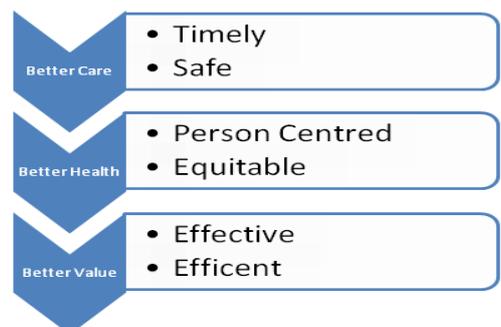


ANNUAL REVIEW

17 DECEMBER 2018

Self Assessment



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SECTION 1

Report on progress against 2016/17 Annual Review Action Points

Following the 2016/17 Annual Review the Cabinet Secretary for Health and Sport wrote to the Chairman of the Board setting out the following main action points.

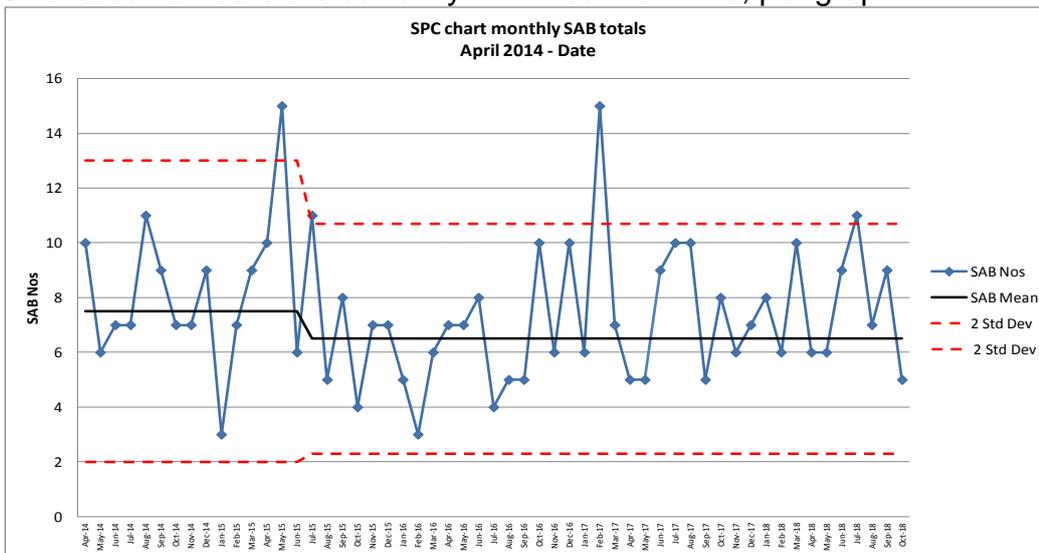
Information in respect of the action points is detailed below:

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

Across NHS Forth Valley the priority with regard to the prevention and control of infection remains high.

Clear monitoring and reporting mechanisms are in place with detailed investigations of all Staphylococcus aureus bacteraemia and Clostridium difficile cases undertaken, irrespective of their source. Details of these investigations are fed back to all appropriate stakeholders including the Executive Directors and General Managers.

SAB case numbers are currently within control limits, per graph.



It should be noted that healthcare and community infections are fully investigated and reviewed to the same standards as all our hospital infections.

2. Keep the Health and Social Care Directorates informed on progress towards achieving all access targets and standards, in particular for Psychological Therapies.

There have been regular meetings with the Access Support Team in terms of ensuring open dialogue regarding challenges and planning to support improvement, with a focus on sustainability.

Following achievement of the Child & Adolescent Mental Health Services target the position declined to March 2018 with 45.5% treated within 18 weeks of referral. A number of initiatives have improved the position with achievement of the target anticipated by December 2018. Psychological Therapies performance has remained inconsistent throughout the year with 50% of patients treated within 18 weeks of referral in March 2018. Increasing referral rates and staffing issues have contributed to the performance. A number of key actions are being taken forward in terms of maximising capacity to support achievement with work underway in respect of defining resources required to further support this service.

3. In particular on elective access targets: as a minimum, the Board should achieve the same elective waiting times performance at 31 March 2018 as delivered on 31 March 2017.

The elective programme has seen some challenges throughout 2017/18 which have continued into 2018/19. There has been an increase in the number of outpatients waiting over 12 weeks and an increase in the number of patients waiting beyond the 12 week Treatment Time Guarantee (TTG). NHS Forth Valley is working towards delivering the March 2017 position at March 2019 as agreed by Scottish Government. Trajectories have been agreed with Scottish Government to December 2018 in respect of Outpatient waits and TTG. An action plan is in place with further work currently being undertaken to support achievement of the target at March 2019.

