There will be a meeting of Forth Valley NHS Board in the Boardroom, NHS Headquarters, Carseview House, Castle Business Park, FK9 4SW on Tuesday 28 May 2019 at 9am

Alex Linkston
Chair

Agenda

1. Apologies for Absence

2. Declaration (s) of Interest (s)

3. Minute of Forth Valley NHS Board meeting held on 26 March 2019 For Approval

4. Matters Arising from the Minute Seek Assurance

5. Patient/Staff Story

6. BETTER HEALTH

6.1 Child Poverty Report
(Paper and presentation provided by Dr Graham Foster, Director of Public Health and Strategic Planning)

7. BETTER CARE

7.1 Executive Performance Report
(Paper presented by Mrs Cathie Cowan, Chief Executive) Seek Assurance 10 minutes

7.2 Healthcare Associated Infection Annual Report
(Paper presented by Professor Angela Wallace, Nurse Director) Seek Assurance 10 minutes

7.3 Proposal for a New GP Practice in Plean
(Paper presented by Dr James King, General Practitioner) For Approval 15 minutes

7.4 Annual Operational Plan
(Paper presented by Mrs Cathie Cowan, Chief Executive) For Approval 15 minutes

8. BETTER VALUE

8.1 Finance Report
(Paper presented by Mr Scott Urquhart, Director of Finance) Seek Assurance 15 minutes

8.2 Elective Development Business Case
(Paper presented by Mr Scott Urquhart, Director of Finance) For Approval 15 minutes

8.3 Development of a Programme Management Office Approach
(Paper presented by Mrs Cathie Cowan, Chief Executive) For Approval 10 minutes
9. BETTER WORKFORCE

9.1 Integration Progress and Shadow Health Arrangements
(Presentation provided by Miss Linda Donaldson, HR Director)
Seek Assurance 10 minutes

9.2 Communications Update Report
(Paper presented by Ms Elsbeth Campbell, Head of Communication)
Seek Assurance 10 minutes

10. BETTER GOVERNANCE

10.1 Corporate Risk Register
(Paper presented by Mr Scott Urquhart, Director of Finance)
Seek Assurance 15 minutes

10.2 Blueprint Self Assessment Report
(Paper presented by Mrs Cathie Cowan, Chief Executive)
For Approval 10 minutes

10.3 Corporate Plan
(Paper presented by Mrs Cathie Cowan, Chief Executive)
For Approval 10 minutes

10.4 HMP YOI Polmont - Prison Inspection Report and the Expert Review of the Provision of Mental Health Services for Young People
(Paper presented by Mrs Cathie Cowan, Chief Executive)
Seek Assurance 5 minutes

10.5 Governance Committee Minutes
Seek Assurance 10 minutes

10.5.1 Performance and Resources Committee: 26 February 2019
(Minute presented by Mr John Ford, Chair)
Seek Assurance

10.5.2 Endowment Committee: 15 March 2019
(Draft minute presented by Councillor Les Sharp)
Seek Assurance

10.5.3 Clinical Governance Committee: 12 April 2019
(Draft minute presented by Mrs Julia Swan)
Seek Assurance

10.5.4 Staff Governance Committee: 22 March 2019
(Draft minute presented by Dr Michele McClung)
Seek Assurance

10.6 Advisory Committee Minute
Seek Assurance

10.6.1 Area Clinical Forum: 17 January 2019
(Minute presented by Dr James King)
Seek Assurance

10.7 Integration Joint Boards
Seek Assurance 5 minutes

10.7.1 Integration Joint Board Directions
For Noting

10.7.2 Response to Falkirk IJB Strategic Plan 2019-2022
For Noting

10.7.3 Falkirk IJB Minute: 1 February 2019
Seek Assurance

10.7.4 Clackmannanshire and Stirling IJB Minute: 28 November 2018
Seek Assurance

11. ANY OTHER COMPETENT BUSINESS

11.1 Emerging Topics - Closed Session
1. APOLOGIES FOR ABSENCE

Apologies for absence were intimated on behalf of Mrs Cathie Cowan, Dr Michele McClung and Mr Andrew Murray.

2. DECLARATION(S) OF INTEREST(S)

There were no declarations of interest.

3. MINUTE OF FORTH VALLEY NHS BOARD MEETING HELD ON 29 JANUARY 2019

The minute of the Forth Valley NHS Board meeting held on 29 January 2019 was approved as a correct record.

4. MATTERS ARISING FROM THE MINUTE

There were no additional matters arising.

5. PATIENTS/STAFF STORY

Professor Angela Wallace introduced a short film regarding the closer to home treatment for patients with certain chronic blood disorders. Previously these patients would attend Forth Valley Royal Hospital for blood tests and medication four times a year. Now through the West of Scotland Network Shared Care Treatment Delivery, their blood tests were carried out at their local GP practice, where they were also able to collect their prescription for medication and they only needed to see their consultant once a year at the hospital.
The NHS Board discussed the person centred approach to care and the positive impact for patients.

The NHS Board:
- Noted the update provided

The NHS Board agreed to take Item 7.4 at this point in the agenda

### 7.4 Elective Care Development Programme Update

The NHS Board received a presentation and paper “Elective Care Development Programme Update” provided by Ms Gillian Morton, Programme Director, Ms Janette Fraser, Head of Planning and Mr Ricky Bell, Project Manager.

Ms Morton outlined progress with each of the workstreams involved; MRI Scanner, Theatres, Day Surgery, Inpatient Ward, Bed Modelling and Capacity Planning, and Infrastructure. While the original timeframe for the additional theatre capacity had been November 2019, following a request by the Scottish Government, work was progressing to open one of the two theatres earlier, in June 2019.

The workforce plan would continue to be reviewed and updated as the capacity plan developed and the phased recruitment progressed. The NHS Board discussed the wide range of work involved including the challenges with recruitment. Staff engagement was vital to ensure staff were aware of and involved in the changes and a Communication and Engagement Plan would be prepared.

It was noted that the detailed programme structure provided re-assurance that changes would be delivered to timescale and budget, while minimising the impact of any disruptions on patients and services and ultimately aimed to improve waiting times.

The NHS Board:
- Noted progress with delivering the Elective Care Development Programme as part of the NHS Board’s Corporate PMO portfolio
- Devolved approval of the Business Case to the April 2019 meeting of the Performance and Resources Committee

### 6. BETTER CARE

#### 6.1 Executive Performance Report

The NHS Board considered a paper “Executive Performance Report” provided by Ms Kerry Mackenzie, Head of Performance.

The 62-day cancer target was 95% of patients urgently referred with a suspicion of cancer should be treated within 62 days or less and Ms Mackenzie highlighted that the January 2019 position was 86.1%. Following discussion at the Senior Leadership Team, Service Managers were to provide an action plan for those cancer types not achieving target.

As previously highlighted NHS Forth Valley had agreed to reduce the number of outpatients waiting over 12 weeks to 1800. Forecasts showed a current outturn at 31 March 2019 of 1862 and all efforts were being made to reduce this further. It has also been agreed that a similar reduction for patients waiting over 12 weeks for inpatient treatment would be achieved and forecasts highlighted a position of 1046 patients against the agreed 1088. It was noted that
further details regarding waiting times allocations from the Scottish Government were still to be received to understand the long term position required.

The A&E 4 Hour wait target was 95% of patients should wait less than 4 hours from arrival to admission, discharge or transfer. Compliance for February 2019 was 93.6% and further information was provided regarding the ongoing work to achieve and maintain the standard.

Ms Mackenzie highlighted the Stroke Care Bundle and in particular the impact due to the change with the brain scanning standard from January 2019. This involved brain scanning to be carried out within 12 hours of arrival (90% target) as opposed to the previous standard which was within 24 hours of admission (95% target).

The NHS Board discussed staff absence noting that vacancies and the challenges with recruitment also impacted bank staff costs. The importance of a holistic approach to mental health was also discussed and along with Community Planning Partnerships involvement, the investment in the community and schools to provide early treatment required.

The challenges with the Delayed Discharges position were noted and while a number of different work strands were being considered, Mr Linkston highlighted the Home First approach which was discussed at a recent Falkirk IJB development session. This supported patients who were clinically ready to return home for assessment, reducing unnecessary stays in hospital and improving patient flow.

The NHS Board:
- Noted the current key performance issues and actions
- Noted the detail within the balanced scorecard

6.2 National Healthcare Associated Infection Reporting Template (HAIRT)

The NHS Board considered a paper “National Healthcare Associated Infection Reporting Template (HAIRT)” provided by Dr Graham Foster, Director of Public Health and Strategic Planning.

Dr Foster provided a brief update on the current status of Healthcare Associated Infections (HAI) noting that Staphylococcus Aureus Bacteraemia (SABs), Device associated Bacteraemia (DABs) and Clostridium difficile infections (CDI) remained within normal control limits.

Dr Foster noted that in response to recent adverse media coverage regarding outbreaks, all Health Boards across Scotland were to ensure they used the Healthcare Acquired Infection Incident Reporting Template (HAIIT). This tool assessed the impact of an incident or outbreak, highlighting when the Health Protection Scotland and Scottish Government should be informed. Dr Foster confirmed that NHS Forth Valley was compliant and all HAIIRTs completed would now be included in the report.

The NHS Board:
- Noted the assurance provided

6.3 Equality and Diversity Annual Report

The NHS Board considered a paper “Equality and Diversity Annual Report” provided by Ms Lynn Waddell.

Ms Waddell provided a brief outline of the work to progress NHS Forth Valley’s 4 year plan to deliver and embed the required equality outcomes as per the Equality Act 2010 (Specific Duties) Regulations 2011.
The report detailed the significant progress within Directorates and examples of success stories and initiatives during 2017-2019. Further work was ongoing to ensure a culture where everyone could be themselves, treated with dignity and respect and continue to improve patient care and experience.

Ms Waddell also presented the Equality and Diversity Employment Duties Progress Report which was due to be considered by the Staff Governance Committee. This detailed the actions completed during 2017-2019 to mainstream Equality and Diversity within NHS Forth Valley’s employment practice.

The NHS Board noted the breadth of work involved to demonstrate NHS Forth Valley’s commitment in mainstreaming equality and acknowledged Ms Waddell’s huge contribution over the years who was due to retire at the end of March 2019.

The NHS Board:
- Noted and approved the content of the report prior to publication on 30 April 2019
- Noted the progress against equality outcomes
- Would continue to give leadership support and direction to the delivery of the actions required to mainstream equality within service delivery and employment practice

A short comfort break was taken at this point in the agenda

7. BETTER VALUE

7.1 Finance Report

The NHS Board considered a paper “Finance Report”, presented by Mr Scott Urquhart, Director of Finance.

Mr Urquhart provided a summary of the financial position for NHS Forth Valley to 28 February 2019 with a year to date overspend of £0.199m.

Mr Urquhart highlighted a projected break even revenue financial position to 31st March 2019 subject to risks including delivery of directorate outturn positions in line with latest forecast and finalisation of outturn risk share arrangements for Clackmannanshire and Stirling IJB. The various options and financial impacts for risk share agreement were outlined and Mr Urquhart advised that the position had been discussed with partner Chief Executives and Finance Leads and it was imperative that an agreement was reached soon to mitigate risk to the year-end processes and position.

The planned sale of land at Bellsdyke had been highlighted as a risk at the NHS Board meeting in January 2019 and confirmation had been received in March 2019 that this sale would now fall into the next financial year. The Scottish Government had agreed to advance £0.900m capital funding against spend which had been committed from the planned sales receipt and as this was due to be repaid in 2019/20, the capital budget had been updated accordingly.

The NHS Board:
- Noted a revenue overspend of £0.199m to 28 February 2019
- Noted a balance forecast year end position subject to the outstanding position on Clackmannanshire and Stirling IJB risk share arrangements which carried a significant risk of variation
- Noted a balanced capital position was forecasted to 31 March 2019
• Noted projections on savings delivery indicating a requirement for £7.1m non-recurring sources in-year

7.2 Revenue Financial Plan 2019/20 – 2023/24

The NHS Board considered a paper “Revenue Financial Plan 2019/20 – 2023/24” presented by Mr Scott Urquhart, Director of Finance.

The Scottish Government had introduced new arrangements from 2019/20 which required NHS Boards to set out their plans to deliver a breakeven position over a 3 year planning period rather than on an annual basis. This provided flexibility and an opportunity to take a more strategic view on managing the planning and implementation of developments, with a focus on delivering the best health and wellbeing outcomes for the people of Forth Valley within the available fixed resources on a recurring basis.

Mr Urquhart highlighted the significant scale of financial challenge ahead across a range of areas including demographic change, drugs costs and changing technologies which carried a financial risk for the NHS Board. Mr Urquhart advised that the financial strategy for future years was to deliver better value by driving out waste, inefficiencies and unwarranted variation whilst improving the quality of services and outcomes for patients. To achieve the level of cost savings required over 3 years, the current Project Management Office (PMO) model, which had been created to manage the Elective Care project, would be expanded and developed to lead and implement cost improvement programmes. This would embed a structured approach to identify, prioritise and target efficiencies against the main areas of spend, with relevant Leads in place for each programme of work with clear accountabilities and capacity to deliver. Mr Urquhart noted the PMO could also provide some additional focus to wider priorities including Capacity and Flow challenges. Further information and details regarding the PMO would be developed and presented to the Performance and Resources Committee.

The 5 year Financial Plan would be used as a rolling financial framework with indicative positions to be revised and replaced as updated figures became known. The plan would also link with the IJBs’ Strategic Plans and Financial Plans and Mr Urquhart highlighted the financial arrangements set out within the recent Ministerial Steering Group report on progress with integration.

The NHS Board discussed the importance of understanding the implications of the savings required and the importance of ensuring the public, partner bodies and staff were clearly aware of the financial challenges, including drug costs and demographics. A Communication and Engagement plan would be developed to ensure all staff understood the financial position and their own role in supporting improved value.

The NHS Board:
• Approved the Financial Plan 2019/20 – 2023/24 detailed in Annex A
• Approved the 2019/20 budgets for Integration Authorities:
  o Falkirk £155.089m
  o Clackmannanshire/Stirling £136.483m
• Approved the high level cost improvement plan and approach, noting that a report further detailing how the Corporate Project Management Office would direct change as part of wider portfolio organisational arrangement be considered at the April 2019 Performance and Resources Committee
• Noted the estimated financial risk of between £8m and £10m for 2019/20 and further risk for future years
7.3 Capital Financial Plan 2019/20 – 2023/24

The NHS Board considered a paper “Capital Financial Plan 2019/20 – 2023/24” presented by Mr Scott Urquhart, Director of Finance.

Mr Urquhart outlined the 5 year Capital Plan which would support the Revenue Financial Plan and maximise investments. The Plan reflected the confirmed funding for 2019/20 from the Scottish Government and planned expenditures to support; Strategic priorities, Primary and Community Services, Community Hospitals, eHealth and Medical Equipment Priorities, Financial Assets and other Area Wide Expenditure.

The NHS Board:
- Approved the Capital Plan 2019/20 – 2023/24

7.5 Vascular Services Model

The NHS Board considered a paper “Vascular Services Model” presented by Dr Graham Foster, Director of Public Health and Strategic Planning

Dr Foster provided a brief outline of the work to implement the agreed model for vascular services across the West of Scotland and the ‘hub and spoke’ approach developed with NHS Greater Glasgow and Clyde for Tier 3 services (complex inpatient care).

The West of Scotland plan was to implement this model by September 2019, unfortunately due to a number of staffing challenges within the service it was necessary to implement these arrangements slightly ahead of schedule in February 2019 to ensure the continued delivery of a high quality, safe and sustainable service. The financial implications regarding the significant investment required by NHS Greater Glasgow and Clyde to provide this service were outlined and the need for further discussions regarding the proposed costs.

While the NHS Board recognised the need for early implementation, it was noted that once the service was embedded it would be reviewed to understand activity levels and resulting resources to establish whether any further adjustments were required.

The NHS Board:
- Noted the progress made in confirming the agreed networked model for vascular services, which met the national recommendations
- Noted the early implementation of the model of care to ensure the continued delivery of a high quality, safe and sustainable service for residents of Forth Valley
- Noted the initial schedule of costs associated with this model of care
- Requested an update on the outcome of future costings to support this model of care

8. BETTER GOVERNANCE

8.1 Standing Orders

The NHS Board considered a paper “Standing Orders” presented by Mr Scott Urquhart, Director of Finance.

Mr Urquhart advised that following the publication of the Blueprint for Corporate Governance in February 2019, a national programme of work was currently taking place which included the development of model Standing Orders and Committee Terms of References. The output from
this work was expected by June 2019 and it was proposed that Standing Financial Instructions (SFIs) would then be updated accordingly. The revised Standing Orders and Scheme of Delegation would also reflect the changes in the NHS Board management structure which were currently being implemented, including the new Director of Acute Services post.

In March 2019, the Audit Committee had considered and approved the proposal that these would be presented at their June 2019 meeting prior to formal approval by the NHS Board.

The NHS Board:
- Endorsed the decision made by the Audit Committee that revised Standing Orders and SFIs would be presented in June 2019

8.2 Governance Committee Minutes

8.2.1 Performance and Resources Committee: 18 December 2018

Mr Ford highlighted the Community Planning Partnership update which outlined the work to target those most vulnerable and in particular the critical role of NHS Forth Valley staff with this. A presentation had been provided by Audit Scotland regarding how effectively Children and Young People’s Mental Health services were being delivered and funded in Scotland and the resulting audit recommendations for improvement. Mr Ford also highlighted the focussed discussion regarding performance challenges in specific areas.

