 2010 as well as a consultation exercise from Paul Ingram Scottish Government on the ‘Children’s Rights Bill’.

The Goals of the event were that:
- We listened to young people and value their ideas and opinions.
- We used the information they give us to improve services
- We reduce inequality and discrimination – so young people have a fair chance
- We work in partnership with other organisations to introduce a positive and lasting difference to young people’s lives and experiences.
- We inspire people to do their best for young people.
- Improve attitudes towards young people – so that children and young people are valued by everyone.

The occasion was informal and very interactive. The young people had an opportunity to talk about their experiences of being a young person, who they feel they can turn to, and what experiences they have had of local NHS services.

There were several discussions on the role of social media not only to keep people informed about what we are doing within NHS Forth Valley but also on how to enhance their own health. Some solutions identified were practical and age appropriate.

Evaluation completed recognised that the young people enjoyed being given the opportunity to have their say and felt it was important to have a follow up to see what had been done with the information. It was agreed that an event like this on a regular basis should be completed to ascertain the views of young people in the local area and would be a positive way to engage young people in service planning. A full report is available.

### 3.3.2 NHS Forth Valley Young Carers: Influencing Change - 2nd August 2012

Following on from a Young Persons informal involvement session was held with ‘young carers’ on the 2nd August 2012; or as it is now known ‘The Fish and Chips Night’.

This session involved engaging with young cares from across the Falkirk area to identify health care issues and concerns not only as young carers but from an equality perspective in relation to age, gender etc.

The aim was to listen to their experiences of health services, identify gaps, how we can enhance their respective healthcare needs and identify solutions to make future contact with our services a more positive experience.

Information captured from this session will be used to inform NHS Forth Valleys Equality and Diversity Outcomes for 2013 -17. The data will also be shared within the organisation, young people’s health services and organisations across NHS Forth Valley.

The session was supported by staff from NHS Forth Valley and Young Carers Falkirk. It would however not been such a success without the active involvement of the 8 young people who participated throughout the evening.

Key themes captured throughout the session were:
- Use a variety of social media to contact people or inform young people
- Development of a young carer’s card to enable them to demonstrate to staff that they complete this role and have been given consent by the person being cared for to be involved/informed. (staff to be made aware of the card once developed)
- Develop a training film for NHS staff on the role of young carers
- Staff training should include attitudes towards young people and the specific role of young carers incl: Respect young carers for the role they do
- Make the new hospital brighter and easier to get around – in particular at night

Information will be used as evidence for involvement and actions re Equality Act 2010 Public Sector Duty.
3.4 **Disability Specific Actions**

The following provides a summary of actions taken in regards to disability within NHS Forth Valley.

3.4.1 **PAVE (Patient Advice, Volunteer, and Education) Project**

Four members of the volunteer group participated in the Annual Review Meeting held on 18th September 2012. This was an opportunity to discuss health provision and personal experience of accessing health as a person with a disability in NHS Forth Valley.

3.4.2 **PAVE “Big Walk”**

The “Big Fit Walkabout” project continues to gain momentum. The walk route is now on its second phase and is participating in the Calendar Park Country Walkway. This is a multi-sensory event including aromatic plant life, various textured footpaths and numerous auditory sounds making the walk an eventful outing each time. Current evaluations are positive with requests already being made for a winter project to be held inside; suggestions raised are a disabled bowling league.

3.4.3 **British Sign Language Provision**

An annual review of BSL Interpretation provision was completed by the Disability Service during September and October 2012. This evaluation included health services across Forth Valley who access interpretation for patients/client appointments and also those service users utilising the provision. The review will finalise with a community event in October to share and discuss the findings.

The Disability Service provided a presentation to the Fair for All Development Group on September 2012 about NHS Forth Valley’s BSL Interpretation Service. Information provided included the work completed relating to SMS text appointment reminders, reduction in DNA’s, Deafblind Guide provision and key areas discussed at the Annual Review.