4. Continue to work with planning partners on the critical health and social integration agenda and the key objective to significantly reduce patients experiencing delayed discharge.

Delayed discharge in Forth Valley remain high with 25 delays over 14 days at the March 2018 census and an associated 1025 bed days occupied. This has increased over subsequent months. Delayed discharge is a priority for the Integration Joint Boards with a high level of scrutiny. Improvement work on delayed discharge is overseen by the Delayed Discharge Steering Group with a number of areas of focus; pathways; process; systemic determinants; capacity; and resources. An action plan is currently in place with further work in reviewing this to ensure it is aligned to the issues underway.

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

The 2017/18 rolling average was 5.54% for NHS Forth Valley. Work continues in respect of supporting delivery of the national 4% standard which is a high priority for managers across the organisation. Acknowledging the national sickness absence target the department is working towards a local milestone target of 4.5% agreed at the Staff Governance Committee.

There is a suite of supporting solutions in place which include an Absence Management Improvement plan including Communication strategy; Review Partnership Facilities time and requirements; Roll out of options for early return to work/temporary placement scheme; Review MSK and links with workforce awaiting surgery/treatment; and Review effectiveness of Staff Wellbeing services currently provided.

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

The final out-turn recorded in the Annual Accounts confirmed a revenue surplus of £1.358m, comprising the £0.261m surplus recorded above, plus a further £1.097m surplus arising from two accounting adjustments made in relation to the Board's share of a movement in the final outturn position for Clackmannanshire and Stirling IJB, and a further adjustment in relation to reversal of deferred income. Regular communication was maintained with the Scottish Government.

SECTION 2

INTRODUCTION

NHS Forth Valley's key document is Shaping the Future: NHS Forth Valley Healthcare Strategy (2016-2021). This was published in September 2016 and following publication, work commenced to determine how best to transform care, using the vision and priorities which were outlined in the Strategy. It was recognised that it would not be possible to deliver all of the aspirations in the strategy immediately but it was also acknowledged that significant progress had already been made with delivering many of the intentions and examples referred to in the Strategy.

The NHS Board has supported the approach to healthcare strategy implementation which has focussed on 6 transformation programmes.

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

Each of the programmes has engaged with key stakeholders in health and social care in order to identify the initial priorities for service transformation. In order to deliver the priorities identified, implementation is being taken forward in partnership with health, social care and the third sector.

To deliver the areas identified by the Transformation Programmes there are key core skills which are essential in order to equip staff to deliver care in new and innovative ways.

The key skills are effective and timely:

- Communication
- Coordination of Care
- Conversations

Timely and supportive conversations have been identified as necessary and should become the norm and this, alongside the core skills of effective communication and care coordination underpin the strategic transformation programmes, as well as supporting realistic medicine approaches.

Shaping the Future is central to everything that NHS Forth Valley strives to achieve. This is reflected in some of the key actions described.

SECTION 3

BETTER CARE

Improving the patient experience of care, including quality and satisfaction

SAFE

Assurance in NHS Forth Valley is supported by the current Clinical Governance & Risk Management Strategy 2016/2021 which describes the system of Clinical Governance and Risk Management that NHS Forth Valley has in place to assure the NHS Board and the public of the quality and safety of patient care provided.

Throughout 2017/18, NHS Forth Valley continued to deliver personal, safe and reliable services. The systems and processes in place including feedback from patients, their families and carers, staff and partners including regulators and the wider public were utilised to demonstrate and ensure that we strived continually do things better.

The NHS Board and the Clinical Governance Committee have received on-going assurance through bi-monthly reports on key Healthcare Acquired Infection performance indicators. NHS Forth Valley can demonstrate that it has effective reporting structures in place as well as providing assurance to Governance Committees; HAI reports are submitted to ward staff and management teams. All staff have appropriate access to HAI data and policy information via the intranet and monthly reports.

In respect of Clostridium difficile Infections NHS Forth Valley has continued to perform well with the 12 month rolling average rate to March 2018 was 0.2 per 1000 total occupied bed days against a target of 0.25. Robust surveillance for all cases, including healthcare and community acquired, and accurate and rapid patient review and feedback to clinicians and GPs supports the position in Forth Valley.