The NHS Board noted the minute of the Performance and Resources Committee meeting held on 18 December 2018.

8.2.2 Audit Committee: 18 January 2019

Councillor Sharp highlighted the work to develop Audit Sharing Protocols to ensure effective communication across the Partnerships and the discussions regarding both the Internal and External Audit Progress reports

The NHS Board noted the minute of the Audit Committee meeting held on 18 January 2019.

8.2.3 Endowment Committee: 18 January 2019

Councillor Sharp noted the update regarding a legacy bequeathed to Oncology, the approval of a 3 year Service Level Agreement with Artlink and the recent change in Investment Advisors.

The NHS Board noted the minute of the Endowment Committee meeting held on 18 January 2019.

8.2.4 Clinical Governance Committee: 15 February 2019

Mrs Swan highlighted the informative presentation received in relation to delivering healthcare in prisons and the detailed discussions regarding the challenges to reduce inappropriate prescribing. She also noted the focus on complaints, especially with regards to Stage 1 and the future rolling programme to provide all specialties the opportunity to present any relevant issues or achievements to provide further understanding of the services provided.

The NHS Board noted the minute of the Clinical Governance Committee meeting held on 15 February 2019
8.3 Governance Committee Annual Report

8.3.1 Annual Report of the Clinical Governance Committee 2018-2019

8.3.2 Annual Report of the Endowment Committee 2018-2019

8.3.3 Annual Report of the Audit Committee 2018-2019

8.3.4 Annual Report of the Performance and Resources Committee 2018-2019

8.3.5 Annual Report of the Staff Governance Committee 2018-2019

8.3.6 Annual Report of the Area Clinical Forum 2018-2019
The NHS Board discussed the integral function of the Area Clinical Forum in the decision making and assurance process with the need for appropriate representation and attendance.


8.4 Integration Joint Boards

8.4 Falkirk IJB: 21 November 2018 and 7 December 2018
The NHS Board noted the minutes of the Falkirk IJB meeting held on 21 November 2018 and 7 December 2018.

9. ANY OTHER COMPETENT BUSINESS

9.1 Emerging Topics
Mr Linkston highlighted Mrs Swan’s term as Chair of Falkirk IJB was due to end on 30 April 2019, when the role would transfer to Falkirk Council for two years. The NHS Board agreed to the proposal that Dr McClung would take on the role of Vice Chair of Falkirk IJB during this period effective from 1 May 2019.

Mr Ford advised that Ms Annmargaret Black had recently been appointed as the new Chief Officer of Clackmannanshire and Stirling IJB and was due to take up the post in June 2019

There being no further competent business the Chairman closed the meeting at 11.30am.
Executive Summary

NHS Forth Valley has a statutory duty to work in partnership with local authorities and other community planning partners to develop actions which address child poverty within the Forth Valley area as required within the requirements of the Child Poverty Act (Scotland) 2017. This paper provides information on the requirements of the Child Poverty (Scotland) 2017 Act and an update on the work which has been undertaken to date to deliver the requirements of the Act by NHS Forth Valley and the agreed future partnership activities.

Recommendation:

The Forth Valley NHS Board is asked to:

- Review the information provided regarding the work undertaken by NHS Forth Valley to address the Child Poverty (Scotland) 2017 Act and be assured that the organisation is fulfilling the duties placed on it in partnership with the three local authorities.

Key Issues to be Considered:

The Child Poverty (Scotland) Act 2017 duty on NHS Boards and local authorities to tackle child poverty within there are:

- To set out a clear agenda for tackling, reporting on and measuring child poverty, the Act set out four statutory income targets, to be met in the financial year beginning 1 April 2030. These targets to be achieved by 2030 were as follows
  - Less than 10% of children in relative poverty
  - Less than 5% of children in absolute poverty
  - Less than 5% of children in combined low income and material deprivation
  - Less than 5% of children in persistent poverty

As well as this, it set out four interim income targets, to be met in the financial year beginning 1 April 2023 and placed a duty on local authorities and health boards to report annually on
activity taken, and will take, to reduce child poverty. Reporting year 2018/2019 is the first year of the required local child poverty action reporting by local authorities and NHS Boards.

- the work undertaken by NHS Forth Valley to address child poverty in partnership with Clackmannanshire, Falkirk and Stirling Councils

NHS Forth Valley has been working in partnership with Clackmannanshire, Falkirk and Stirling Councils over the last 9 months to gather existing local and national child poverty data, collate information on child poverty activities undertaken in partnership or by each individual organisation in 2018/2019 with robust support and guidance from Health Scotland and the Improvement Service leads for child poverty. The national leads for child poverty have provided clarity that this first year of reporting is being viewed by Scottish Government as a ‘baseline’ year on which there is an expectation of assessment of present activity and agreement of future planned activities.

As the issue of child poverty is a cross-cutting theme within community planning partnership – integrated children’s strategies, employability and inequalities strategic themes, there has been significant effort to ensure that all cross-cutting themes and Directorates, both internally and with community planning partners, have been engaged in both providing information on existing activity and planning future partnership actions. The baseline information on activity undertaken by NHS Forth Valley in 2018/2019 has been integrated into the three local authorities reports as required by the Duty.

Partnership planning of future child poverty actions has been embraced by all parties involved and agreements for future partnership action are as follows –

- Travel and transport is a Forth Valley issue with the 3 local authorities as a Forth Valley issue
- Sustainable food and community development approaches to food in the early years with the 3 local authorities
- Digital and financial inclusion with Clackmannanshire Council
- Impact of poverty including the cost of the school day and family learning and employability with Falkirk Council
- Income maximisation with priority groups, employability with a disability focus, holiday fun clubs and a social enterprise strategy

These agreements will require to be developed into action plans which ensure outcomes that address child poverty in the Forth Valley area and agreements will be made within the next few weeks as to the best approaches and partnerships to deliver this.

Financial Implications
There are no financial implications

Workforce Implications
There are no workforce implications

Risk Assessment
The work undertaken causes no risk to NHS Forth Valley.
Relevance to Strategic Priorities
This duty is relevant to the actions taken within ‘A Thriving Forth Valley: NHS Forth Valley Health Improvement Strategy 2017 – 2021’ Strategic Priority One: Children & Early Years which as an outcome of ‘every child has the best start in life’.

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

Further to an evaluation it is noted that: (please tick relevant box)
- [ ] Paper is not relevant to Equality and Diversity
- [ ] Screening completed - no discrimination noted

Consultation Process
- All NHS Forth Valley Directorates
- NHS Forth Valley Health Improvement Programme Board
- Clackmannanshire, Falkirk and Stirling Councils strategic planning leads
7.1 Executive Performance Report

Seek Assurance

Executive Sponsor: Cathie Cowan, Chief Executive

Author: Kerry Mackenzie, Head of Performance

Executive Summary
The Executive Performance Report is presented to the NHS Board in support of ensuring transparency in terms of overall performance against key measures.

Recommendation
The Forth Valley NHS Board is asked to:
- Note the current key performance issues and actions
- Note the detail within the balanced scorecard

Key Issues to be Considered
This report focuses on the position in terms of the eight key standards that are most important to patients; 62-day cancer target, 12 week outpatient target, Diagnostics, 12 week treatment time guarantee, Access to Psychological Therapies, Access to Child & Adolescent Mental Health Services and Accident & Emergency 4-hour wait. The current position is noted in table 1. Additionally, other significant aspects of performance are considered within the report at Section 2 Key Performance Issues.

Table 1: Eight Key Standards

<table>
<thead>
<tr>
<th>Measure</th>
<th>National Target</th>
<th>Apr-19</th>
<th>Apr-18</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cancer 62 day target (March 2019)</td>
<td>95%</td>
<td>88.2%</td>
<td>77.9%</td>
</tr>
<tr>
<td>Cancer 31 day target (March 2019)</td>
<td>95%</td>
<td>98.9%</td>
<td>95.5%</td>
</tr>
<tr>
<td>12 Week Outpatient wait</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Number waiting over 12 weeks</td>
<td>0</td>
<td>1842</td>
<td>2505</td>
</tr>
<tr>
<td>Percentage waiting less than 12 weeks</td>
<td>95%</td>
<td>85.6%</td>
<td>83.5%</td>
</tr>
<tr>
<td>Diagnostic 42 day wait</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Number waiting beyond 42 days - Imaging</td>
<td>0</td>
<td>5</td>
<td>1</td>
</tr>
<tr>
<td>Number waiting beyond 42 days - Endoscopy</td>
<td>0</td>
<td>36</td>
<td>5</td>
</tr>
<tr>
<td>12 Week Treatment Time Guarantee</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Number &gt;12 weeks - Ongoing Waits</td>
<td>0</td>
<td>990</td>
<td>1167</td>
</tr>
<tr>
<td>Psychological Therapies</td>
<td>90%</td>
<td>61.7%</td>
<td>46.2%</td>
</tr>
<tr>
<td>Access to child &amp; adolescent mental health</td>
<td>90%</td>
<td>83.6%</td>
<td>52.3%</td>
</tr>
<tr>
<td>Accident &amp; Emergency 4 hour wait</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Emergency Department</td>
<td>95%</td>
<td>89.4%</td>
<td>81.5%</td>
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<tr>
<td>NHS Forth Valley Overall</td>
<td>95%</td>
<td>92.0%</td>
<td>85.8%</td>
</tr>
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</table>

The Scottish Government Waiting Times Improvement Plan was published in October 2018. High level trajectories are detailed within the plan to October 2019, October 2020 and Spring 2021. Work to agree local trajectories linked to the Annual Operational Plan is on-going.
Financial Implications
Any relevant financial implication will be discussed within the Finance Report

Workforce Implications
Any workforce implications will be highlighted and progressed appropriately if required

Risk Assessment
Key risks are highlighted within the appropriate level of Risk Register

Relevance to Strategic Priorities
The Scottish Government requested a focus on performance, finance and workforce, concentrating on the key standards that are most important to patients. The Report considers performance across these standards along with other significant aspects of performance.

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

Further to an evaluation it is noted that:
  • Paper is not relevant to Equality and Diversity

Consultation Process
Key directorate personnel and Head of Patient Access
1. **Summary of Performance**

Table 2: At a Glance Performance Summary

<table>
<thead>
<tr>
<th>TRIPLE AIM</th>
<th>QUALITY DIMENSIONS</th>
<th>RED</th>
<th>AMBER</th>
<th>GREEN</th>
<th>GREY</th>
<th>TOTAL</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Better Care</strong></td>
<td>Timely</td>
<td>5</td>
<td>4</td>
<td>5</td>
<td>3</td>
<td>17</td>
</tr>
<tr>
<td></td>
<td>Safe</td>
<td>1</td>
<td>0</td>
<td>13</td>
<td>4</td>
<td>18</td>
</tr>
<tr>
<td><strong>Better Health</strong></td>
<td>Person Centred</td>
<td>6</td>
<td>3</td>
<td>6</td>
<td>2</td>
<td>17</td>
</tr>
<tr>
<td></td>
<td>Equitable</td>
<td>0</td>
<td>1</td>
<td>5</td>
<td>3</td>
<td>9</td>
</tr>
<tr>
<td><strong>Better Value</strong></td>
<td>Effective &amp; Efficient</td>
<td>2</td>
<td>3</td>
<td>5</td>
<td>2</td>
<td>12</td>
</tr>
<tr>
<td><strong>TOTAL</strong></td>
<td></td>
<td>14</td>
<td>11</td>
<td>34</td>
<td>14</td>
<td>73</td>
</tr>
</tbody>
</table>

Of the 59 measurable targets with a RAG status within the Balanced Scorecard, 34 are currently Green, 11 are Amber, and 14 areas are detailed as Red. A further 14 measures are Grey.

2. **Key Performance Issues**

- **62-day cancer target**

95% of patients urgently referred with a suspicion of cancer should be treated within 62 days or less. The March 2019 monthly position in respect of the 62-day cancer target is that 88.2% of patients urgently referred with a suspicion of cancer were treated within 62 days or less. This is an improvement of 10.3% from the March 2018 position of 77.9%. The percentage compliance for Scotland in March 2019 was 79.9%.

- **12 week outpatient wait**

No patient should wait longer than 12 weeks from referral to a first outpatient appointment. The agreed March target of 1800 was met with 1751 patients waiting beyond 12 weeks. The position for the end of April is noted as 1842 patients exceeding 12 weeks. The April 2018 to April 2019 comparison highlights a reduction of 663 patients waiting longer than the standard. 85.5% of outpatients were waiting less than 12 weeks at the end of April 2019.

- **12 week Treatment Time Guarantee**

100% of eligible patients will start to receive their day case or inpatient treatment within 12 weeks of the agreement to treat. 257 patients were treated in April with a wait longer than 12 weeks, a decrease or improvement of 162 from March 2019. Percentage compliance in April was 64%.

In respect of on-going waits the agreed target in March 2019 of 1080 was met with 938 patients waiting beyond 12 weeks. The position at the end of April 2019 was 990.

- **Access to Psychological Therapies**

90% target in respect of 18 weeks referral to treatment for Psychological Therapies. During April 2019 61.7% of patients were treated within 18 weeks of referral. Over the period April 2018 to April 2019 in respect of access to psychological therapies 51.7% of patients were treated within 18 weeks of referral per month.

- **A&E 4 hour wait**

95% of patients should wait less than 4 hours from arrival to admission, discharge or transfer for accident and emergency treatment. Overall compliance for April 2019 was 92.0%; MIU 99.9%, ED 89.4%. A total of 596 patients waited longer than the 4 hour target across both the ED and Minor Injuries Unit (MIU); with 30 waits longer than eight hours and 5 longer than 12 hours. The main reason for patients waiting beyond 4 hours remains ‘wait for first assessment’ with 382 patients.

- **Attendance Management**

The target is to reduce sickness absence to 4% or less however an interim or milestone target of 4.5% has been agreed. The overall March 2019 sickness absence position is reported as 5.85%, with Scotland noted as 5.10%. The 12 month rolling average for the period April 2018 to March 2019 show that NHS Forth Valley remains behind the Scottish average; Forth Valley 5.88%, Scotland 5.40%.
• **Stroke Care Bundle**
80% of patients admitted to hospital with a diagnosis of stroke should receive the appropriate elements of the stroke care bundle. In March 2019, 56.9% of all patients admitted to hospital with a diagnosis of stroke received the appropriate elements of the bundle, with 22 fails noted. Three elements of the stroke care bundle, admission to stroke unit 80.4%, swallow screening 90.2% and brain scanning 78.4%, were non compliant with the relevant standards.

• **Delayed Discharges**
No patient should be waiting more than 14 days to be discharged from hospital into a more appropriate care setting, once treatment is complete. The April 2019 census position for delays over 14 days is 33 against a zero standard. Inclusion of waits less than 2 weeks plus 25 code 9 exemptions brings the total delays to 82 at the census.

The number of bed days occupied by delayed discharges at the April census was 1232. There is an increasing or worsening trend May to April 2017/18 compared with 2018/19 with a 49% increase in the average number of occupied bed days. There is a 13% increase April 2018 compared with April 2019 with an average of 1592 bed days occupied at the monthly census over the time period.

3. **Introduction**
The overall approach to performance within NHS Forth Valley continues to underline the principle that performance management is integral to the delivery of quality improvement and core to sound management, governance and accountability. The Executive Performance Report and Balanced Scorecard are presented to the NHS Board to support focus on current key performance issues and actions.


Clear priorities have been established by the Cabinet Secretary for Health and Sport in respect of:

- Waiting times and performance improvements in scheduled and unscheduled care and delivery of the elective centres
- Health and Social Care Integration and improving the pace of progress
- Mental Health and delivering improvements in services and provision

In support of improving waiting times for patients, the Scottish Government Waiting Times Improvement Plan was published in October 2018. The plan focuses on improvements for patients whose treatment is urgent, who have a suspicion of cancer, and those who have waited the longest for an appointment. Steps will be taken to reduce waiting times for outpatient and inpatient appointments and day cases with a number of high level trajectories in place. NHS Forth Valley planning processes are underway in respect of developing local trajectories to support delivery of improvements.

Our Annual Delivery Plan - 2019/2020 sets out the priority areas for NHS Forth Valley over the next year and will be presented to the NHS Board at Agenda Item 7.4 Annual Operational Plan for approval.
4. Format and Structure

The report draws on a basic balanced scorecard approach and focuses on the Institute for Healthcare Improvement's Triple Aim framework: Better Care, Better Health and Better Value, and follows a similar format presented to Performance & Resources Committee. Performance indicators are based on, and considered across, the Institute of Medicine's six dimensions of quality. The eight key standards all sit under the Timely section, within the Better Care dimension of Triple Aim.

The Balanced Scorecard has been designed to provide a comprehensive ‘at a glance’ view of measures against associated targets, with a comparison from the previous year, direction of travel and RAG status.

Performance reporting is by exception with a number of measures rated as Red discussed in detail. A full review of issues and actions was carried prior to the Performance & Resources Committee in February and is reflected in this report. In terms of reporting, this will be undertaken every two months.