3.4.4 **NHS24 British Sign Language On-line Pilot**

The NHS24 event held on June 21st 2012 in the Forth Valley Sensory Centre relating to on-line provision was very poorly attended by the Deaf community. Number could have been low for several reasons, such as, it was an evening event, they are happy with the current provision in Forth Valley. NHSFV Disability Service are keen to ensure that local Deaf BSL clients are aware of this project and understand the full service/information that NHS24 can provide, particularly health information not related to emergency provision. They have invited NHS24 to participate at the Community Event planned for October 2012 and hope to raise a better awareness of the new provision.

3.4.6 **NHS Disability Service- Community Event**

The service will hold a community involvement event on October 30th 2012. This event will commence at 3p.m and end at 8 pm to enable community members to attend either the afternoon or early evening session. There will be several topics discussed including the BSL Interpretation Review, the Equality Act, NHS24 on-line work, the General Medical Councils revalidation process for Doctors/Consultants (secondary care settings) and information from Falkirk for Mums.

3.4.7 **SCI Gateway Amendment Project**

This project continues to progress well and a “Person Centred Pathway” guidance booklet has been developed to assist staff in understanding specific access and communication requirements, appropriate language and how to access support, for
example, interpretation, audio or Braille documents etc. This booklet is being piloted and initial feedback is very positive.

The overall project has been discussed with NHS Health Scotland as it links to the Patient Centred Enquiry work being progressed across boards. Representatives from Health Scotland visited will be visiting NHS Forth Valley on 31st October to discuss this work in more detail. The visit will view a GP referral and then follow its journey into secondary care, taking a special interest in the access and communication field being utilised by our staff. From secondary care they will be able to observe how appropriate access and communication provision is implemented at the correct time to support the journey to be as person centred as possible. This visit and its outcomes will be discussed at the wider national person centred enquiry steering group.

3.4.8 Supporting Education for Forth Valley Schools

The Disability Service has managed to accommodate two part-time school placements over the summer holiday period. Both pupil volunteers achieved fifty hours of volunteering and will be able to utilise this work as part of their Duke of Edinburgh or local school awards.

3.4.9 Scottish Ambulance Service (SAS)/Local Patient Transport Service Redesign

Disability Service has supported the local redesign group in relation to access and communication considerations for those who require hospital transport. It has been suggested that a local information evening be held for individuals who have a disability, mobility or sensory loss. Event would allow discussion and clarity on the criteria for accessing transport, how it can be booked, by whom and when changes will be implemented.

3.5 Gender Specific Actions

3.5.1 NHS Forth Valley Gender Based Violence Action Plan (GBV)

A review is currently taking place within NHS Forth Valley of actions to support NHSFV staff in meeting the needs of people experiencing Gender Based Violence.

- DRAFT GBV Outcomes and Action Plan have been developed.
- Community consultation held September–October 2012 will inform equality outcomes. Report will be available in November 2012
- DVD Being developed by Sexual Health Team to support people with learning disabilities in relation to Sexual Health and information on Gender Based Violence. Initiative still ongoing, final DVD to be available in early New Year
- Staff GBV Policy currently under review; training to support implementation to be made available to key staff in February 2013.

Dental Staff Training – DRAFT Patient pathway developed, currently being evaluated by the Dental Champions. Further to feedback amendments will be made and disseminated throughout Dental Services.

Gender Based Violence (GBV) E-Learning package – An NHS GBV e-Learning package is currently being finalised and available to staff in autumn 2012. NHS Forth Valley has agreed to trial the package with staff from A&E.

Gender Based Violence Referral from Police to GP Practices - Proposal developed by Lynn Waddell in which people who have reported Domestic Abuse to the police and are seen to be at risk, can have a letter with their permission informing their GP abuse has taken place.
It is not expected following disclosure that the GP’s complete home visit but it will support them to give a greater understanding on why patients may present with conditions or symptoms which maybe linked with Domestic Abuse.

These actions will also support those who do not have young children at home and where their needs would not be addressed via Health Visitors. Of the 3500 cases reported to Central Scotland Police last year 1/3 did not have young children at home.

