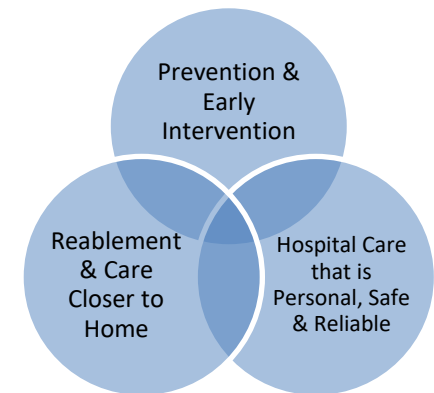


Our Delivery Plan - 2018/2019



At NHS Forth Valley we strive to be better every day.....

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1. Foreword

NHS Forth Valley is an organisation that cares: cares for our patients, cares for each other and cares for the communities we serve and support. Our Annual Delivery Plan builds on who we are and what we want to achieve during 2018/2019, our Plan also acknowledges our corporate social responsibility as an organisation, employer and partner within our local health and care economy. 2018/2019 will be a year where we focus on moving from:

- treating illness to promoting health and wellbeing which starts with people as individuals and the daily opportunities and challenges which shape our lives
- brilliant individuals to high performing integrated teams built on collaborative partnerships with local people, local communities and local and regional partners
- transferring people to transferring information to ensure we can respond to need with the right care at the right time and in the right place
- hospitals at the centre to home as the hub
- a sense of deficit and scarcity to a sense of possibility and opportunities that support innovation, improvement and integration in ways that improve our performance notably across our health improvement, access, treatment and efficiency targets/standards

In summary, 2018/2019 will continue to be a year of transformation for NHS Forth Valley, a year that recognises that the vast majority of healthcare contacts begin and end in our communities. In this regard 2018/2019 will be a year that sees acceleration of the implementation of our health care strategy - 'Shaping the Future' [NHS-Forth-Valley-Healthcare-Strategy-2016-2021.pdf](#), and the ten priority areas listed below:

- **Prevention**
- **Person Centred**
- **Health Inequalities**
- **Personal Responsibility**
- **Care provided Closer to Home**
- **Planning Ahead** and working in **Partnership**

- Unnecessary **Delays** and **Variations** in services are minimised, and
- our **Workforce** is fully supported to deliver high quality, safe and effective care

These ten priorities will continue to be translated into key actions that in turn will shape our behaviours and ways of working to support our priority areas, notably:

- improve **population health and life expectancy** especially for those people living with long term conditions
- promote the **Detect Cancer Early** programme and timely access to diagnostics for people with urgent suspected cancer referrals
- implement Best Start: A Five Year Forward Plan for **Maternity and Neonatal Care**
- build strong and resilient **Primary Care** Services
- prevent, treat and improve access to **Mental Health** Services for all ages
- redesign our **Elective Care Pathways** locally and regionally to deliver sustainable improvement in all our access standards/targets
- make progress in our **Unscheduled Care Pathways** across our health and care system and deliver sustainable improvement in our ED performance

All of the above will not be possible if our workforce are not involved, enabled and/or empowered to support our ambitious improvement agenda. In this regard we will ensure our workforce are developed, equipped and empowered to deliver high quality, safe and effective care and services. The other key stakeholders are of course our partners including the Third Sector and the wider public whose voice in coproducing and redesigning future service delivery will be critical to our ongoing delivery of personal, safe and effective service delivery.

On a personal note having written this document I invite you to work with me and the Senior Leadership Team. To date, NHS Forth Valley has achieved great things. I am keen as the new Chief Executive to build on these achievements whilst acknowledging what needs to be better. I invite you to do that with a sense of great pride as we work cohesively to improve the health and health care of the people of Forth Valley.

Cathie Cowan

Chief Executive

2. Introduction

This is NHS Forth Valley's first Annual Delivery Plan. It replaces Local Delivery Plans, and has been developed in line with guidance received from the Scottish Government. The Plan will be our performance contract between NHS Forth Valley and the Scottish Government and in it we will reaffirm our commitment to best health, best care and best value as we implement our long term vision as set out in our Healthcare Strategy – **Shaping the Future** and how it relates to the Government's request to:

- provide an overview as to how we intend to reduce health inequalities whilst improving population health and life expectancy especially for those people living with long term conditions
- set out our access performance trajectories and options with related costs to illustrate our commitment to deliver improvement in waiting times across a range of targets/standards including cancer and mental health
- plan ahead and in partnership with our Integration Authorities set out our joint plans to reduce: ED attendances, avoidable admissions and associated occupied bed days and delayed discharges
- append a summary of financial plans and assumptions including our anticipated outturn position in both revenue and capital and the savings target to deliver financial balance in 2018/2019
- confirm our commitment to priorities as set out in the Draft Budget Letter dated 14th December 2017, including additional funding to build strong and resilient primary care and mental health services and continuation of the share of the £350 million from baseline budgets to support social care

In addition to the Annual Delivery Plan we will also be focusing on:

- developing a workforce that inspires people to do well through new ways of working
- delivering care closer to home using technology
- enhancing our capacity and capability to support repatriation of services in response to current and future need
- playing a key role in developing local, regional and national solutions with our partners
- partnering with others in joint or shared ventures where it makes clinical and/or financial sense
- continuing to reduce our estate footprint

3. Improving Health whilst reducing health inequalities

The [Forth Valley Health Improvement Strategy 2017-2021: A Thriving Forth Valley](#) was published in 2017 and is set in the context of the Forth Valley Healthcare Strategy 2016-2021: Shaping the Future. The Health Improvement Strategy sets out the way we will work with our local Community Planning Partnerships (CPPs) to enable all of our communities to live healthier lives. The document sets out our priorities in five strategic themes:

- Children and early years
- Mental health and wellbeing
- Worthwhile work
- The effects of substance use on individuals and families
- Population wide health improvement programmes

We are currently working with CP partners to:

- Ensure every child in Forth Valley has the best start in life
- Support children and young people to become resilient and see themselves as successful
- Reduce the number of people affected by substance misuse
- Increase the number of people, including school leavers, to enter and sustain quality employment
- Improve the health of the people of Forth Valley

In the Forth Valley area, promoting good health and preventing disease will improve quality of life, keep people well, help to reduce avoidable hospital admissions or attendances and help people to get back home quickly and safely from hospital. Each of our three Local Authority partners has developed a detailed Local Outcome Improvement Plan (LOIP) to deliver at local level. These plans together with “A Thriving Forth Valley” set out a coherent and prioritised plan to address health inequalities and deliver health improvement to our population. This will also help us to contribute to delivering the Scottish Government’s objectives such as making Scotland the best place to grow up and promoting economic prosperity.