The Staphylococcus aureus Bacteraemia (SABs) standard remains a high priority for the Board with the 12 month rolling average to March 2018 was 0.34 SABs per 1000 acute occupied bed days against a target of 0.24. A full root cause analysis is performed with ward staff on all hospital, healthcare and community attributed SABs to help identify any issues that are, or may potentially be related to the SAB acquisition. Results of these findings are reported and presented by the Infection Prevention and Control Team (IPCT) for discussion and action. Findings are reported on a monthly basis to all staff

In respect of Hospital Standardised Mortality Ratio (HSMR) the Board has an established programme of actions to reduce HSMR as part of the Strategic Quality Improvement Framework. This includes key areas of work in relation to the reliable identification and response to sick patients, reliable care for patients with sepsis and actions to reduce health care associated infections. The target is to further reduce the Hospital Standardised Mortality Ratio (HSMR) by 10% from the new base, by 2018 with Forth Valley reporting an 11.8% reduction for the quarter ending March 2018.

To provide the Infection Prevention and Control Team (IPCT) assurance of compliance to Infection Control policies and procedures in all clinical areas, the IPCT performed audits and compliance checks every month. The IPCT undertook approximately 2500 routine visits

to clinical areas during 2017/18 with compliance with Standard Infection Control Precautions (SICPs) monitored. Observations and issues identified from these visits are recorded and closely monitored by the team; results being fed back on a monthly basis to all relevant stakeholders.

Hand hygiene is monitored continually both by ward staff and the IPCT. Hand hygiene and skin surveillance facilitators across Forth Valley are working to maximise hand hygiene compliance and to prevent potential infection.

Members of the IPCT delivered a presentation to a number of NHS Trusts in Manchester in April about how ICNet, our electronic surveillance system, is utilised. NHS Forth Valley is considered one of the most progressive and innovative users of the system in the UK. As a result of this, over the last couple of years, staff have presented a number of times across Scotland and England, and as far away as New Zealand via WebEx. Working closely with the system developers from ICNet has and will assist in further developing ICNet to the benefit of NHS Forth Valley and across the country.

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

The Scottish Patient Safety Programme (SPSP) is a national initiative that aims to improve the safety and reliability of healthcare and reduce harm for patients in Scotland. Healthcare Improvement Scotland (HIS) co-ordinate and lead on the Scottish Patient Safety Programme supporting the implementation within NHS Boards. SPSP focuses on the; Acute Adult; Maternity & Children's Quality Improvement Collaborative (MCQIC); Mental Health; and Primary Care. NHS Forth Valley is committed to driving quality improvement throughout the organisation with the provision of safe care a key priority with work on-going in terms of the SPSP.

TIMELY

NHS Forth Valley strives to provide timely access to healthcare services to all patients across all specialties. A number of challenges have been experienced throughout 2017/18 in terms of achieving and sustaining targets in relation to 12 week outpatient waits for first appointment, the Treatment Time Guarantee and patients referred with a suspicion of cancer being treated within 62 days or less.

At the end of March 2018 the number of NHS Forth Valley outpatients with ongoing waits over 12 weeks was 2357. NHS Forth Valley had 83.9% compliance as at March 2018 against the minimum standard of 95%. The specialties with the greatest challenge are Orthopaedics, Neurology, Dermatology, Urology, General Surgery including vascular surgery, Gastroenterology and Rheumatology. Trajectories were agreed to inform and support improvement and progress has been reported regularly to the NHS Board. This target has been under on-going review. Performance has deteriorated throughout the current year however a trajectory is in place to December 2018 and March 2019 to support achievement of the March 2017 position. Detailed capacity and sustainability plans have been completed and there is a specialty level action plan in place to support an improvement in performance against this standard, however some specific workforce challenges remain.

Throughout 2017/18, 10,750 inpatients and daycases were treated of which 3636 patients exceeded the Treatment Time Guarantee (TTG). Compliance with the TTG for 2016/17 was 66%. The number of patients waiting beyond 12 weeks at the end of March was 1205. NHS Forth Valley is working to reduce the number of eligible people waiting over 12 weeks. Orthopaedics, General Surgery and ENT are the most challenging specialties and a number of options have been developed through specialty level action plans to support timely treatment.

83.4% of patients were treated within 18 week referral to Treatment (RTT) as at end March 2018 against a target of 90%. The ability to achieve this target has been impacted by Outpatient and TTG performance however NHS Forth Valley continues to focus on those people waiting the longest unless clinically indicated to be seen earlier.