The indicators are made up of:

- Scottish Government Indicators - Delivery Plan
- Local Key Performance Indicators (LKPI)
- National requirements

Outlined below is the key to the scorecard. For the majority of indicators with an adverse variance of more than 5% there is an accompanying exceptions report highlighting the position and identifying actions in place to address performance.

<table>
<thead>
<tr>
<th>Key To Abbreviations</th>
<th>Key to Performance Status</th>
<th>Direction of travel relates to previously reported position</th>
</tr>
</thead>
<tbody>
<tr>
<td>SG</td>
<td>RED</td>
<td>▲ Improvement in period</td>
</tr>
<tr>
<td>LKPI</td>
<td>AMBER</td>
<td>◀◀ Position maintained</td>
</tr>
<tr>
<td>NR</td>
<td>GREEN</td>
<td>▼ Deterioration in period</td>
</tr>
<tr>
<td></td>
<td>GREY</td>
<td>— No comparative data</td>
</tr>
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</table>

Note: Not all measures are updated in-month depending on the reporting period and data timing.
### Timely

<table>
<thead>
<tr>
<th>Ref</th>
<th>Type</th>
<th>Measure</th>
<th>As at</th>
<th>Target</th>
<th>2018/19</th>
<th>2017/18</th>
<th>Scotland</th>
<th>Status</th>
<th>Direction of travel</th>
<th>Exception Report</th>
</tr>
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<tbody>
<tr>
<td>1</td>
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<td>Cancer 62 day target</td>
<td>March 95%</td>
<td>98.2%</td>
<td>77.9%</td>
<td>81.6%</td>
<td>Red</td>
<td>▲</td>
<td>-</td>
<td>Page 10</td>
</tr>
<tr>
<td>2</td>
<td>SG</td>
<td>Cancer 31 day target</td>
<td>March 95%</td>
<td>96.9%</td>
<td>97.8%</td>
<td>95.7%</td>
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<td>▲</td>
<td>-</td>
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<tr>
<td>3</td>
<td>LKPI</td>
<td>Return Outpatient Waits</td>
<td>Number waiting over 12 weeks</td>
<td>April 95%</td>
<td>85.6%</td>
<td>83.5%</td>
<td>78.8%</td>
<td>-</td>
<td>▲</td>
<td>-</td>
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<tr>
<td>4</td>
<td>LKPI</td>
<td>Endoscopy Surveillance</td>
<td>Total number waiting beyond surveillance date</td>
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<td>94%</td>
<td>89%</td>
<td>90%</td>
<td>-</td>
<td>▲</td>
<td>-</td>
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<tr>
<td>5</td>
<td>SG</td>
<td>Diagnostic 42 day wait</td>
<td>Number waiting beyond 42 days - Imaging</td>
<td>April 95%</td>
<td>96%</td>
<td>94.2%</td>
<td>91.9%</td>
<td>-</td>
<td>▲</td>
<td>-</td>
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<tr>
<td>6</td>
<td>SG</td>
<td>12 Week Treatment Time Guarantee</td>
<td>Number &gt;12 weeks - Completed Wait</td>
<td>April 95%</td>
<td>97%</td>
<td>93%</td>
<td>92%</td>
<td>Red</td>
<td>▲</td>
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<tr>
<td>7</td>
<td>SG</td>
<td>Mental Health</td>
<td>Psychological Therapies</td>
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<td>97%</td>
<td>92%</td>
<td>91%</td>
<td>-</td>
<td>▲</td>
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<tr>
<td>8</td>
<td>SG</td>
<td>Accident &amp; Emergency 4 hour wait</td>
<td>Emergency Department</td>
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<td>95%</td>
<td>91%</td>
<td>90%</td>
<td>-</td>
<td>▲</td>
<td>-</td>
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<td>9</td>
<td>NR</td>
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<td>Inpatient</td>
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<td>▲</td>
<td>-</td>
</tr>
<tr>
<td>10</td>
<td>LKPI</td>
<td>Access to drug &amp; alcohol treatment</td>
<td>Psychological Therapies</td>
<td>April 95%</td>
<td>96%</td>
<td>92%</td>
<td>91%</td>
<td>-</td>
<td>▲</td>
<td>-</td>
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<tr>
<td>11</td>
<td>LKPI</td>
<td>HF Treatment within 12 months</td>
<td>Psychological Therapies</td>
<td>April 95%</td>
<td>97%</td>
<td>96%</td>
<td>95%</td>
<td>-</td>
<td>▲</td>
<td>-</td>
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<tr>
<td>12</td>
<td>LKPI</td>
<td>MISK wait - number over 12 weeks</td>
<td>Psychological Therapies</td>
<td>April 95%</td>
<td>98%</td>
<td>97%</td>
<td>96%</td>
<td>-</td>
<td>▲</td>
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### Safe

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<tr>
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<th>Target</th>
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<th>2017/18</th>
<th>Scotland</th>
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<th>Direction of travel</th>
<th>Exception Report</th>
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</thead>
<tbody>
<tr>
<td>13</td>
<td>NR</td>
<td>Hospital standardised mortality ratio</td>
<td>Staphylococcus Aureus Bacteraemia (SABs)</td>
<td>December 95%</td>
<td>10%</td>
<td>19%</td>
<td>17%</td>
<td>Green</td>
<td>▲</td>
<td>-</td>
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<tr>
<td>14</td>
<td>LKPI</td>
<td>SABs rate per 1000 acute occupied bed days</td>
<td>SABs rate per 1000 acute occupied bed days - monthly</td>
<td>April 95%</td>
<td>9%</td>
<td>9%</td>
<td>9%</td>
<td>Red</td>
<td>▲</td>
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<td>15</td>
<td>LKPI</td>
<td>Clostridium Difficile Infections (CDIs)</td>
<td>CDI rate per 1000 total occupied bed days</td>
<td>April 95%</td>
<td>9%</td>
<td>9%</td>
<td>9%</td>
<td>Green</td>
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<td>-</td>
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<tr>
<td>16</td>
<td>LKPI</td>
<td>Community Hospital Hand Hygiene</td>
<td>Number of hospital acquired CDIs in month</td>
<td>April 95%</td>
<td>11%</td>
<td>10%</td>
<td>9%</td>
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<td>17</td>
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<td>10 Patient Safety Essentials</td>
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**Better Care**: Improving the patient experience of care, including quality and satisfaction.
# Better Health: Improving the health of populations

## Person Centred

<table>
<thead>
<tr>
<th>Ref</th>
<th>Type</th>
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<td>19</td>
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<td>Clinical quality indicators</td>
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<td>21</td>
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<td>Stroke Care Bundle</td>
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<td>22</td>
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<td>Complaints</td>
<td></td>
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## Equitable

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<th>Ref</th>
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<th>2017/18</th>
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<th>Direction of travel</th>
<th>Exception Report</th>
</tr>
</thead>
<tbody>
<tr>
<td>23</td>
<td>LKR</td>
<td>Suicide rate per 100,000 population</td>
<td>December</td>
<td>Reduction</td>
<td>16.2</td>
<td>14.8</td>
<td>13.5</td>
<td>Green</td>
<td>▼</td>
<td>-</td>
</tr>
<tr>
<td>24</td>
<td>LDP</td>
<td>Smoking cessation - 12 w eek quits (1/4 2 data complete end January)</td>
<td>April</td>
<td>353 year</td>
<td>278</td>
<td>446 full year</td>
<td>-</td>
<td>Green</td>
<td>▲◄► Year complete end July</td>
<td></td>
</tr>
<tr>
<td>25</td>
<td>LDP</td>
<td>Alcohol brief intervention</td>
<td>March</td>
<td>3410 year</td>
<td>7368</td>
<td>7812</td>
<td>-</td>
<td>Green</td>
<td>▼</td>
<td></td>
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<tr>
<td>26</td>
<td>LKR</td>
<td>Child Healthy Weight Programme Delivery</td>
<td>January</td>
<td>100%</td>
<td>100%</td>
<td>100%</td>
<td>-</td>
<td>Green</td>
<td>▲◄►</td>
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<tr>
<td>27</td>
<td>LKR</td>
<td>Child Dental Health</td>
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<td></td>
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<tr>
<td>28</td>
<td>LDP</td>
<td>Access to Antenatal Care by 12 Weeks</td>
<td>April</td>
<td>80%</td>
<td>83.3%</td>
<td>92.5%</td>
<td>-</td>
<td>Green</td>
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<tr>
<td>29</td>
<td>LDP</td>
<td>Early diagnosis &amp; treatment in first stage of cancer</td>
<td>December</td>
<td>Increase</td>
<td>29.2%</td>
<td>26.2%</td>
<td>25.3%</td>
<td>Amber</td>
<td>▲</td>
<td>-</td>
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</table>
**Better Value:** Reducing the per capita cost of health care.

### Effective and Efficient

<table>
<thead>
<tr>
<th>Ref</th>
<th>Type</th>
<th>Measure</th>
<th>As at</th>
<th>Target</th>
<th>2018/19</th>
<th>2017/18</th>
<th>Scotland</th>
<th>Status</th>
<th>Direction of travel</th>
<th>Exception Report</th>
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</thead>
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<tr>
<td>30</td>
<td>LKR</td>
<td>Finance</td>
<td></td>
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<td></td>
<td></td>
<td>YTD Revenue position</td>
<td>April</td>
<td>Break even</td>
<td>£-0.415m</td>
<td>£-0.424m</td>
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<td>Amber</td>
<td>▲</td>
<td>Agenda Item 8.1</td>
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<td>31</td>
<td>LKR</td>
<td>Reduction in Primary Care Prescribing cost per patient</td>
<td>February</td>
<td>&lt; Scotland</td>
<td>£206.42</td>
<td>£206.31</td>
<td>£206.71</td>
<td>Amber</td>
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<td>32</td>
<td>LKR</td>
<td>Delayed Discharge</td>
<td></td>
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<td>Page 26</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Delayed discharge &gt;14 days - No of Patients</td>
<td>April</td>
<td>0</td>
<td>33</td>
<td>17</td>
<td>-</td>
<td>Red</td>
<td>▼</td>
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<td></td>
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<td>Delayed discharge &gt;72 hours - No of Patients</td>
<td>April</td>
<td>Reduction</td>
<td>58</td>
<td>55</td>
<td>-</td>
<td>Grey</td>
<td>▼</td>
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<td></td>
<td></td>
<td>Bed days lost due to delayed discharge - Total</td>
<td>April</td>
<td>Reduction</td>
<td>1232</td>
<td>1091</td>
<td>-</td>
<td>Red</td>
<td>▼</td>
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<tr>
<td></td>
<td></td>
<td>Bed days lost due to delayed discharge - Forth Valley</td>
<td>April</td>
<td>Reduction</td>
<td>1209</td>
<td>1085</td>
<td>-</td>
<td>▲</td>
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<tr>
<td>33</td>
<td>LKR</td>
<td>A&amp;E attendance per 100,000 of population</td>
<td>April</td>
<td>Reduction</td>
<td>1836</td>
<td>1740</td>
<td>2211</td>
<td>Amber</td>
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<tr>
<td>34</td>
<td>LKR</td>
<td>Long Term Conditions - number of bed days per 100,000 population</td>
<td>March</td>
<td>Reduction</td>
<td>5,050</td>
<td>5,071</td>
<td>-</td>
<td>Green</td>
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<td>35</td>
<td>LKR</td>
<td>Anticipatory Care Plans</td>
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<td>Number of patients</td>
<td>March</td>
<td>Increase</td>
<td>16,297</td>
<td>16,601</td>
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<tr>
<td></td>
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<td>Percentage of Board list size</td>
<td>March</td>
<td>Increase</td>
<td>5.1%</td>
<td>4.9%</td>
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<tr>
<td>36</td>
<td>LKR</td>
<td>Outpatient 'Did Not Attends' DNA</td>
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<tr>
<td></td>
<td></td>
<td>New Outpatients</td>
<td>April</td>
<td>&lt; Scotland</td>
<td>5.5%</td>
<td>5.9%</td>
<td>7.1%</td>
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<td>▲</td>
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<tr>
<td></td>
<td></td>
<td>Return Outpatients</td>
<td>April</td>
<td>Monitor</td>
<td>6.1%</td>
<td>-</td>
<td>-</td>
<td>Grey</td>
<td>-</td>
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<tr>
<td>37</td>
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<td>Emergency Bed Days Patients 75+ rate per 1,000 population</td>
<td>March</td>
<td>Reduction</td>
<td>3,712</td>
<td>4,680</td>
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PERFORMANCE EXCEPTION REPORTS

(For those measures rated as Red)
<table>
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<tr>
<th>Ref No: 1</th>
<th>Cancer 62-day target:</th>
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<tbody>
<tr>
<td>Measure</td>
<td>Proportion of patients urgently referred with a suspicion of cancer treated within 62 days or less - 95% target</td>
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<tr>
<td>Current Performance</td>
<td>88.2% of patients urgently referred with a suspicion of cancer were treated within 62 days or less in March 2019</td>
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<tr>
<td>Scotland Performance</td>
<td>81.6% of patients urgently referred with a suspicion of cancer were treated within 62 days or less in March 2019</td>
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<tr>
<td>Lead</td>
<td>Mrs Andrea Fyfe, Director of Acute Services</td>
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</table>

### Supporting Graph

**GRAPH 1: Forth Valley_62-day Cancer Standard**

- **Quarterly Position**
  - 62 day position
  - Target

**GRAPH 2: Forth Valley_62-day Cancer standard**

- **March 2018 - March 2019**
  - 62-day position
  - Target

### Commentary

The target is that 95% of patients referred with a suspicion of cancer commence treatment within 62 days with 95% of patients commencing treatment within 31 days of decision to treat.

The NHS Forth Valley quarterly position to December 2018, highlights that 81.2% of patients with a suspicion of cancer were treated within 62 days; an improvement of 1.7% from the reported figure of 79.5% for the quarter ending September 2018. The Scotland position to the end of December is noted as 82.7%

The NHS Forth Valley, March 2019 monthly position in respect of the 62-day cancer target is that 88.2% of patients urgently referred with a suspicion of cancer were treated within 62 days or less. This
is an improvement of 10.3% from the March 2018 position of 77.9%. The percentage compliance for Scotland in March 2019 was 79.9%.

There are currently approximately 1609 patients being tracked on the 62 day cancer pathway; this can however vary significantly. This number is indicative of patients remaining on pathways for a long period of time, primarily due to some delays in the front end of the pathway. Of note is that the number of confirmed cancer cases has remained relatively stable across all specialties.

In March 2019, 98.9% of patients were treated within 31 days of decision to treat with the Scotland comparison 95.7%.

**Key issues and actions to address performance**

The Performance & Resources Committee received a presentation in respect of cancer services in April 2019.

On-going improvement work highlights a number of areas where there are positive results. Changes to vetting and photo triage have brought waits down from 6-8 weeks to 2 weeks. There is increased capacity in the minor operations team through cancer monies and work to appropriately downgrade patients is on-going to maximise tracking of patients. Local launch and educational evening for Scottish Cancer Referral Guidelines took place on 1st May 2019.

Challenges in respect of delivering the target are multi-factorial. Key issues are noted as:

- Sustained increase in referrals, conversion static.
- Bowel screening referrals up 78.7% overall for 2018
- Workforce pressures in respect of ENT, Breast Radiology, Oncology, Pathology (Breast and Urology)
- Diagnostic challenges within MRI, Colonoscopy, guide wires (breast), reporting (MRI), Isotope for positron emission tomography (PET)
- Demand for outpatient appointments - ENT, Colorectal, Breast, Skin, Respiratory, Urology
- Theatre Capacity for Breast (Radiology) and Micro Laryngoscopy
- Tracking and Multi Disciplinary Team challenges for Cancer Audit Tracking System team in respect of throughput

Improvement work and plans include a number of generic measures in respect of working with the Lead Cancer GP across the Primary/Secondary interface. A number of actions have been completed with work ongoing to: identify key themes in terms of inappropriate referrals with data collected for breast and colorectal; develop improved information available on the intranet; ensure primary care awareness of specific pathways e.g. neck lump, evaluate the relevance of new technology and ways of working.

In respect of the Skin Cancer, Colorectal Pathway and Urology/Oncology there are number of pathway specific actions are being undertaken.
Ref No: 2

<table>
<thead>
<tr>
<th>Measure</th>
<th>12 week outpatient waits:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>• The number of patients waiting longer than 12 weeks from referral to a first outpatient appointment</td>
</tr>
<tr>
<td></td>
<td>• The percentage of patients waiting less than 12 weeks from referral to a first outpatient appointment – 95% minimum standard with a stretch aim of 100%.</td>
</tr>
</tbody>
</table>

| Current Performance | 1842 patients were waiting longer than 12 weeks at the end of April 2019 |
|                     | 85.5% of patients were waiting less than 12 weeks at the end of April 2019 |

| Scotland Performance | 70.1% of patients across Scotland were waiting less than 12 weeks at December 2018 |

| Lead: | Mrs Andrea Fyfe, Director of Acute Services |

### Supporting Graphs

**GRAPH 3: Outpatient Waits_Number over 12 weeks**

April 2018 to April 2019

**GRAPH 4: Outpatient waits_Percentage waiting less than 12 weeks**

April 2018 to April 2019

### Commentary

The target is that no patient will wait longer than 12 weeks from referral (all sources) to a first outpatient appointment; waits over 16 weeks are to be eradicated.