Letter Proforma and Consent Forms were submitted by Dr Stuart Cumming for the August 2012 GP Sub Committee agenda. This proposal was well received by the Committee and seen as a positive development. Patient consent to the information sharing was seen to be central to the delivery of this work. There were no significant concerns or negatives after the discussion.

Due to capacity of both for the Equality Manager as well as changes in the Police Public Protection Unit we are still awaiting feedback on if/when this project will commence.

If implemented a programme of activities will have to be completed with GP’s etc to inform them about the processes and guidance developed to support them in practice. It is proposed that the Royal College of General Practitioners (RCGP) guidance developed for England and Wales will be adapted by the National NHS Scotland GBV Team and used locally will local relevant information in place to support signposting etc.

**NHS Forth Valley Emergency Department Gender Based Violence Actions**

Meetings held with Dr Alcock, Emergency Department Representatives, Hazel Meechin and Lynn Waddell about actions required to support people experiencing GBV and accessing the Emergency Department. Discussions have included recording of abuse on patient’s records, monitoring service provision/access, training for staff, and referral to Women’s Aid with patient’s permission amongst others. A further update will be given in next Board Report.

**16 days of Action 25th November – 10th December 2012** - The elimination of violence against women is the subject of international attention for a specific 16-day period every year. NHS Forth Valley is hosting 2 half-day ‘Lesbian Gay Bisexual and Transgender – Gender Based Violence Awareness’ sessions at Forth Valley Royal Hospital on the 27th November ’12 in the Lecture Theatre. Emergency Department is also completing some focused awareness raising within the Department to raise awareness of the issue.

**3.5.2 NHS Forth Valley Transgender Etiquette & Training**

NHS Health Scotland is developing their equality pages of their website to include information on the protected characteristics and is including good practice case study examples. They will be using the NHS Forth Valley ‘Trans-etiquette Guide’ as a case study example of good practice.

**Transgender Training** - Basic Awareness Training is being delivered to staff on the 14th November ’12. This training is being delivered by Katherine Burrows Lay Advisor and Anne Marriott from LGBT Youth Scotland.

**3.5.3 NHS Forth Valley Chaperone Policy**

The policy has been approved by Clinical Governance Committee which sets out guidance for the use of chaperones and procedures that should be in place for consultations, examinations and investigations. Discussions to be held on how to implement the policy within NHS Forth Valley and communication plan and funding for materials to inform both staff and service users about its usage.
3.6 Race & Ethnicity Specific Actions

3.6.1 NHS Forth Valley Community Language Interpreting and Translation Services

Community Language Flow chart

The new NHS Forth Valley Interpreter flow chart due to be disseminated in November 2012 to all practice areas is currently with General Managers for final approval. Flow chart offers suggestions on when to use telephone and face to face interpreting services, contact details for both and requirement to have financial code and approval by service leads prior to approval. Responsibility sits with managers in regards to the booking of interpreters or translation of materials within their respective services.

The use of telephone interpreters will support staff to be able to obtain/give information quickly from/to service users, streamline usage of face to face interpreters as well as reduce current costs.

Community Language ‘Help Cards’

Further to discussions at the FFA Development and Interpreter Steering Group cards and information sheets for service users have been developed to enable service users to identify what languages they speak and if they have any additional needs. This will enable staff to respond quicker when language is a barrier. The information sheets inform the patients about what the cards are for and when they can be used.

Several sessions have also been held with groups where English is a second or other language. The group members were happy to receive the cards and fully understood its benefits. There were also no concerns raised about the use of telephone interpreting.

This pilot has been supported by Central Scotland Police who will also disseminate the cards as and when required to community members.

Telephone interpreting usage

Discussions are ongoing in relation to the use of telephone interpreting within Pharmacies and dental practices. Having this system in place would enable service users to make better use of their pharmacies in relation to discussions on medication or minor ailments. One issue to be addressed for both areas is the cost of telephones which could be used out with the drug dispensing area, where the majority of phones are located. Discussions still to be held with dental services.