3.1 Best Start

In January 2017 the Scottish Government published Best Start: A Five Year Forward Plan for Maternity and Neonatal Care. NHS Forth Valley was chosen to be one of the Early Adopter Boards for the Best Start. A local Project Board supports the implementation and there are a variety of work streams in place. Relevant actions during 2018/2019 include:

- a Communication Strategy to ensure there is universal understanding and appropriate staff involvement regarding the local implementation of the Best Start
- the Development of an Alongside Midwifery Unit (AMU) and supporting guidance and pathways documents
- a review of the Best Start case holding community midwifery recommendations, two case holding teams identified to pilot different models of care, these teams will both commence in June 2018
- the Development of Transitional Care Admission Criteria, the pilot due to start at the end of April
- further enhance health improvement activity within antenatal care and early years

3.2 Mental Health and Wellbeing

In March 2017 the Scottish Government launched its new 10 year mental health strategy. Its timing has been opportune as NHS Forth Valley reflects on the services and arrangements that we have in place for supporting people with mental health needs. The Minister for Mental Health has highlighted to the Chairman and Chief Executive of the NHS Board that our waiting times notably in Child and Adolescent Mental Health Services (CAMHS) and Psychological Therapies need to improve and the NHS Board accepts that our performance is not good enough. In going forward we will focus on four key areas which relate to the Scottish Government's four themes, prevention and early intervention;

access to treatment, and joined up accessible services; the physical wellbeing of people with mental health problems; and rights, information use, and planning.

Start Well

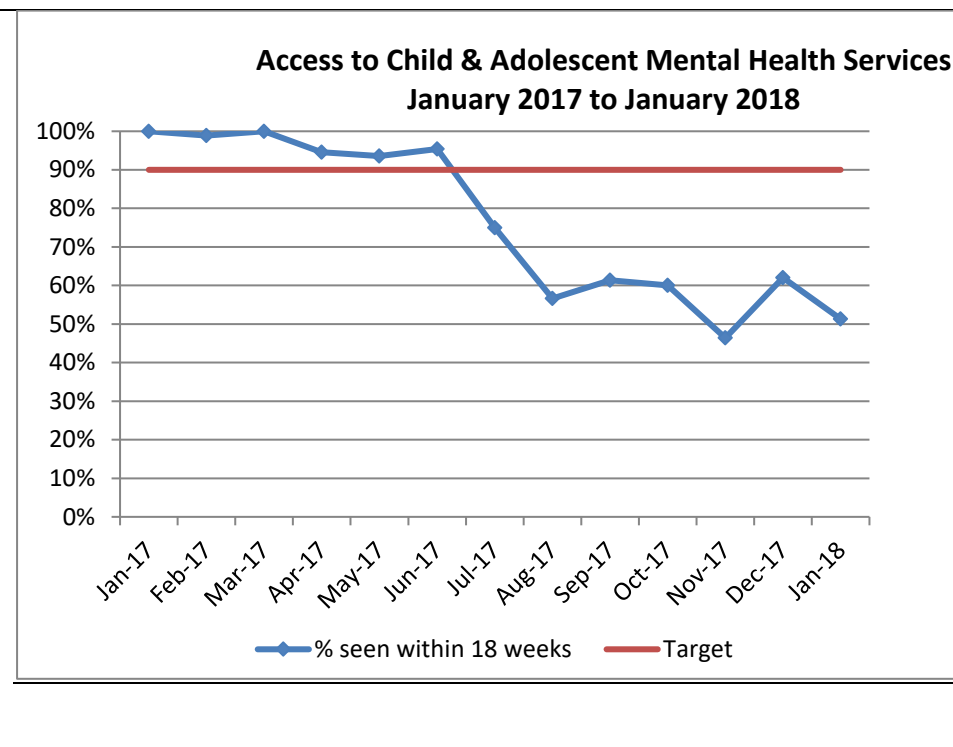
Prevention, early intervention and early year's approaches for infants, children and young people will be a central plank to improving the health and wellbeing of the people of Forth Valley. In this regard we will continue to work with our partners in education to help support the attainment of children and young people and for those same people we will offer child and adolescent mental health and well being support when it is needed.

Live and Keep Well

For the majority of us we will access primary care through GP services when we are feeling unwell. This is no different for us when we have mental health problems. It is our intention to better join up the work of our community mental health team with the work of our colleagues working in primary care services to ensure timely, co-ordinated and effective care. We also aim to ensure that the physical health needs of people with severe and enduring mental health problems are met. Equally we are keen to, wherever possible, enhance our working with partners working in housing, employment and the Third Sector as we look to help people manage their own mental health.

A key priority for us in 2018/2019 will be to progress an external review of our services with a particular emphasis on CAMHS and Psychological Services, this review will also include an engagement event facilitated by the Third Sector to facilitate. Findings from the review will be presented to the NHS Board in summer. A key requirement from the review and engagement event will be how the NHS Board delivers sustainable improvement in waiting times in both CAMHS and Psychological Services. The Graphs below show performance to date and the level of improvement required to meet the national standards in both CAMHS and Psychological Services.

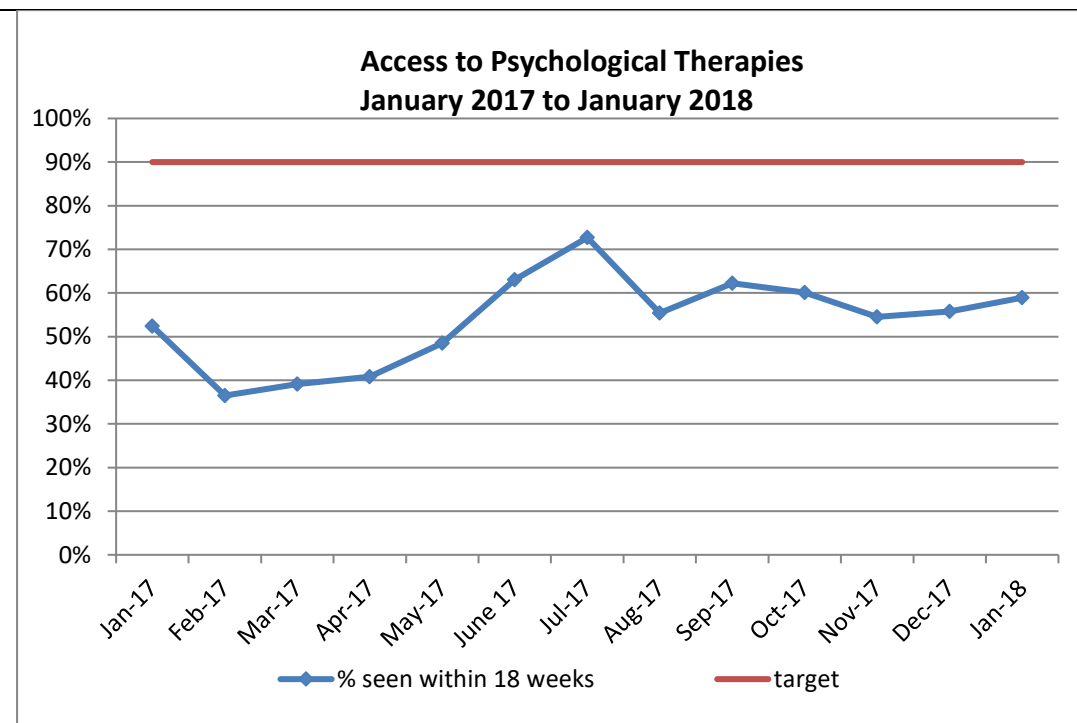
Graph 1 – Access to CAMHS compliance



NHS Forth Valley is committed to achieving the CAMHS 90% standard despite the ongoing increase (8%) in new referrals during 2018/2019. This along with ongoing staff vacancies and maternity leave has had an impact on capacity and the ability of the service to accelerate improvement in waiting times. An external review led by Health Improvement Scotland will review the service and in particular look at referrals and how we manage these using a prevention and early intervention lens with colleagues in education and the Third Sector.