At the end of April 2019 the total number of patients waiting for an outpatient appointment that exceeded the 12 week waiting time standard was 1842. Graph 3 highlights an improving position from September 2018 with 2199 fewer patients waiting beyond 12 weeks. The April 2018 to April 2019 comparison highlights a reduction of 663 patients waiting longer than the standard. The number of patients waiting over 16 weeks was 830 at the end of April 2019, a decrease of 94 from 924 in March 2019.
2019 with a month on month decrease noted from September 2018.

85.5% of outpatients were waiting less than 12 weeks at the end of April 2019.

The majority of long waiting outpatients are within Orthopaedics, General Surgery, Pain Management, Neurology, Urology, ENT, OMFS and Dermatology.

Outpatient unavailability within Forth Valley is 1.5% of the total waiting list with the Scotland position 2.4%. The outpatient DNA rate for new patients within Forth Valley is 5.5% which compares well against the 7.1% NHS Scotland new patient DNA rate. The provisional Forth Valley rate for return outpatients is 6.1% with no Scotland wide DNA rate published for return outpatients.

**Key issues and actions to address performance**

The Performance & Resources Committee received a presentation in respect of Scheduled Care in April 2019. It was highlighted that the March 2019 target of 1800 patients waiting over 12 weeks was met with 1751 patients waiting beyond 12 weeks for a first outpatient appointment.

It was noted that by October 2019, 85% of outpatients should be waiting less than 12 weeks to be seen with work in respect of developing and agreeing trajectories on-going as part of the work to develop the Annual Operational Plan.

Actions continue in respect of maximising outpatient activity:

- Agreed sessions are in place to improve the number waiting by June 2019
- Progress and activity is being monitored on a weekly basis.
- Clinic utilisation is being reviewed by service leads to ensure maximum adoption of available appointments with staff utilising additional sessions where possible.
- Proposed cancellation of planned clinics is being monitored with clinics rescheduled rather than cancelled where possible.
- Utilisation of outpatient department capacity is being reviewed by the service leads each month.
- Patient appointment reminders are being rolled out across all specialties including return patient appointments.
- Automatic waiting list validation using the patient reminder software has begun and will be rolled out gradually.
- Work to agree capacity plans for 2019/20 is underway. Return appointment demand is being included in annual plans.
**Ref No: 5**

**12 week Treatment Time Guarantee:**

The number of eligible patients who start to receive their day case or inpatient treatment within 12 weeks of the agreement to treat.

**Current Performance**

- 1060 patients waited longer than 12 weeks from January to March 2019 – 62% compliance (provisional position)
- 257 patients waited longer than 12 weeks in April 2019 – 64% compliance
- 990 patients were waiting over 12 weeks the end of April 2019

**Scotland Performance**

18,701 patients waited longer than 12 weeks in the period October to December 2018 – 72.7% compliance.

**Lead:** Mrs Andrea Fyfe, Director of Acute Services

### Supporting Graphs

**GRAPH 5: TTG_Number over 12 weeks - completed waits**

**Quarterly Position**

**GRAPH 6: TTG_Number Waiting over 12 Weeks**

April 2018 to April 2019

### Commentary

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

In the quarter January to March 2019, management information shows 1060 patients waited longer than the 12 week Treatment Time Guarantee; 62% compliance against the target. The Scotland compliance is noted as 71.9%. Graph 5 continues to highlights an increasing trend in terms of the number of patients that waited beyond the 12 week guarantee for treatment.
257 patients were treated in April 2019 with a wait longer than 12 weeks, a decrease or improvement of 162 from March 2019.

In respect of on-going waits, there were 990 patients waiting longer than 12 weeks at the end of April which is a decrease of 177 from April 2018. Graph 6 highlights the improving trend in terms of the number of patients with an on-going wait over 12 weeks with an average of 1106 patients waiting beyond 12 weeks each month. Of note is an 18% decrease in the number of patients with an on-going wait April 2018 to April 2019.

Most of the long waiting patients remain within Orthopaedics, General Surgery and ENT.

NHS Forth Valley inpatient in April 2019 was 6.7% of the total waiting list size. Four specialties have unavailability higher than the Scotland position of 7.0%; Vascular Surgery 9.4%, Urolgy 8.4%, Orthopaedics 7.4% and OMFS 7.2%.

**Key issues and actions to address performance**

The Performance & Resources Committee received a presentation in respect of Scheduled Care in April 2019. It was highlighted that the March 2019 target of 1088 patients waiting over 12 weeks was met with 938 patients waiting beyond the 12 week treatment time guarantee.

It was noted that by October 2019, 75% of outpatients should be waiting less than 12 weeks to be seen with work in respect of developing and agreeing trajectories on-going as part of the work to develop the Annual Operational Plan.

Actions continue in respect of maximising capacity:

- Additional weekend theatre sessions and OPD sessions are planned to 30 June 2019
- Work to look at how recurrent gaps can be filled using innovation, redesign and demand management techniques is underway.
- Service leads meet with the theatre coordinator on a weekly basis to ensure every theatre session is used. Where possible staff are generating additional theatre sessions.
- Capacity is reviewed on a daily basis to support utilisation of every available theatre space
- Work is ongoing with the clinical and booking staff to improve processes in respect of admitting patients in order of priority then date order.
- Aim is to reduce DNAs and cancellation on the day of appointment supported by a working group to address communication with patients
**Ref No: 6**

**Mental Health – Psychological Therapies:**

**Measure**
Delivery of 18 weeks referral to treatment for Psychological Therapies - 90% target

**Current Performance**
61.7% of patients were treated with 18 weeks of referral in April 2019

**Scotland Performance**
77.2% of patients were treated with 18 weeks of referral in February 2019

**Lead:** Mrs Gillian Morton, General Manager

**Supporting Graphs**

**Commentary**

During April 2019 the RTT position improved to 61.7% of patients treated within 18 weeks of referral. Graph 7 highlights the fluctuating position over the period April 2018 to April 2019 in respect of access to psychological therapies. Performance continues to be challenging with the position over the period highlighting that an average of 51.7% of patients were treated within 18 weeks of referral per month.

The position across Scotland in February 2019 is that 77.7% of patients were treated within 18 weeks of referral.

Current figures need to be considered with caution due to data completion issues aligned to the migration to TrakCare.

**Key issues and actions to address performance**

- During March 2019 2 groups started which were attended by around 50 people who would mostly have been waiting under 18 weeks.

- Recruitment is currently underway for the 3.5 WTE from the new investment and all replacements. Interviews will be completed by the 1st May and based on interviews so far it is hopeful that all posts will be recruited to successfully.

- The responsive support contract with Healthcare Improvement Scotland (HIS) continues to be ongoing, with regular meetings and teleconferences in place. HIS is working with the service to formalise, develop and enhance the existing QI plan.

  This includes:
  - Demand, Capacity, Activity and Queue (DCAQ)
  - Trauma pathway
- Clinical outcome recording
- Use of Computerised Cognitive Behavioural Therapy (cCBT)
- Governance and recording of PTs delivered outwith the PTs service
- Improvements in matched care

- Focus groups were arranged in relation patient engagement survey. Lack of user participation in focus groups (presumed to be due to high levels of satisfaction) has led to alternative plan for taking forward in development.

- Referrer engagement work is continuing with the service being given a whole CREATE session to present and facilitate workshops around assessing readiness for psychological therapies. This work will hopefully lead to improved referrals for people who are at the right time and place for psychological therapies.

- Staffing issues continue, with a number of vacancies currently in the recruitment process:
  - 3.5 WTE new posts as described above
  - 3 replacement posts currently out to advert
  - 1 current and 1 forthcoming maternity leaves

- The Implementation plan will be presented to the Performance & Resources Committee in June 2019 to support monitoring of investment and the impact on waiting times/lists.
A&E waits over 4 hours:

Percentage of patients waiting less than 4 hours from arrival to admission, discharge or transfer for accident and emergency treatment - 95% standard, with a stretch aim of 98%.

Current Performance

In April 2019:
- 92.0% of patients waited less than 4 hours - Forth Valley total
- 89.4% of patients waited less than 4 hours - ED

Scotland Performance

In March 2019:
- 91.3% of patients waited less than 4 hours – Scotland total
- 90.0% of patients waited less than 4 hours – Scotland ED

Lead:

Mrs Andrea Fyfe, Director of Acute Services

Supporting Graphs

Commentary

No patient should wait longer than 4 hours from arrival to admission, discharge or transfer for accident and emergency treatment - 95% standard.

Overall compliance for April 2019 was 92.0%; MIU 99.9%, ED 89.4%.

In April 2019, a total of 596 patients waited longer than the 4 hour target across both the ED and Minor Injuries Unit (MIU); with 30 waits longer than eight hours and 5 longer than 12 hours.

The main reason for patients waiting beyond 4 hours remains ‘wait for first assessment’ with 382 patients. 32 patients breached due to ‘wait for bed’, ‘clinical reason’ accounted for 61 breaches and ‘wait for diagnostic results’ accounted for 30 breaches.

Table 4 highlights the breaches throughout the months of February 2019 to April 2019. The majority of breaches occur in the Emergency Department at Forth Valley Royal Hospital and the reasons for breach are detailed.

Table 4: Emergency Department 4 Hour breaches February 2019 to April 2019
Work continues to focus on all aspects of unscheduled care to support improvement in performance as a whole system with the Unscheduled Care Programme Board continually monitoring ED performance and attendance indicators as part of the six essential actions prescribed by the Scottish Government.

As part of the Scottish Government escalation, the North of England Commissioning Support unit is providing tailored support to NHS Forth Valley in respect of unscheduled care and the whole system. Support is in the form of an interim Site Director and three senior project managers from the North of England Commissioning Support.

Key priorities are:
- Implementation of new escalation policy
- Standard operating procedures for key roles within the Emergency Department
- Revisiting ‘Getting Forth Right’ creating an overarching vision and redefining work streams
- Setting up a Programme Management Office to ensure focussed, systemic approaches to specific objectives following SMART criteria – Specific, Measureable, Achievable, Realistic and Time Bound

The Performance & Resources Committee will receive an update in respect of Unscheduled Care and actions in June 2019.
Ref No: 20

Attendance Management:
To reduce sickness absence to 4%

<table>
<thead>
<tr>
<th>Measure</th>
<th>Current Performance</th>
<th>Scotland Performance</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>5.85% sickness absence rate at March 2019</td>
<td>5.10% sickness absence rate at March 2019</td>
</tr>
</tbody>
</table>

Lead: Miss Linda Donaldson, Director of Human Resources

Supporting Graphs

Commentary
The overall March 2019 sickness absence position is reported as 5.85%, with Scotland noted as 5.10%. Graph 9 highlights NHS Forth Valley absence March 2018 to March 2019, noting the position in March 2018 as 5.53%.

The 12 month rolling average for the period April 2018 to March 2019 show that NHS Forth Valley remains behind the Scottish average; Forth Valley 5.88%, Scotland 5.40%.

Long term absence has increased by 0.4% to 3.53% in March 2019 from 3.13% in March 2018, with Short Term absence increasing to 2.11% from 1.93% in March 2018.

‘Anxiety/Stress/Depression/Other Psychiatric illness’ remains the top single reason for sickness absence across NHS Forth Valley.

To ensure appropriate scrutiny, the Staff Governance Committee continues to receive a detailed Absence Management paper as a standing agenda item.

Key issues and actions to address performance

- Acknowledging the national sickness absence target NHS Forth Valley is working towards a local milestone target of 4.5% agreed at the Staff Governance Committee. This is a high priority for managers across the organisation.

- The remit of the newly formed Health and Wellbeing Absence Management Programme Board is to:
  - Improve wellbeing and achieve below 4.5%
  - Review and refresh all existing practice to achieve streamlined effective processes
  - Introduce Partnership Absence Management Clinics
  - Introduce early return to work system
  - Improve available workforce information to all managers
Achieve Healthy Working Lives Gold Award.

- The NHS Board received a comprehensive update at its seminar in April 2019 in respect of the work being undertaken locally and nationally to support an improvement in the level of sickness absence. Progress against a number of priority areas of work was highlighted:
  - Review Partnership facilities time and requirements – nearing conclusion
  - Introduction of Absence Clinics – work commenced – starting in May 2019
  - Roll out of options for early return to work/temporary placement scheme – work commenced
  - Focus group work with Directorate of Nursing – work commenced
  - Identify hotspot areas and work with managers to improve absence – Ongoing with report on hotspots available in May
  - World Café Event on Absence – in planning phase
  - Roll out OBIEE Managers Self Service Module – May implementation
  - Refresh Absence Information and Reporting – Pentana Performance
  - Demographic review – commence report in May
  - Explore and seek funding for Mental Health First Aid Training or equivalent – National mandatory training module
  - Review MSK and links with workforce awaiting surgery/treatment
  - Review effectiveness of Staff Wellbeing services currently provided - completed

- 6 month pilot of Keep Well Programme targeting unqualified staff is underway offering support by way of a therapeutic, holistic conversation in respect of mental health, diet, alcohol consumption and wellbeing.

- On-going review of areas of best practice is being undertaken

- HR and Occupational Health continue to work with managers and staff-side on areas of challenge and sharing best practice from those areas where absence is lower.

- Work is being undertaken in respect of Mental Health issues and reviewing what supports can be put in place.
Stroke Care Bundle:
The Scottish Stroke Care Standard is that 80% of all patients admitted to hospital with a diagnosis of stroke should receive the appropriate elements of the stroke care bundle.

<table>
<thead>
<tr>
<th>Measure</th>
<th>Current Performance</th>
<th>Scotland Performance</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>▪ 56.9% of patients admitted to hospital with a diagnosis of stroke received the appropriate elements of the stroke care bundle</td>
<td>▪ 68.2% of all patients admitted to hospital with a diagnosis of stroke received the appropriate elements of the stroke care bundle</td>
</tr>
</tbody>
</table>

Lead: Mrs Andrea Fyfe, Director of Acute Services

Supporting Graphs

**GRAPH 10: Stroke Care Bundle**
March 2018 - March 2019

**GRAPH 11: Stroke Care_Admission to Stroke Unit**
March 2018 - March 2019
Commentary

The national standard states that 80% of all patients admitted to hospital with a diagnosis of stroke should receive the appropriate elements of the stroke care bundle.

Four key elements of the Stroke Care Bundle are:

- Access to a stroke unit within 1 day of admission - 90% standard
- Swallow screening within 4 hours of arrival at hospital – 100% target
- Aspirin is given on the day of admission or the following day – 95% target
- Revised Standard: CT/MRI scanning within 12 hours of arrival at first hospital – 90% target
  Previously CT/MRI scanning within 24 hours of admission – 95% target

Percentage compliance with the Stroke Care Bundle is highlighted in Graph 10. The position in March 2019 is that 56.9% of all patients admitted to hospital with a diagnosis of stroke received the appropriate elements of the bundle. In terms of numbers, 29 out of 51 patients received the appropriate elements of the bundle within the standard.

The elements of the Stoke Care Bundle are currently highlighted as Red with the exception of Aspirin administration which is noted as Green.

- Admission to Stroke Unit – 80.4%
- Swallow Screening – 90.2%
- Aspirin Administration – 100%
- Brain Scanning – 78.4%

It should be noted that on some occasions ‘fails’ against the standards are appropriate particularly in terms of clinical care decisions.

Graph 11 highlights a reducing or worsening trend March 2018 to March 2019 in respect of admission to stroke unit on the day of admission, or the day following presentation at hospital, however there has been improved noted over the last 2 months. Despite a red status the swallow screening position, noted in graph 12 continues to highlight an improving trend March 2018 to March 2019.

Key issues and actions to address performance

In respect of the Stroke Care Bundle, data shows that patients are almost three times as likely to be alive at 30 days if all components of the bundle are done compared to none. There is also an increased likelihood that the person will return to their usual place of residence. If there is a delay in undertaking a
swallow screen patients may be kept ‘nil by mouth’ unnecessarily which impacts on their nutrition. Conversely if patients receive food without a swallow screen being undertaken they are at risk of aspiration pneumonia which can result in increased length of stay and mortality.

Performance against the admission to stroke unit standard has been falling over the winter months; this is being monitored by the National Stroke Improvement Team. Performance relates to overall capacity within the hospital. The stroke team has an awareness of the people that require to be pulled to the stroke unit however freeing capacity can be challenging.

An increase in the average length of stay within the stroke ward is noted with a year on year comparison highlighted in table 5.

<table>
<thead>
<tr>
<th>Table 5: Average length of stay comparison</th>
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<tbody>
<tr>
<td></td>
</tr>
<tr>
<td>November</td>
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<tr>
<td>December</td>
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<tr>
<td>January</td>
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<tr>
<td>February</td>
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<tr>
<td>March</td>
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<tr>
<td>April</td>
</tr>
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In terms of the stroke pathway the required improvement work is being taken through the Unscheduled Care Group work streams agreed with NECS.
Ref No: 32

Delayed Discharge:

- Number of patients waiting more than 14 days to be discharged from hospital into a more appropriate care setting, once treatment is complete
- Number of Bed Days Occupied by delayed discharges
- Number of Guardianship, Code 9 and Code 100

Current Performance

At the April 2019 census:

- 33 patients were delayed in their discharge for more than 14 days
- 25 patients delayed less than 2 weeks
- 19 guardianship delays
- 5 code 9 delays
- 6 code 100 delays
- 1232 bed days were lost due to delays in discharge

Scotland Performance

There is no Scotland comparison

Lead:

IJB Chief Officers

Supporting Graphs

GRAPH 13: Delayed Discharges over 14 days
April 2018 to April 2019

GRAPH 14: Guardianship_Code 9_Code 100
April 2018 to April 2019
Commentary

The position for delays over 14 days at the April 2019 census is 33 against a zero standard. The local authority breakdown is Clackmannanshire zero delays, Stirling 6 and Falkirk 26 delays. There was one delay noted for Local Authorities outwith Forth Valley. The inclusion of those waiting less than 2 weeks brings the total standard delays to 58.

