

**NHS FORTH VALLEY**  
**Annual Plan 2017-18**  
**Incorporating DRAFT Local Delivery Plan 2017-18**





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## FOREWORD

The nature and scale of the challenges that our NHS faces, in particular the challenge of an ageing population, and the triple aim of delivering services which provide better care, better health and better value, whilst reshaping our workforce, means that we need to deliver transformational changes in the way that care is delivered.

Working with our two Health and Social Care Partnerships in Forth Valley presents opportunities to redefine, recreate, and fundamentally improve how health and social care services are provided. In the context of a difficult financial environment, working in partnership will help to ensure a coordinated and complementary approach is taken. We need to respond to increasing workforce challenges and to improve efficiency in order to live within the available resources and to achieve sizeable savings. We will also need to collaborate with our regional planning partner Boards to design and improve services across board boundaries to provide sustainable and consistent care.

The Scottish Government's Health and Social Care Delivery Plan (December 2016) reiterates the 2020 Vision and supports implementation of the National Clinical Strategy for Scotland (2016):

**The Scottish Government's 2020 Vision is that by 2020** everyone is able to live longer healthier lives at home, or in a homely setting:

We will have a healthcare system where we have integrated Health and Social Care, a focus on prevention, anticipation and supported self management.

When hospital treatment is required, and cannot be provided in a community setting, day case treatment will be the norm.

Whatever the setting, care will be provided to the highest standards of quality and safety, with the person at the centre of all decisions.

There will be a focus on ensuring that people get back into their home or community environment as soon as appropriate, with minimal risk of re-admission.

The intention behind this significant change is to improve the experience of people and their families when using services and to strengthen their own ability to maintain or improve their health. Both the NHS and local authorities have a critical responsibility to provide innovative leadership that enables the NHS Board and the two Integration Joint Boards to put in place new approaches to service delivery that meet this aspiration.

In 2016 we published our Healthcare Strategy 2016-2021 Shaping the Future. The strategy describes the vision for the shape of health care services in Forth Valley over the next 5 years and sets out a direction and focus for health services, with the emphasis on doing everything we can to keep people well and to intervene early to stop conditions from becoming worse.

The NHS Forth Valley vision is of a future where:-

- **Prevention** keeps people well whilst early treatment and support stops conditions from getting worse.
- Health and social care services are **Person Centred** recognising that people have differing needs, circumstances and expectations of care.
- Health **Inequalities** are reduced and people are encouraged and supported to take **Personal Responsibility** for managing their own health and health conditions.
- Care is provided **Closer to Home**, and fewer people need to go to hospital.
- **Planning Ahead** and working in **Partnership** with staff, patients, local councils and community organisations, avoids emergency hospital admissions and reduces A & E attendances.
- Unnecessary **Delays** and **Variations** in services are minimised and our **Workforce** is fully supported to deliver high quality, safe and effective care.

Complementary to the integrated development of Health and Social Care towards the 2020 Vision, it is essential to retain a clear focus on consistent and improved delivery of existing health services. Our commitment to health protection, health promotion, the reduction of health inequalities and delivery of safe, effective and person centred healthcare remain of vital importance. We are also committed to delivering local actions in response to national strategies such as those for Mental Health and Dementia.

This Annual Plan includes local and national improvement priorities that work together to make progress towards the 2020 Vision whilst also strengthening the delivery and positive impact of existing health services. Our aim is to deliver improved consistency between individual needs and the services we provide, more straightforward access to these services, and improved health for the population we serve.

# 1 Introduction

This document, the NHS Forth Valley Annual Plan 2017-18, describes the range of national and local improvement priorities that NHS Forth Valley will take forward during 2017-18. It incorporates the actions described in our Draft Local Delivery Plan 2017-18 (LDP) submitted to Scottish Government as the NHS Board's delivery contract for the year. The LDP content has been augmented with information on additional local improvement priorities which cover a range of duties and changes integral to addressing local service requirements or population needs.

The Annual Plan is set in the context of both a challenging financial environment for NHS Scotland and the requirement to change the shape of the health workforce in Forth Valley, in order to respond to changes in demand from the local population who access our services and changes in the availability of specialist staff.

The Scottish Government published the Health and Social Care Delivery Plan in December 2016, which sets out the Government's programme to evolve health and social services in response to the challenges facing us. The Health and Social Care Delivery Plan focuses on three areas, referred to as the triple aim i.e. better care, better health and better value.

The Health and Social Delivery Plan identified regional planning and delivery of services as an essential aspect of delivering the programme, in the context that services should be planned locally, regionally or nationally as a first step towards population-based planning arrangements. The three regions are required to prepare draft Regional Delivery Plans by September 2017. The NHS Forth Valley Local Delivery Plan 2017-18 will remain in draft until the Regional Plans are published, in order to reflect and respond to the Regional Plans in the final version of the Local Delivery Plan.

## 1.1 Strategic Vision

The NHS Forth Valley Healthcare Strategy 2016-21 Shaping the Future was published in 2016, and set the Board's strategic vision for the future (see Foreword, page 5).

The strategy focuses on transformational change in order to deliver the vision, and comprises 10 priority areas:

- Prevention.
- Person Centred.
- Health Inequalities.

- Personal Responsibility.
- Closer to Home.
- Working in Partnership.
- Planning Ahead.
- Minimising Delays.
- Reducing Variations.

Link to [NHS-Forth-Valley-Healthcare-Strategy-2016-2021.pdf](#)

The Healthcare Strategy describes how we will build the capacity of community based services, whilst reducing our use of secondary care services, reflecting the content of the Health and Social Care Partnership Strategic Plans and will be taken forward in the context of the National Clinical Strategy and the Health and Social Care Delivery Plan.

In order to progress with delivering the transformational changes in the Healthcare Strategy, 6 programmes are being established to co-ordinate the many changes already underway in Forth Valley and to provide leadership to take forward new and additional transformational changes, aligned to the strategy. The 6 programmes are:

- Personal Responsibility.
- Planning Ahead.
- Providing Care Closer to Home.
- Transforming Planned Care.
- Transforming Emergency Care.
- Transforming Palliative and End of Life Care.

The transformation programmes will also draw on the findings of the NHS Forth Valley Clinical Services Review work stream reports and other local and national strategies, in order to deliver the innovative services required to meet the changing needs of our local population and to respond to changes in demography, technology and the economic environment. The Healthcare Strategy will ensure that NHS Forth Valley continues to engage fully in the integration agenda, working in partnership with the two Health and Social Care Partnerships and also delivering the outcomes expected in local Community Planning Partnership Strategic Outcomes and Local Delivery Plans.

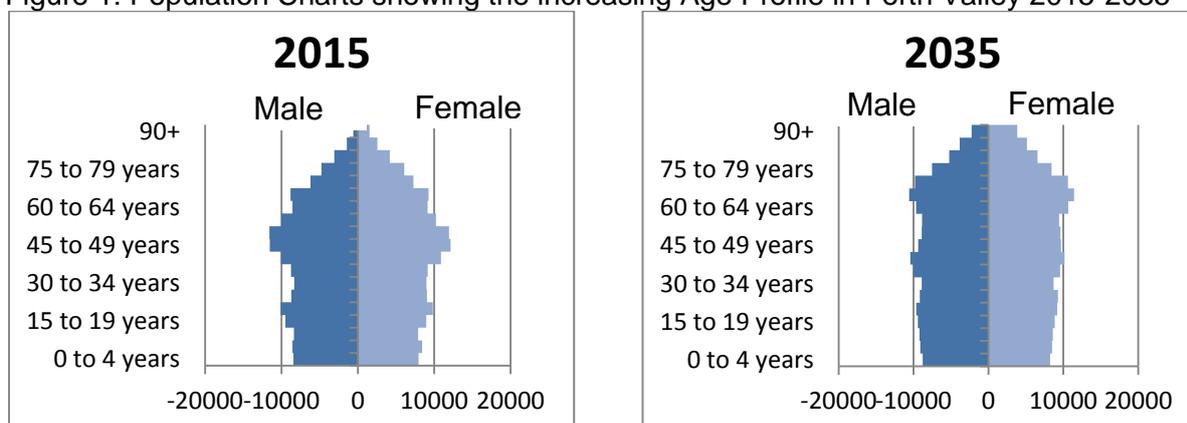
In preparing the Healthcare Strategy, NHS Forth Valley undertook a strategic Clinical Services Review (CSR) reflecting the NHS Scotland 2020 Vision and the National Clinical Strategy for Scotland (2016). The Strategy also took into consideration the NHS Scotland Chief Medical Officer's Annual report 2014-15 "Realistic Medicine" (2016), the 2015 Review of Public Health in Scotland and Beating Cancer: Ambition and Action (SGHD 2016).

## 1.2 Challenges and Constraints

NHS Forth Valley is facing the challenges and constraints of increasing demand and finite resources. We have an ageing population and people are living longer (Figure 1), associated with both a rise in people in middle or older age and multiple morbidity.

In addition the number of single occupancy dwellings is increasing and there are other signs that people may have less family and informal social support than was previously the case. The traditional health service structure needs to change to put the patient in the centre, which aligns with the Scottish Government's 2020 Vision and the National Clinical Strategy for Scotland. This will require a shift towards achieving a better balance between hospital-centred care and community-centred care and from episodic disjointed care towards joined-up integrated care.

Figure 1: Population Charts showing the increasing Age Profile in Forth Valley 2015-2035



Ensuring that services are designed around the needs of patients in the future will continue to be the biggest challenge for NHS FV and our social care partners. We will also continue to place a high priority on working with partners to tackle deprivation and inequality and to promote health and wellbeing.

There are a number of significant risks and challenges that are highlighted as key priorities for action in 2017-18 and in the longer term. These particular challenges are:

- Seeking to achieve financial break even in an increasingly challenging fiscal climate and in the financial context in which health and social care operate.
- Managing workforce recruitment, retention and absence, including challenges with medical workforce recruitment and the impact this has on providing sustainable and safe services, particularly the provision of out of hours primary care services.
- Ensuring patients can access emergency and urgent care services.

- Reducing the number of delayed discharges and their impact on patient flow and access to emergency care.
- Maintaining reasonable access to planned care and treatment, balanced with the requirement to manage demand, capacity and activity within available resources.
- Sustaining Primary Care services and developing the wider multi-disciplinary primary care team, in response to changes in demand and availability of GPs.
- Focussing on prevention, early intervention and on supported self management whilst providing a focus on Health Inequalities.
- Ensuring positive progress with the transformational change across both health and social care partnerships.

NHS Forth Valley's approach to this increasingly complex environment is supported by a number of more detailed plans which set out the specific actions that underpin how we will address these issues. The planning matrix for NHS Forth Valley is provided in Appendix 1 of the Annual Plan.

### **1.3 Strategic Priorities for 2017-18**

In response to the challenges and constraints described in section 1.2, the following key priorities will be the focus of activity in 2017-18:

- Actions which contribute towards shifting more care from acute care settings to care at home or closer to home e.g. reducing the length of stay for emergency admissions by supporting early discharges and avoiding inappropriate admissions by planning ahead for changes in care needs.
- Actions which seek to mitigate the challenges with medical workforce recruitment, through redesigning service provision and optimising the skills of non-medical staff and by changing the shape of the workforce.
- Review of out of hours primary care arrangements, taking into consideration the need to maintain safe, sustainable and affordable care for patients. This review is in the context of the medical staff recruitment challenges currently being faced by the out of hours service and the need to make progress with implementing the national out of hours service recommendations (Pulling Together; transforming urgent care for the people of Scotland).
- Continuing to prioritise the national access targets including A and E, cancer diagnosis and treatment and the planned care programme. However, it must be recognised that seeking to achieve access targets needs to be balanced against resource, workforce and capacity constraints. The priority of the planned care programme is a focus on reducing outpatient waiting times for those specialties with the longest current waiting times and addressing the orthopaedic inpatient waiting time.

- Actions which reduce variation and minimise waste by providing efficient, effective and consistent care, including revising existing care pathways for conditions and agreeing additional care pathways.
- Delivering challenging cash savings totalling £24m.