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 terms of the 62 day target at March 2018, 77.9% of patients with a suspicion of cancer began treatment within 62 days of receipt of referral against a 95% target with the quarterly position to the end of March 2018, 79.7%. There are a number of actions being undertaken at each stage in the pathway to maximise capacity including increased access to early diagnosis, outpatient clinics and theatre sessions and these continue. All breaches are reviewed on a case by case basis to ensure that any issues are addressed and learning is appropriately disseminated.

At March 2018, 97.8% of patients with cancer began treatment within 31 days of the decision to treat, exceeding the 95% target with the quarterly position to the end of March 2018, 97.0%. Work continues in respect of minimising delays to ensure patients are treated within the standard.

Throughout 2017/18, 100% of patients meeting the eligibility criteria for in vitro Fertilisation waited less than the 12 month standard.

In March 2017 the Scottish Government launched its new 10 year mental health strategy. The Chairman and Chief Executive have been directed that waiting times in Child and Adolescent Mental Health Services (CAMHS) and Psychological Therapies need to improve.

In respect of Psychological Services 50.0% of patients were treated within 18 weeks of referral. Significant investment has been made in respect of the service 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. Service improvement work has ensured that only those people who are likely to benefit from a high intensity, evidence based psychological intervention are seen by the service. While this has improved the matched care provided, it has resulted in a higher proportion of more complex presentations being seen, and therefore increased the average length of intervention. In addition, there have been issues with staffing as a result of long term sickness, maternity leave, internal recruitment and vacancies being hard to fill. This position is currently improving. Further work is underway in respect of defining resources required to further support this service.

Following achievement of the target in respect of Child & Adolescent Mental Health Services in 2017, the position at March 2018 was that 45.5% of NHS Forth Valley patients were treated within 18 weeks of referral. Performance has been adversely affected by staff leaving, long term sickness absence and vacancy management and a higher than average referral rate. Treatment of children currently open to the Service has been prioritised which includes absorbing the caseloads of clinicians who have left the Service. As a result the urgent triage and reallocation of these children has been prioritised with redirection of new patient activity. Service delivery models have been revised with changes implemented and further redesign is ongoing. Links have been re-established with wider primary care and universal services to provide support through early advice in support of preventing referrals.

The Planned Care Programme within the NHS Forth Valley Healthcare Strategy has identified priority actions associated with modernising the way outpatient care is provided to patients, by using innovative service models, technology and encouraging supported self management. There is considerable work underway in this area. This includes rolling out e-monitoring technology for blood pressure, virtual clinics, telephone clinics and Best in Class Orthopaedics. The priorities associated with planned care are being taken forward by a new Scheduled Care Programme Board. This provides a forum which builds on existing improvement work around planned care and ensures local transformation work is linked to regional planned care improvement work streams.

SECTION 4

BETTER HEALTH

Improving the health of populations

PERSON CENTRED

NHS Forth Valley is determined to provide the highest standards of care, treatment and facilities for patients, relatives and carers who need our services. Listening to our patients, families, carers, partners and wider communities is a high priority. Seeking feedback, and listening to people through many routes whilst reaching out to those who we need to hear from the most, continues to be at the heart of the way we care and design the services. In Forth Valley we involve patients and the public in how we give care, design services and facilities. NHS Forth Valley is about what matters to people and about giving strong voices to those who need care and equally to those who give care by ensuring that staff are supported, developed and listened to.

Work is on-going in respect of embedding the Person Centred Health and Care Strategy revised for 2018-2020. Whilst NHS Forth Valley continues to focus on person centred care, the strategy reaffirms our vision and describes the actions that we are taking to deliver this agenda across the organisation with the commitment of 'what matters to you matters to us'.

Following a workshop attended by staff from health, social care and the third sector, priority areas were identified in respect of Palliative and End of Life Care. The Forth Valley Strategic Palliative Care Group and Forth Valley Palliative and End of Life Care Network are both currently active, with refreshed membership and revised terms of reference in order to focus on delivering priorities. Membership includes senior representation from social care.

Transformation proposals include the following priorities:

- Developing a revised future model to meet the national goal to ensure that everyone in Forth Valley who needs Palliative and End of Life Care will have access to it by 2021. The model and associated pathways will be accessed largely through the Community Front Door
- Improving communication, co-ordination and care planning for those with Palliative and End of Life Care needs
- Developing a balanced workforce with the right capacity, knowledge and skills
- Measuring the impact of implementing a Palliative and End of Life Care approach

The local Anticipatory Care Group (ACP) continues to help implement and monitor activities around timely and supportive conversations, thinking ahead and mainstreaming anticipatory care planning. The Group has a large membership including representatives from the third sector, social care and health. The NHS Forth Valley ACP Project Group reports to the Primary Care and Community Services Quality Improvement Group and the Forth Valley Senior Leadership Team.