Twenty-four Code 9 exemptions, which include issues in respect of Guardianship, brings the total delays for the April census to 82 in total; 77 for Forth Valley.

Guardianship and Code 9 breakdown is noted as:
- Clacks – 2
- Falkirk – 15
- Stirling – 4
- Outwith Forth Valley - 2

Additionally there were 6, Code 100s. These patients are undergoing a change in care setting and should not be classified as delayed discharges however are monitored.

They are categorised as:
- Long-term hospital in-patients whose medical status has changed over a prolonged period of treatment and discharge planning such that their care needs can now be properly met in non-hospital settings. These might be Mental Health patients or Hospital Based Complex Clinical Care patients who have been reassessed as no longer requiring such care.
- Patients awaiting a ‘reprovisioning’ programme where there is a formal (funded) agreement between the relevant health and/or social work agencies.

The number of bed days occupied by delayed discharges at the April 2019 census was 1232, an increase of 228 from March 2018. 1209 bed days were attributed to Forth Valley with the local authority breakdown for April 2019 noted as Clackmannanshire 16, Falkirk 972 and Stirling 221. There are 23 bed days occupied for local authorities’ out with Forth Valley.

Graphs 15 highlight the position in respect of Bed Days Occupied per Local Authority. There is an increasing or worsening trend May to April 2017/18 compared with 2018/19 with a 49% increase in the average number of occupied bed days. There is a 13% increase April 2018 compared with April 2019 with an average of 1592 bed days occupied at the monthly census over the time period.
Key issues and actions to address performance

- Considerable focus remains on the delayed discharge challenge across partnerships and at Integration Joint Boards. Partnership

- Issues in relation to Guardianship and Power of Attorney remain however this position is improving. The monthly average number of delays due to these issues over the last year is 18 patients. On-going work to manage and address this has been highlighted previously.

- Waits for care packages and home care places continue to fluctuate on a day by day basis and can be challenging, with work on going to support this. The number of available care home places remains pressured in respect to demand from the hospital environment as well as those people in the community waiting for a placement.

- Choice Policy allows patients to exercise their statutory right of choice, over the destination of their ongoing care and can have a significant impact on the length of time a patient remains in hospital once ready for discharge.

On-going actions to support timely discharge:

- The identification of patients who are ready for discharge either home on from hospital to Short Term Assessment (STA)/Community Hospital or in appropriate cases to Care Homes.

- Review of patients with a stay with a length of stay over 7 days with regular monitoring, analysis and improvement with escalation to help prevent extended delays.

- Identification of solutions and liaison with Social Work and Community colleagues to ensure safe discharge in achieved. Seven day cover supports the review of and support to discharges at the weekends and identification of any potential issues regarding capacity prior to Mondays. Working at the weekend enables environmental visits to take place at more appropriate times to accommodate families.

- Review of patients who are identified for moves to Community Hospital to explore all options for discharge so that only those who require Community Hospitals are moved here.

- Multi Disciplinary Team (MDT) meetings to identify discharge pathways and goals along with on-going review of patients who are identified for moves to community hospital to explore all options ensuring only those who require community hospitals are moved there.

- Use of Frailty Model and implementation of Dynamic Daily Discharge taking a proactive and systematic multidisciplinary approach to facilitating early and appropriate discharge plans and ongoing care.

- Introduction of Carer Centre support workers in FVRH to raise awareness of The Carers Strategy, identifying carers who may require assessment and support at discharge.

- Targeted, time limited, person centred support in respect of reablement to support long term independence continues

The Unscheduled Care Programme Board takes an overview of workstreams that are underway in support of improving discharge pathways.
Executive Summary

This report provides an overview of the HAI targets (Staphylococcus aureus bacteraemias (SABs), Clostridioides difficile infections (CDIs), device associated bacteraemias (DABs), surgical site infection surveillance (SSI), incidents/outbreaks and all other HAI activities across NHS Forth Valley for the period April 2018 – March 2019.

Recommendation

The Forth Valley NHS Board is asked to:

- Note the assurance provided.

Key Issues to be Considered

- Staphylococcus aureus bacteraemias (SABs) have reduced slightly compared to the year 2017-2018.
- Device associated bacteraemias (DABs) have increased this year compared to the year 2017-2018.
- Clostridioides difficile infections (CDIs) have increased slightly this year compared to 2017-2018 but remain within control limits.
- There have been no deaths where MRSA or C. difficile was reported on the death certificate for the period April 2018-March 2019.
- SSIs have remained stable compared to 2017-2018.
- National outbreak reporting - there were two occasions where Health Protection Scotland were notified of an incident/outbreak for the period April 2018-March 2019.

Financial Implications

None

Workforce Implications

None

Risk Assessment

Work is ongoing to continually reduce all reducible SABs, DABs and CDI numbers across NHSFV.
Relevance to Strategic Priorities

LDP Standards in respect of SABs, DABs & CDIs

Equality Declaration

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

Further to an evaluation it is noted that:
- Paper is not relevant to Equality and Diversity

Consultation Process

Infection Prevention and Control Team
HAI Annual Report

NHS Forth Valley

Infection Prevention & Control Team

April 2018 – March 2019
Forward

The purpose of this report is to provide Executives and stakeholders within the organisation an oversight of all HAI related activity across Forth Valley. Included in the report are details of all SABs, CDIs, and DABs with a brief summary of the investigations that have been carried out. The report contains more graphs to enable the reader to have a more comprehensive and clearer understanding of the data.

Jonathan Horwood

Area Infection Control Manager
Glossary of abbreviations

Following feedback from stakeholders below is a list of abbreviations used within this report:
HAI - Healthcare Acquired Infection
SAB – *Staphylococcus aureus* bacteraemia
DAB – Device Associated Bacteraemia
CDI – *Clostridium difficile* Infection
LDP – Local Development Plan
NES – National Education for Scotland
IPCT – Infection Prevention & Control Team
HEI – Healthcare Environment Inspectorate
SSI – Surgical Site Infection
SICPs – Standard Infection Control Precautions

Definitions used for *Staph aureus* and device associated bacteraemia and *Clostridium difficile* infection

*Staph aureus* and device associated bacteraemia

**Hospital acquired**
- Hospital acquired is defined when a positive blood culture is taken >48 hours after admission ie the sepsis is not associated with the cause of admission. An example would a patient with sepsis associated from an infected peripheral vascular catheter.

**Healthcare acquired**
- Healthcare acquired is defined when a positive blood culture is taken <48 hours after admission but has in the last 30 days had healthcare intervention such as previous hospital admission, attending Clinics, GP, dentist etc. Note this does not necessarily mean that the sepsis is associated with the previous healthcare intervention.

**Community acquired**
- Community acquired is defined when a positive blood culture is taken <48 hours after admission but has had no healthcare intervention in the last three months.

**Nursing home acquired**
- Nursing home acquired is defined when a positive blood is taken <48 hours after admission and when symptoms associated with sepsis developed at the nursing home

*Clostridium difficile* infection

**Hospital acquired**
- Hospital acquired is defined when symptoms develop and confirmed by the laboratory >48 hours after admission which were not associated with the initial cause of admission.

**Healthcare acquired**
- Healthcare acquired is defined as having symptoms that develop and confirmed by the laboratory prior to or within 48 hours of admission and has in the last three months had healthcare interventions such as previous hospital admission, attending Clinics, GP, dentist etc

**Community acquired**
- Community acquired is defined as having symptoms that develop and confirmed by the laboratory prior to or within 48 hours of admission but has had no healthcare intervention in the last three months.

**Nursing home acquired**
- Nursing home acquired is defined as having symptoms that develop and confirmed by the laboratory that developed at the nursing home prior to admission
SAB numbers have remained stable compared to last year; with the exception of July 18 all monthly data points have remained within 2 standard deviations. Further breakdown and analysis of the data is detailed below.
This year has seen a slight decrease in hospital SABs compared to last year (18 cases compared to 20 cases) which has led to a favourable statistical significant improvement. PVC cases (n=7) were the most predominant and has slightly increased by one case compared to the previous year. Many of the PVC cases this year resulted from factors outwith the control of ward including patient tampering with the device, removing the device etc. (see DAB section in this report for details of reduction strategies). The remaining hospital SABs are unremarkable to effectively identify any reduction strategies.

This year has seen a reduction in Healthcare SABs from 43 cases to 32 cases. This reduction is also statistically significant. The predominant decrease was from respiratory source where there were 8 cases last year compared to no cases this year. This category poses the greatest challenge for reduction; by definition, any patient who has had any form of healthcare in the previous 30 days ie hospital admission, attended the GP, OPD, dentist etc is categorised as healthcare, however it must be noted...
the above does not suggest that all the identified infections were associated with a previous healthcare intervention. Work is ongoing to reduce device related SABs and details can be found later in the report in the DAB section.

Community SABs

Community SABs have increased this year, from 23 cases to 33 cases. It is unclear the cause for this increase. People who inject drugs (PWID) remain the most predominant accounting for 18% of all community cases.

<table>
<thead>
<tr>
<th>Source</th>
<th>No of Cases</th>
</tr>
</thead>
<tbody>
<tr>
<td>Community</td>
<td>33</td>
</tr>
<tr>
<td>Abscess</td>
<td>2</td>
</tr>
<tr>
<td>Arteritis</td>
<td>1</td>
</tr>
<tr>
<td>Contamination</td>
<td>1</td>
</tr>
<tr>
<td>Endocarditis</td>
<td>4</td>
</tr>
<tr>
<td>Osteomyelitis</td>
<td>2</td>
</tr>
<tr>
<td>PWID</td>
<td>6</td>
</tr>
<tr>
<td>Respiratory tract</td>
<td>3</td>
</tr>
<tr>
<td>Ulcer</td>
<td>2</td>
</tr>
<tr>
<td>Unknown</td>
<td>5</td>
</tr>
<tr>
<td>UTI</td>
<td>1</td>
</tr>
<tr>
<td>Wound</td>
<td>2</td>
</tr>
<tr>
<td>Joint effusion</td>
<td>1</td>
</tr>
<tr>
<td>Misc</td>
<td>1</td>
</tr>
<tr>
<td>Discitis</td>
<td>1</td>
</tr>
<tr>
<td>Infected Thrombus</td>
<td>1</td>
</tr>
<tr>
<td><strong>Grand Total</strong></td>
<td><strong>33</strong></td>
</tr>
</tbody>
</table>

Ward specific graphs can be accessed using the following link:

http://staffnet.fv.scot.nhs.uk/index.php/a-z/infection-control/monthly-ward-reports/
**LDP Target**

The last LDP target was set for all boards to achieve a SAB rate of 0.24 infections per 1000 acute occupied bed days (ACBDs), however reports from Health Protection Scotland (HPS) changed their reporting from total SABs to healthcare (which includes both hospital and healthcare SABs) and community SABs. Dominators have also changed to total occupied bed days for healthcare SABs and per 100,000 population for community SABs. As a result of this, work is underway nationally to review this target. This change of national reporting also affects the position compared to other boards across Scotland and Forth Valley now reside close to the national mean.

Below are funnel plots from the national HPS Annual report for the period October – December 2018.

**Funnel plot of SAB incidence rates (per 100,000 TOBD) in healthcare associated infection cases for all NHS boards in Scotland (Jan – Dec 18).** (graph taken from HPS HAI Annual Report)

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**Funnel plot of SAB incidence rates (per 100,000 population) in community associated infection cases for all NHS boards in Scotland (Jan – Dec 18).** (graph taken from HPS HAI Annual Report)
**Clostridium difficile Infections (CDIs)**

<table>
<thead>
<tr>
<th></th>
<th>2017-2018</th>
<th>2018-2019</th>
</tr>
</thead>
<tbody>
<tr>
<td>Hospital</td>
<td>9</td>
<td>15</td>
</tr>
<tr>
<td>Healthcare</td>
<td>30</td>
<td>30</td>
</tr>
<tr>
<td>Community</td>
<td>4</td>
<td>8</td>
</tr>
<tr>
<td>Nursing Home</td>
<td>2</td>
<td>1</td>
</tr>
<tr>
<td>Annual Total</td>
<td>45</td>
<td>54</td>
</tr>
</tbody>
</table>

CDI cases numbers have increased, however cases number have remained within control limits suggesting this increase is not statistically significant.

Hospital CDIs
This year has seen an increase in hospital acquired CDIs compared to the previous year, however as the case numbers remained within control limits this increase is not statistically significant. Hospital CDI’s account for 27% of all SABs and work continues with collaboration with Pharmacy and Microbiology to ensure appropriate antibiotics are prescribed. No hospital CDIs were as a result from patient to patient spread.

Healthcare CDIs
Healthcare CDIs have remained the same this year compared to the previous year and account for 55% of all CDIs reported.

Work is currently ongoing to address healthcare CDIs to further reduce our rate, including improved reporting/feedback to GPs and monitoring antibiotic prescribing.

Ward specific graphs can be accessed using the following link:

http://staffnet.fv.scot.nhs.uk/index.php/a-z/infection-control/monthly-ward-reports/
LDP Targets
The last LDP target was set for all boards to achieve a SAB rate of 0.26 infections per 1000 acute occupied bed days (ACBDs), however, similar to SABs, the reports from Health Protection Scotland (HPS) changed their reporting from total CDIs to healthcare (which includes both hospital and healthcare CDIs) and community SABs. Dominators have also changed to total occupied bed days for healthcare CDIs and per 100,000 population for community CDIs. As a result of this, work is underway nationally to review this target.

Below are funnel plots from the national HPS annual report for the period January – December 2018.

Funnel plot of CDI incidence rates (per 100,000 TOBD) in healthcare associated infection cases for all NHS boards in Scotland for the period Jan – December 2018.

Funnel plot of CDI incidence rates (per 100,000 population) in community associated infection cases for all NHS boards in Scotland for the period January – December 2018.
Device associated Bacteraemia (DABs)

All organisms attributed to a device associated bacteraemia are included in the following data. This surveillance is separate and distinct from our SAB surveillance; however it must be noted that this data will also include *Staph aureus* when associated with a device.

<table>
<thead>
<tr>
<th></th>
<th>2017-2018</th>
<th>2018-2019</th>
</tr>
</thead>
<tbody>
<tr>
<td>Hospital</td>
<td>28</td>
<td>46</td>
</tr>
<tr>
<td>Healthcare</td>
<td>35</td>
<td>50</td>
</tr>
<tr>
<td>Nursing Home</td>
<td>4</td>
<td>10</td>
</tr>
<tr>
<td><strong>Annual Total</strong></td>
<td><strong>67</strong></td>
<td><strong>106</strong></td>
</tr>
</tbody>
</table>

DAB case numbers

![Graph showing DAB case numbers from April 2014 to date]

**DAB Breakdown**

<table>
<thead>
<tr>
<th>Source</th>
<th>No of Cases</th>
</tr>
</thead>
<tbody>
<tr>
<td>Hospital</td>
<td>46</td>
</tr>
<tr>
<td>CVC</td>
<td>5</td>
</tr>
<tr>
<td>Hickman</td>
<td>30</td>
</tr>
<tr>
<td>Permacath</td>
<td>3</td>
</tr>
<tr>
<td>PICC line</td>
<td>8</td>
</tr>
<tr>
<td>PVC</td>
<td>8</td>
</tr>
<tr>
<td>Supra Pubic Catheter</td>
<td>1</td>
</tr>
<tr>
<td>Urinary Catheter long term</td>
<td>41</td>
</tr>
<tr>
<td>Urinary Catheter short term</td>
<td>9</td>
</tr>
<tr>
<td>Umbilical venous catheter</td>
<td>1</td>
</tr>
<tr>
<td><strong>Grand Total</strong></td>
<td><strong>106</strong></td>
</tr>
</tbody>
</table>

Comments: case numbers exceeded control limits on three occasions this year. See narrative below.

This year has seen a considerable increase in DABs compared to the previous year.

All device associated bacteraemias are identified by the microbiologists, who then report their findings to the IPCT. Mid last year, a third Consultant Microbiologist was appointed and it is believed that more DABs are now being identified as a result of this (prior to this appointment, the third microbiologist was covered by various locums and as a result may not have consistently reported DABs to the IPCT). In addition to this, in September 2018, the Microbiology Department installed a new blood culture analyser with a higher specificity and sensitivity compared to the previous blood culture analyser. Having said this work is ongoing to reduce DABs. Please refer to below for a breakdown of the DABs.

Hospital DABs

![Graph showing Hospital DAB numbers from April 2014 to date]

Hospital DABs have seen quite an increase compared to last year with 46 cases in total compared to 28 cases the previous year. Long term urinary catheter and Hickman lines remain the most predominant. Compared to last year, long term urinary catheter have increased from 4 cases to 13 cases although case numbers remain within control limits, and Hickman lines have increased from 4 cases to 10 cases. See graphs and narrative below.