Delivering the vision, addressing the challenges and focussing attention on the strategic priorities for 2017/18 will require the combined efforts of NHS Forth Valley, our strategic partners in health and social care and our regional partner NHS Boards.

#### **1.4 LDP and Annual Plan Structure and Content**

The draft LDP sets out how NHS Forth Valley with its local partners will improve services and health outcomes during 2017-18. The LDP is structured in line with the Health and Social Care Delivery Plan and the LDP Guidance as follows:

- Health and Social Care Integration.
- Primary and Community Care.
- Secondary and Acute Care.
- Realistic Medicine.
- Public Health Improvement.
- NHS Board Reform.
- Safe Care.
- Person-Centred Care.
- Financial Planning.
- Workforce Planning.

The LDP remains in draft form until the draft Regional Delivery Plans are signed off. The LDP will then be finalised, to include the Board's response to the Regional Delivery Plans.

In developing the LDP 2017-18, the following guidance and policies have been considered:

- The LDP guidance.
- The national Health and Social Care Delivery Plan.
- Scotland's Spending Plans and Budget 2017-18.

This Annual Plan incorporates the Local Delivery Plan with the addition of the following:

- Additional Local improvement priorities added to sections 2 to 11.
- Additional section (section 12) outlining Corporate Service Improvement Priorities.

The NHS Forth Valley Annual Plan has been informed by local and national strategies including the NHS Forth Valley Quality Improvement Strategy 2016-19, “Better Every Day”, the Forth Valley Person Centred Care Strategy, the national Mental Health Strategy 2017-2027, The Best Start: A Five Year Plan for Maternity and Neonatal Care in Scotland and Scotland’s National Dementia Strategy 2017-2020.

## **1.5 Integration Authority Improvement Objectives**

The Integration Authorities have been asked to submit local improvement objectives supported by detailed implementation and monitoring arrangements. The key areas to be covered by the health and social care partnership improvement objectives are:

- Unplanned admissions.
- Unscheduled hospital occupied bed days.
- A and E performance.
- Delayed discharges.
- End of life care.
- Balance of care spend.

The Clackmannanshire and Stirling Health and Social Care Partnership and the Falkirk Health and Social Care Partnership submitted their draft improvement objectives to Scottish Government in March 2017. These objectives are consistent with the relevant sections of the NHS Forth Valley LDP, included in this Annual Plan.

In developing our priorities for the LDP 2017-18 NHS Forth Valley has considered our existing locally agreed improvement aims. The LDP guidance for 2017-18 states clearly that Health Boards and their partners in local government must take account of the effect of their plans on the outcomes for health and wellbeing set out in legislation as part of integration of health and social care, and on the indicators that underpin them.

The Health and Social Care Partnerships produced strategic plans, informed by the health and wellbeing outcomes above, and are progressing with implementation of these plans, devolving this to locality level within each partnership, where appropriate. The Partnership Strategic Plan objectives are summarised below.

### **Clackmannanshire and Stirling Health and Social Care Partnership Strategic Plan Objectives:**

- Early intervention and prevention – the right care is delivered at the right time.
- Service users are supported to self manage and plan care proactively.
- Service users exercise choice and control.
- Staff are skilled and supported to deliver person centred care.
- Carers are supported to look after their own health and well-being and are recognised as equal partners in the design and delivery of care.
- There is a focus on rehabilitation, recovery and re-ablement. There are fewer avoidable admissions and discharge planning is effective and efficient.
- Improve access to services and build capacity.

### **Falkirk Health and Social Care Partnership Strategic Plan Objectives:**

- Individuals, carers and families are enabled to manage their own health and wellbeing.
- Where formal support is needed, people can exercise choice and control over the support provided.
- Health and social care systems are in places to help keep people safe and live well for longer.
- People have a fair and positive experience of health and social care.
- People are supported to live well for longer at home and in homely settings within their community.

More detailed Health and Social Care Partnership Delivery Plans have been produced by the two Partnerships and these documents underpin and support the implementation of the Partnership Strategic Plans.

Link to [Clackmannanshire-and-Stirling-Strategic-Plan.2016-2019.pdf](#)

Link to [Falkirk-Integrated-Strategic-Plan.2016-2019.pdf](#)

## **1.6 Equality Duty 2010**

The NHS Forth Valley Annual Plan incorporating the LDP 2017-18 emphasises how important it is to improve the health of the population, and to get the experience of care right for every individual, every time. It recognises that the key to this is recognising the differences across, and within, our diverse population, and on focussing on providing person-centred care. Each Improvement Priority incorporates these principles and therefore directly supports NHS FV in the discharge of the General Equality Duty 2010.

## 1.7 LDP Standards

The SGHD has indicated that the following LDP standards are to remain in place for the f 2017-18 LDPs.

*Table 1 - LDP Standards*

<b>NHS LDP Standard</b>
Detect Cancer Early
Cancer Waiting Times
Dementia Post Diagnostic Support
Treatment Time Guarantee (TTG)
18 Weeks Referral to Treatment (RTT)
12 Weeks First Outpatient Appointment
Early Access to Antenatal Services
IVF Waiting Times
CAMHS Waiting Times
Psychological Therapies Waiting Times
Clostridium Difficile Infections
SAB (MRSA/MSSA)
Drug and Alcohol Treatment Waiting Times
Alcohol Brief Interventions
Smoking Cessation
GP Access
Sickness Absence
Accident and Emergency Waiting Times
Financial Performance

Delivery against these LDP standards will require the combined action of Health Boards, Local Authorities and Integration Joint Boards. The LDP standards are intended to provide assurance on sustaining delivery which will only be achieved by evolving services in line with the 2020 Vision and the Health and Social Care Delivery Plan. Progress against NHS LDP Standards will continue to be reported to the NHS Board.

The Scottish Government has initiated a national review of targets and indicators for health and social care and this includes consideration of the LDP standards. Review recommendations are to be considered by Scottish Ministers in 2017. In the meantime, NHS Forth Valley will maintain local improvement trajectories for current standards.

## 2 Health and Social Care Integration

### **SGHD Health and Social Care Delivery Plan Actions:**

Shift care to the community.

Increase spending on primary care.

Reduce inappropriate hospital admissions and attendances.

Improve delayed discharge performance.

Reduce unscheduled bed days by 400,000 by 2018.

Provide access to Hospice, palliative or end of life care for everyone who needs it by 2021.

Reform the social care workforce, care home contracts and established new models of home care.

NHS Forth Valley will work in collaboration with the Health and Social Care Partnerships to deliver integrated health and social care to the population of Forth Valley, taking into account the objectives of the NHS Forth Valley Healthcare Strategy and the Strategic Plans of the Clackmannanshire and Stirling Health and Social Care Partnership and the Falkirk Health and Social Care Partnership.

With the IJBs, we will continue to progress the key frameworks to underpin the work of the Partnership and the strategic planning process, including the Performance Framework, Clinical & Care Governance Framework, Participation & Engagement Strategy, and Workforce Strategy.

NHS Forth Valley will continue to work with the Partnerships to support and develop the Joint Staff Forum and the implementation of the agreed workforce strategy priorities.

The Health and Social Care Partnerships have a focus on 6 improvement objectives in 2017-18:

- Delayed discharges.
- Unplanned admissions.
- Unscheduled hospital occupied bed days.
- A and E performance.
- End of life care.
- Balance of care spend.

## **2.1 Delayed Discharges**

During 2016-17, NHS Forth Valley and the two Health and Social Care Partnerships committed to achieving a 50% reduction in the total numbers of delayed discharges between the November census position and the end of March 2017, equating to a target total number of 47 discharges. Reducing the numbers of people delayed in learning disability services is also an area of focus.

During 2017-18, NHS Forth Valley and the two Health and Social Care Partnerships will prioritise work towards delivering and maintaining the national target of no delays over 2 weeks. We will also focus on further work to improve our performance against the national target.

To deliver these targets, Delayed Discharge Improvement Plans have been agreed with both Partnerships. These plans describe a range of actions aimed at delivering improvements both in the process and pathways of care and in whole system transformational change including:-

- Development and implementation of frailty pathway and comprehensive geriatric assessment process.
- Implementation of Discharge to Assess Service
- Review and redesign of intermediate care and re-ablement pathways, and commissioning of homecare services.
- Introduction of GP Fellows into Closer to Home Service to further support and develop prevention of admission pathways.
- Clearer focus on and improvements in AWI and guardianship process.
- Ongoing implementation of Anticipatory Care Planning and Falls prevention strategies.
- The Delayed Discharges electronic information system requires to be replaced during 2017-18

Monitoring of progress with Improvement Plans will be through IJB joint management and leadership groups.

## **2.2 Unplanned Admissions**

The vision of NHS Forth Valley and the two health and social care partnerships is to shift care from hospitals to community based services and therefore there is a strong commitment to reducing unplanned admissions.

Actions being taken in Forth Valley to reduce unplanned admissions include

- Referring patients who are unwell to the Enhanced Community Team (Closer to Home)
- Use of the Advice Line for You (ALFY) helpline for anyone aged over 65.
- Implementation and use of a single consistent Anticipatory Care Plan for patients with complex or multiple long term conditions and those with palliative or end of life needs, enables more effective planning ahead.

The impact of this suite of responses will be evaluated to understand their overall impact in reducing unplanned admission to hospital.

Tests of change around admission avoidance and earlier discharge will be rolled out once evaluated. Current tests of change include implementing the Frailty pathway in the Accident and Emergency Department, introducing a neighbourhood model of care in rural Stirlingshire and a trial of the Discharge to Assess model in Falkirk. The Discharge to Assess pilot undertakes assessment in the patient's own home and if necessary, provides enhanced support at home for a time limited period, to avoid admission from the Emergency Department to downstream wards or ensure a speedier discharge from FVRH.

Identifying the needs of carers and addressing these is also an important factor in the ability to keep people well at home, reduce unplanned admissions and reduce the period of time patients need to spend in hospital. Preparation for the implementation of the Carers Scotland Act in April 2018 will be progressed during 2017-18 in collaboration with health and social care partners.

We will continue to work with the Scottish Ambulance Service to review the pathway for patients who fall but who have not suffered harm, minimising admission to hospital.

### **2.3 Unscheduled Hospital Occupied Bed Days**

As well as reducing unplanned admissions to hospital through the shift in care from hospital to community settings, the health and social care partnerships and NHS Forth Valley are working towards reducing the length of time which patients stay in hospital.

Actions being taken in Forth Valley in partnership with the Integration Authorities to reduce the number of occupied bed days in hospital are set out below. There are also clear actions in the Forth Valley 6 Essential Actions Action Plan associated with unscheduled bed days and these are also included. The actions described in this LDP relating to unscheduled occupied bed days and Accident and Emergency Performance are interlinked.

### Facilitating Discharge

- Working towards the 40% target for patients able to be discharged by 12 noon, in order to improve the flow of patients through the acute hospital.
- Improved use of the Forth Valley Royal Hospital discharge hub, which is in place over 7 days, in order to facilitate the discharge of patients.
- Maximise the benefit of the HEPMA prescribing system in supporting pre-noon discharges and improving the flow of unscheduled care patients ready for discharge.
- Working towards an increase in the number of discharges which take place at weekends in order to improve patient flow over 7 days. This is supported by weekend planning meetings in most ward areas and designated Senior Charge Nurses with the remit of aiding patient flow.
- Following evaluation of the pilot, mainstream the discharge to assess model in Falkirk, if the evaluation demonstrates a positive impact on reducing unscheduled admissions and increasing the volume of early discharges.
- Establish a consistent approach to frailty screening and comprehensive geriatric assessment at the front door to ensure the most appropriate route for patients i.e. admission, discharge, discharge to assess.