Sustainable improvement will take time and NHS Forth Valley acknowledges that meeting the standard of 90% will not be met by June of this year. Our improvement trajectory will see a stepped change (5 to 10%) month on month from April 2018.

Graph 2 – Access to Psychological Therapies compliance



Significant investment has been made in respect of Psychological Therapies over the past 2 years with a major plan of service improvement implemented across the service. However, there has been an increase in referrals and referrals of increasing complexity which has had an impact on the services ability to deliver the 18 week RTT. To date the service has experienced some staffing challenges, however recruitment to key posts is improving with maximal staff expected to be in post by March 2018. Work continues in respect of maximising capacity within the service and the options available through differing staffing configuration and reviewing skill mix. An external review led by Health Improvement Scotland in April 2018. The Third Sector will be invited to facilitate an engagement workshop to inform service redesign.

Appointment to key vacancies will increase local capacity and contribute to sustainable improvement over the next 6 months.

3.3 Substance Misuse

The Forth Valley Alcohol and Drug Partnership (ADP) has responsibility for leading the area-wide substance strategy. The Partnership strategy aims to ensure the provision of the appropriate range of treatment options, required to promote the recovery of those affected by substance use problems, and their availability at point of need. NHS Forth Valley recognizes substance misuse and especially the adverse impact it has on children and families as a specific priority within our health improvement strategy and has continued to maintain ADP funding at previous levels.

The Forth Valley Partnership is guided in this work by two local ADPs, operating in Clackmannanshire & Stirling and Falkirk. Integral to this work are the views expressed by service users, their families and carers. Standard expectations of care and support in Drug and Alcohol Services have been developed to ensure anyone looking to address their problem drug and/or alcohol use receives high-quality treatment and support that assists long-term, sustained recovery and keeps them safe from harm.

In summary, NHS Forth Valley will continue to focus on scaling up prevention in early years, working years and older years. We will use every healthcare contact as a health improvement opportunity and specifically target the following key risk factors:

- harmful use of alcohol
- insufficient physical activity
- current tobacco use
- raised blood pressure
- diabetes, and
- obesity

Alongside the above will be a commitment to work with employers and employees to create and sustain a safe and healthy workplace as part of our commitment to Health Working Lives. It is our intention to progress to the Healthy Working Lives Gold Award during 2018/2019 as part of a number of initiatives, to promote NHS Forth Valley as a great place to live and work.

4. Improving Care

High performing health care organisations see quality improvement (QI) and leadership development as two sides of the same coin. It is our intention to invest in QI and the development of our staff to strengthen our internal capability to improve patient care. At the same time we will ensure the voices of our patients and the public are sought and heard in the design of our local health and care services. In this regard NHS Forth Valley as reported to the Health & Sport Committee is determined to do better as we strive to deliver personal, reliable and safe care and services, timely access to care and services will be a key priority as we look to drive out unnecessary **delays and variation** in our services.

4.1 Quality First, Safety Above All

NHS Forth Valley has a track record for delivering personal, safe and reliable services. The systems and processes in place including feedback from patients, their families and carers, our staff and partners including regulators and the wider public will continue to inform how we demonstrate our values through our behaviours as we strive to do things better every day regardless of our grade or position. It is our intention to continue to demonstrate our leadership by being visible as a NHS Board and Senior Leadership Team across all of our services. We intend to revamp our walkrounds and to test a new quality initiative (15 steps challenge) to enable us to focus on seeing care through a patient or carer's eyes whilst exploring their first impressions. Alongside this will be our ongoing commitment to realistic medicine and promoting shared decision making with our patients as we look to ensure that our patient's voices are heard at all levels of service delivery. Our performance across quality planning, quality improvement and quality controls will help us become the safest NHS organisation in Scotland.

Our performance during 2017/2018 will become our baseline as we set out our aspirations to improve waiting times in a number of key areas notably:

Preventing Ill Health and Early Intervention

- Detect cancer early - people diagnosed and treated in the first stage of breast, colorectal and lung cancer (25% increase)
- Cancer - 31 days from decision to treat (95%) and 62 days from urgent referral with suspicion of cancer (95%)

- People will wait no longer than 3 weeks from referral received to appropriate drug or alcohol treatment that supports their recovery (90%)
- 18 weeks referral to treatment for Psychological Therapies (90%)
- 18 weeks referral to treatment for specialist Child and Adolescent Mental Health Services (90%)

Tackling Inequalities

- At least 80% of pregnant women in each SIMD quintile will have booked for antenatal care by the 12th week gestation
- Sustain and embed successful quits, at 12 weeks post quit, in the 40% SIMD areas

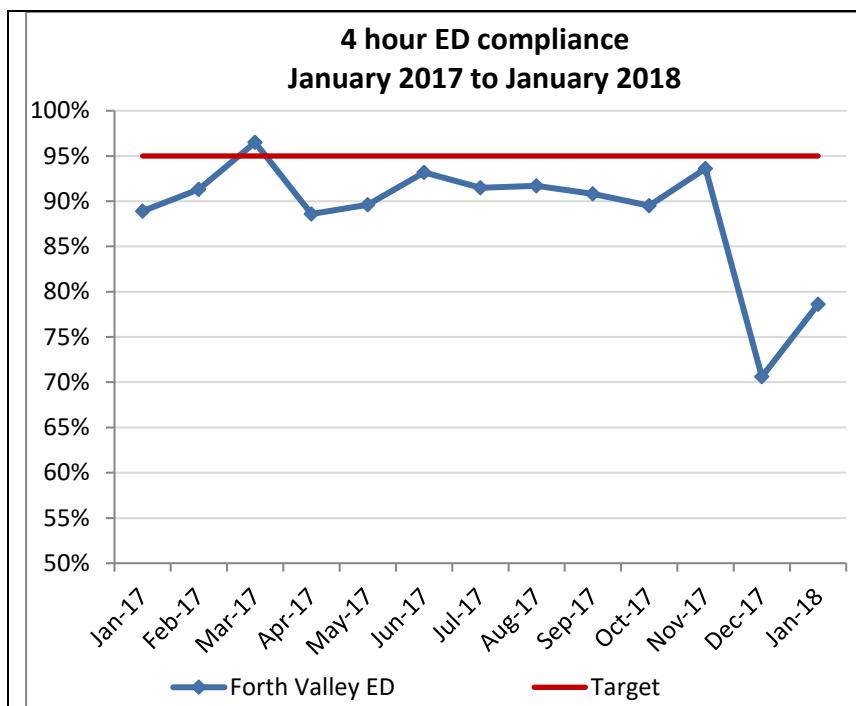
Improving Quality, Efficiency and Effectiveness

- 4 hours from arrival to admission, discharge or transfer for A&E treatment (95% with stretch 98%)
- 12 weeks Treatment Time Guarantee (TTG 100%)
- 18 weeks Referral to Treatment (RTT 90%)
- 6 weeks - eight key diagnostic tests and investigations (endoscopy and radiology) to support RTT compliance
- 12 weeks for first patient outpatient appointment (95% with stretch 100%)