Hospital DABs account for 43% of all DAB infections.
There were 7 cases identified this year compared to 6 cases the previous year. Case numbers have remained within control limits for this period.

Hospital CVC associated DABs have increased from 2 cases to 4 cases with two months exceeding control limits. It must be noted that more than one infection will cause data excedance.

Long term urinary catheter associated bacteraemias have increased from 4 cases to 13 cases, however, infection rates.

Short term urinary catheter associated bacteraemias have remained constant compared to last year with 8 cases identified.
rates have remained within control limits.

Healthcare DABs have increased from 35 cases to 50 cases. This increase is predominantly associated with an increase in Hickman line infections (from 6 cases to 20 cases). See narrative below.

Healthcare infections account for 47% of all DABs.

An increase in Hickman line bacteraemias was identified early last year and in an attempt to reduce these infections, a chlorhexidine body wash was issued to patients in trial areas to reduce the microbiological bioburden on the skin thus potentially reducing subsequent infection.

In addition, a short life working group has been convened to look at ways of reducing infection.

This year has seen a slight increase from 15 to 19 cases although cases numbers remain within control limits.

Ward specific graphs can be accessed using the following link:
http://staffnet.fv.scot.nhs.uk/index.php/a-z/infection-control/monthly-ward-reports/
Meticillin resistant staphylococcus aureus (MRSA) & *Clostridioides difficile* recorded deaths

The National Records of Scotland monitor and report on a variety of deaths recorded on the death certificate. Two organisms are monitored and reported, MRSA and *C. difficile*. Please click on the link below for further information:


This year, there were no MRSA or *Clostridium difficile* related deaths.
**SSI Summary**

<table>
<thead>
<tr>
<th>Procedure</th>
<th>Total No of Operations</th>
<th>Total No of SSIs</th>
</tr>
</thead>
<tbody>
<tr>
<td>Caesarean Section (m)</td>
<td>939</td>
<td>23</td>
</tr>
<tr>
<td>Hip Arthroplasty (m)</td>
<td>235</td>
<td>1</td>
</tr>
<tr>
<td>Major Vascular Surgery (m)</td>
<td>176</td>
<td>4</td>
</tr>
<tr>
<td>Large Bowel Surgery (m)</td>
<td>159</td>
<td>11</td>
</tr>
<tr>
<td>Knee Arthroplasty (v)</td>
<td>208</td>
<td>1</td>
</tr>
<tr>
<td>Abdominal Hysterectomy (v)</td>
<td>115</td>
<td>1</td>
</tr>
<tr>
<td>Breast Surgery (v)</td>
<td>349</td>
<td>4</td>
</tr>
</tbody>
</table>

\( m \) = Mandatory Procedure  
\( v \) = Voluntary Procedure

---

**Abdominal Hysterectomy**

Abdominal Hysterectomy Total Numbers including SSIs Apr 18 - Mar 19

**Hip Arthroplasty**

Hip Arthroplasty Total Numbers including SSIs Apr 18 - Mar 19

**Knee Arthroplasty**

Knee Arthroplasty Total Numbers including SSIs Apr 18 - Mar 19

**Breast Surgery**

Breast Surgery Total Numbers including SSIs Apr 18 - Mar 19

**Large Bowel Surgery**

Large Bowel Surgery Total Numbers including Apr 18 - Mar 19

**Vascular Surgery**

Vascular Surgery Total Numbers including SSIs Apr 18 - Mar 19 

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**Caesarean Section**

Caesarean Section Total Numbers including SSIs Apr 18 - Mar 19

---

**Caesarean Section**

Caesarean Section Total Numbers including SSIs Apr 18 - Mar 19

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**Caesarean Section**

Caesarean Section Total Numbers including SSIs Apr 18 - Mar 19

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**Caesarean Section**

Caesarean Section Total Numbers including SSIs Apr 18 - Mar 19
Following the publication of the HPS HAI Annual Report (Jan 18-Dec18) below are funnel plot graphs of the two mandatory reported surgical site infections for hip arthroplasty and C-sections.

Funnel plot of Caesarean section SSI (per 100 procedures) in inpatients and post discharge surveillance to day 10 for all NHS boards in Scotland for the period January – December 2018.

The annual report identified our infection rates just exceeded control limits (see funnel graph above). NHS FV were aware of this increase last year and have worked with the WC&SH Directorate to identify the source and one potential cause was the removal of dressings within 24 hours and patients with high BMIs. The Directorate now use waterproof dressings and are not removed until 48 hours in accordance with the latest NICE Guideline. Infection rates have appeared to return to normal expected values.

Funnel plot of hip arthroplasty SSI incidence (per 100 procedures) in inpatients and on readmission to day 30 for all NHS boards in Scotland for the period January – December 2018.

Infection rates for FV have remained lower than the national average for 2018.
**Estate and Cleaning Compliance (per hospital)**

The same audit tool, assessment and reporting is performed consistently across NHS Forth Valley and as a result of this the same standards of assessment and scoring is applied to our high risk areas, such NNU, ITU, theatres to a community hospital even though the risk is not the same.

Forth Valley Royal Hospital

<table>
<thead>
<tr>
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<td>Cleaning</td>
<td>96</td>
<td>96</td>
<td>97</td>
<td>96</td>
</tr>
<tr>
<td>Estates</td>
<td>98</td>
<td>98</td>
<td>98</td>
<td>97</td>
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</table>

Clackmannanshire Community Healthcare Centre

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<tbody>
<tr>
<td>Cleaning</td>
<td>95</td>
<td>92</td>
<td>94</td>
<td>94</td>
</tr>
<tr>
<td>Estates</td>
<td>95</td>
<td>90</td>
<td>94</td>
<td>94</td>
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Stirling Community Hospital

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<tbody>
<tr>
<td>Cleaning</td>
<td>93</td>
<td>94</td>
<td>95</td>
<td>95</td>
</tr>
<tr>
<td>Estates</td>
<td>91</td>
<td>91</td>
<td>92</td>
<td>95</td>
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Falkirk Community Hospital

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<td>Cleaning</td>
<td>95</td>
<td>94</td>
<td>95</td>
<td>94</td>
</tr>
<tr>
<td>Estates</td>
<td>88</td>
<td>87</td>
<td>87</td>
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</table>

Bo’ness Hospital

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<tr>
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<tbody>
<tr>
<td>Cleaning</td>
<td>92</td>
<td>93</td>
<td>94</td>
<td>92</td>
</tr>
<tr>
<td>Estates</td>
<td>90</td>
<td>89</td>
<td>84</td>
<td>91</td>
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</table>

Bellsdyke Hospital

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<td>96</td>
<td>95</td>
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<tr>
<td>Estates</td>
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<td>84</td>
<td>86</td>
<td>82</td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>&lt; 70%</th>
<th>70% - 90%</th>
<th>&gt; 90%</th>
</tr>
</thead>
<tbody>
<tr>
<td>Non-Compliant</td>
<td>Partial Compliance</td>
<td>Compliant</td>
</tr>
</tbody>
</table>

*Data taken from Domestic Monitoring National Tool Database.*
Incidence/Outbreaks

Norovirus

For the period of April 2018 – March 2019, there were six outbreaks of norovirus, all six outbreaks resulted in ward closure.

Ward affected were:
- Bo’ness Ward 2
- FVRH Ward A32
- FVRH Ward 4 (MH)
- FCH Ward 4
- FCH Ward 3
- FVRH Ward 5 (MH)

Healthcare Infection Incident Assessment Tool (HIIAT)

The HAIIT is a tool used by boards to assess the impact of an incident or outbreak. The tool is a risk assessment and allows boards to rate the incident/outbreak as a red, amber, or green. The tool also directs boards whether to inform Health Protection Scotland/SGHD of the incident (if amber or red), release a media statement etc.

Earlier this year, boards across Scotland received a letter from the CNO reminding boards to use this template in light of the recent adverse media coverage relating to outbreaks. As a result of this, all HAIIT reports completed will be listed in this section of the report.

HAIIT Green – One incident reported this year

HAIIT Amber – None reported this year

HAIIT Red – One incident reported this year

Details of reported incidents for this period are below:

A HAIIT Red was reported to Health Protection Scotland following the death of a patient with a healthcare acquired infection. This infection was acquired following a procedure carried out in another board. The infection was identified and treatment commenced prior to being transferred to FVRH. The HAIIT red status was later downgraded as the infection wasn’t attributed to Forth Valley and no onward transmission to other patients occurred.

A HAIIT Green was reported to Health Protection Scotland following the increased incidence of staff reporting rashes, no patients were affected. Staff referred to Occupational Health and Dermatology, however, no definitive diagnosis of scabies was concluded. Following a situation review by microbiology, Infection Control & Occupational Health it was agreed to treat all current inpatients and staff for presumed scabies, due to the numbers affected. Patients transferred to other care units were offered treatment and the situation communicated to discharged patients GPs.
Influenza
Following the installation of the near patient testing machine for Influenza and RSV, over the festive period, FVRH saw a rise in the number of inpatients admitted with influenza A. January saw influenza cases steadily increasing resulting in a second ‘peak’ which is expected in influenza outbreaks. In the first week of March, inpatient numbers had fallen significantly and the overall positive results and tests performed had also fallen dramatically, suggesting the influenza season was coming to an end. Testing for influenza by the near patient testing machine stopped by the end of March 2019.

![Graph showing Total number of inpatients in isolation with Flu A, B & RSV]

<table>
<thead>
<tr>
<th>Hand Hygiene Monitoring Compliance (%) Board wide</th>
</tr>
</thead>
<tbody>
<tr>
<td>Data taken from TCAB</td>
</tr>
</tbody>
</table>

<table>
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</thead>
<tbody>
<tr>
<td>Board</td>
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<td>99</td>
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<td>97</td>
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<tr>
<td>Total</td>
<td></td>
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<td></td>
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<td></td>
<td></td>
<td></td>
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</tbody>
</table>

Ward Visit Programme
Last year the IPCT reviewed the ward visit programme to provide greater detail to our stakeholders. Each visit is now longer in duration covering all aspects of standard infection control precautions (SICPs) which enable a more robust overview of each area visited. Following each visit, feedback is given to the nurse in charge and any non-compliance is then highlighted at the ward huddle. The IPCT also provide details of each non-compliance ie what specific issue was identified, to enable management to contextualise each non-compliance; this level of detail is provided each month in the directorate reports.

Due to the change in the process and approach, results from months prior to August 2018 are not comparable and as such are not displayed in the graphs below.
Total number of non compliances by Directorate

<table>
<thead>
<tr>
<th>Directorate</th>
<th>Board wide non-compliances</th>
<th>Medical Directorate</th>
<th>Surgical Directorate</th>
<th>WC&amp;SH</th>
<th>CSD Directorate</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Non-compliances declined for the period November to February but increased in March.</td>
<td>Areas that are identified with notably increased non-compliances are reported as a RAG rating in the monthly directorate reports which includes the specific cause of the non-compliance. This level of detail enables the IPCT and management to provide support to these areas.</td>
<td>Indications suggest that non-compliances have fallen in April 2019.</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
7.3 Proposal for a New GP Practice in Plean
For Approval

Executive Sponsor: Andrew Murray, Medical Director

Author: Stuart Cumming, Associate Medical Director Primary Care

Executive Summary

NHS Forth Valley has been approached by Dr Ronald Sydney and Dr Scott Henderson with a proposal to open a new 17J (independent contractor) General Medical Practice located in Plean from 1st June 2019.

It is envisaged that the practice list size would initially be in the region of 2,900 patients.

The practice would serve the area of Plean, Sauchenford, Cowie, Whins of Milton, Torwood and Glenbervie. The boundary would also include an area of Bannockburn and the proposed new housing development at Durieshill.

The Practice will be known as the Tor Medical Practice and operate initially from the existing NHS Forth Valley premises in Plean. Over the last few years, NHS Forth Valley has provided significant investment to refurbish and upgrade the interior of the Plean clinic. This has improved the waiting area and consulting rooms and provided new fixtures and fittings. Work has also has been carried out on the roof and the external walls have been repaired, rendered and painted.

The Practice will provide a full range of General Medical Services and align with the existing Stirling City GP Quality Cluster.

Recommendation

The NHS Board is asked to:

- Formally approve the proposed development of a new GP Practice in Plean following engagement and discussion with GP practices across the Stirling area. SLT and Primary Care who all support the plans.
- Note the planned arrangements for patients from the Bannockburn Practice and other Stirling Cluster Practices to be registered at the new practice.

Key Issues to be considered:

Consideration of creation of a new GP Practice in Forth Valley is an uncommon but welcome prospect given current recruitment, retention and sustainability issues in General Practice across Forth Valley.

It should be noted that there are immediate and ongoing sustainability issues due to recruitment and retention issues affecting the Bannockburn practice which is being managed as a 2c Practice by NHS Forth Valley.
In the medium and long term there are also significant additional sustainability pressures for the Bannockburn and Plean area with the extensive building development of up to 2500 houses in the adjacent Durieshill area.

Creation of a new GP Practice requires approval from the NHS Board with professional advice and support sought from the GP sub-committee. A copy of the business plan submitted by Dr Sydney and Dr Henderson for the new Tor Practice has the support of neighbouring practices and the GP Sub Committee.

In order to be sustainable as an independent contractor it is estimated that the Tor Medical Practice will require to have a registered patient list of at least 2500 patients.

The population of Plean and the surrounding area is currently served mainly by the Bannockburn Practice which operates from the refurbished Plean premises as a branch surgery. The Bannockburn Practice will be unable to meet these demands in the near future due to the recruitment and retention issues outlined above.

A number of Stirling Cluster Practices also have patients in the Plean area, despite Plean in some cases lying outwith their practice boundary.

All Stirling Cluster practices have registered their own concerns regarding sustainability, recruitment and retention and the challenge of meeting the needs of the growing local population. A new practice in Plean would act to mitigate these concerns.

To create the new practice it is proposed that 2900 patients registered with local practices are re-registered with the Tor Medical Practice in Plean.

The significant majority of patients (2318) who will be re-registered with the Tor Medical Practice are currently registered with the Bannockburn Medical Practice.

The Tor Medical Practice will be closer to the re-registered patients’ homes than their current practice. Any patients with specific issues or concerns regarding the move have been advised to contact our Primary Care Medical Contract Team who will consider these on an individual basis.

The majority of patients proposed to be re-registered are resident in Plean with smaller numbers of patients resident in neighbouring villages of Cowie, Torwood, Sauchenford and West Plean. A number of patients in local nursing homes will also be re-registered with the Tor Medical Practice.

This proposal has the support and endorsement of all practices involved with other Stirling Cluster practices agreeing that, to support their own sustainability issues, patients currently registered with their practices and resident in these areas should be re-registered with the new practice in Plean.

The re-registration process will be informed by the work completed in Clackmannanshire in 2018 and supported by existing practices and the Primary Care Contracts Service.

It is proposed that the re-registration process begins in April 2019 to enable the Tor Practice in Plean to start providing General Medical Services from 1st June 2019.

**Financial Implications**

There are no significant financial implications as the new practice will fall under the GMS allocation. Work is ongoing to assess the financial impact on the budget of the Bannockburn Practice and to adjust the budget allocation accordingly.

**Workforce Implications**

The GMS PCIP resource will be required to provide support to the Tor Practice on a capitation basis.
**Risk Assessment**
Risk assessment has been carried out focussed on identifying the patient population required to make the practice sustainable.

This has been set at a minimum patient list of 2500. The aim is to register 2900 patients from 1\textsuperscript{st} June with the Tor Practice in Plean.

The new practice mitigates some of the sustainability risk currently faced by the Bannockburn practice.

The practice premises are currently adequate but will be insufficient for the large housing development planned for Durieshill

**Relevance to Strategic Priorities**
This practice supports sustainability of General Practice in Forth Valley

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

Further to an evaluation it is noted that:  
\[\textit{please tick relevant box}\]

\(\square\) Paper is not relevant to Equality and Diversity

\(\square\) Screening completed - no discrimination noted

\(\square\) Full Equality Impact Assessment completed – report available on request.

**Consultation Process**
The Primary Care Directorate, relevant Clinical Leads, the GP Sustainability Group, GP Sub Committee, Stirling GP Cluster and Senior Leadership Team are aware of and in support of this project.
Executive Summary

This is NHS Forth Valley's second Annual Delivery Plan which 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 reaffirms our commitment to implement our long term vision as set out in our Healthcare Strategy.

Recommendation

The Forth Valley NHS Board is asked to:

- Approve the Annual Delivery Plan 2019/2020

Key Issues to be Considered

Our Annual Delivery Plan will be the performance contract between NHS Forth Valley and the Scottish Government and in it reaffirms our commitment to 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 and not in employment
- set out our access performance trajectories and options with related costs to illustrate our commitment to deliver improvement in elective waiting times across a range of targets/standards including cancer and mental health
- plan ahead and in partnership with our Integration Authorities to set out our joint plans to manage demand in 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 2019/2020
- build strong and resilient primary care and mental health services and continue to support social care - for 2019/2020 we will pass on the core uplift of 1.8% to base budgets plus relevant share of Agenda for Change pay funding to our Integration Authorities, meeting the Scottish Government's requirement to delivering real terms increase in baseline finding over 2018/19 cash levels
Financial Implications

The financial plan has been prepared for the period 2019/20 to 2021/22. It reflects confirmed baseline allocations plus additional funding anticipated for pay costs for Agenda for Change staff outlined in the indicative allocation letter of 12th December 2018, plus further anticipated in-year funding sources. Funding assumptions also include the level of financial support required to return to waiting times performance as outlined in the National Waiting Times Improvement Plan.