### Reducing bed days occupied

- The “save 10,000 bed days” project was launched in 2016 in order to raise awareness amongst staff of the importance of minimising the length of stay in hospital and optimising the methodologies for ensuring earliest discharge of suitable patients, by recording where bed days have been saved and how this has been achieved.
- Reinforce clinical decision making and roles, in particular Clinical Directors, ward based Consultants, Charge Nurses and Advanced Professional Practitioners, to ensure patient flow is optimised across extended hours and weekends. Examples include the development of criteria led discharge.
- Continue to undertake the fortnightly day of care audit to identify patients who are potentially delayed in accessing the most appropriate place of care or discharge home and use the results for continuous improvement, to ensure that no inpatients have a length of stay greater than 28 days.

### Optimising Patient Flow

- Standard Operating procedures and criteria are in place for pathways including referrals to Community Hospitals, REACH, Short term assessment etc.
- Implement the recommendations from the Institute of Health Optimisation (IHO) programme in FVRH wards to reduce the length of stay. NHS Forth Valley is one of three national pilots working with the IHO to help reduce delays for patients. The aim of the programme is to even out the peaks and troughs in the demand for and use of hospital beds.

- Intermediate care services have been established in both Health and Social Care Partnership areas and clear pathways support referral and awareness of how to access these.
- The range of rehabilitation and re-ablement options for patients has been extended, particularly access at weekends. For example, rehabilitation is now available across 3 community hospitals and all wards to facilitate greater flexibility of bed use, whilst step down beds are available in the Stirling and Clackmannanshire areas. Re-ablement /intermediate bed capacity is available in two areas.
- Continue to work on reducing the average length of stay and decreasing the reliance on contingency beds and review the use of the beds in the inpatient bed base.

## **2.4 A and E Performance**

NHS Forth Valley and the health and social care partnerships will work towards achieving and maintaining performance in respect of the target to see, treat and discharge or transfer ED and Minor Injury patients within 4 hours.

The “Six Essential Actions” Action Plan will be refreshed, covering a range of unscheduled care actions including actions associated with A and E Performance.

The actions described in this LDP relating to unscheduled occupied bed days and Accident and Emergency Performance are interlinked. Actions include the following:

- Review Redirection Policy to ensure Out of Hours (OOH) and other healthcare service flow is working optimally.
- The Board promotes the web based Know Who To Turn To information which aims to ensure that the range of alternatives to ED are well understood and communicated widely, supported by external communications and media initiatives. We will continue to promote and reinforce the use of the Minor Injuries Unit in Stirling.
- Review and redesign the Forth Valley GP Out of Hours Service in line with the recommendations of the National Review of GP OOH Services (Ritchie Review) and in the context of continuing challenges in providing sufficient medical cover and implementation of interim service changes.
- Work is progressing with the SAS to smooth the arrival times for GP referrals.
- A model is being implemented across front-door areas allowing for patients from ED and GP referrals to be allocated to either ambulatory (CAU) or inpatient (AAU) assessment areas directly.
- Work has taken place within the ED to ensure specific pathways are in place for orthopaedics and mental health, which has helped to improve the flow of patients with these conditions.

- A dedicated 24 hour flow call handling number is in place with Senior Clinical Nurse support to ensure patients in ED and the Assessment Units are discharged or transferred promptly to their next stage of care. This supports flow across the front door and within the wider FVRH site.
- Information is provided on capacity and flow to support the clinical teams including real time information on patient status and electronic 2 hourly reporting, providing a clear picture in ED on presentations, wait for first assessment, downstream bed availability and community hospital bed availability.
- The Pharmacy First initiative is in place across Forth Valley. This allows patients access to treatment for uncomplicated urinary tract infections and impetigo from a community pharmacy.

## **2.5 End of Life Care**

The Clackmannanshire and Stirling Health and Social Care Partnership, the Falkirk Health and Social Care Partnership and NHS Forth Valley are committed to enabling people to have a dignified death in the location of their preference. We are aware that most patients, when asked, would prefer to die peacefully at home. We are also committed to avoiding bringing patients in to hospital as an emergency in the last few days or hours of their lives.

Actions to enable more patients with palliative and end of life care needs to be cared for at home or closer to home include the following:

- Roll out and mainstream the single anticipatory care plan using consistent methodology in order to plan ahead to meet the changing needs of palliative and end of life care patients.
- The Hospice at Home service is provided in partnership with Strathcarron Hospice and works with health and social care providers in the community to support palliative and end of life patients to be cared for at home or close to home. Working towards improving access to this service is an important aspect of meeting the needs of this group of patients.
- Increase the use of the Key Information Summary for patients with long term conditions and patients with palliative and end of life care needs, to ensure that healthcare professionals who come into contact with patients are fully aware of patients' conditions and management.
- As part of the Healthcare Strategy implementation, identify how the speed of access to equipment can be improved to enable more care to be provided at home.
- Sustain continuous improvement in the communication skills of staff involved in palliative and end of life care, supported by training packages offered in Forth Valley.

- Identify how access to specialist palliative care advice and support in the hospital over 7 days can be improved, to facilitate earlier discharge home or close to home.

## 2.6 LDP Standards and Measures

### Standards

*High correlation between emergency departments with 4 hour wait performance between 95 and 98% and elimination of long waits in A&E which result in poorer outcomes for patients.*

#### **Accident and Emergency Waiting Times**

- 95% of patients attending ED / Minor Injuries will be seen, treated and discharged or transferred within 4 hours.

### Measures

#### Local Measure

The Performance Framework sets out a consistent approach across both Partnerships in relation to responsibility for, and reporting on, national and local targets and priorities.

- Total bed days lost to delayed discharge.
- Measurement around supporting admission avoidance and expediting early discharge to be confirmed.
- Delayed Discharges over 14 days
- Delayed Discharges over 72 hours
- Number of Code 9 Delays
- Bed days lost to Code 9 Delays

#### Local Partnership Improvement Measures

- Unplanned admissions
- Unscheduled hospital occupied bed days
- A and E performance
- Delayed discharges
- End of life care

## Additional Local Improvement Priorities

<p>Out of Hours Primary Care</p>	<p>In the context of increasing and ongoing challenges in providing sufficient medical cover for the three existing Primary Care Out of Hours Centres, interim changes have been put in place for the summer 2017 period.</p> <p>A review of out of hours activity across Forth Valley will be undertaken in partnership with Integration Joint Boards to identify how safe, sustainable services in Primary Care Out of Hours services can be best delivered in the future.</p> <p>The review will also consider how services can be delivered by a wider multi-disciplinary team, in line with the recommendations of the National Review of Primary Care Out of Hours Services undertaken by Sir Lewis Ritchie. This will include seeking the views of service users, carers, GPs, NHS and social care staff on how Primary Care and Out of Hours services can be best designed and delivered.</p> <p>Work will also be undertaken to try to recruit clinical staff (GPs and Advanced Nurse Practitioners) for the service.</p>
<p>Anticipatory Care</p>	<p>As part of the Healthcare Strategy “Planning Ahead Programme” and closely linked to the “Closer to Home” and “Realistic Medicine” Strategic Programmes, we will be work towards implementing robust anticipatory care planning arrangements, in collaboration with patients, families and carers, health and social care partners, 3<sup>rd</sup> and independent sectors and the Scottish Ambulance Service. Implementation will concentrate on planning ahead for patients at greatest risk of admission or readmission to hospital, through a whole system approach, using the newly launched single agreed Anticipatory Care Plan for patients with complex or multiple long term conditions. A tiered approach will focus initially on patients with the highest complexity and those with high resource use, including patients with dementia and those on the Palliative Care Register.</p>

### 3 Primary and Community Care

#### **SGHD Health and Social Care Delivery Plan Actions:**

Recruit and expand the primary care workforce and increase spending on primary care and GP services.

Test and evaluate the new models of primary care in every NHS Board.

Increase health visitor numbers and implement the Universal Health Visiting Pathway.

Implement recommendations of the Improving Practice Sustainability Group.

Strengthen multi-disciplinary workforce across health services and negotiate a new General Medical Services contract.

Take forward the recommendations from the Review of Maternity and Neonatal Services.

Launch Scotland's Oral Health Plan.

Roll out the Family Nurse Partnership programme by 2018.

Within this section of the LDP there are six areas where improvement actions are described; Primary Care, Health Visiting, Universal Health Visiting Pathway, Family Nurse Partnership Service, Community Care and Maternity and Neonatal services.

#### **3.1 Primary Care**

Successful primary care is integral to the 2020 vision and to the delivery of integrated health and social care. The majority of health interactions start and finish in primary care both in hours and Out of Hours. In the context of an ageing population with more people living with two or more long term conditions, the number of interactions with primary care will increase, as people are supported to self manage their conditions and live well at home for as long as possible.

As with other Boards, NHS Forth Valley faces sustainability challenges due to GP recruitment and retention issues. Therefore there is a continued need to stabilise the GP workforce in order to maintain the available medical capacity in primary care by supportive actions for practices which are facing recruitment difficulties and taking a proactive approach to those facing future challenge.

We will continue to develop a broader based multidisciplinary workforce in primary care including AHPs, community nurses, pharmacists and optometrists and Primary Care Mental Health Nurses, to deliver a model of care that increases the capacity

available to see people in an “out of hospital” community setting. The NHS Board has gained significant knowledge and experience of enhanced primary care team working from implementing these models in the Health Board managed GP practices at Kersiebank and Bannockburn (2c practices).

Forth Valley has also participated in a national pilot implementing a new model for GP Fellows. Following their first year of training, GP Fellows are now supporting the Enhanced Community Team which aims to prevent unplanned hospital admissions for people who become unwell at home.

We will implement a prioritisation programme for investment to ensure premises in primary care are fit for purpose and maximise the opportunity for effective patient care. This includes the Stirling Care Village development which is under construction and is due to open in 2018. Facilities in the Care Village will include a Primary and Urgent Care Centre to house existing services from the hospital site and primary care services provided by 4 GP practices.

We will support ongoing quality improvement work, aligned with the principles of Delivering Quality in Primary Care, co-ordinated by the Primary Care Quality Improvement Group. We will invest £110,000 in the GP Cluster Model for Continuing Professional Development in Primary Care.

Through Prescription for Excellence, a new Pharmacy First community pharmacy service is in place throughout Forth Valley to support the challenges associated with accessing GP services in hours and Out of Hours. This service allows community pharmacists to treat uncomplicated urinary tract infections, impetigo and COPD exacerbations. This initiative will continue to reduce GP consultations and visits to Out of Hours services.

There will be a continued focus on efficiency in primary care prescribing including optimising the Script switch system, in order to obtain best value from prescribing.

A new national General Medical Services Contract will be negotiated during 2017-18 and NHS Forth Valley will work with stakeholders to plan and implement the new contract.

### **3.2 Health Visiting**

The National Health Visiting Caseload weighting tool indicated that 20.72 WTE additional Health Visitor posts were required locally by 2018. Workforce numbers are gradually increasing and NHS Forth Valley is on target to achieve the 2018 additional numbers through Government investment in additional training of health visitors and in line with the trajectory agreed with Scottish Government.

Partnership with the University of Stirling continues with newly qualified Health Visitors taking up additional posts in February 2017 and a further cohort of students currently undertaking the postgraduate course, to complete in January 2018.

Recruitment nevertheless will remain challenging in the context of national workforce issues and a continued increase in the number of Health Visitors reaching retirement age. Forth Valley has a number of initiatives in place to support successful recruitment and workforce planning:

- Actively promoting Health Visiting as a career option for nurses and midwives including newly qualified staff. There are links in place with the University of Stirling to encourage undergraduate students to consider Health Visiting as an early career option.
- Supporting our existing Health Visitors to consider flexible working patterns as options to full time employment if this is helpful.
- Promoting a robust recruitment process so that vacancies can be advertised timeously supported by agreed finance arrangements.
- Developing an early years skill mix service to support Health Visitors to offer families specific support programmes.
- Developing improved supervision and education programme for Health Visiting Teams.

### **3.3 Universal Health Visiting Pathway**

Embedding the principles of Getting It Right for Every Child (GIRFEC) and early intervention to support families and children are priorities for NHS Forth Valley. The Universal Health Visiting Pathway is being implemented in full for all babies born in the area since 1<sup>st</sup> May 2016. Implementation has included a re-designed antenatal link between Midwifery and Health Visiting services. A multi-disciplinary Pathway steering group has been established which meets regularly to oversee implementation. The group is chaired by the Executive Director of Nursing and pathway implementation is led and supported by a Health Visiting staff group who guide and direct the programme.