A transformation proposal was developed following a workshop with participation from a wide range of stakeholders and includes priorities in respect of, Mainstreaming anticipatory care planning; Facilitating timely and supportive conversations; Thinking ahead (identifying

and supporting vulnerable and difficult to reach groups, improving the quality of Key Information Summaries (KIS), improving access to KIS information, improving support to carers, evaluating the impact of ACP and supportive conversations); and, Measuring the impact of Thinking Ahead-ACP.

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 workstreams supporting delivery. The roles and remits of local Best Start Project Board and Best Start Working Groups have been established; a communication plan is in place with active listening and effective communication with staff via a number of forums; Examination of the Newborn training in collaboration with NHS Fife; and, baseline data collection and analysis has been completed. Work continues to deliver this programme in terms of ensuring women's choice in birth setting is fulfilled and accessible by the creation of an Alongside Midwifery Unit, along with work in respect of Transitional Care and Continuity of Care. There is on-going audit and evaluation to ensure high quality service provision.

The standard in terms of early access to Antenatal Care continues to be achieved in NHS Forth Valley. The national target for 80% of women accessing maternity services before 12 weeks of pregnancy has been achieved and maintained throughout 2017/18, with 86% of women accessing the service before this time at March 2018. The stretch target of 80% accessing the service before 10 weeks has also been successfully achieved with 82% of women accessing the service before this time at March 2018. This target has continued to be achieved into 2018/19. Early access to antenatal care is part of both the Children and Young Person's Collaborative (CYPIC) and the Maternity and Children Quality Improvement Collaborative (McQIC) initiatives within NHS Forth Valley. Further support is offered around antenatal smoking cessation, alcohol and breastfeeding at this stage.

The Children and Young Person's Improvement Collaborative is a key health improvement programme aimed specifically at young children from pre-birth to age five. Work is continuing to strengthen and build on services using improvement methodology, working closely with the Community Planning Partnerships. Important child health initiatives have continued over the past year and have included the on-going success with the child smile dental health programme to local schools and nurseries, child healthy weight programme, in terms of diet and physical activity, and the Daily Mile. The continued delivery of parenting programmes across Forth Valley has been championed by the collaborative working between partner agencies.

Publication of the Scottish Stroke Improvement Programme Annual Report 2018 at the end of July highlights that in respect of the elements of the Stroke Care Bundle, NHS Forth Valley is well positioned compared with Scotland. However the position at March 2018 in respect of the stroke care bundle is that 64.5% of patients received the appropriate elements of the stroke care bundle. The September position has improved to 72.7%.

Over the year, swallow screening has been the most consistent factor limiting the overall ability to achieve all elements of the stroke bundle in terms of percentage. In terms of supporting achievement of this standard a daily stroke huddle, incorporating a review of the Emergency Department Information System, is carried out to ensure that the stroke team has knowledge of the patients who presented over the previous 24 hours. Real time feedback on swallow screening is presented at the stroke huddle to support continuing

improvements mainly in respect of documentation of the swallow screen assessment. A Stroke Bundle Sticker is used across the Emergency Department and Acute Admission areas with a view to support documentation of the swallow screen time. All patients whose care does not achieve full 'stroke bundle' standards are reviewed to identify any learning and actions required.

NHS Forth Valley is committed to delivering the Everyone Matters Workforce Vision and the priorities within the NHS Forth Valley Workforce Strategy in support of staff engagement and development. This is demonstrated through a wide variety of objectives and achievements.

Following a rigorous assessment NHS Forth Valley was privileged to be recognised with the Gold Investors in People award. The 3-year assessments were carried out in accordance with the guidelines provided by Investors in People and taking account of the results of the interim assessments in 2016 and 2017, NHS Forth Valley fully met the requirements of the Investors in People Standard. This level of accreditation was achieved on the basis of all 9 Developed and Established Indicators being met and 7 Advanced Indicators being met.

A new Investors in People Framework called Investors in Young People (IIYP) was launched in 2015. NHS Forth Valley supported a formal assessment on IIYP over a 2 year period from 2017-2018. Five of 10 IIYP indicators were assessed in 2017 and fully met the standard. NHS Forth Valley undertook further formal assessment in early 2018 for Investors in Young People and at this stage was awarded Gold status. These awards highlight NHS Forth Valley's ongoing commitment to a very high quality policy framework, support and wellbeing for the Workforce and the high value put on staff.