3.6.2 Stop Hate in Central Scotland

The Multi Agency Hate Response Strategy Group in August 2012 noted that levels of hate incidents within Central Scotland, including NHS Forth Valley services, have increased in recent years. Analysis has shown that both improved reporting procedures and increased confidence amongst victims as being largely responsible for the rise.

In NHS FV in 2011, there were 8 reports of racist incidents, verbal abuse and 1 report of religious bigotry, verbal abuse. In August 2012, there have been seven reports of racist incidents, all verbal abuse.

An evaluation of the MAHRS Strategy 2010 -2013 has been undertaken by the Partnership and has found the strategy to be fit for purpose and has generated a number of ideas for future focus in the areas of awareness raising, communication and research.

The Equality and Human Rights Commission (Engagement and Intelligence) are producing a publication for launch in September 2012 and have sought permission to use the MAHRS partnership marketing and press launch materials for web and print.
purposes as part of a publication to support the Disability Harassment Formal Inquiry as they believe that MAHRS shows the commitment that various public agencies such as the NHS and Police are making towards reporting and preventing disability related hate crime across Britain.

3.6.3 Keep Well
Work continues in delivering the ‘extension plan’ for Keep Well. This includes consideration of and identifying and engaging specific vulnerable populations such as people from black and minority ethnic communities and gypsy travellers. Evaluation of direct involvement and outreach to community groups has been positive.

Events targeted at Black and Ethnic Minority Women were held in partnership with Stirling Multi Cultural Partnership, Central Scotland Regional Equality Council and NHS Forth Valley. Communication support and adaptation of materials into other languages were provided.

Events highlighted the importance of breast awareness and self examination and overall health and wellbeing with women being encouraged to make an appointment for a Keep Well individual holistic assessment.

Sessions captured community members’ experience of communication support and identify barriers to registering with a GP. A number of NHS Forth Valley Clinical Staff provided their specialised support to these events in order to improve outcomes for women at risk of exclusion from mainstream information and screening services. The style and content of the events has been designed especially to encourage women to attend and to be at ease in a supportive environment.

More than fifty women attended the event. Forty-six of these women took up mini health checks and six were advised to contact their G.P. The age range of the women who attended was from 16 to 70+, the majority of them in the 40 to 59 age bracket.

Following the involvement events in relation to our commitment to the Equality Duty 2010, a request was made by the Women who attend the English as a Second or Other Language (ESOL) to be included in any further events being run by NHS Forth Valley and Central Scotland Regional Equality Council. These groups are made up of women from various communities, but in particular from Eastern European Communities.

3.7 Religion and Belief Specific Actions
Annual Report developed and is currently being approved by the Spiritual Care Steering Group. This report will be considered by Fair for All Group at the next meeting.

3.8 Sexual Orientation

3.8.1 NHSFV LGBT Foundation Award
NHS Forth Valley has successfully been awarded the Lesbian, Gay, Bisexual and Transgender (LGBT) Youth Scotland Foundation Award for the work they have completed in relation to LGBT issues. We are the first organisation in Scotland to achieve the award. This builds on the work completed by the Sexual Health Team LGBT Youth Scotland Charter Mark awarded in June 2012 for the work that they do with this community.
3.8.2 LGBT Youth Scotland National Gathering
LGBT Youth Scotland’s National Gathering, the biggest event for lesbian, gay, bisexual and transgender young people in the country was held at Stirling University from Friday 17th – Sunday 19th August. Helen Kelly and Alison Richmond –Ferns attended the Civic Reception on behalf of NHS Forth Valley. This was a great night and enjoyed by many and gave a fantastic opportunity to network with young people and partner agencies.

3.8.3 Human Resource Staff Training on LGBT Awareness 27th June 2012
Human Resource Staff, Disability Service and guest from Police National Reform Team attended the LGBT Awareness session delivered by Anne Marriott from LGBT Youth Scotland with support from Lynn Waddell. This was a highly successful event. An Evaluation Report is available; to be disseminated at FFA Development group meeting.