4.2 Improving Access

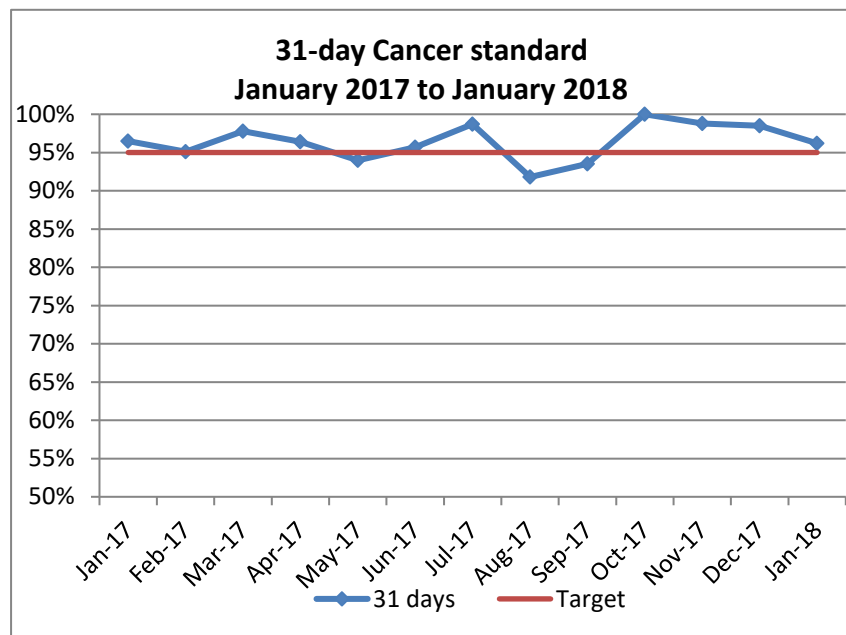
NHS Forth Valley will set out an ambitious change programme designed to improve waiting times across a number of targets/standards. The Graphs below describe our performance (January, 2017 to January, 2018) against the national standard/target and the steps we will take to reduce waiting times.

Graph 3 – 4 hour ED compliance



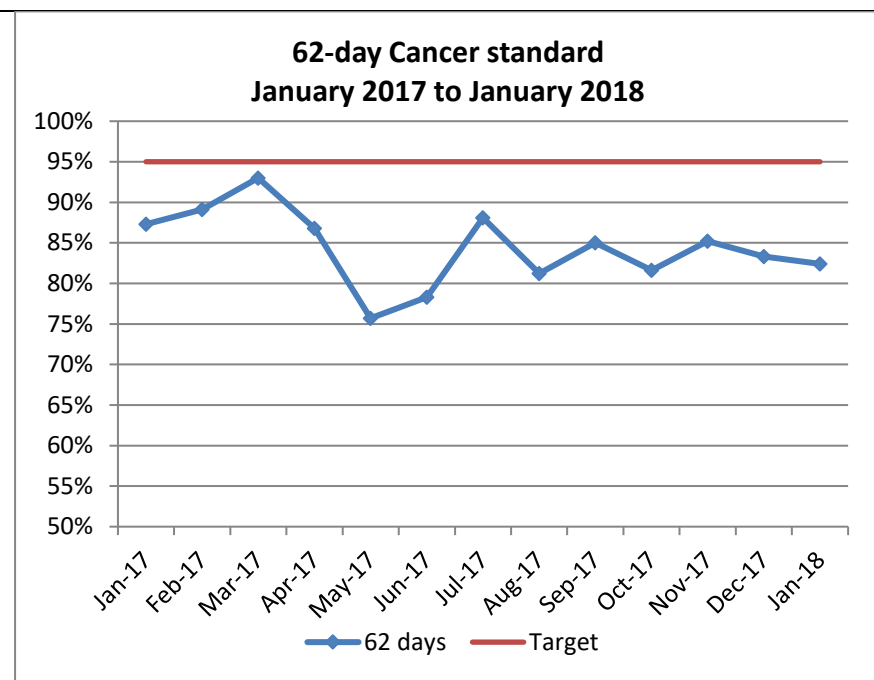
The majority of breaches have consistently related to 'wait for first assessment' and 'wait for bed'. In January 1063 patients waited longer than 4 hours, 441 were due to a wait for first assessment and 382 due to wait for a bed. The 4 hour emergency access standard monitors flow through the Emergency Department and Acute Assessment designated areas. The standard is a reliable proxy measure of efficiency and efficacy in these front door areas. Evidence shows very clearly that breaches of the Standard correlate adversely with clinical outcomes. To date NHS Forth Valley has established an Unscheduled Care Programme and has appointed a dedicated Programme Manager to implement the 6 essential actions and MSG indicators at scale and pace. A planned time out session to develop a whole system map facilitated by HIS and Scottish Government will determine the actions to deliver sustainable 4 hour ED compliance as a means to improve reliability, patient/staff experience whilst delivering safe care and services, these steps will drive up performance over the next 12 weeks. In addition, support from Mr Jacques Kerr, Consultant in Emergency Medicine will continue.

Graph 4 – 31 and 62 day Cancer compliance



The standard is to achieve 95% of all patients diagnosed with cancer to begin treatment within 31 days of decision to treat.

NHS Forth Valley will continue to look at how it improves its 31 day from decision to treat standard. It is envisaged that in breast services there will be a dip in performance in Q1 of 2018 as we look to establish an integrated regional solution with NHS Lanarkshire. In the meantime NHS Forth Valley has established a number of additional clinics to ensure people referred as seen as timely as possible.



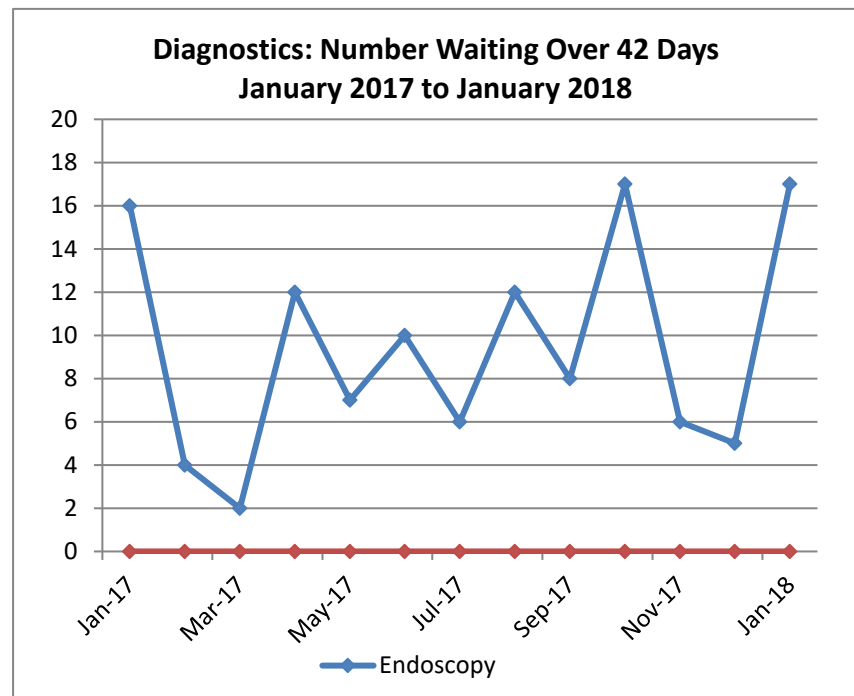
The standard is to achieve 95% of patients diagnosed with cancer starting treatment within 62 days if urgently referred with a suspicion of cancer.