The Sickness Absence rate across NHS Forth Valley from April 2017 to March 2018 was 5.54%. Work continues in respect of supporting delivery of the national 4% standard which is a high priority for managers across the organisation. Acknowledging the national sickness absence target the NHS Forth Valley is working towards a local milestone target of 4.5%, agreed at the Staff Governance Committee.

There is a suite of supporting solutions in place which include an Absence Management Improvement plan including Communication strategy; Review Partnership Facilities time and requirements; Roll out of options for early return to work/temporary placement scheme; Review MSK and links with workforce awaiting surgery/treatment; and Review effectiveness of Staff Wellbeing services currently provided.

The Healthy Working Lives Awards Group actively support and promote health and wellbeing in the workplace by:

- Raising awareness of health information topics
- Improving access to health information at work
- Co-ordinating health awareness promotions and events
- Offering practical support to help staff improve their own health
- Encouraging a safer and healthier working environment
- Identifying and supporting health and safety needs of staff
- Representing staff and taking forward ideas and suggestions from the workforce

The group supports a programme of campaigns throughout the year, with information available on notice board across the NHS Forth Valley area e.g. Smoking Cessation;

Mental Wellbeing and Stress Awareness, Dignity at Work, Looking After Your Back, Choose to Lose.

NHS Forth Valley continues to recognise its staff with the values-based staff Award Scheme continuing in 2018. There were 560 nominations received, up by more than 20 per cent on last year. In addition to the awards for Innovation, Top Team, Unsung Hero, Volunteer, Inspiration and Outstanding Care, there was a Chairman's Platinum Award to celebrate the 70th anniversary of the NHS. In addition, NHS Forth Valley celebrates the Long Service Awards for staff who have completed 20, 30 or 40 years' service within the NHS.

All of NHSScotland staff who are currently on Agenda for Change terms and conditions have transferred from eKSF to Turas Appraisal to complete their Personal Development Planning and Review with effect from 1 April 2018. NHS Forth Valley continues to strive to ensure all staff receive an annual personal development and planning review. The Organisational Development and Learning, Education and Training Team provide support and development to facilitate this on an on-going basis.

iMatter Staff Experience Continuous Improvement Cycle was introduced to NHS Forth Valley in March 2015, since then all staff directly employed by NHS Forth Valley have had the opportunity to take part in the iMatter process. This provides an overall NHS Forth Valley report and picture of staff experience and the improvements being taken forward by teams to improve upon this. The Forth Valley response rate is 62% with 81% of action plans created.

The Scottish Government has set a target of 500 Modern Apprenticeships in place in NHS Scotland by 31 July 2017. NHS Forth Valley's target was 19 MAs; we have now recruited 33 MAs in total, therefore exceeding our target by 14. The majority of MAs have been recruited in Business & Administration however NHS Forth Valley has recruited to Electrical Engineering within the Estates Department. All Modern Apprentices are following SVQ qualifications in conjunction with Forth Valley College.

EQUITABLE

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.

It sets out the way we work with local Community Planning Partnerships (CPPs) to enable all 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

NHS Forth Valley is currently working with Community Planning 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 continues to improve quality of life, keep people well, helps to reduce avoidable hospital admissions or attendances and helps people to get back home quickly and safely from hospital. Each of the 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 the population.

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

There is a continued focus on the protection of vulnerable groups from harm. The key areas of focus are Child Protection, roll out of the Family Nurse Partnerships, delivery of the Blood Borne Virus programme, gender based violence and Sexual Health Framework and offering a wide range of population screening and immunisation programmes.

The Forth Valley Alcohol and Drug Partnership play a fundamental role in addressing key health issues, and co-ordinates the work of the three local partnerships. 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 the health improvement strategy and has continued to maintain ADP funding at previous levels. NHS Forth Valley has continually met and exceeded the 90% drug and alcohol waiting time standard. The position at the quarter ending March 2018 highlights that

98.1% of clients waited less than 3 weeks from referral received to appropriate drug or alcohol treatment that supports their recovery.

Delivery of alcohol brief interventions continues along with health behaviour change training within the organisation. Forth Valley has exceeded the target in respect of delivery of Alcohol Brief Interventions for 2017/18.

NHS Forth Valley continues to prioritise actions to reduce the harmful effects of smoking and further engage with hard to reach groups including work within prisons. The Stop Smoking Service has delivered smoking cessation service in community venues using different approaches to ensure delivery of the LDP standard. In 2017/18, the full year target was 319 successful 12 week quits in the 40% SIMD areas with the number achieved including work in prisons was 435 successful quits, exceeding the target.