A Quality Improvement programme is under development to ensure that the pathway is being delivered in a way that supports families and enables children to achieve their full potential. Audits of the early stages of the pathway have been encouraging in confirming that the majority of children have received all pathway visits and that the programme has been well received by families.

The 13 months national review was introduced in 2017 and the formal pre-school review later in the year. In preparation for the pre-school review partnership groups are identifying existing good practice within transition arrangements.

### **3.4 Family Nurse Practitioner (FNP) Service**

NHS Forth Valley Family Nurse Partnership (FNP) service commenced recruitment of clients in April 2014. During the first year of recruitment the FNP service was successful in recruiting 76% of eligible clients finishing the recruitment phase in April 2015 with a full caseload of 102 clients. To date FV FNP has supported 110 clients in total due to transfers both into and out of Forth Valley. The client cohort equates to 112 first babies (number variation due to one set of triplets) and 12 second babies to date.

Scotland is experiencing a downward trend of a 6% reduction in the teenage pregnancy rate, however due in part to a rapid expansion of housing within the Forth Valley, teenage pregnancy numbers to be managed by the Forth Valley FNP services have increased with 156 eligible teens (January – December 2016). The local FNP service will need to consider any changes in demand and respond appropriately. It is planned that recruitment of new nurses will commence in line with the new FNP nurse training cohort in June 2017.

Forth Valley will continue to review demand and capacity with the aim of being able to offer the programme to every eligible pregnant teenager. This is consistent with the Scottish Government's policy that every eligible teenager in Scotland will be offered a Family Nurse.

Funding for the posts recruited to date has been provided nationally and notification of future funding arrangements and associated guidance is awaited.

### **3.5 Community Services**

An innovative new Care Village is being built in the grounds of Stirling Community Hospital. The £35million development will transform the way services are delivered by bringing a wide range of health and social care services together in one location. At the heart of this joint venture is an innovative partnership between NHS Forth Valley, Stirling Council, the Scottish Ambulance Service (SAS), Forth Valley College and the Integration Authority. The new care hub provides more than 100 beds for older people who require additional short term care, an assessment or rehabilitation following an illness, operation or acute hospital admission. Several GP practices, urgent care services and SAS accommodation will be co-located in the new facility which is expected to be part operational by Autumn 2018 and complete in Autumn 2019.

### 3.6 Maternity, Neonatal and Children's Services

During 2017-18 NHS Forth Valley will determine the local and the regional partnership actions required to deliver the recommendations of the Maternity and Neonatal Review over the next 5 years. This will include implementing the named midwife model of care and the reconfiguration of specialist neonatal care across Scotland. Local actions and the associated timeline and milestones will be prepared. NHS Forth Valley will respond to national guidance on delivering the Children and Young People (Scotland) Act 2014 requirements.

With regard to early access to antenatal services, Forth Valley has achieved the target of 80% of women booking for antenatal care by the 12th week of gestation and the associated stretch target consistently across each SIMD quintile.

The NHS Forth Valley Children and Young People's Strategic Framework 2015-2018 describes how NHS Forth Valley plans to further improve the health and wellbeing of children and young people up to the age of 18 years. Covering care from pre-birth, it takes into account the wide range of factors which can contribute to maternal and infant health both in the short and longer term. Building upon this strategic framework NHS Forth Valley has recently completed a Health Needs Assessment aimed at enhancing the current understanding of the health status and determinants of the health of the younger population of Forth Valley. Furthermore, work continues jointly with Local Authority partners to complete the three local Integrated Children's Service Plans: Children and Young People (2017-21) ensuring these are aligned and consistent with local NHS priorities. These Integrated Plans are being informed in part by the outputs of the Health Needs Assessment and the on-going work in Realigning Children's Services (RCS) programmes within Clackmannanshire and Falkirk areas.

### 3.7 LDP Standards

#### Measures

Monitoring Implementation of the Children and Young People (Scotland) Act

- Development of key measures to ensure delivery of key aspects e.g.
  - Staff training
  - Preparedness for implementation of the statutory Child's Plan

#### LDP Standard

*Antenatal access supports improvements in breast feeding rates and other important health behaviours*

#### Early Access to Antenatal Services

- At least 80% of pregnant women in each SIMD quintile will have booked for antenatal care by the 12<sup>th</sup> week of gestation

*Often a patient's first contact with the NHS is through their GP practice. It is vital, therefore, that every member of the public has fast and convenient access to their local primary medical services to ensure better outcomes and experiences for patients.*

### **GP Access**

- 90% of people will have 48 hour access or advance booking to an appropriate member of the GP team
- Delivery of dementia post diagnostic support

### Local Measure

- Participation in Early Years Collaborative – Stretch Aims:
  - To ensure that women experience positive pregnancies which result in the birth of more healthy babies as evidenced by a reduction of 15% in the rates of stillbirths and infant mortality
  - To ensure that 85% of all children within each Community Planning Partnership have reached all of the expected milestones at the time of the child's 27-30 month child health review, by end 2016
  - To ensure that 90% of all children within each Community Planning Partnership have reached all of the expected developmental milestones at the time the child starts primary school, by end-2017
- Flu immunisation rates
- Childhood immunisation rates
- Prescribing costs
- Allied Health Professionals (AHP) waits
- Musculoskeletal (MSK) waits – see also Scheduled Care
- Number of patients with an ACP
- Long term conditions bed days – conditions are Asthma, COPD, Diabetes, CHD
- Dashboard for monitoring child dental health

## Additional Local Improvement Priorities

Breastfeeding	Continue to support the UNICEF Baby Friendly approach, widening out to the community and neonatal unit, to secure an improvement in the breastfeeding rate across NHS Forth Valley.
Clinical Service Strategies	The Integrated Children's Strategy is being reviewed and key actions for implementation agreed.
Maternity and Neonatal Care	Alongside West of Scotland regional partner Boards, review the neonatal services and neonatal care in order to work towards implementing the recommendations of the national review of maternity and neonatal services for enhancing care. Review Forth Valley maternity service following publication of the national maternity and neonatal service review recommendations to enhance care.
Childhood Obesity	Continue to deliver Max in the Middle to all local primary schools in areas of deprivation.
Childsmile	Further increase the number of children protected by fluoride varnishing and reduce the number of general anaesthetics required by children for dental caries.
Out of Hours Care	Revise the Out of Hours primary care service model, following the publication of the national report and associated recommendations (Pulling Together; transforming urgent care for the people of Scotland).
Primary Care	Further develop the role of Mental Health in supporting Primary Care Practices. Take forward and implement the Primary Care and Mental Health Transformation Fund priorities.
Stirling Care Village	Progress with construction of the Stirling Care Village and finalise models of care, in partnership with strategic partners in order to prepare for opening in 2018-19. Ensure construction is within budget and delivered within the timescale described in section 3.5. Ensure effective engagement with key stakeholders in finalising the operational plans and commissioning the facilities.

## 4 Secondary and Acute Care

### **SGHD Health and Social Care Delivery Plan Actions:**

Complete the roll out of the Unscheduled Care Six Essential Actions.

Establish new arrangements for the regional planning and delivery of services.

Reduce cancellations and private care spend in scheduled care, and roll out the Patient Flow Programme.

Investment in new elective treatment capacity and expanding the Golden Jubilee National Hospital.

Complete investment in cancer care.

Reduce unnecessary attendances and referrals to outpatient services through the Modern Outpatient Programme.

### **4.1 Unscheduled Care**

NHS Forth Valley is working in partnership with the two Integration Authorities to maintain performance in unscheduled care services as outlined in Section 2 of the LDP.

Unscheduled care improvement actions are being taken forward in Forth Valley, including those which are aligned to the Unscheduled Care 6 Essential Actions. These include improvement actions associated with Accident and Emergency performance, unscheduled hospital occupied bed days, unplanned admissions to hospital and delayed discharges.

We will also work towards achieving and maintaining performance in respect of the target to see, treat and discharge or transfer ED and Minor Injury patients within 4 hours.

### **4.2 Scheduled Care**

An ageing population changes the profile of demand, which, in turn adds to the demand for elective services. It is important that we develop a sustainable response to the changing environment, address the core capacity of elective services and transform the way in which services are provided, to ensure that demand can be met. As part of preparing our scheduled care access improvement plans, we will take a risk assessment approach, taking into consideration what can be achieved within the available resources. It is also important that scheduled care is efficient

and effective and services are transformed to reflect the improvement opportunities which have been identified. The vast majority of people awaiting elective treatment will be treated locally or within NHS Scotland facilities, such as the Golden Jubilee National Hospital.

NHS Boards are required to comply with the NHS Scotland Treatment Time Guarantee (TTG) and the Outpatient Waiting Time Standard. During 2016-17 significant challenges were experienced in maintaining delivery at previous levels. In 2017-18 the TTG and the Outpatient Waiting Times standard continue to be a priority. Additional Guidance received from Scottish Government on 14 March outlines the approach to be taken by Boards to develop Scheduled Care Improvement Plans and Risk Assessments. The NHS Forth Valley Improvement Plan will focus on tackling those specialties where patients are experiencing the longest waits and improving sustainability. These include Gastroenterology, Respiratory, Rheumatology, and Orthopaedics for Outpatients and Orthopaedics for inpatients and day cases.

Capacity Plans have been updated and a rigorous approach will enable variation between activity, demand and capacity to be identified at an early stage and ensure that short and long term actions are planned and implemented speedily to address this. Clarification of the base capacity for outpatients and treatment in each specialty is an essential component of effective capacity planning and delivering sustainable services.

NHS Forth Valley will make progress with implementing the Modern Outpatient programme in 2017-18. Opportunities to make further use of telehealth and telecare opportunities will be explored and an updated EHealth strategy is being prepared. For some long term conditions a holistic clinic may offer the best model for patients, to reduce the number of visits to see different specialists and an opportunity to pilot a holistic clinic will be considered. Areas of focus in the Modern Outpatient programme include:

- Reducing variation within and between specialties, identified through the use of local and national benchmarking information.
- Reducing new to return ratios in specialties where benchmarking indicates an improvement opportunity.
- Piloting telephone consultations for specific cases including patients who have had knee arthroplasty.
- Trialling the use of virtual clinics with videoconferencing software, with the expectation that this will increase the number of patients who can be “seen” in a clinic and reduces unnecessary travel for patients.
- Explore opportunities to reduce the variation in demand between GP practices using practice profile information.

In 2016, the Capacity to Care Challenge was launched and aims to encourage and support staff to reduce unnecessary face to face outpatient appointments. Staff are asked to identify where clinic appointments have been saved and how this was achieved. Learning will then be shared widely within Forth Valley.

In order to ensure that scheduled care services are effective, efficient and equitable, we will focus on ensuring that consistent pathways are in place and on reducing wastage. For example the Enhanced Recover After Surgery (ERAS) programme is in place for surgical and orthopaedic patients and we will look to extend this practice, which optimises recovery and discharge after surgery.

We will engage with national work which is underway to review efficiency in the use of operating theatres and to ensure that any variation in the use of theatre sessions is minimised. Examples include standardising the throughput in arthroplasty theatre sessions.

During 2017-18 it will also be important to understand the scope of the planned Diagnostic and Treatment Centres, agree how Forth Valley may use the additional capacity which the centres plan to offer and determine the impact of the Diagnostic and Treatment Centres on sustaining local emergency care and elective programmes.

In addition, the Board will invest £100,000 to extend infertility provision to 3 cycles and to couples where one partner has no biological child.

Within CAMHS and psychological therapies, we have increased the available capacity considerably, and significant improvements have been made, with CAMHS achieving and sustaining the RTT target, with a trajectory agreed to work towards improving access for psychological services (see chapter 6).