NHS Forth Valley has experienced a number of challenges in its delivery of the 62 day cancer target across a number of cancer pathways, notably in Urology, Head & Neck and Colorectal specialties. In reviewing performance it is clear that there is room for local improvement and our projected performance in:

- 75% (March 2018)
- 80% (June 2018)
- 85% (Sept 2018)
- 90% (Dec 2018)
- 95% (March 2019)

Opportunities to improve on the above will be progressed both locally and regionally. Internal reviews of people who breach will continue to ensure learning is appropriately disseminated. There are a number of actions undertaken at each stage in the pathway to maximise capacity including increased access to early diagnosis, outpatient clinics and theatre sessions and these will continue using in year access funding support.

Graph 5 – Diagnostics 42 day compliance



Diagnostic Waiting Times are an important component in the delivery of the 18 Weeks Referral to Treatment standard. In 2009 the Scottish Government introduced the waiting time standard that patients waiting for one of the eight key diagnostic tests and investigations would be waiting no longer than six weeks, the tests refer to:

Endoscopy

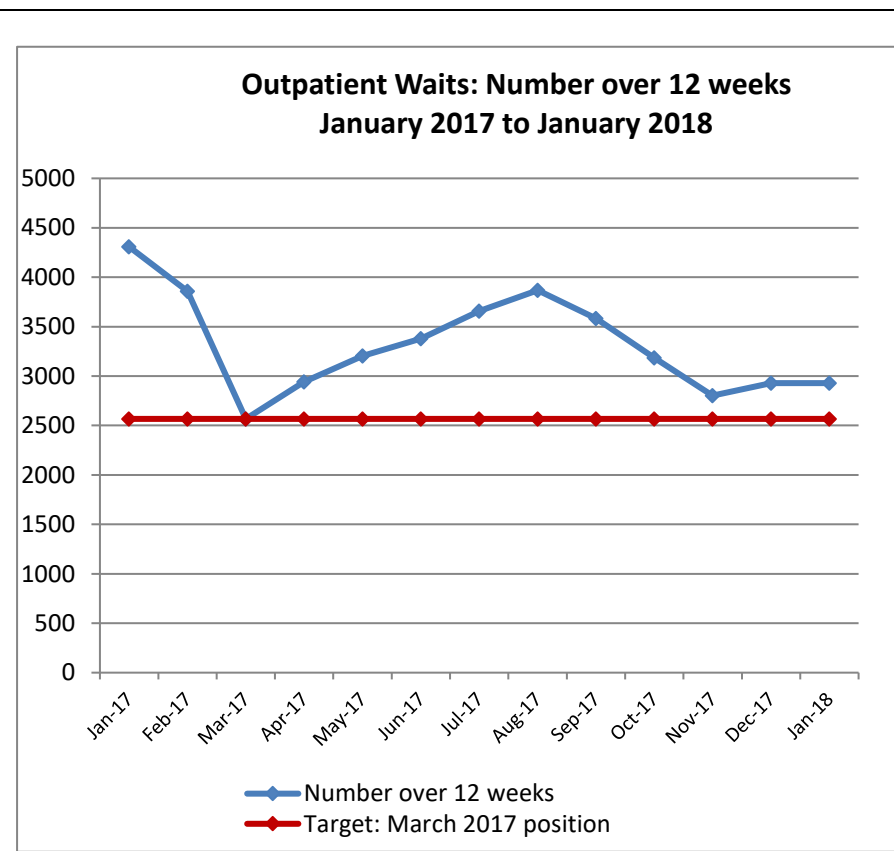
- Upper Endoscopy
- Lower Endoscopy (excluding Colonoscopy)
- Colonoscopy
- Cystoscopy

Radiology

- CT Scan
- MRI Scan
- Barium Studies
- Non-obstetric ultrasound

NHS Forth Valley continues to perform well despite the challenges in recruiting to radiologist posts in imaging with no patients having waited over 42 days; this performance is expected to continue albeit fragile. For endoscopic procedures a small number of patients waited over 42 days, it is our intention to continue to monitor this standard closely to ensure compliance with the standard. This is important given the new FIT (faecal immunochemical test) home screening test is likely to increase endoscopy related referrals.

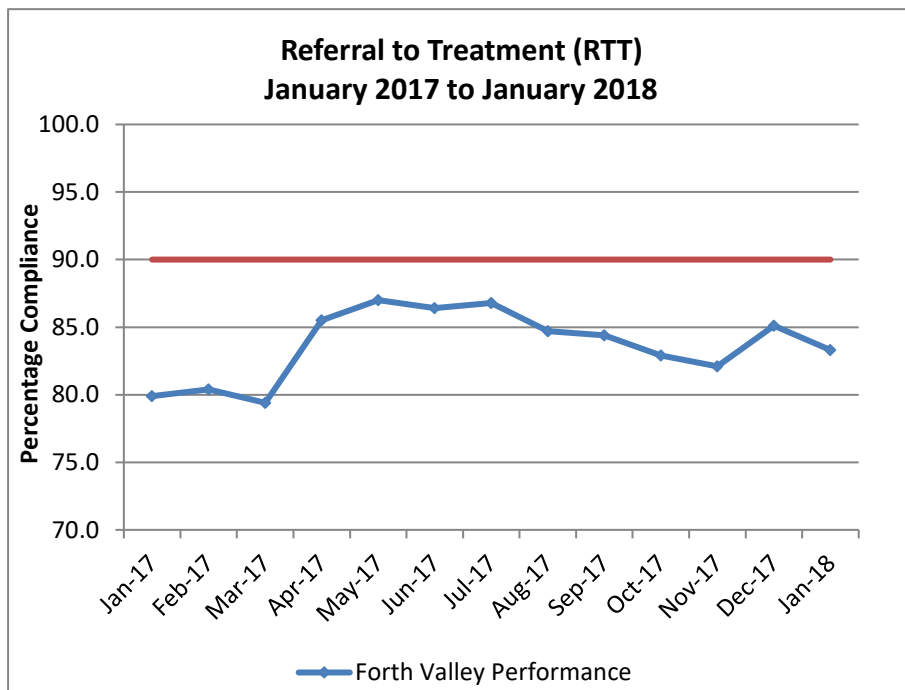
Graph 6 – Outpatient Waits over 12 weeks compliance



NHS Forth Valley will continue to ensure improvements are tested and implemented to improve our 12 week OPD compliance. We will continue to look at ways to engage in closer integration, planning and co-ordination of services at a local, regional and/or national level to ensure people have better access to clinical decision making support and specialist advice. Maximising the roles within our multidisciplinary teams and extending the range of training and development opportunities will be key to work underway to modernise our workforce. Opportunities to support digital solutions in our remote/rural settings will be a key feature in 2018/2019 as we look to reduce the need for face to face consultant appointments and manage our patients remotely in the comfort of their own homes and or communities.