The Detect Cancer Early programme continues which includes the breast, colorectal and lung cancer campaigns. In 2010/2011, 23.0% of people with breast, colorectal and lung cancer in Scotland were diagnosed at stage 1 of the disease. This set the national baseline for the Detect Cancer Early Standard and, as such, set the national target of 28.8% of breast, colorectal and lung cancer to be diagnosed at stage 1 by 2014/2015. Recently published data highlights that, in the period January 2016 to December 2017, the Forth Valley position was that 29.2% of people were diagnosed at stage 1.

SECTION 5

BETTER VALUE

Reducing the per capita cost of health care

EFFICIENT & EFFECTIVE

The NHS Forth Valley final out-turn recorded in the Annual Accounts for 2017/18 confirmed a revenue surplus of £1.358m, comprising the £ 0.261m surplus recorded above, plus a further £1.097m surplus arising from two accounting adjustments made in relation to the Board's share of a movement in the final outturn position for Clackmannanshire and Stirling IJB, and a further adjustment in relation to reversal of deferred income. The Annual Accounts also confirm a balanced capital out-turn and achievement of the cash target.

Into 2018/19 there remain a number of financial pressure areas; drugs and supplies costs including new medicines and oncology drugs, temporary workforce cover and timing of delivering savings plans.

NHS Forth Valley eHealth Strategy has delivered advancements in Clinical Imaging viewable anywhere, through to full electronic patient records to replace thousands of paper records in the outpatient departments. There has been a focus on embracing mobile technology, supporting GP practices and sustainability, to accessing key clinical systems at ward and department level which make use of Wi-Fi networks across all main clinical sites. Introducing the Hospital Electronic Prescribing Medicines Administration system (HEPMA) was a significant milestone for Forth Valley and this was embraced across all clinical areas.

A refreshed 'Digital Health and Care strategy' has been agreed. This refresh aims to ensure that the priorities identified in Shaping the Future: NHS Forth Valley Healthcare Strategy (2016-2021) are supported by a robust and facilitative framework for digital eHealth. The NHS Forth Valley Digital Health and Care Strategy aims to support the ten priority areas identified in 'Shaping the Future' as well as the emerging local and national initiatives arising from a range of other strategic priorities.

Key initiatives include:

- The replacement of local community system (MIDIS)
- The national GP Technology replacement procurement and rollout
- Health & Social Care Information Portal/ Information Sharing Across H&SC
- National Patient Management System (Trakcare) replacement of Edis, eWard/Topas.
- Accessible Patient Records for All Professionals (widening access to Clinical Portal)
- Kiosk Services/ "Check in" Services for patients use
- Scottish Patient Portal for patient access to services online
- Delivering aspects of Technology Enabled Care at Scale

The Chief Executive and senior managers of NHS Forth Valley have been working closely with the Chief Executives of all three Local Authorities and Chief Officers to progress the delegation of operational management responsibilities to the Chief Officers. Arrangements are being made for the transfer of services previously within the Community Services

Directorate to be delegated with Forth Valley continuing to manage primary care, public dental services and prison healthcare. Operational management of children's Services and staff will be delegated to the General Manager for Women and Children's Services. Services in-scope will be shared across the two Partnerships and delegated to the two Chief Officers. Issues in terms of the workforce and supporting staff are being worked through on an on-going basis.

Initial outline trajectories against the Ministerial Strategic Group's 6 indicators were submitted by the Partnerships to the Scottish Government in February 2018; there is further work underway to refine and monitor 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 is being progressed with the two partnerships in Forth Valley.

Delayed Discharges have remained a major area of focus for the NHS Board and the Integration Joint Boards. At the March 2018 census there were 25 delays over 14 days against a zero standard. The total occupied bed days lost to delayed discharge in March 2018 was 1025. However performance remains variable with the September position reported at 33 delays over 14 days and an increase in bed days occupied to 1754.

It is recognised across the Partnerships that significant effort is required to make and sustain improvements in respect of the number of delayed discharges and their impact on the whole system. The majority of delays are within the Falkirk partnership with an increasing trend in the number of bed days occupied over the last 5 years. Additionally, there have been an increasing number of patients from areas outwith Forth Valley impacting on the position.