### **4.3 Cancer Care**

The continuous review of cancer care patient pathways is required locally and regionally to ensure that all cancer care is consistent, appropriate and balanced. It is also important to understand and plan for the changes in demand for radiotherapy, surgery and systemic anti-cancer treatment (SACT), alongside the need for a realistic medicine approach across cancer services nationally.

The West of Scotland Regional Review of SACT is progressing and will inform the redesign of day case chemotherapy treatment, with a greater understanding of projected changes in demand, new drug regimens and how these should be delivered in future. Regional radiotherapy capacity increased with 2 new linear accelerators in 2015 and there is a continued review of the capacity and demand for radiotherapy in the region.

Work continues to deliver the Detect Cancer Early programmes in Forth Valley and planning for the extension of the programme to other cancer sites.

Supportive care remains a focus for cancer services in Forth Valley. This includes providing end of treatment summaries and the Macmillan One to One team, supporting patients to live with and beyond a cancer diagnosis.

The Board will work towards maintaining performance of Cancer Services in respect to the national standards, recognising that there is a significant resource risk associated with their delivery.

#### 4.4 Regional Planning and Delivery

See chapter 7 of the Local Delivery Plan

#### 4.5 LDP Measures

##### Measures

##### LDP Standard

*Early diagnosis and treatment improves outcomes.*

##### **Cancer Waiting Times**

- 31 days from decision to treat (95%).
- 62 days from urgent referral with suspicion of cancer (95%).

##### **Detect Cancer Early**

- People diagnosed and treated in 1st stage of breast, colorectal and lung cancer (25% increase).
- 

##### **IVF Waiting Times**

- Eligible patients commence IVF treatment within 12 months (90%).

*Shorter waits can lead to earlier diagnosis and better outcomes for many patients as well as reducing unnecessary worry and uncertainty for patients and their relatives.*

##### **Treatment Time Guarantee**

- 12 weeks Treatment Time Guarantee (TTG 100%)

##### **Referral to Treatment Guarantee**

- 18 weeks Referral to Treatment (RTT 90%).

**First Outpatient Appointment**

- 12 weeks for first outpatient appointment (95% with stretch 100%).

**CAMHS Waiting Times**

- 18 weeks referral to treatment for Specialist Child and Adolescent Mental Health Services (90%).

**Psychological Therapies Waiting Times**

- 18 weeks referral to treatment for Psychological Therapies (90%).

*Services for people are recovery focussed, of good quality and can be accessed when and where they are needed.*

**Drug and Alcohol Waiting Times**

- Clients will wait no longer than 3 weeks from referral received to appropriate drug or alcohol treatment that supports their recovery (90%).

*High correlation between emergency departments with 4 hour wait performance between 95 and 98% and elimination of long waits in A&E which result in poorer outcomes for patients.*

**Accident and Emergency Waiting Times**

- 95% (with stretch 98%) of patients attending ED / Minor Injuries will be seen, treated and discharged or transferred within 4 hours.

**Local Measures**

- Diagnostic 42 day wait
- Access to MSK services

Close monitoring of:

- Outpatient unavailability
- Inpatient unavailability

## Additional Local Improvement Priorities

Effective Care Pathways	Continue to implement a systematic approach to standardising patient pathways to improve patient outcomes and reduce costs in common care pathways. This commenced with the Diabetes Foot Pathway. This is also expected to improve patient and staff experience of care, reduce variation and harm and reduce unwarranted interventions.
Cancer Care	Through the work of the local Cancer Advisory Group and the Healthcare Strategy “Planned Care” Programme, ensure better coordination and integrated planning between the wide range of departments and regional partners involved in Cancer Care including: Community and Acute NHS teams; Diagnostic and Treatment services; Social Care; third sector partners such as Maggie’s, Marie Curie, Strathcarron Hospice, Macmillan Cancer Support. Whilst the local cancer service priorities continue to align well to the NHS Scotland cancer strategy (Beating Cancer: Ambition and Action 2016), priorities will be reviewed against the national strategy to ensure that any additional national resources available can be applied for to enhance patient care and experience in Forth Valley
Capacity Planning	Update detailed capacity plans for surgical, medical and women and children’s specialties, outlining demand, capacity and activity projections and integrating these activities with service improvement and development work and where relevant, link these to regional capacity plans for tertiary services and for services provided by the National Waiting Times Centre (Elective Diagnostic and Treatment Centres). Optimise the use of day surgery as the norm for elective surgical procedures. Improve elective day case rates and exceed the British Association of Day Surgery (BADs) target for the percentage of BADs procedures carried out as a day case or outpatient.
Do Not Attend	Continue to implement the plan to reduce the number of Do Not Attends (DNA) to below the Scottish average for those specialties where DNAs are above the average.
MSK waiting times	Continue with work focussed on reducing the MSK waiting time and optimising the benefit of the MSK pathway.
Unavailability	Ensure that unavailability for treatment is reduced to as low a level as possible and ensure that regular auditing is in place.
AHP Waiting times	Continue to implement plans to reduce AHP waiting times with a focus on AHP services for children in the first instance.

Diagnostics	<p>Deliver a new managed service contract for Clinical Chemistry and Haematology.</p> <p>Prepare for the transfer the MRI service from the existing provider.</p>
Criteria Led Discharge	<p>Implementation of Criteria Led Discharge will be undertaken. This will assist with appropriate and timely discharges, alongside other discharge related actions – predicted date of discharge, increasing discharges before midday and increasing the number of weekend discharges.</p>
BNP testing	<p>Ensure FV is fully prepared to introduce NT-proBNP testing for the diagnosis and management of heart failure, which will support the effective introduction of a new class of heart failure drug (sacubitril / valsartan) and which is to be rolled out in all Boards.</p>
Diabetes Care	<p>Improve access to Insulin Pump Therapy in adults and Continuous Glucose Monitoring Systems in line with DL (2017) 13.</p>

## 5 Realistic Medicine

### **SGHD Health and Social Care Delivery Plan Actions:**

Refresh our Health Literacy Plan.

Review the consent process.

Collaborative training programme for clinicians to help them to reduce unwarranted variation.

Refresh the Professionalism and Excellence in Medicine Action Plan.

Incorporate the principles of realistic medicine as a core component of lifelong learning in medical education.

Single National Formulary.

A programme will be developed in 2017-18 involving clinical leaders and others to take forward an approach based on “Realising Realistic Medicine” to planning and delivering care and treatment, in partnership with patients, families and carers. A process for reporting on progress with the programme and sharing the achievements made will be put in place during 2017-18.

In addition, work will be progressed locally in Forth Valley on further developing approaches to shared decision making with patients and clinicians, to better inform patients and to review the processes around consent to treatment.

During 2017-18 we plan to identify opportunities to engage with patients in order to improve their awareness and their understanding of their conditions and of the treatment options available to them, including no treatment. For example we will consider introducing a poster with 5 key questions for patients to ask during a consultation and we will also consider including similar information with appointment letters.

The Efficiency Productivity Quality and Innovation Programme in Forth Valley includes a clinical transformation efficiency programme. The programme is using local and national benchmarking information, to work towards sustainable improvements in efficiency and effectiveness e.g. improving new to return ratios for some specialties, reducing DNA rates, improving theatre efficiency and throughput and reviewing thresholds for treatment. These initiatives align with the realistic medicine objectives of reducing variation and wastage. Initially, effective care pathway work to reduce variation and wastage has focussed on in the Diabetic Foot Pathway with the expectation that the approach will be rolled out to other care pathways.

The roll out of the HEPMA system in the acute hospital was completed in 2016-17 and the system is the cornerstone of medicines administration and management in Forth Valley. Utilise the information on prescribing to support the Effective Prescribing Programme.

An example of realistic medicine in action in Forth Valley is the work being undertaken in partnership with the Scottish Ambulance Service to develop alternative pathways for people who fall, by caring for a greater proportion of them in the community and reducing transfers to hospital.

The NHS Forth Valley Healthcare Strategy 2016-21: Shaping the Future makes a commitment to encouraging and supporting people to take personal responsibility for their health and to reducing variation and wastage in the provision of care and treatment. These themes will form part of Strategy implementation programme in 2017-18.

We will determine Forth Valley responses to national activity and guidance as outlined above, once this is available in order to get best value out of medicine and medical interventions and support patients through informed and shared decision making.

### **Additional Local Improvement Priorities**

Realistic Medicine	Make progress with identifying priority projects associated with the “Personal Responsibility” Healthcare Strategy Programme. Make progress with identifying priority projects associated with the “Planning Ahead” Healthcare Strategy Programme. Work with the Scottish Health Council as they gather public and patient views on realising realistic medicine.
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## 6 Public Health Improvement

### SGHD Health and Social Care Delivery Plan Actions:

Set national public health priorities.

Delivery of the ambitious targets in Creating a Tobacco Free Generation.

Refresh the Alcohol Framework.

New strategy on diet and obesity and deliver the Maternal and Infant Nutrition Framework

Introduce the Active and Independent Living Improvements and embed the National Physical Activity Pathway

Improve services supporting mental health set out in the 10 year strategy including:

- Improve access to mental health support by rolling out computerised cognitive behavioural therapy services nationally.
- Evaluate the most effective and sustainable models of supporting mental health in primary care
- Roll out nationally targeted parenting programmes for parents of 3 and 4 year olds with conduct disorder.
- Improve access to mental health services across Scotland including CAMHS and psychological therapies and promote better mental health among children and young people.

### 6.1 Public Health Improvement

The NHS Forth Valley Healthcare Strategy describes a vision for the future which includes supporting people to take personal responsibility for managing their own health and health conditions. The Board has stressed the importance of people taking personal responsibility for their own health, by agreeing that this should be one of six transformation implementation programmes.

NHS Forth Valley is committed to enabling those more at risk of health inequalities, whether physical, mental or both, to make better choices and positive steps toward better health and wellbeing. Four areas have been identified for specific NHS action:

- Actions to support staff to support the most vulnerable people and communities.
- Health improvement actions to promote healthy living and better mental health.
- Actions relating to employment policies that support people to gain employment or ensure fair terms and conditions for all staff.
- As far as possible, NHS procurement policies should support employment and income for people and communities with fewer economic levers. Where national

procurement contracts are in place, the use of these in NHS Boards is mandatory however where feasible, the NHS Forth Valley procurement policy endeavours to support the local community whilst balancing the need to drive efficiency. The emerging national Shared Services agenda will expand the scope and base of national buying.

This activity is also focussed through the NHS workforce and the Health Promoting Health Service as well as with the wider community.

NHS Forth Valley is working with Community Planning Partnerships to deliver outcomes within Single Outcome Agreements (SOAs) and Single Outcome Local Delivery Plans (SOLD) which will impact on health. There is a contribution from NHS Forth Valley to each Community Planning Partnership, including the development of health inequalities actions as a cross-cutting issue across all theme groups, the development of an Equality and Diversity Impact Assessment (EQIA) process for CPPs and the application of health impact assessment.

We will support those most at risk of Health Inequalities through targeted interventions to support vulnerable people and harder to reach communities. Specific actions will include developing employment opportunities within the NHS and local partners for disadvantaged groups; reducing alcohol and drug related harm and promoting recovery orientated systems of care, identifying unrecognised health risks.

NHS Forth Valley has a unique approach to Alcohol and Drug Partnerships, with a Board wide area partnership providing strategic leadership to 3 local partnerships. During 2017-18, the Board will continue to work with the Alcohol and Drug Partnerships to drive forward the aims of developing a recovery oriented system of care across the whole area and reducing alcohol related harm. NHS Forth Valley will continue to work towards high levels of performance against both the Alcohol Brief Intervention Standard and the Drug and Alcohol Waiting Time Standard.

We will continue to promote physical activity through initiatives such as the Daily Mile in Primary Schools.

We will also continue to promote healthy eating and reduce obesity through the Child Healthy Weight Programme (Max in the Middle) in local schools, adult healthy weight initiatives including the 'Choose to Lose' website and support staff and visitors through the provision of healthy vending machines in all NHS sites.