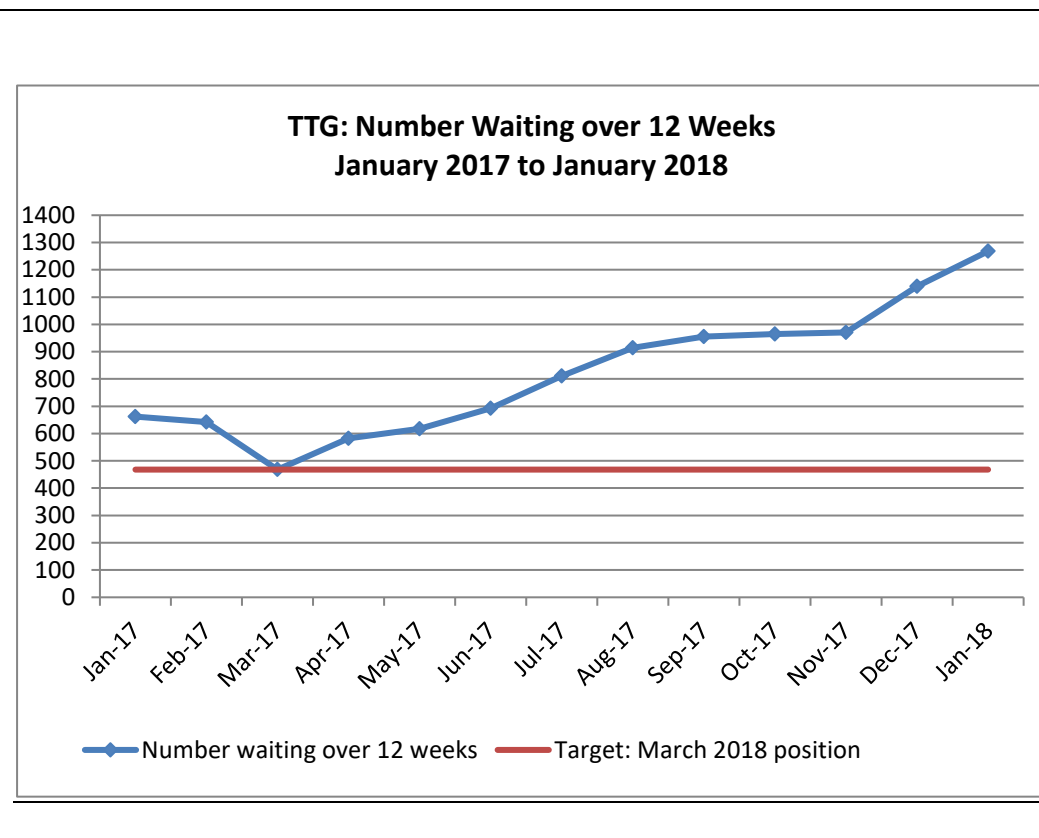
As at January 2018, we have only eight out of twenty-six specialties compliant with the 95% standard. The specialties with the greatest challenge (greater than 12 weeks) continue to be in Orthopaedics (1,004 as at 12 Feb), Neurology (319), Dermatology (246), Urology (183), General Surgery including vascular surgery ((131) Gastroenterology (188) and Rheumatology (108). Trajectories have been agreed to inform and support improvement and these will be monitored and reported regularly to the NHS Board. We have set an internal target to reduce people waiting in excess of 20 weeks to zero by June 2018. This target will be reviewed in year to continue to support improvement.

Graph 7 – Referral to Treatment Compliance



NHS Forth Valley will focus on 2 key areas, notably: stage of treatment and diagnostics to ensure shorter waits to support earlier diagnosis and better outcomes for people who are referred to our services. We will continue to focus on those people waiting the longest unless clinically indicated to be seen earlier. During 2018/2019 we will focus on meeting and maintain the 90% standard and work towards the outpatient, day case and inpatient March 2017 milestone.

Graph 8 – Treatment Time Guarantee compliance



NHS Forth Valley will reduce the number of eligible people waiting over 12 weeks to start their day case or inpatient treatment to below the March 2017 milestone (468). At January 2018 - 1,268 patients waited in excess of 12 weeks, this will require additional funding. In this regard Orthopaedics remains the most challenging specialty and we have developed a number of options to treat the 400 people waiting for joint replacements (hips and knees), the options are outlined in our financial plan – see section 7. However the level of delayed discharges (total of delays as at Jan 2018 – 65) and the inability to close winter beds increase the challenge being faced to deliver sustainable TTG improvement, this constrains our in house option which is better value when compared to private sector or Golden Jubilee solutions. Waits in ENT despite staffing issues and General Surgery will be managed in house.

5. Working in Partnership

Initial outline trajectories against the Ministerial Strategic Group's 6 indicators were submitted by our Partnerships to the Scottish Government in February 2018, there is further work underway to refine these. This work is being overseen by the Unscheduled Care Programme Board whose terms of reference align with the 6 Essential Actions. A Programme Manager for Unscheduled Care has been recruited to support the work in respect of the priorities for improvement and this will be progressed in partnership with our two Integration Joint Boards. A whole system approach has been adopted to drive sustainable improvement across our health and care economy and actions supporting this work are noted below.

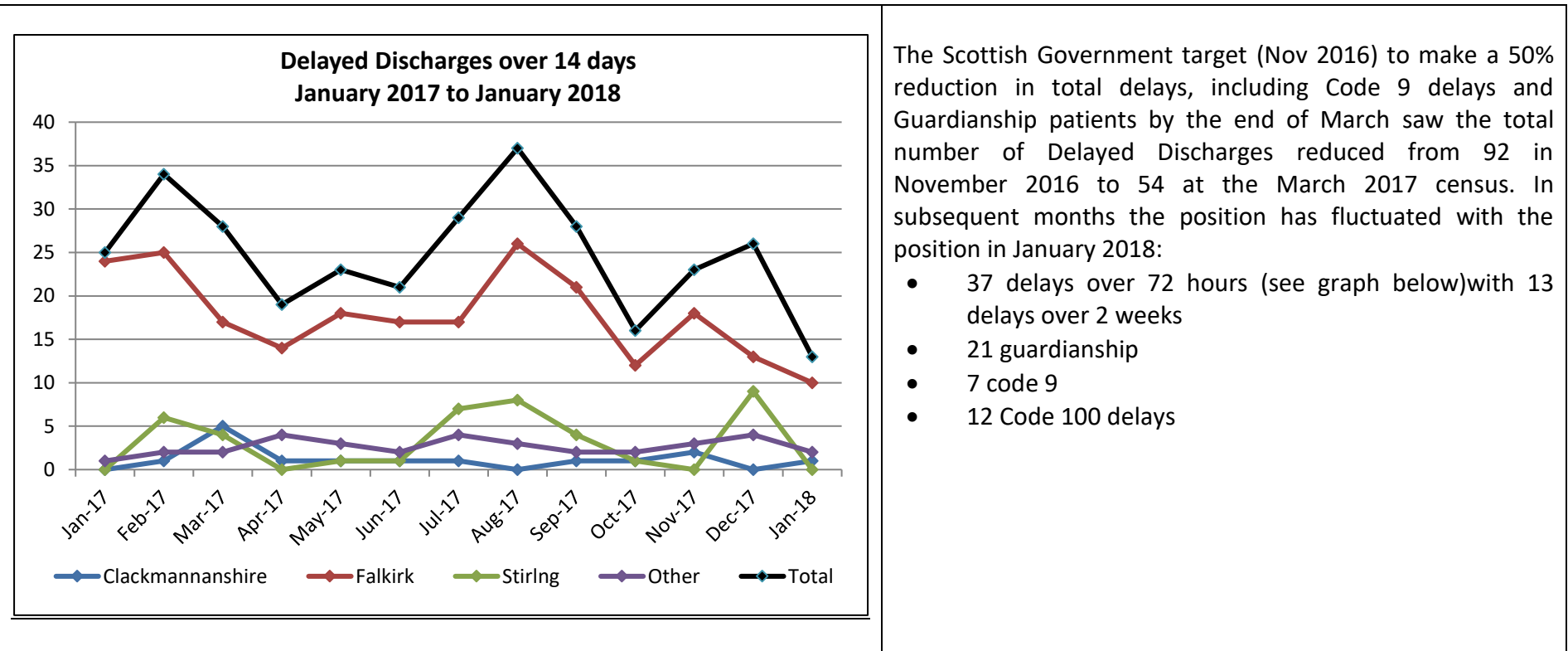
Reducing Emergency Department (ED) Attendance