Challenges remain 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. Delayed discharge is a priority for the Integration Joint Boards with a high level of scrutiny. Improvement work on delayed discharge is overseen by the Delayed Discharge Steering Group with a number of areas of focus; pathways; process; systemic determinants; capacity; and resources. An action plan is currently in place with further work in reviewing this to ensure it is aligned to the issues underway. 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. Focussed work has been undertaken to proactively manage Guardianship timescales. There has been close monitoring of the policy on choice to ensure interim care home arrangements are being offered where first choice of care home is not available. Daily and weekly meetings are in place to ensure focus is maintained on discharge, particularly packages of care.

Meeting the 4 hour Emergency Department Standard remains a key priority for NHS Forth Valley. Achieving the 95% target on a consistent basis continues to be challenging with a degree of volatility in performance. The majority of breaches to the 4 hour target relate to 'wait for first assessment'. For the year ending March 2018, 89.7% (MIU 99.9% ED 86.9%) of patients waited 4 hours or less across the Board from arrival to admission, discharge or transfer for accident and emergency treatment against the target of 95%. The most recent data highlights a position of 83.2% (MIU 98.8%, ED 78.1%).

An improvement plan detailing short term and long term action, supported by the Scottish Government Improvement team is in place and was formally launched in September 2018. This has a focus on the 6 essential actions, with clear timescales and measures to track improvement. A Task and Finish group comprising of managers and clinicians is working to improve the minors flow, leadership, handover arrangements, as well as implementing a revised Escalation Process. A Clinical Director has taken up post to review working practice with a view to reducing variability and improving flow through the Emergency Department. Supporting rotas are significantly better with additional middle grade staff working a test in the evening to address the significant fall in performance during this time.

Unscheduled Care Programme Board supports delivery of action in relation to improving unscheduled care across Forth Valley with partnership representation from acute and community health and from social care services. The Programme Board oversees short term and medium to longer term improvements associated with the Six Essential Actions Programme, the Ministerial Strategic Group improvement targets and delivering the Healthcare Strategy Emergency Care priorities.

NHS Forth Valley is working towards establishing a seven day a week Community Front Door that will bring together existing health and social community referral systems into one co-ordinated hub. The Community Front Door will be underpinned by three key actions:

- Assess an individual's requirements for health and social community care
- Prioritise an individual's needs for health and social community care by means of triaging on a three level criteria range
- Direct individuals to appropriate health and social care services, to self management advice or sign posting to the Third Sector. Pathways will be updated or developed which will help to ensure that patients are directed to the most appropriate service.

The Community Front Door will simplify and ease access to community services and will ensure that for referrers and patients, the most straightforward action for them at a time of escalating need is one that results in a community based response focussed on keeping people well at home.

At least 90% of all contacts with healthcare start and finish in primary care with primary care interactions key to addressing Inequalities in Healthcare and Access to Health (and often Social) Care. Increasingly complex case management is routinely managed in the community delivered by a wide range of professional staff.

The new GP contract offer is supported by a Memorandum of Understanding which requires the development of a Primary Care Improvement Plan. The Forth Valley Primary Care Improvement Plan (PCIP) has been developed recognising ongoing strategic and transformational work and to support management of the current significant sustainability challenges in General Practice and Primary Care Services. The Primary Care Improvement Plan offers the opportunity to undertake transformational changes in the way Primary Care is provided to the population of Forth Valley. It must be recognised however that this Primary Care Plan is ambitious and aspirational, whilst there are a number of factors which will impact on our ability to deliver this plan including recruitment, retention, funding and the short timescale. The plan will be reviewed every 6 months to enable progress to be tracked and to identify if any adjustments or amendments require to be made as implementation progresses.

The Forth Valley Primary Care Improvement Plan requires to be viewed in the context of continuing challenges with sustaining GP practices in the area. This issue is recognised in the Board Corporate Risk Register and more specific practice issues are reflected in the Primary Care Risk Register.

Kersiebank, Bannockburn, Slamannan and Hallpark practices are currently Board managed and operating through a multi-professional primary work model. These Practices continue to carry vacancies despite a continuous rolling recruitment programme. An option appraisal process to manage individual practice circumstances is established. All Forth Valley practices are required to complete the Primary Care Sustainability Framework Tool as part of the Whole System Working Project for 2018/19 to help identify sustainability challenges and needs for support at an early stage.

The Primary Care Improvement Plan is focused on the services provided in the 2018 General Medical Services Contract in Scotland. The provision of GMS evenings, overnight and at weekends is not included in the new contract. However, it is essential for in-hours services that out of hours services run efficiently and effectively, therefore specific actions to improve continuity of patient care which will reduce pressure on the local out of hours service should be incorporated into the implementation of the PCIP.