We will deliver health improvement by continuing to prioritise actions to reduce the harmful effects of cigarette smoking and engaging hard to reach groups, through the provision of smoking cessation initiatives.

We will continue to deliver the BBV and Sexual Health Framework, along with population health screening and immunisation programmes.

## **6.2 Mental Health**

The NHS Forth Valley Healthcare Strategy has outlined priorities and commitments which are applicable to mental health services and implementation plans will be progressed during 2017-18. Mental Health will also be identified as a key priority in the NHS Board Health Improvement Strategy to be published in 2017 and this will include a commitment to the further roll out of Mental Health First Aid Training to NHS Staff and our partner organisations.

Performance against the mental health access standards continues to show a rise in the number of people starting treatment. A Mental Health Improvement programme to support NHS Boards to improve access to services and meet the waiting times standard sustainably is underway.

Priority areas for NHS Forth Valley in 2017-18 include the following:

- CAMHS
- Psychological Therapies
- Dementia
- Post diagnostic support
- Hub for Neurodevelopment Disorders

### **6.2.1 CAMHS**

Since November 2016 we have achieved the 18 week standard for 90% of our patients.

Mental Health innovation funding with local investment has been used to increase the capacity in all core professional groups, Child & Adolescent Psychiatry, Child Clinical Psychology, Mental Health Nursing, Primary Mental Health Workers. Two crisis nurses and a Specialist Speech and Language Therapist were also employed to support the wider team.

The Innovation Funding has been used to support both the Interventions for Vulnerable Youth Project which has enabled frontline professionals to weigh up the best approach to treatment and risk management and the Safespot mobile App, which incorporates mental wellbeing and positive safety planning into children's mobile devices.

During 2017-18 it is planned to use innovation funding to develop a CAMH intensive treatment service to support children in the community and to provide additional capacity in Tier 2 provision, to provide early and effective intervention as well as prevention.

The Service continues to prioritise urgent referrals and ensure that children and young people who have been waiting the longest period of time are seen. The team remain focussed on sustaining our performance against targets and plan to continue to improve efficiency, performance and capacity within the service. Moving forward the team will continue to focus on developing quality improvement and quality assurance in service delivery.

Actions for 2017-18 include sustaining the delivery of the 90% access standards for patients in CAMHS and reviewing and developing the provision and service delivery for patients requiring intensive CAMHS, with a view to reducing hospital admissions.

### **6.2.2 Psychological Therapies**

The LDP Standard for Psychological Therapies states that at least 90% of people requiring a psychological therapy will start treatment within 18 weeks of referral. In recognition of the challenge this presents many Health Boards and Health and Social Partnerships, in 2016 the Scottish Government provided targeted resources for psychological therapy services, both directly to Health Boards and indirectly via NHS Education for Scotland. Within Forth Valley this resource has been used to target some of our areas of greatest need, including services for older people, people with substance misuse issues, the prison population and adults with mental health issues in the community.

In addition to these resources, the Scottish Government also introduced a programme of targeted support from the Mental Health Access Improvement Support Team (MHAIST). The MHAIST contribution to Forth Valley has thus far been the provision of a part-time Information Analyst and facilitation of local staff engagement events around service redesign.

Significant improvements have been recently made across the service. The total number of people waiting for treatment has reduced, as has the number of people experiencing very long waits (in excess of 26 weeks). Indeed in the most recent waiting times publication from ISD (March 2017), NHS Forth Valley is cited as one of only four Health Board areas to have no-one waiting over 52 weeks. By early 2017 the investment in new staff resources led to an increase in clinical capacity, with the subsequent positive impact on waiting times. In addition, improvements in data reporting and analysis have resulted in the ability to more efficiently match demand to capacity across the service. This has allowed the development of performance

trajectories, which indicate that performance against the LDP Standard will steadily improve as 2017-18 progresses.

Progress has also been made with the redesign of psychological therapy services, which remains on track for full implementation in April 2017. This will result in a streamlined pathway of care for patients and an easier process for referrers, with a single point of access for each locality and a multi-disciplinary psychological therapy team providing matched care for patients.

A detailed improvement action plan has been produced, and operational improvements continue to be made across the service in line with this. There is a focus on clear management and governance structures, and transparent activity and performance processes. Clinical outcomes recording and reporting is also being developed, to ensure that a focus on timely delivery of therapy does not negatively impact on the quality of clinical care being provided.

Actions for 2017-18 include planning to deliver the 18 week referral to treatment LDP Standard for psychological therapies by December 2018.

### **6.2.3 Dementia**

In relation to Post Diagnostic Support (PDS) for people diagnosed with Dementia we have secured funding from the Scottish Government from the Mental Health transformation fund which will allow us to test new models of Post Diagnostic support and, in partnership with the IJBs work towards improving performance and reducing waiting times. In addition we are working closely with the National team in ISD to refine the data-set on PDS as there remain significant issues with data quality. Currently the capacity of the PDS workers is not keeping pace with demand and therefore will require further assessment of demand and capacity.

A new rapid response team has been established by NHS Forth Valley to support care at home for patients with dementia, and their carers. The DOT, Dementia Outreach Team, is staffed by specialist nurses and community care assistants with the objective of avoiding 'crisis situations' and preventing unnecessary hospital admission. The team will carry out a comprehensive assessment and provide advice, practical assistance and support to patients, family members and carers, taking a holistic and proactive approach. Intensive support will be offered initially for 6 weeks and the care and support will then be reviewed.

## 6.3 LDP Measures

### Measures – Focus on Health Improvement and Prevention

#### LDP Standard

*Enabling people at risk of health inequalities to make better choices and positive steps toward better health*

#### **Alcohol Brief Interventions**

- Sustain and embed Alcohol Brief Interventions in 3 priority settings of primary care, A&E and antenatal, and broaden delivery in wider settings

#### **Smoking Cessation**

- Sustain and embed successful smoking quits, at 12 weeks post quit, in the 40% SIMD areas

*Prevention - Early diagnosis and treatment improves outcomes*

#### **Detect Cancer Early**

- People diagnosed and treated in 1st stage of breast, colorectal and lung cancer (25% increase)

*Early action is more likely to result in full recovery and improve wider social development outcomes.*

#### **CAMHS Waiting Times**

- 18 weeks referral to treatment for specialist Child and Adolescent Mental Health Services (90%)

*Timely access to healthcare is a key measure of quality and that applies equally to mental health services*

#### **Psychological Therapies Waiting Times**

- 18 weeks referral to treatment for Psychological Therapies (90%)

*Enable people to understand and adjust to a diagnosis, connect better and plan for future care*

#### **Dementia Post Diagnostic Support**

- Delivery of dementia post diagnostic support

#### Local Measure

##### *Prevention*

- Screening Programme Performance (Cervical, Bowel, Breast)
- Immunisation Programmes (Adult and Children) – uptake

- Delivery of Child Healthy Weight interventions
- New diagnosis of Hepatitis C & Hepatitis C treatments completed
- Progress against National Dementia related caseload criteria for patients requiring 5 and 8 pillar models of support
- Increase in link worker capacity for Dementia – to be measured by (reduced) waiting times
- Measure Dementia specific average monthly and annual referrals and diagnosis rate

### Additional Local Improvement Priorities

Health Improvement Strategy	<ul style="list-style-type: none"> <li>• In 2017-18 we will finalise and publish the Forth Valley Local Health Improvement Strategy, bringing together, co-ordinating and prioritising the wide range of health prevention, promotion and improvement activities.</li> </ul>
Health Promoting Health Service	<p>Deliver the NHS Forth Valley Health Promoting Health Service priority actions.</p> <p>Actively encourage staff to take up the annual flu vaccination.</p>
Vulnerable People	<p>Continue to develop confidential and secure processes to share information from Police Scotland's Vulnerable Persons' Database to assist with individual support plans for families and to identify and action concerns at the earliest opportunity.</p>
Clinical Service Strategies	<p>Key priorities for implementation from the Dementia Strategy will be agreed, following publication of Scotland's National Dementia Strategy 2017-2020.</p>
Mental Health	<p>Complete implementation of low secure mental health inpatient provision local provision.</p> <p>Agree and implement local action plans associated with the national Mental Health and Dementia Strategies.</p>
Weight management	<p>Review arrangements for tier 3 and 4 weight management including bariatric surgery and produce a Forth Valley Strategy, once the National Obesity Strategy is published.</p>
Syrian Vulnerable Persons Resettlement Programme	<p>Continue to work with the partner agencies to resettle families in Forth Valley, ensuring the families are linked with primary care services.</p>

## 7 NHS Board Reform

### **SGHD Health and Social Care Delivery Plan Actions:**

NHS Boards to show their contributions to driving the work of this delivery plan, not least their contributions in support of the regional planning of clinical services.

Ensure that NHS Boards expand the 'Once for Scotland' approach to support functions.

Start a comprehensive programme to look at leadership and talent management development.

### **7.1 Regional Planning**

NHS Forth Valley has considered arrangements to ensure that our local population gains the optimum benefits from regional planning. On the basis that the majority of service links are currently with the West of Scotland, NHS Forth Valley has agreed to participate mainly in the West of Scotland region. Service links with the West of Scotland include cancer services, cardiac intervention (50%), plastic surgery, OMFS, specialist paediatric care, neonatal intensive care, orthopaedic arthroplasty surgery and cataract surgery. In terms of activity, around two thirds of cross boundary activity from Forth Valley is treated in the West of Scotland.

However, as around a third of Forth Valley's cross boundary activity is provided in the South East and Tayside (SEAT) region, then it is also important that an interest in the work of the SEAT region is maintained, with continued engagement with the SEAT Regional Planning Group and participation in relevant work programmes. Forth Valley activity in the SEAT region includes neurosciences, cardiac intervention (50%), forensics network, dental public health, Emergency Planning and Regional Resilience.

Forth Valley is participating fully in the West of Scotland programme of work, which is focussed on developing consistent pathways of care across the region and designing resilient and sustainable services. Work underway includes reviews of urology, ophthalmology services, radiology and vascular surgery along with regional work on major trauma.

The Regions are to produce draft Regional Delivery Plans in September 2017. Once these are approved, the draft Forth Valley Local Delivery Plan 2017-18 will be amended to include our response to the Regional Delivery Plans.

The Regional Delivery Plans will be underpinned by detailed analysis of;

- The needs assessment of the 2.7 million people served by the West of Scotland Boards and the 2 million served by SEAT.
- Changing patterns of demand for future treatment and care for this population.
- The current capacity to safely and effectively meet these treatment and care needs.
- New service models and care pathways.
- Resource Plans including workforce, estate and specialised equipment.

Within the West of Scotland and SEAT Regional Planning Groups there are already programmes of collaborative work that consider the ever changing population needs and how these are influenced by demographic changes and the emergence of new treatments and technologies at a time of constrained resources including the availability of specialist clinicians across both primary and acute hospital care. These programmes of work include;

- Interventional Cardiology including Primary Reperfusion Services
- Major Trauma
- OMFS
- Urology including Minimally Invasive Resection of Prostate
- Vascular Services
- Regional Child Health Services including Child Protection, Critical Care and Specialist Shared Services
- Regional Child and Adolescent Mental Health
- Medium and Low Secure Psychiatric Services
- Systemic Anti-Cancer Treatments
- Aseptic Pharmacy Services
- Maternity and Neonatology
- Interventional Radiology
- Ophthalmology
- Workforce Planning
- Prescribing
- Procurement

This regional planning activity will complement the service planning and change in each Health Board area which will be required to address the current service and financial pressures and will also complement work on the strategic direction for acute services, which each Board has been developing to transform acute services, working alongside their Integration Joint Boards. When taken together with board level plans this transformational plan will clearly set out how West of Scotland and SEAT Boards and their partners will deliver safe, efficient and sustainable treatment and care over the next 10 to 15 years.

## 7.2 Once for Scotland

NHS Forth Valley will support and respond locally to the Once For Scotland recommendations of the Shared Service work streams and will work with regional and national partners to implement new models for support functions. We will also continue to deliver efficiency programmes locally and with partner Boards.