Workforce Implications

Every year we develop implementation plans informed by our values that move us towards 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.

Risk Assessment

Work has been undertaken to update the corporate risk register and includes reference to key risks in respect of improving access to services and the mitigation to deliver against Government standards.

Relevance to Strategic Priorities

The Annual Operational Plan reaffirms our commitment to implement our long term vision as set out in our Healthcare Strategy – Shaping the Future. Additionally, it supports Government requests in respect of health inequalities, waiting times, partnership targets including delayed discharges, primary care, mental health services and financial planning.

Equality Declaration

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

Further to an evaluation it is noted that:

- due regard has been given to the Equality Act 2010 and compliance with the three aims of the Equality Duty as part of the decision making process

Consultation Process

The Annual Operational Plan has developed with the assistance of senior managers across the organisation and partnerships. The Plan has been shared with the Senior Leadership Team with feedback invited. A first draft was submitted to the Scottish Government in April 2019 with an initial response received. The Plan has subsequently been redrafted taking account of feedback.
At NHS Forth Valley we believe in the importance of aligning strategic direction with staff engagement and maintaining a focus on high quality patient care.
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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 2019/2020. Our Plan acknowledges that alignment connects strategy and delivery in ways that enable our staff to make sound judgements and to work as one to deliver sustained high performance. We believe that without alignment results are left to chance and without engagement the changes and performance we want for our patients, our staff and our wider communities are not sustainable.

To support our change agenda the Board of NHS Forth Valley will provide clear leadership and direction to ensure capabilities and connections come together in ways that support a strong and effective healthcare system that is more than the sum of its parts. We will create a Programme Management Office (set up initially to support the expansion of our elective care programme at Forth Valley Royal Hospital) to mobilise organisational effort, monitor progress, direct our improvement work and focus on specific projects in order to adopt and spread good practice, maximise benefits and accelerate change. Our commitment is three-fold:

- to *exemplify our values* in how we behave and interact with each other
- to promote a *culture that inspires, empowers and encourages* shared learning and innovation; a culture that listens and engages with people, partners and our staff to promote teamwork and collaboration and
- to support a *culture that focuses on the long term and setting direction* in ways that align our strategy with resources to ensure we deliver improvement in our priority areas

Priority areas for 2019/2020 include:

- improve *population health and life expectancy* especially for those people living with long term conditions and furthest away from employment opportunities
- 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 as part of our commitment to health and care integration and delivery of our ED and ED related performance
- build on our achievements to prevent and control healthcare associated infection
- work with our financial allocation to make best use of our resources to support high quality sustainable services

All of the above will not be possible if our workforce is not involved, enabled and/or empowered to support our ambitious improvement agenda. In this regard we will ensure our workforce is developed, equipped and empowered to deliver high quality, safe and effective care and services. Joy at work and a commitment to work towards Investors in People (IiP) - Platinum level is high on our agenda and with the support of our Area Partnership Forum and Area Clinical Forum we believe we can achieve a first for the NHS and secure a Platinum rating that builds on our Gold Award secured in 2018. I-matter continues to be important to us and both of us will continue to champion the benefits of employee engagement in developing and delivering care and services to the people of Forth Valley. Talent management and succession planning has been raised as a priority by our staff and in response we will work to establish a Quality Improvement People’s Academy in 2019/2020. The Academy and our Programme Management Office whilst supporting excellence in care will also inform our transformation of services and the shape of our future workforce and the skills we will need to support a changing operating environment.

Healthcare delivery needs to be financially and environmentally sustainable. Alongside our ambitions to deliver better health and better care is a commitment to demonstrate better value in our decision making. A regime of good governance that manages risks will assure the Health Board of high performance across all of our corporate objectives. Our streamlined decision making environment and annual Strategy Deployment approach will ensure we align resources to our priorities and deliver on our commitments. To date, NHS Forth Valley has achieved great things. Our NHS Board is keen to build on our achievements whilst acknowledging what needs to be better, working closely with our staff, partners, patients, volunteers and community organisations to improve the health and health care of the people of Forth Valley.

Alex Linkston
Chair

Cathie Cowan
Chief Executive
2. Introduction

This is NHS Forth Valley’s second Annual Delivery Plan. The Plan will be our performance contract between NHS Forth Valley and the Scottish Government and in it we will reaffirm our commitment to 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 and not in employment
- set out our access performance trajectories and options with related costs to illustrate our commitment to deliver improvement in elective waiting times across a range of targets/standards including cancer and mental health
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- 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 2019/2020
- build strong and resilient primary care and mental health services and continue to support social care - for 2019/2020 we will pass on the core uplift of 1.8% to base budgets plus relevant share of Agenda for Change pay funding to our Integration Authorities, meeting the Scottish Government’s requirement to delivering real terms increase in baseline finding over 2018/19 cash levels

This Annual Delivery Plan in addition to the above will also focus 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 welcome the publication of the six national public health priorities for Scotland and the work to establish Public Health Scotland during 2019. It is clear that the national priorities will support our local ambitions.

We are 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 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.

In 2018 it was confirmed that Stirling Council in partnership with Clackmannanshire Council and the University of Stirling secured investment of 90.2 million from the UK and Scottish Governments in the form of a City region deal to provide investment, innovation, digital, cultural, heritage, tourism, active travel and connectivity over the next 10 – 15 years. This presents multiple opportunities to work with local partners to improve population health and wellbeing and reduce inequalities.

NHS Forth Valley, keep well project specifically targets health improvement actively to those least likely to be in contact with routine services who some are of the most disadvantaged and deprived member of the local population. This work will be continued through 2019/2020.

Tackling child poverty is one of the most significant issues in protecting children and young people and improving their health and well being. NHS Forth Valley will work with partners to publish child poverty action plans in 2019. Mental Health and wellbeing is a top priority and we will continue to promote and provide Mental Health First Aid Training across Forth Valley.

Drug related deaths are a significant concern and we will work jointly with partners through our ADPs and other services to promote recovery orientated systems of care for those with addictions and to further develop the growing Forth Valley Recovery Community.

Hepatitis C and HIV can now be considered preventable diseases through the treat to prevent approach and in 2019 we will step up action to detect and treat both Hepatitis C and HIV in our local community in support of Scottish Government targets to eliminate Hepatitis C and control HIV.

In summary we remain committed to delivering our priorities as set out in our Health Improvement Strategy notably Early Years (including tackling ACES, neglect, exclusion and poverty), mental health (including suicide prevention), worthwhile work and substance misuse.
3.1 Primary Care

Primary care in its widest sense has served patients, the NHS and the public well since its inception. However, people’s expectations and healthcare needs have grown in complexity and we have used our infrastructure, workforce and technology to do the right thing (treatment/intervention) in the right place at the right time. Alongside this changing operating environment has been influential policy direction including the new General Medical Services (GMS) contract with matched significant the investment to mitigate workforce and service sustainability risks.

The implementation of the contract is a key plank in our reform agenda geared to improving population health including mental health and tackling health inequalities through improved health and care access using a multidisciplinary approach.

Our first iteration of the Primary Care Improvement Plan (PCIP) outlined a 3 year plan in line with the Memorandum of Understanding to support the GMS Contract agreed between the Scottish Government, NHS Boards, Integration Authorities and SGPC. Like most NHS Boards we were keen to have a single Plan spanning across Forth Valley whilst recognising that different local communities will have different needs and priorities. This work is being taken forward in close collaboration with the 9 Forth Valley GP Clusters and with excellent engagement and support from our GP sub Committee and other Clinical Leaders.

Sustainability is a key issue and in line with the GMS contract we are promoting and supporting a more manageable workload for GPs through more effective multi-disciplinary working to deliver services according to need and to allow the GP to develop as an Expert Medical Generalist. The PCIP investment for Forth Valley is in line with delivering the priorities of the new GMS contract, notably:

- Vaccination Transformation Programme
- Community Treatment and Care Services
- Pharmacotherapy Services
- Providing an additional multi-disciplinary workforce of professionals with advanced and additional skills to support those presenting to general practices including patients in need of urgent care
Work to deliver the Primary Care Improvement Plan in Forth Valley has progressed well and feedback suggests that to date we have had excellent collaboration and engagement from all stakeholders. Risks to ongoing success have been clearly identified with ongoing monitoring and mitigation where possible. Our work is embedded in associated workstreams at NHS Board and Partnership level in relation to sustainability of primary care services, development of improved models of care across the interface, including work around the community front door and the community workstream for unscheduled care and redesign of our out of hour’s services. The NHS Board provided a non-recurrent fund of £400k for 2019/2020 to enable financial balance of the second year of the plan.

In summary, there has been a significant amount of progress achieved in the last year around the PCIP which has been developed using a three horizon model and is overseen by the Primary Care Improvement Plan Group which is a broad stakeholder group chaired by the Chief Executive of NHS Forth Valley with representation from our Health & Social Partnerships, the GP Sub Committee, GP Clinical Leads and Clinical Services Leads. The Group is also attended by key individuals that provide expert support around project management, HR and workforce, finance, and infrastructure.

To date 80 professionals have been recruited to support the PCIP and the Vaccination Transformation Programme has started providing childhood immunisation services across Clackmannanshire. It is planned to roll this service out across all clusters by 2021. However, there continues to be financial implications due to the scale and pace of the recruitment programme and a recurrent affordability risk in excess of £1 million after 2021. Indicative funding allocations from the Scottish Government suggest that a total of £8.401m will be available to implement the contract in FV by 2021/22; we would welcome a more proportionate incremental flow to funding to support progressive growth and development of our services. Our iteration 2 of the PCIP will highlight risks as part of our review and refinement of the original plan without changing the focus on the MOU priorities. Recognising that delivery the PCIP is an evolving process, locally our Forth Valley PCIP Group has agreed a regular 6 monthly review of work around the priorities. This is aligned with delivering a second iteration of the Plan as required by the National GMS Oversight Group to report on progress by the end of April 2019.
3.2 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 2019/2020 include:

- Full implementation of Best Start Continuity of Care teams by end of June 2019
- Hospital based core staff model agreed and implemented by end of June 2019
- Reconfiguration of Obstetric Consultants to each team completed and will be implemented for patients booking with the service from 1st June 2019
- Long term staffing plan for Neonatal Transitional Care has been fully implemented since December 2018
- Further use of identified community hubs to provide antenatal, parent education and postnatal care for women closer to home continues
- Ongoing communication/engagement methodologies to connect with our diverse audiences (e.g. GP events, newsletters, Maternity Services Liaison Committee) to keep stay staff, service users and partners in the know as we implement our new service model
- Evaluation of Continuity of Carer within Best Start model, neonatal transitional care and Alongside Midwifery Unit (MLU)
- Further development of local data collection including maternity dashboard to inform our model of care delivery
- Further evaluation and interrogation of outcomes associated with Midwifery Led Care

3.3 Mental Health and Wellbeing Services

In 2017 the Scottish Government launched Action 15 which is intended to increase our workforce to support the implementation of the Government’s 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. During 2018/2019, we have invested in improving services and waiting times in both Child and Adolescent Mental Health Services (CAMHS) and Psychological Therapies and in going forward we will continue to
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 families were appropriate and 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 2019/2020 will be to deliver 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.
Against a target of 90%, during 2017/2018 the average monthly RTT rate in respect of CAMHS was 65.9% compared with 72.3% in 2018/2019. This highlights a 9.7% improvement.

The March 2019 position of 90.2% is a 98.2% improvement compared with 45.5% in March 2018.

The Board has moved away from investing non recurrent funding in CAMHS as a way to improve waiting times. Recurring funding has helped us deliver sustainable improvement, however we recognise that this service is subject to seasonal variability. Our ability to recover from spikes in demand will be important in delivering sustainable improvement in waiting times performance.

It is our intention during 2019/2020 to:

- use our Child and Adolescent Mental Health Service (CAMHS) comprehensive Realistic Medicine plan as a vehicle to drive forward service improvements focusing on reducing length of treatment, reducing variation, treatment pathways and fidelity to treatment
- continue to update our existing patient pathways, for example, the Anxiety Pathway has been developed with local authorities, the Eating Disorders Pathway has been developed in collaboration with paediatrics and the Neurodevelopmental Disorders Pathway have
been rewritten to reduce waste and to ensure they adhere to best practice standards. There is currently a focus on rewriting several other pathways that match the referral criteria for CAMHS to ensure there is consistency, parity and equity for all

- build on our personalised approach to child mental health and invest in prevention time
- work in partnership with key stakeholders and up-skill non-CAMHS staff, such as teachers, youth workers, health visitors and school nurses by supporting them to create conditions, in which young people learn positive help-seeking strategies and resilience, to enable them to grow into resilient adults
- deliver training and coaching in Low Intensity Anxiety Management to school nurses who then deliver this at the primary level rather than refer to CAMHS and feedback from both staff and young people has been positive – we will continue to roll this out during 2019/2020
- implement guidance issued by Scottish Government on supporting transitions, the Service is taking forward the use of a Transition Care Plan (TCP) to better support young people receiving treatment in their transition to adult mental health services
- utilise technology to increase access for young people, for example: investment in the safespot app and we have asked our local schools to share information about this to the relevant school population
- offer 16-18 year olds with mild to moderate mental health difficulties (depression and anxiety) or those who may have more complex needs but are considered suitable access to a computerised CBT programme

In addition our commitment to partnership working and shared learning will continue. For example a local high school required support to manage a difficult dynamic of pupils with varying mental health issues. A multidisciplinary short life working group was created. Our CAMHS Team helped to collate the information around pupils open to the service and any potential referrals that were required. Safety and stabilisation training was delivered to support school and families. This collaborative approach supported early intervention and prevention, partnership working, access to treatment and reduced potential admissions.
Against a target of 90%, during 2017/2018 the average monthly RTT rate in respect of Psychological Therapies was 56.3% compared with 50.5% in 2018/2019.

The March 2019 position of 67.1% is a 34.2% improvement compared with 50.0% in March 2018.

The Board has recently invested recurring funding to support service change and additional staffing to deliver sustainable improvement in waiting times performance.

During 2019/2020 our Psychological Therapies Team will continue to work with MHAIST around DCAQ and the new Trauma Pathway. There have been several service developments focused on ensuring patients have quicker access to evidenced based therapies, through group work, such as the pain management programme and the trauma pathway. The first trauma pathway emotion regulation group is currently underway with approximately 55% of those assessed deemed suitable for the group. Not only does this enable patients to access evidenced based psychological therapies in a timelier manner it also ensures standardised practice. In addition we will:
• support work to improve the quality of referrals (this also reduces the amount of inappropriate referrals received) and in doing so increase our ability to match the needs of those referred to the correct level of service and provide better care for the client whilst reducing variation and resource wastage. To facilitate this work a ‘create’ session has been arranged in collaboration with GP colleagues, this will take place in June 2019.

Our Psychological Therapies Team continues to work closely with health promotion to ensure ongoing provision of stress control groups. In addition, the Team will also continue to build a personalised approach to care through ongoing service user engagement - the outcomes of phase one of this work (a service user survey) received a total of 331 responses, results suggest 99% of service users felt listened to by their therapists.

3.4 Prison Healthcare

NHS Forth Valley provides care and services to support the healthcare needs of prisoners in the three national prisons located in Forth Valley: Polmont Young Offenders Institute, Cornton Vale and Glenochil. Almost 25% of the Scottish prisoner population are located in the Forth Valley area which has only 5% of the Scottish population and more than 90% of prisoners are from areas outwith Forth Valley. The healthcare needs of prisoners are diverse and can be complex. Prison population numbers have risen over the last year with Glenochil numbers increasing by over 50 in the last 4 months with numbers expected to rise in all 3 establishments. This represents a significant challenge for the Health Board (no NRAC weighting or targeted allocation to acknowledge the diverse and complex needs of this significant population) as it responds to the needs of our prison population.
People in prisons experience significant health inequalities with multiple and complex short and long-term health issues, including both physical and mental health problems, learning difficulties, substance misuse and increased risk of early death. It is well established that the Scottish prison population is disproportionately drawn from the most deprived areas in Scotland and that many of the factors which increase the likelihood of involvement in the criminal justice system are also linked to higher rates of ill health and disability. NHS Forth Valley is working in partnership with the Scottish Prison Service (SPS) to support a whole prison approach. A whole prison approach involves addressing the wide range of factors that impact on health and wellbeing such as environment, infrastructure, policy and practice alongside increasing knowledge and skills for prevention and self-management in the community. NHS Forth Valley will consider the two reports on HMP YOI Polmont (published on 21st May 2019): a Full Inspection Report (29 Oct – 9 Nov 2018) and a Report on an Expert Review of the Provision of Mental Health Services for Young People entering and in custody at HMP YOI Polmont and make public the actions we intend to progress.

The Health Promotion Service delivers outputs at a strategic level working with SPS senior management and supports operational activities across the 3 establishments in Forth Valley.