The average monthly Emergency Department attendance rate in Forth Valley has increased from 1758 per 100,000 population in 2016/17 to 1824 per 100,000 population in 2017/18 to date, a 3.8% increase although this growth in attendances has not converted into a rise in emergency admissions. A number of actions are underway to address this rise. The Scottish Government planned tailored support will adopt a whole system approach and Partnerships will play a key role in contributing to sustainable ED improvement. We will over the next 12 weeks support tests of change to deliver sustainable improvement. Additional consultant staff have been appointed and will take up post in April, this will increase senior decisions making and enable us to achieve a shift by shift flow team comprised of the consultant in charge and the flow and floor co-ordinators. A senior manager (site appointed on a monthly rotational basis) will be on hand to deploy resources.

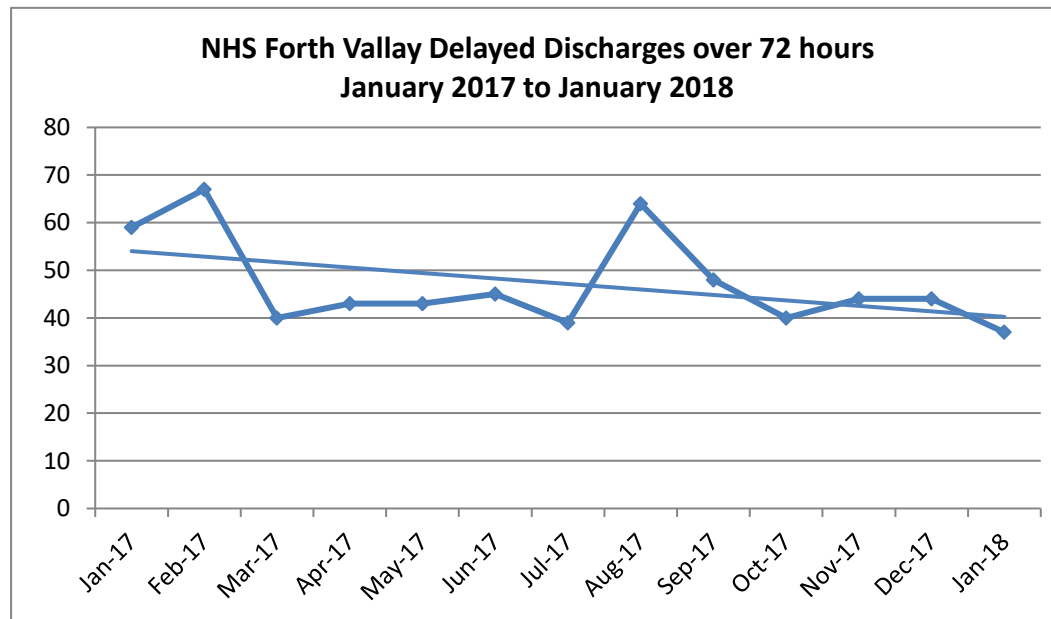
Delayed Discharges

Delayed discharges remain challenging across the Partnerships with significant focus at Integration Joint Boards. There are a number of issues in relation to waits for care packages and home care places which fluctuate on a day by day basis, with work going on to support this. The number of available care home places is challenged in respect to demand from the hospital environment as well as out in the community waiting for a placement.

Graph 9 – Delayed discharge 14 day and 72 hour compliance



Graph 10 – Delayed Discharges over 72 hours



The number of bed days lost to delayed discharge at the end of January 2018 was 782 bed days. The spread across the Partnerships is as follows:

- Clackmannanshire 30
- Stirling 26
- Falkirk 440
- Outwith Forth Valley 286

Reducing Emergency Admissions and Occupied Bed Days

As highlighted previously, we have not seen a rise in emergency admission during 2017/18. However, during 2016/17 the average monthly rate in terms of unplanned bed days for Forth Valley was 637 per 1000 population compared to 650 per 1000 population in 2017/18 to date. This highlights a 2% increase indicating a longer length of stay. Day of Care Audit was introduced into NHS Forth Valley in 2014. At this time our audit information indicated that 21% of inpatients did not require to be cared for in an acute hospital setting, in recent times (Dec 2017) we have seen a decrease in the number of inpatients (15.1%) who did not require to be cared for in an acute ward, the percentage is greater with our community hospitals. To date three surveys suggest between 40-50% of patients are not meeting the criteria for an inpatient stay. This has significant importance to future bed utilisation and modelling and a rebalance of care in community settings. Much work is underway in our Partnerships to future proof care based on need.

End of Life Care

The End of Life and Palliative Care Transformation Group is exploring the need for redesign of end of life patient pathways. It is now possible to predict the progress of many diseases, enabling a planned approach to palliative and end of life care in ways which reflect best practice and which, as far as is practicable, in accordance with the needs and wishes of patients, carers and their families. Integration Joint Boards have the ability to influence this by commissioning high quality end of life services, and working with communities, families and staff to enable discussion about planning for end of life.

Tables 1 and 2 below illustrate the percentage of our population in community or institutional care settings over the last 4 years.

Table 1 and 2 – Balance of Care: Percentage of population in community or institutional settings by Partnership

Stirling & Clackmannanshire

All ages	Setting	2013/2014	2014/2015	2015/2016	2016/2017 ^a
Stirling and Clackmannanshire	Home (unsupported)	97.7%	97.8%	97.8%	97.8%
Stirling and Clackmannanshire	Home (supported)	1.4%	1.3%	1.3%	1.3%
Stirling and Clackmannanshire	Care home	0.6%	0.6%	0.6%	0.6%
Stirling and Clackmannanshire	Hospice/Palliative Care Unit	0.0%	0.0%	0.0%	0.0%
Stirling and Clackmannanshire	Community hospital	0.1%	0.1%	0.1%	0.1%
Stirling and Clackmannanshire	Large hospital	0.2%	0.2%	0.2%	0.2%

Falkirk

All ages	Setting	2013/2014	2014/2015	2015/2016	2016/2017 ^a
Falkirk	Home (unsupported)	97.5%	97.5%	97.5%	97.5%
Falkirk	Home (supported)	1.6%	1.5%	1.5%	1.5%
Falkirk	Care home	0.6%	0.6%	0.6%	0.6%
Falkirk	Hospice/Palliative Care Unit	0.0%	0.0%	0.0%	0.0%
Falkirk	Community hospital	0.1%	0.1%	0.1%	0.1%
Falkirk	Large hospital	0.3%	0.3%	0.3%	0.3%

6. Developing our Workforce

NHS Forth Valley having engaged staff has agreed that the following 5 key values will be embedded in leadership and management competencies, recruitment processes, people policy and procedures, our induction, learning and education programme and individual personal development plans. The values that are important to us include:

- Being person centred
- Being respectful
- Having integrity
- Being ambitious
- Being supportive
- Being a committed team member

Every year we develop implementation plans informed by our values that look to achieve our Workforce 2020 vision. The focus of the first implementation plan for Everyone Matters was on embedding our values; the second was on leadership and quality improvement and the third on health inequalities and integration.