3.8.3 Blue Light Staff LGBT Group
Further to approval from the NHSFV Area Partnership Forum to develop a joint staff LGBT Forum along with partners in Central Scotland Police and Central Scotland Fire Brigade. A programme of staff awareness is ongoing with a view to holding a first meeting in November 2012. Joe Hamill Senior Health Promotion Officer has been instrumental in taking this work forward and has agreed to chair the first meeting and

3.9 Diversity Champions
The NHS Forth Valley ‘Diversity Champions’ programme of work is still ongoing. The model being implemented within NHS Forth Valley has been developed through working in partnership with NHS Tayside (one of the two pilot sites).

- Following the completion of nine 3 day training courses NHS Forth Valley now have 8 male and 43 female Champions: SERCO have 11 staff and 1 as a volunteer.
- Diversity Champion training is now established on the Training Schedule on a six monthly basis and will enable staff to sign up for the training as they would any other course and will also help facilitate an ongoing training programme.
- In September 2011 the Diversity Champion Network Group was dissolved and all Champions were invited to join the Dignity at Work Group. The reason for this was because many of the issues that were arising were crossing over between equality and diversity and dignity at work and this was agreed by the Dignity at Work membership to be a sensible approach to avoid duplication of work.

Future Developments
The Champions will be given the opportunity to be involved in the local policy development following the implementation of the Embracing Equality, Diversity and Human Rights PIN Policy that is due. Previous discussions have also been had regarding the Champions being listed as contacts at the end of the local policy as the Dignity at Work advisers are to that policy

4. FINANCIAL IMPLICATIONS
There may be some financial implications associated with meeting the requirements of the Equality Act, due to changes in service delivery and training for employees.

Directorates will need to consider equality implications when prioritising funding for service delivery and training. This should be addressed as part of the Equality Impact Assessment process to be completed by service areas.

5. WORKFORCE IMPLICATIONS
The NHS Forth Valley workforce is key to the delivery of the Equality and Diversity agenda both in terms of delivering services for our population which are fair for all, but also as recipients of our work to promote equality of opportunity for all staff.
6. RISK ASSESSMENT AND IMPLICATIONS
This paper outlines progress and highlights any issues associated with taking forward the Equality & Diversity agenda within NHS Forth Valley.

Evidence of upheld complaints based on breach of equalities legislation is a stark and often expensive reminder that services are not meeting their Public Duty and not functioning as they should. As public awareness of legal protection grows, there is a greater likelihood that breaches will be more noticeable to an informed patient population and acted upon personally or through a legal intermediary, bypassing the standard NHS complaints process.

Failure to comply with obligations arising from Equality and Human Rights legislation (EHRC) may result in breaches of law, possible complaints of unfair discrimination in employment, & service delivery as well as interventions from the EHRC. Ideally, every service should be in a position to confidently demonstrate compliance through the Equality Impact Assessments completed on their service area or within financial or service delivery reports completed.

7. RELEVANCE TO STRATEGIC PRIORITIES
Equality and Diversity work streams form an integral part of NHS Forth Valley’s Local Delivery Plan and Patient Focus, Public Involvement Framework.

8. EQUALITY DECLARATION
The author can confirm that due regard has been given to the Equality Act 2010 and compliance with the three aims of the Equality Duty as part of the decision making process.

Further to an evaluation it is noted that: (please tick relevant box)

☐ Paper is not relevant to Equality and Diversity  
X Screening completed - no discrimination noted  
☐ Full Equality Impact Assessment completed – report available on request.

Impact Assessment: - The E&D Progress report is a factual summary of actions completed in relation to equality and diversity and as such does not require an impact assessment.

9. CONSULTATION PROCESS
This report evidences national priorities as well work that has been completed locally. The report also includes information on activities completed by the Equality and Diversity Project Manager to ensure NHS Forth Valley meets its equalities duty as well as information on work completed by the Equality & Diversity Advisory Team. Main findings within this report have also been discussed at the NHS Forth Valley Fair for All Meetings and the Patient Focus Public Involvement Groups.