## 7.3 Leadership and Talent Management

NHS Forth Valley supports the Leading for the Future Programme by providing Organisation Development resources to take cohorts of leaders through the programme. To date, 63 NHS Forth Valley leaders have participated in the programme. In house leadership development is also provided including the Shaping the Future programme for clinical and management leaders. Future leaders are welcomed to Forth Valley by placing National Management trainees in the Board area.

## Additional Local Improvement Priorities

Regional Planning	Continue to collaborate with partner Boards, with a focus on sustaining services, providing consistent approaches to care, including care pathways and ensuring best use of resources. Work in 2017-18 will include reviews of ophthalmology and urology services and major trauma. Amend the LDP once the Regional Delivery Plans are approved.
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## 8 Safe Care

NHS Forth Valley continues to be committed to safe, effective and person centred care being at the heart of all aspects of care and service delivery.

Delivery of the National Scottish Patient Safety Programme (SPSP) continues as a key strategic priority for NHS Forth Valley and is reflected in both the Board's Quality Improvement Strategic Plan as well as in topic specific improvement plans supporting the Hospital Standardised Mortality Ratio (HSMR) improvement plan.

The Quality Improvement Strategic Leadership Group is currently taking forward the development of the Board's Quality Improvement Strategy for 2016-19, which incorporates the SPSP and Early Years Collaborative, together with other local priorities. The Board has a Clinical Governance Balanced Scorecard which incorporates the ten patient safety essentials. Performance is reported and reviewed at each meeting of the Clinical Governance Committee.

The ten patient safety essentials are in place across the organisation with mechanisms to independently assure progress, including care assurance ward visits; structured review of adverse events such as unplanned transfers to critical care; and infection control ward visits.

Reduction in falls and fall related harm remains a key strategic priority for NHS Forth Valley. A falls reduction improvement plan is lead by a Falls Strategic Group and a Falls Implementation Group.

### **Improvement Actions for 2017-18 include:**

- Monitor SPSP programmes progress via the Quality Improvement Strategic Leadership Group with bi-monthly progress reports from all workstreams. This includes review of data on the national SPSP dashboard to benchmark progress with outcomes and identify any other Boards where learning can be sought.
- Deliver continued improvements in HSMR.
- Deliver key actions associated the Person Centred Health and Care Strategy 2015-17, which details NHS Forth Valley's priorities and commitments, to further embed person centred care.
- Maintain progress in improving rates of Healthcare Acquired Infection including SABs and CDI.
- Maintain a focus on reducing falls in the frail elderly population.

## 8.1 LDP Measures

### Measure:

#### LDP Standard

*NHS Boards are expected to improve SAB infection rates during 2016-17. Research is underway to develop a new SAB standard.*

#### **SAB**

- Staphylococcus Aureus Bacteraemia (SAB) rate

#### **Clostridium Difficile Infections**

- Clostridium Difficile (CDI) rate

#### Local Measure

- Hospital Standardised Mortality Ratio (HSMR)
- Scottish Patient Safety programme (SPSP) workstreams:
  - Acute Adult
  - Maternity & Children
  - Mental Health
  - Primary Care
- Ten patient safety essentials:
  - Hand Hygiene
  - Leadership Walkrounds
  - Communications: Surgical Brief and Pause
  - Communications: General Ward Safety Brief
  - Intensive Care Unit (ICU) Daily Goals
  - Ventilator Associated Pneumonia Bundle
  - Early Warning Scoring
  - Central Venous Catheter Insertion Bundle
  - Central Venous Catheter Maintenance Bundle
  - Peripheral Venous Cannula
- Stroke care bundle

## Additional Local Improvement Priorities

Infection control	Continue to afford Infection Control a high priority within NHS Forth Valley. Continue to make improvements in infection control, with associated performance measures (SAB and CDI) and supported by actions associated with good housekeeping and senior management visits to wards.
Scottish Patient Safety Programme	Continue to focus on the priorities within the SPSP areas, with the objective of reducing avoidable harm to patients by improving the safety of patient care at all points of care delivery; Acute adult, HAI, maternity and children, medicines, mental health and primary care. Agree and implement six key additional priorities during the year.
Hospital Standardised Mortality Ratio (HSMR)	Implement priority actions including structured ward rounds, to reduce hospital mortality and measure the impact of the actions.
Adverse Events	Continue to review and improve the process for reporting and responding to adverse events. In particular, ensure timely and quality reports are produced.

## 9 Person-Centred Care

Providing care which is person centred is one of ten priorities in the NHS Forth Valley vision within the Healthcare Strategy 2016-2021 Shaping the Future. This commitment is reinforced in the Board's Person Centred Care Strategy "What Matters to you matters to us" and is one of our six staff values i.e. we will acknowledge and accept that every person is different and we will adapt our approach to meet the needs of others.

The NHS Forth Valley person care strategy has 8 key strategic elements that collectively inform Person Centred Health and Care. These are:

- Communication & Positive First Impressions
- Volunteering
- Bereavement
- Equality & Diversity
- Patient and Public Involvement
- End of Life Care
- Fundamental Care
- Standards for Patients Spiritual Care

### **Improvement actions for 2017-18 include:**

- Work towards delivering the Person Centred Health & Care Strategy, which provides a framework for change, covering the Person Centred Agenda.
- Implement the delivery plan to fulfil our Person Centred Health and Care commitment.
- Continue to roll out the Communication & Positive First Impressions programme across the organisation.
- Person centred care is a priority in the NHS FV Healthcare Strategy and the Strategy implementation programmes will have person centred care as an underpinning requirement.
- NHS Forth Valley Equality Mainstreaming Report 2017-21 and outcomes are in place. Outcome 4 i.e. NHS Forth Valley services users are equal partners in planning, developing and monitoring their care through informed choice and personal responsibility.
- Baseline for the four Equality and Diversity Priority areas has been identified and actions are in place for 2017-18
- Develop a solid structure to support the continual delivery of a bereavement model.
- Involve patients and the public in service change, redesign and improvement of care and wellbeing.
- Ensure that all patients throughout their journey will be given the opportunity to say what, and who, matters to them, are supported to ensure this is achieved and that this is reviewed regularly.

- Establish a robust infrastructure to support the continuous development of volunteering across NHS Forth Valley. Examples of investment in volunteering include the Forth Valley Royal Hospital Front Desk volunteers who welcome people to the hospital and provide way-finding assistance and the team of volunteers to support patients in wards and the Oncology Department and services provided by the Royal Voluntary Service.
- Support staff to access patients', families' and carers' spiritual needs, making necessary referrals to the Spiritual Care team.
- Ensure that the organisation can demonstrate that services have been evaluated to demonstrate that they meet the needs of our diverse community and that any barriers to access have been addressed.
- Plan for the implementation of the Carers Scotland Act in April 2018 in partnership with local authorities.
- Implementation of the new NHS Scotland Complaints Handling Procedure from April 2017. This new procedure helps us to build positive relationships with people who use our service and rebuild trust when things go wrong. It has the person making the complaint, their families and carers, at the heart of the process.

## 9.1 LDP Measures

### Local Measure

- The "Five Must Do's With Me"
  - What matters to you
  - Who matters to you
  - What information do you need
  - Nothing about me without me
  - Personalised contact
- Patient and Carer Experience
- Clinical Quality Indicators (SPSP Measures)
  - Pressure area care
  - Food, Fluid & Nutrition
  - Falls
- Falls with harm rate
- Number of complaint responses within 5 days (Stage 1)
- Number of complaint responses within 20 days (Stage 2)
- Reduction in the number of complaints
- Number of complaints acknowledged in 3 working days
- Learning from complaints
- Number of complaints referred to Ombudsman
- Number of complaints upheld by the Ombudsman

- Complaints process experience
- Percentage of staff having completed an eKSF annual review
- Long and short term absence rates
- Patient and Carer Experience

### Additional Local Improvement Priorities

Older People in Acute Hospitals	Work with frontline teams to focus on care that is delivered with compassion, dignity and respect. Implement tools across all inpatient areas with the aim of improving screening for frailty and improving the early management of delirium. Monitor and continually improve on the prevention and management of pressure injury; food, fluid and nutrition assessment; falls; and cognitive impairment. Ensure NHS Forth Valley is prepared at all times in readiness for inspections.
Carer support	Ensure a detailed action plan for NHS Forth Valley is agreed and implemented alongside the actions to be undertaken by the 3 local authorities, in order to meet the requirements of the Carers Scotland Act 2016 by April 2018.
Hello My Name Is... and the Communications Strategy	Drive continued improvement in communications, attitude and behaviours centred on the “Hello My Name Is...” campaign to ensure health care is centred on making a human connection, beginning a therapeutic relationship and building trust. Link this to the projects to be supported by the “Planning Ahead” and “Personal Responsibility” Healthcare Strategy programmes
Person Centred Care	Continue to implement the plan which has been developed to support the Person Centred Care Strategy, in relation to 8 key strategic elements i.e. communication and positive first impressions, volunteering, bereavement, equality and diversity, patient and public involvement, end of life care, fundamental care and standards for patients and spiritual care. Agree key measures to monitor progress and improvement.
Volunteering	Develop further volunteering roles within the organisation to complement the current workforce. Contribute to the implementation of the National Volunteering Database.
Complaints	Further reduce the number of formal complaints received with a particular focus on attitude and communication. In addition the Board will make strenuous attempts to focus on local resolution and reduce the number of complaints submitted to the Scottish Public Service Ombudsman.

	Demonstrate learning and service improvement as appropriate from complaints.
Patient Experience	Ensure every opportunity is made to learn from patient experience of healthcare and use patient opinion and patient feedback to inform service improvement.
Looked after children	Complete the national pilot Children's Voices project, listening to the voices of looked after children, in partnership with the Scottish Health Council.

## 10 Financial Planning

It is essential that our services are as effective and efficient as possible to ensure that we continue to meet demand changes arising from demography, improving care standards, the introduction of new technology, new and changing drug indications and meeting targets and guarantees. NHS Forth Valley has consistently projected financial breakeven for 2016-17.

Following the Scottish Budget in February 2017, its associated implications and an update of issues facing the NHS, it is estimated that recurrent cash savings of 5% (£24m) are required in 2017-18 including those health services within scope of the two local Integration Authorities. Cash savings of this magnitude carry risk and there will be implications for a service which is workforce based.

The Financial Plan and Capital Plan 2017-18 to 2021-22 was scheduled for approval at the end of March 2017. At present there remains a recurrent savings gap of approximately £5m for 2017-18 and whilst there are non-recurrent resources available to manage this in-year it is imperative that underlying financial balance is maintained. Future Years Savings have yet to be identified.

The supporting narrative which is submitted with financial templates will cover the specified items for inclusion. This will confirm that recurrent funding delegated to Integration Authorities is the same or slightly greater than 2016/17. This also confirms specific focus on using benchmarking information to drive change either releasing capacity to support performance improvement or delivering cash savings.

Detailed action plans require to be prepared during 2017-18 working with both Health and Social Care Partnerships to meet the requirement that 50% of frontline NHS spend is on community health services by 2021-22. The development of Regional LDPs will also be supported by financial assessment of planned changes with an expectation that changes will either support service sustainability or deliver cash savings.

### 10.1 LDP Measure

<b>Measures</b>
<u>LDP Standard</u>
<b>Financial Performance</b>
<ul style="list-style-type: none"><li>• Operate within agreed revenue resource limit; capital resource limit; and meet cash requirement</li></ul>

### Additional Local Improvement Priority

Finance	Fully implement the Board's CRES plan and implement a comprehensive process for monitoring and reviewing progress.
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## 11 Workforce Planning

The NHS is dependent on hard working staff and the high quality of care and support they provide. Attracting and retaining a workforce with the skills to deliver the very best services is essential to meet the future needs of patients and their families.

Shaping the Future, NHS Forth Valley's Healthcare Strategy 2016 – 2021, describes NHS Forth Valley's Vision for the future and outlines ten key priorities which will guide how local health services will be delivered across Forth Valley over the next five years. The skills and competencies of our current and future workforce are key to ensuring the delivery of this strategy which was developed following a major review of clinical services and takes account of key strategies, including the National Clinical Strategy for Scotland and the Strategic Plans developed by the two Forth Valley Health and Social Care Partnerships.