Our Implementation Plan focuses on the need to strengthen workforce planning and development including: recruitment and retention, more multi-professional working whilst supporting the health and wellbeing and resilience of our staff. We will expect and ensure that our leaders and managers have the necessary skills to lead transformational change at pace and scale. Our Implementation Plan responds to the five national priority areas, notably:

- **Healthy organisational culture**

During 2018/2019 we will ensure delivery of our iMatter implementation plans, involve staff in decision making and taking meaningful action to further improve our staff experience. To date the iMatter process has generated a lot of feedback. NHS Forth Valley has, to date, a 65% response rate with a Board Employee Engagement Index (EEI) score of 75%. The areas for improvement are captured in the table below and these are areas that the Board with its staff will focus on during 2018/2019.

iMatter Question	Scottish average response %	Forth Valley average response %
I feel involved in decisions relating to my organisation	57%	56%
I feel senior managers responsible for the wider organisation are sufficiently visible	62%	61%
I am confident performance is managed well within my organisation	64%	63%
I have confidence and trust in senior managers responsible for the wider organisation	64%	64%

We have a strong history of engaging with our staff extensively in areas of organisational change and development and will continue to do this throughout 2018/2019, further supporting the local iMatter team action plans and initiatives. Our Staff Partnership Fora are highly active in supporting our local iMatter action plan and participate directly in several initiatives to support a healthy culture.

- **Sustainable workforce**

The delivery of high quality sustainable person centred, safe and compassionate health and social care services relies on a workforce who are employed by the different partners and this can only be delivered if we ensure that we have the right workforce with the right skills, expertise and compassionate approach to delivering services. Across NHS Forth Valley, we will continue to drive workforce redesign that supports sustainable service design working within a quality improvement and safe staffing framework. Integrated workforce planning linked with service and financial planning will be further developed on a local, regional and national basis to include all partners.

In addition to working to achieve the 4% attendance standard across all services, we will continue to focus on promoting and supporting the health, wellbeing and resilience of our workforce. To achieve this we will ensure that staff are aware of all of the supports available to them as they progress throughout their career journey.

NHS Forth Valley has embarked on its programme to deliver on our Youth Framework balanced also with our focus on a multi-generational workforce including our mature and retired colleagues.

The further development of multidisciplinary and multiagency teams across Forth Valley will be key to the delivery of our Health Care Strategy. The development of new and exciting roles that will cross traditional boundaries will continue. This provides flexible employment opportunities that will meet the career expectations of a future workforce including 'growing our own' through apprenticeship and other programmes e.g. Modern Apprenticeships and Clinical Development Fellows.

- **Capable workforce**

During 2018/2019 we will continue to support all of our staff to have access to the development and training they need to enable them to deliver safe, compassionate, person centred care. Through the introduction of Turas Appraisal we will ensure all of our staff have robust development reviews and take part in meaningful Personal Development Planning. We will support good practice in these areas through supported local projects in enhancing the skills and practice of high quality appraisals and reviews at every level of our organisation. To date NHS Forth Valley has maintained a high standard in relation to the achievement of the KSF Review standard with an overall Board average completion rate of 77% over 2017. We will continue to see high achievement in these areas as a high priority.

We will take forward our Better Every Day Quality Strategy Action plan, ensuring that we support increased capacity and capability in the skills required to deliver quality improvement and organisational change in all its forms.

We will also continue to support our staff, through a range of training and development opportunities, to develop and extend their existing roles and skillsets, encouraging innovation and creativity in how we deliver services both as individuals and as teams.

Based on our Healthcare Strategy priorities, we will agree a set of NHS Forth Valley Corporate Objectives for 2018 – 2019 from which will flow individual objective setting by the Executive Director and Senior Manager Cohort including other senior professional colleagues.

- **Workforce to deliver integrated services**

We continue to have a high commitment to supporting our workforce to deliver integrated services. Both Forth Valley Partnerships have full and detailed Integrated Workforce Plans which were developed involving a wide range of multi-agency stakeholders and are monitored by Partnership Leadership Teams and a Strategic Workforce Group. These plans are further supported by more focused Organisational Development and change project plans aligned with initiatives to support joint development of staff towards fully integrated services.

We will work to understand clearly the detail of the whole health and social care workforce across the Forth Valley area and will achieve this working collaboratively with Local Authority partners, Academic partners, Health and Social Care Partnerships and the Third Sector.

We have engaged with our respective health and social care staff consistently over 2016 – 2018 and will continue to sustain extensive staff engagement, including our trade union and staff partnership colleagues within our Joint Staff Forum.

- **Effective leadership and management**

NHS Forth Valley has an extensive annual Leadership and Management Development Programme which is developed based on identified local need and projected need for enhanced leadership capacity and capability. The Programme is developed reflecting the national Leadership and Management Development Framework, ensuring leadership and management skills are developed at four levels within the organisation. We have also introduced new opportunities for managers to develop specific skillsets in response to a range of feedback from staff (through iMatter) and managers themselves e.g. Crucial Accountability Programme; providing managers with skills and confidence in having successful accountability conversations wherever they may be required. We will also deliver a bespoke development programme during 2018 supporting new medical leaders in their roles.

We will also support the introduction of Project Lift and take part in any early implementation and testing available for senior organisational leaders.

Our Internal Coach Bank continues to offer individual coaching to managers and a range of staff throughout the organisation.

We are also committed to developing teams at every level of the organisation and offer range interventions to support team leaders to sustain successful team and MDT working e.g. Aston Team Coaching.

7. Achieving Service & Financial Sustainability

Maintaining sustainable recurring financial balance is increasingly challenging in the current context of changing demographic factors, introduction of new drugs and technologies, and delivery of performance standards/targets and guarantees. Identifying new areas for cost reductions requires increasingly innovative and partnership based approaches which can take longer than traditional approaches to realise benefits. Summary information has been used to populate the Financial Planning Templates which have been submitted to Scottish Government. The financial plan is scheduled to be considered for approval by the NHS Board on 27th March 2018.

The financial plan has been prepared for a one year period reflecting confirmed baseline allocations plus additional funding anticipated for pay costs for Agenda for Change staff, and non recurring sources per SGHD correspondence of 13th February. Funding assumptions also include the level of financial support required to return to waiting times performance at 31st March 2017 levels and this has been quantified based on specialty trajectories for IP / OP / DC at £7.2m. Based on current assumptions total savings required to deliver financial balance for 2018/19 are £18.3m (3.7% of recurring baseline). Savings schemes to the value of £12.9m have been identified and risk assessed, with an unidentified gap of £5.4m and a further £2.7m identified as high risk.

A forecast deficit position of £1.9m is anticipated against Revenue Resource Limit for 2018/19 based on the level of risk in fully delivering savings required and a further review of cost improvement options including available non-recurrent sources is ongoing towards improving this position.

The planned funding settlement for Integration Authorities includes the appropriate share of both the core cash terms uplift (1.5%) and the consequential impact of the Agenda for Change pay funding towards meeting inflationary pressures on in-scope budgets. As part of that settlement funding for mental health will require to be ring-fenced from any savings to meet the commitment to a real terms increase in funding. The share of £350m from baseline budgets will continue to pass through to Integration Authorities to support social care as in 2017/18.

The forecast position for capital remains breakeven based on funding and cost assumptions at this time.