10. RECOMMENDATIONS FOR DECISION
Forth Valley NHS Board is asked to –

- Note the content of this report.
### 11. AUTHOR OF PAPER/REPORT

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<td>Helen Kelly</td>
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What is age discrimination?
Age discrimination is unfairly treating people differently because of their age. Whilst such harmful treatment will be banned, some forms of differential treatment can be a good thing - for example, free bus passes and free flu jabs benefit older people. The law will allow such things to continue.

The law is focused on banning discriminatory behavior that can be harmful:

- **Direct age discrimination.** Direct discrimination is where someone is unfairly treated in comparison with another, for example where an older person is refused admission to a gym or a nightclub simply because of their age, where a younger person would be admitted.

- **Indirect age discrimination.** Indirect discrimination is where a rule or practice applies to everyone, but puts a particular group of people at a disadvantage. For example, where an optician allows payment for spectacles by installments, but restricts eligibility to those in work. The optician’s practice applies to everyone, but puts pensioners at a disadvantage.

- **Harassment related to age.** Harassment is unwanted conduct which violates a person’s dignity or creates an intimidating, hostile, degrading, humiliating or offensive environment for that person. For example, assumptions made about an older person’s ability to understand how to take their medication, and makes offensive remarks to family members about this.

- **Victimisation** of someone who has made a complaint of discrimination or harassment or supported someone else’s complaint. For example, a service user decides to submit a complaint about a nurse on the ward and in response the nurse threatens not to provide assistance to that patient whilst in hospital if they go ahead.

Exceptions to the law.
Certain age-based practices may still be lawful if the service provider can show they are ‘objectively justified’. There are also some express exceptions which mean that some types of age-differentiated treatment will be automatically lawful in the following areas:

- financial services;
- so called ‘beneficial concessions’ (e.g. reduced price travel related to age);
- age-linked holidays (e.g. Saga);
- services restricted by age under other legislation;
- sport

Example in a Health Setting
The National Health Service offers a number of public health programmes which have age-based targeting such as breast screening, cervical screening, seasonal flu vaccinations and Chlamydia screening. As there is no specific exception from age discrimination in any health or social care activity, hospitals and other health service providers will need to objectively justify the age bands used, if challenged.

For example, the Health Services invites women aged 25-49 for a cervical screening test every three years, whereas women aged 50-64 are invited every five years. This is because statistics show that the younger group is more susceptible to the disease than the older group. In this example, the health service is likely to be able to objectively justify offering more regular screening to the younger age group, as this can be seen as a proportionate response to statistical evidence that this group is at the greatest risk of developing cervical cancer.
Objective Justification of discriminatory treatment

If an organisation has policies or practices which amount to age discrimination in the provision of services, and they are not covered by an exception, they will still be lawful if they can be “objectively justified”. In other words the service provider must be able to show good reason for the policy or practice. 'Objective justification' is a shorthand term for the legal formula to justify what would otherwise be unlawful age discrimination: age discrimination in any area is lawful if you can show when challenged, that it is 'a proportionate means of achieving a legitimate aim' such as the screening example above.

AGE DISCRIMINATION BAN: MYTH BUSTERS

The age discrimination ban will force insurance companies to provide cover for all age groups
No. Financial service providers will not be forced to participate in sectors in which they have no experience, and they can continue to use age limits and age bands.

The NHS can no longer restrict screening to certain age groups
No. The NHS will still be able to target screening programmes at certain age groups, provided that this is supported by statistical evidence to show that these groups are more at risk.

Saga and Club18-30 can no longer only sell holidays to certain age groups
No. They will be able to provide group holidays to certain age groups where age is a key element of the product they sell and this is appropriately advertised.

Shops can no longer give pensioner discounts
No. There is an exception for age based discounts so retailers will be able to continue to offer age based discounts if they wish.