We are currently refreshing our Workforce Strategy which will ensure delivery of our workforce aims as follows:

- To develop a modern, sustainable workforce.
- To become a model employer.
- To create and maintain a healthy and modern culture.

The priorities within the national "Everyone Matters Implementation Framework" are fully incorporated as part of our Workforce Strategy and therefore a key focus for our HR and Organisational Development teams. NHS Forth Valley continues to take forward a comprehensive Everyone Matters Action Plan which covers a wide range of workforce and organisational development activities designed to achieve the Workforce Vision at a local level. This includes:

- An active culture and values development programme.
- The full organisational rollout of the iMatter Staff Experience Improvement Cycle, which will be completed in March 2017.
- An inclusive Leadership, Management and Team Development Programme offering opportunities for managers at all levels within the organisation.
- The aspiration to achieve Gold Healthy working Lives Award.
- The delivery of a range of activities to deliver our Youth Framework.

This Programme of work is supplemented by our ongoing Investors in People Assessment Programme, we currently hold the IIP Silver Award with an aspiration to achieve IIP Gold Standard Award and the Investors in Young People Award by 2018.

Across NHS Forth Valley there is an ageing and predominantly female workforce. The demographic of our staff and local communities requires that we deliver innovative, proactive workforce solutions.

NHS Forth Valley, with its partners, has made progress towards implementing Health and Social Care Integration. In support of the strategic plans, each Health and Social Care Partnership is currently taking forward a range of service and organisational development activities and is also working on refining and refreshing their Integrated Workforce Implementation Plans for 2017-2019. We remain committed to the continuous development of our workforce through their skills and competencies and through our annual programme of workforce planning.

Key workforce actions for NHS Forth Valley include:

- Supporting staff to take on new or extended roles and work in a more integrated way across community, hospital and social care services and, where appropriate, in partnership with voluntary organisations, community groups and independent providers.
- Reviewing our workforce requirements to ensure we continue to have the right staff, with the right skills, working in the right locations.
- Adopting more flexible working patterns to enhance community services during evenings and weekends, and move towards more seven day working.

## 11.1 Attendance Management

NHS Forth Valley continues to focus on achieving the 4% standard and on improving the wellbeing of all staff. Focus on hotspot areas and actions to share good practice are prioritised.

## 11.2 LDP Measures

Measures
<u>LDP Standard</u>
<ul style="list-style-type: none"><li>• Sickness absence 4%</li></ul>

## Additional Local Improvement Priorities

Job Planning	Review of job planning process, including the continued roll out of an electronic system for medical job planning. Consideration will also be given to utilising the new system for other staff groups.
Review of Senior Roles	Continued review of senior clinical and managerial staff roles to ensure alignment to organisational priorities.
OD and Training	Review impact of programmes including Shaping the Future and determine future requirements, particularly in relation to leadership and talent management.
eKSF	Achieve continued improvement in the percentage of staff with completed eKSF and PDP. Review PDP processes and ensure that they are aligned to the Annual Plan.
Modern Apprenticeships	In support of our strategic vision on youth employment, we are continuing to implement our plans to support modern apprenticeships, including planning for the next intake of modern apprentices in 2018. In addition, work will be undertaken to address our corporate parenting responsibilities.
Investors in People (IIP)	Maintain a focus on IIP and associated requirements in order to maintain the Board's Silver Award and work towards Gold Award level, and also working towards the new Investors in Young People standard by 2018.
Postgraduate Medical Education	Develop a postgraduate medical education strategy.
iMatter	Ensure that iMatter action plans continue to be developed and agreed for each Directorate / Department and demonstrate progress with implementation.
Nursing and Midwifery	Continue to implement the action plan which supports implementation of the NHS Forth Valley Nursing and Midwifery strategy.
AHP Review	The review of AHP services in Forth Valley will be concluded and a development plan agreed and implemented.
Staff absence	Continue to evidence continuous improvement, through existing reporting and monitoring arrangements, to maintain absence below the Scottish average, at or below 5% each month.
Healthcare Strategy	Respond to workforce implications identified by the six Healthcare Strategy Programmes as work progresses to implement the Healthcare Strategy priorities.

## 12 Corporate Service Improvement Priorities

In addition to the local services improvement priorities outlined in this Annual Plan in sections 2 to 11, there are additional service improvement priorities for NHS Forth Valley which are system wide. These system wide corporate service improvement priorities are summarised below:

Sustainability	Continue to implement the approved Forth Valley Sustainability Strategy including carbon reduction plans.
eHealth	<p>Agree and publish a refreshed eHealth Digital Health and Care Strategy in 2017/18, taking into account the national Digital Strategy and local health and social care priorities, including the NHS FV Healthcare Strategy Programmes.</p> <p>Continue to harness the opportunities presented by information and communications technology and develop detailed plans to ensure effective and timely implementation of eHealth developments. This will help to drive innovation in health care delivery, supported by future revisions of the eHealth Strategy. Particular developments for 2017/18 include:</p> <ul style="list-style-type: none"> <li>○ Further enhancements to Clinical Portal.</li> <li>○ Continued implementation and roll out of the Electronic Patient Record (EPR) Programme with specific focus on Paper-light Outpatients.</li> <li>○ Following Health Board sign-off for the PAS replacement business case, develop PAS implementation plans in accordance with the Programme Board's requirements.</li> <li>○ Begin work to develop the Business Case for replacement community information system linked to national timescales</li> <li>○ Roll out of agreed Primary Care digital priorities</li> <li>○ Deliver specific enhancements in Cyber Security</li> <li>○ Consider options for the replacement of Office 2007 (e.g. Office 365) following agreed national strategy and business case.</li> </ul>
Efficiency Productivity and Quality (EPQi)	Agree and implement the Efficiency, Productivity, Quality and Innovation programme for 2017/18 with a focus on reducing variation through looking for best practice and learning e.g. effective care pathways; releasing time to invest through being more creative and innovative e.g. for high resource users; removal of waste by identifying failure demand and stopping doing things that add no value e.g. in support of Realistic Medicine.

	A clinical efficiency plan will be refreshed, including improving outpatient indicators, optimising day cases and reducing length of stay and seeks to achieve Creating Capacity to Care Challenges, one of which is reduction in bed days by 10,000 in this year.
Managed Care Networks	Conclude the review of local networks for Stroke, Diabetes, Respiratory, Heart Disease, Neurology and Palliative Care to ensure that key stakeholders across long term conditions and palliative care help to shape and support the implementation priorities of the Forth Valley Healthcare Strategy Programmes.
Prison Healthcare	Continue to provide enhanced healthcare to address issues such as substance misuse, alcohol, mental ill-health and long term conditions in the 3 prisons.
Learning Disability	Review patients delayed in their discharge and establish a wider and a more responsive range of community based services, ensuring people with a learning disability can lead more independent lives.
Complex Care	Complete the review of complex care services within Forth Valley and agree implementation actions.
Osteoporosis Services	A review of the osteoporosis service model will be continued, with a view to developing a new service model during following a pilot in Clackmannanshire.
Vascular Surgery Service	A strategic plan, assessment of need and a detailed service model for the provision of vascular surgery was prepared in 2016-17. Regional partnership arrangements will be considered in 2017-18.
Counter-terrorism	From 1st July 2015 the Counter Terrorism and Security Act 2015 has placed a specific legal duty on public bodies including NHS Forth Valley to have due regard to the need to prevent people from being drawn into terrorism. Scottish Statutory Guidance has been issued to assist in compliance with this "Prevent" duty. NHS Forth Valley has appointed an Executive lead for CONTEST and will implement a Prevent Strategy to raise awareness of and seek to prevent radicalisation.
Civil Contingencies	Deliver the Civil Contingencies Action Plan 2017-18 with a particular focus on the following areas: <ul style="list-style-type: none"> <li>○ Ensure the delivery of NHS CONTEST (Pursue, Protect, Prepare, Prevent) Policy.</li> <li>○ Review and update the NHS Business Continuity Management system with a focus on service level and community facility Business Continuity Plans.</li> </ul>

	<ul style="list-style-type: none"> <li>○ Review NHS FV Chemical Biological Radiological and Nuclear (CBRN) Plans and performance against the NHS Resilience Standards and agree action plan to address any gaps.</li> </ul>
Corporate Parenting	Multiagency Corporate Parenting (CP) Groups have been established within the 3 Forth Valley Local Authority Areas, with each area now developing their Multiagency CP Local Delivery Plans to ensure that these meet the requirements of the Children and Young People (Scotland) Act 2014
Records Management	Continue to implement the Records Management Plan, including piloting a Business Classification Scheme in 2 Directorates and developing a rolling programme throughout NHS Forth Valley.
Systems of Accountability	As Health and Social care Integration and IJBs evolve, review systems of accountability and assurance for areas of good practice and suggested areas for improvement.
Prescribing	Local assessment of medicines newly approved by the Scottish Medicines Consortium through the Medicines Resource Group. Implement effective use of prescribing in Forth Valley, informed by the work of the National Effective Prescribing Programme.

## 13 Glossary

A and E / A&E	Accident and Emergency
AAU	Acute Assessment Unit
ACP	Anticipatory Care Plan
AHP	Allied Health Professionals
ALFY	Advice Line for You
AWI	Adults with Incapacity
BADS	British Association of Day Surgery
BBV	Blood Borne Viruses
BNP	Brain Natriuretic Peptide
CAMH	Child and Adolescent Mental Health
CAMHS	Child and Adolescent Mental Health Services
CAU	Clinical Assessment Unit
CBRN	Chemical, Biological, Radiological and Nuclear
CDI	Clostridium Difficile
CHD	Chronic Heart Disease
COPD	Chronic obstructive pulmonary disease
CPP	Community Planning Partnership
CRES	Cash Releasing Efficiency Savings
CSR	Clinical Services Review
DNA	Did Not Attend
DOT	Dementia Outreach Team
ED	Emergency Department
eESS	Employee Support System
eKSF	Knowledge and Skills Framework
EPQi	Efficiency Productivity and Quality
EPR	Electronic Patient Record
EQIA	Equality and Diversity Impact Assessment
ERAS	Enhanced Recover After Surgery
FNP	Family Nurse Partnership
FV	Forth Valley
FVRH	Forth Valley Royal Hospital
GIRFEC	Getting it Right for Every Child
HAI	Healthcare Associated Infection
HEAT	Health Efficiency Access Treatment (targets – Scotland)
HEPMA	Hospitals Electronic Prescribing and Medicines Administration
HMP	Her Majesty's Prison
HSMR	Hospital Standardised Mortality Ratio
ICF	Integrated Care Fund
ICU	Intensive Care Unit
IHO	Institute for Healthcare Optimization

IIP	Investors in People
IJB	Integration Joint Board
ISD	Information Services Division
IVF	In vitro fertilisation
LDP	Local Delivery Plan
MHAIST	Mental Health Access Improvement Support Team
MSK	Musculoskeletal
NHS FV	NHS Forth Valley
NHS	National Health Service
OD	Operational Development
OOH	Out of Hours
PAS	Patient Administration System
PDP	Personal Development Plan
PDS	Post Diagnostic Support
RCS	Realigning Children's Services Programmes
RTT	18 Weeks Referral to Treatment
SAB (MRSA/MSSA)	Staphylococcus aureus bacteraemia (Meticillin Resistant Staphylococcus aureus / Meticillin susceptible Staphylococcus aureus)
SACT	Systemic Anti Cancer Treatment
SAS	Scottish Ambulance Service
SEAT	South East And Tayside
SGHD	Scottish Government Health Department
SIMD	Scottish Index of Multiple Deprivation
SOAs	Single Outcome Agreements
SOLD	Single Outcome Local Delivery Plans
SPSP	National Scottish Patient Safety Programme
TTG	Treatment Time Guarantee
WTE	Whole Time Equivalent

## Appendix 1 – Strategy Map