Priorities for Prison Healthcare in 2019/2020 are:

- Reducing health inequalities through delivery of a whole prison approach to health and wellbeing
- Implementing the recommendations arising from the HIMPS inspections and the soon to be published Expert Review of Mental Health Provision in Polmont
- Reviewing current models of care across all 3 Prisons, taking account of the diverse and complex needs of each Prison population
- Reviewing and updating workforce plans, supporting staff development and addressing recruitment and retention challenges

3.5 Substance Misuse

NHS Forth Valley leads and co-ordinates area wide action to address substance misuse. We aim to ensure the provision of an 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 funding at previous levels. Our local approach is to emphasise recovery orientated systems of care and promote person centred support.

There are two local Alcohol and Drug Partnerships which operate in Clackmannanshire and in 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.

There is a highly successful Forth Valley Recovery Community and seven local recovery cafes with the intention to open additional cafe’s through 2019/2020.

3.6 Sustainability Strategy 2019-2024
Healthcare delivery needs to be financially and environmentally sustainable – so that we can meet the needs of patients today, whilst ensuring we have a service that is fit for purpose and meets the needs of people tomorrow and beyond. We are committed to taking account of account of the Megatrends (global) and in this regard we are signed up to contributing to the delivery of Sustainable Development Goals (Reference: NHS Sustainable Development Unit – Route Map for Sustainable Health) and their far reaching impact on societies, economies, cultures and personal lives

A significant amount of local work has already been done in many areas by Forth Valley NHS Board to improve environmental sustainability and reduce carbon footprint whilst taking account of local demographics, connectivity and technological advances.

In 2018 Forth Valley Royal Hospital was audited and awarded a Gold Standard against the national Award for Environmental Excellence. We will continue to work to deliver our Sustainability Strategy and Action Plan 2019-2024.
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

In addition we will:

- work to deliver elimination of Hepatitis C
- improve mental well being through mental health first aid training
- reduce inequalities through delivery of a whole prison approach to health and wellbeing and supporting the implementation of community justice reform
- support the most disadvantaged, excluded and deprived members of the local population through our keep well programme
- tackle substance misuse and drug related deaths through the local ADPs and recovery orientated systems of care including the Forth Valley Recovery Community

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 2019/2020 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 create a QI and Peoples Academy 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 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. Our performance during 2018/2019 will become our baseline as we set out our aspirations to improve waiting times in line with the National Waiting Improvement Plan. Our NHS Board regularly reports our performance to enable scrutiny by Non Executive Board members and to seek assurance on the key priorities and actions being in a number of key standards. These are listed below for reference:

**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%) following the National Waiting Times Improvement Plan (NWTP) milestones
- 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%) following the NWIP milestones

### 4.1 Improving Access

The Scottish Government waiting times improvement plan directs more than £850 million of investment to deliver sustainable improvement in NHS waiting times over the next two and a half years.

Our immediate focus in line with the National Waiting Improvement Plan will be to improve waits for patients whose treatment is urgent, who have a suspicion of cancer, and those who have waited the longest for an appointment. The Plan is line with our key actions, notably to:

- increase capacity across the system
- increase clinical effectiveness and efficiency
- design and implement new models of care

NHS Forth Valley is committed to supporting the national plan and to deliver improved performance on outpatients waiting less than 12 weeks to 95%, and for inpatients and day cases under the treatment time guarantee to 100% in line with the milestones set out including meeting and or exceeding the 95% of patients awaiting cancer treatment to be seen within the 62 day standard.

In 2019/2020 NHS Forth Valley will undertake an ambitious £17 million change programme to improve waiting times across a number of targets/standards. The Board will develop an additional Elective Treatment Centre comprising two operating theatres, an additional MRI scanner and an elective ward (32 beds). The first theatre in response to the Government’s request will open in June 2019 with the second theatre to incorporate laminar flow at the request of Government in November 2019. The ward commissioned will open in April 2020 and the MRI scanner commissioned from July 2019. The Graphs below describes our performance (March 2018 to March 2019) against the national standard/target.
In December 2018 NHS Forth Valley received formal notification that as a result of our unscheduled care performance it was to be escalated to level 3 of the ‘Escalation Performance Framework”. Prior to the formal notification a number of key changes involving staff had been agreed these included: creating a consistent operating model supported by processes to address variation supported by metrics, escalation and governance that included Partnerships in this whole system solution. The tailored support package has helped to accelerate our improvement work with the 95% standard regularly delivered again by March 2019. NHS Forth Valley expects to consistently deliver against this standard in 2019/20 and whilst there was a ‘dip’ in our April performance this is being addressed by the Clinical Leaders and Site Lead.

- Against a target of 95%, during 2017/2018 the average monthly rate in respect of compliance against the ED standard was 86.8% compared with 81.9% in 2018/2019.
- The March 2019 position of 94.4% is a 19.6% improvement compared with 78.9% in March 2018.

The majority of breaches for patients waiting beyond 4 hours are ‘wait for first assessment’, wait for bed breaches has improved although bed occupancy, boarding and delayed discharges all remain high and impact on flow – e.g. in March 2019, 291 patients waited longer than 4 hours.
144 were due to ‘wait for first assessment’ and 43 due to ‘wait for a bed’. 44 breaches accounted for ‘clinical reason’ and ‘wait for treatment to be completed’ accounted for 22 breaches.

NHS Forth Valley continues to focus on all aspects of unscheduled care to support improvement in performance as a whole system with the Unscheduled Care Programme Board continually monitoring ED performance and attendance indicators as part of the six essential actions. ‘Getting ForthRight’ is our recovery plan which is designed to support improvements in Emergency Department supporting flow through ED and the Acute Site. In line with our escalation we have a number of tests of change that will continue to support improvements in this whole system programme of work. Our Health & Social Care Partnerships and their involvement in supporting flow to reduce bed occupancy, boarding and delayed discharges are vital to the delivery of sustainable improvement.

**Graphs 4 and 5 – 31 and 62 day Cancer compliance**

During 2018/2019 there have been a number of key changes and investment to support sustainable improvement in our cancer access standards and in particular around the 62 day target. With receipt of national funding we have targeted investment in the following areas:

- Skin minor operations team to increase capacity in the Skin Cancer pathway
- Surgical Skin Cancer Clinical Nurse Specialty post to support the above and patients diagnosed with Melanoma
- Dermoscope equipment into Primary Care, to help clinicians distinguish benign from malignant skin lesions and so enhance referrals to the Skin Cancer pathway
- Additional trainee Band 6 Nurse Endoscopists to increase scoping capacity whilst also supporting our commitment to succession planning
- Reviewed Cancer pathways with the clinical teams to identify areas for targeting improvement as well as considering escalation requirements

Following an informal visit from government representatives in December 2017 an action plan was initiated to inform our improvement work using the “Effective Cancer Access Performance Management Framework”. This work was formalised following the formal visit in December
2018 by Margaret Kelly on behalf of the government. The feedback from this visit has led to further improvements in our monitoring and escalation process to reduce patients exceeding the standards. In addition, a Cancer Operational Policy and greater visibility of the Cancer Target, throughout the pathway and in particular at the MDT, for Clinicians has been achieved.

Increasing the sensitivity of some screening test together with increased participation resulting from the success locally of “Detect cancer Early” initiative has resulted in greater demand for diagnostic tests such as colonoscopy and detailed clinical follow up. This presented challenges for the 31 and 62 day cancer standard in 2018/2019.

In 2019/2020 we will continue to transform our processes, systems and services to consistently achieve the 62 day target. This work will be supported by our Programme Management Office (set up initially to support our elective care national development) which is designed to direct improvement and project specific work which can then be adopted and spread at pace to maximise benefits and embed change in our everyday processes/systems, practices and behaviours.

To date we have tested improvements in the following areas and subject to funding:

- Implementation of QFIT for symptomatic urgent suspected cancer patients should allow the patients at most risk of having colorectal cancer to be prioritised for colonoscopy and result in fewer patients undergoing unnecessary invasive procedures
- Urology follow-up Innovation – Potential to be a pilot site for the TrueNTH programme, which if implemented has the potential to reduce follow-up by adopting innovative methods of patient care whilst improving patient experience
- Increase Clinical Nurse Specialist input to release Consultant Urology and Uro-oncology time to allow potential reduction in the waiting times
- Increased theatre elective capacity primarily to reduce waiting times and improve response times for surgery in General Surgery and Breast specialties
- Redesign of areas of cancer nursing, introducing greater skill mix to allow for targeting of specialist nurses to practice areas of greatest need and potential undertake additional training to accommodate redesign of historical Consultant follow-up to increase their capacity to see new patients – this addresses concerns around succession planning
- Review delivery of pre-assessment for Bowel screening and soon to be added Surveillance patients, with view to move to pre-operative service to release highly trained Nurse Endoscopists time to undertake redesign of colonoscopy scoping service e.g. results clinic
Against a target of 95%, the average monthly compliance in respect of the 31-day cancer standard, April 2017 to March 2018, was 96.6% compared with 96.8% in April 2018 to March 2019. Static position noted.

The March 2019 position of 98.9% is a 1.1% improvement compared with 97.8% in March 2018.

Following a reduction in our 31 day cancer performance Sep 18 – Jan 19 (mainly related to Breast), we have managed to secure the services of a Breast Radiology locum to stabilise our Radiology procedures in breast service delivery. We will shortly be implementing a technical solution to reduce the number of guide wires required (breast radiology presence on specific theatre days), to a magnetic seed approach, which facilitates the opportunity to insert these at a mutually suitable time, when Breast Radiology is present, in advance of theatre time and so reduce the likelihood of breaching the target. We continue to work towards a more integrated breast care solution with NHS Lanarkshire in to establish a sustainable model of care.
• Against a target of 95%, the average monthly compliance in respect of the 62-day cancer standard, April 2017 to March 2018, was 81.9% compared with 81.6% in April 2018 to March 2019. Static position noted.
• The March 2019 position of 88.2% is a 13.2% improvement compared with 77.9% in March 2018.

NHS Forth Valley has experienced a number of challenges in its delivery of the 62 day cancer target across a small 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. Investment targeted at improvements in notably colorectal and urology services will address current variation. In relation to Head and Neck Cancer we have started tentative discussions with our local planning officer and clinical/managerial leads in NHS Lanarkshire to try and establish a sustainable solution, in the event that our substantive ENT posts do not resume to duty in August/September 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 6 – 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.

Diagnostics (combined endoscopy and imaging)

- Against a target of no patient waiting longer than 6 weeks for a diagnostic test, during 2017/2018 the average monthly number waiting beyond the standard was 10 compared with 31 in 2018/2019.
- The March 2019 position of 35 patients waiting longer than the standard is a worsening position.

For endoscopic procedures an increasing number of patients are waiting 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 increasing endoscopy related referrals. Investment to support implementation of QFIT for symptomatic urgent suspected cancer patients should allow the patients at most risk of having colorectal cancer to be prioritised for colonoscopy resulting in fewer patients undergoing unnecessary invasive procedures - clinical validation of the polyp surveillance waiting list will deliver improvement.
During 2017/18 the average monthly number of patients waiting beyond 12 weeks for a first outpatient appointment was 3134 compared with 3166 in 2018/2019. This highlights a 1% change.

The March 2019 position of 1751 is a 34% improvement compared with 2357 in March 2018 – NHS Forth Valley met the 1800 target at 31 March 2019.
• During 2017/2018 the average monthly number of patients waiting beyond the 12 week TTG was 951 compared with 1121 in 2018/19. This highlights a 17% increase or deterioration.
• The March 2019 position of 938 is a 28.5% improvement compared with 1205 in March 2018.
• NHS Forth Valley met its 1088 TTG target as at the end of March 2019.
4.2 2019/2020 - Elective Care Plans

OPD Trajectory

In Orthopaedics: The demand for new patient Orthopaedic appointments is 7,929 per annum. The capacity, including the Golden Jubilee, is 6,921 appointments. Therefore the recurrent deficit is 1008. The investment in primary care Advanced Practice Physiotherapists (APP) will help manage GP MSK workload in 28 GP practices. This will have a positive impact on reducing orthopaedic demand. This has already been demonstrated through recent the "Best in Class" service for people with hip and knee arthritis in Clackmannanshire and in the three 2C GP practices where APPs manage all MSK primary care demand. The assumption is that the demand will be reduced by 10% and close the capacity gap from 1008 to 216 appointments. The impact of this action has been assumed to start taking effect in Quarter 3 (2019/2020 Waiting Time Improvement Plan). Non-recurring means will be used to ensure waiting times are kept within the National WTIP Milestone Share/metric of patients over 12 weeks at quarter end. In addition the clinical staff are keen to extend the ESP model of service provision to cover more clinics within Orthopaedics allowing the surgeons more time to see more complex patients and or operate.

NHS Forth Valley has agreed to expand its elective capacity for theatres and OPD. Recruitment is underway to appoint 2 additional consultants, this will generate around 360 new appointments per annum and subject to realising the above assumptions the Board will become sustainable in orthopaedics. It is our intention to explore allocating our consultants to an elective only service; this could generate 1,000 new appointments per annum. This would allow us to repatriate 800 of the 1000 cases from the Golden Jubilee National Hospital and so create capacity in the national centre. All of this work is underway. Funding on a recurrent basis would help us deliver more sustainable solutions, repatriation over time from the National Hospital would enable the Board to deliver services closer to home which would avoid the Board engaging in a complicated referral/commissioning process that is likely to add bureaucracy and cost with no direct patient benefit. NHS Forth Valley currently spends £2.2 million in the National Hospital.

Other Services:
We continue to have recruitment issues in ENT and Urology and whilst we have enough funded capacity the recruitment issues impact on our waiting times performance. We plan is to ensure the funded capacity is used to support additional sessions using locum and/or private sector capacity.

Gaps in capacity in a number of specialties continue. In our planning we have assumed we will put plans in place to close the capacity deficit via non-recurrent funding whilst working to create sustainability, the actions being taken include:

- clinical and management teams are reviewing the job plans to explore opportunities to increase the sessions dedicated to elective care
- testing options to extend best in class type principles to other specialties
- considering extending the Advanced Clinical Referral Triage model aiming for a 5% reduction in demand (5% reduction across the services equates to a reduction of 3,500 referrals to appoint)
- continuing 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
- through our Academy exploring new roles within our current workforce to support professionals in working to the top of their licence and/or up-skilling and extending scope of practice to support new ways of working as part of our commitment to developing our workforce
- realigning and giving priority to our EPQI team work to work with the service teams to utilise digital solutions, using Near Me powered by Attend Anywhere and FLORENCE to improve access whilst caring for and managing our patients remotely in the comfort of their own homes and or communities
- Exploring the roll out of Active Clinical Referral Triage supported by the Scottish Access Collaborative (indications and feedback from our Gastroenterology Team are positive) and the adoption of the Access Collaborative six principles

Inpatients Trajectories
The graph IP 1 below shows the trajectory for the number of inpatients waiting over 12 weeks until March 2022. The long waits are not within government expectations. The reductions are based on the elective project commencing in Orthopaedics and the recruitment of additional 2 surgeons. This will provide an average 143 additional cases each per annum – i.e. 286 new inpatients/daycases. In addition, we intend to generate a 5% improvement in theatre productivity across all specialties. This will increase our throughput by 650 inpatients and daycases per annum.

We also are encouraging innovations and new ways of working and our clinical staff are enthusiastic and responding. To support ongoing innovation and improvement requires sustainability and we would hope that waiting times funding moves to a recurring position (in part this year) to enable us to recruit additional colorectal surgeons to improve our cancer and elective surgery waits.

We are also encouraging our staff to work collaboratively, for example: plastic surgeons are working across specialty boundaries to support reductions in orthopaedics. In dietetics our staff are contributing to reductions in patients requiring bariatric interventions.

5. Safe Care – Healthcare Acquired Infection (HAI)

For NHS Forth Valley, Infection Control and the prevention of Healthcare Acquired Infections is one of our very highest priorities. The move to the purpose built Forth Valley Royal Hospital accorded the NHS Board an opportunity to take significant steps to improve patient safety through enhanced hand washing facilities and opportunities for control of visitors and cohorting of patients. Since the move to the new hospital the Board has been pleased to almost completely eliminate the need for winter ward closures due to norovirus and has sustained one of the very lowest levels of C. difficile infections of any NHS facility across Scotland.

The NHS Board’s attention to HAI prevention is not limited to the acute hospital and NHS Forth Valley was the first NHS Board to receive an HEI Community Hospital Inspection Report which identified no requirements or recommendations with the announced inspection of the Falkirk Community Hospital in 2014. This exceptional outcome was repeated with the announced inspection of the Clackmannashire Community Healthcare Centre in January 2016 and again with the unannounced HEI inspection of Stirling Community Hospital in September 2016.
Similar assurances were received with the most recent unannounced inspection of Forth Valley Royal Hospital which resulted in two simple requirements and only one recommendation which at the time was the lowest number for any acute hospital site in NHS Scotland. An unannounced inspection of theatres in December 2017 did identify a number of new issues identified from visits to similar sites and a rapid programme of improvements was undertaken to address all of these issues. The NHS Board continues to closely monitor Surgical Site infections and has consistently had amongst the lowest infection rates for any Scottish Hospital receiving both elective and emergency cases.

This sustained high performance is felt to be due to the close attention of the Executive and Non Executive Board members and the hard work of the Infection Control Nursing Team led by the Area infection Control Manager and supported by the Hospital Infection Control Doctors. The hospital infection control team is also closely linked to and supported by the Board public health consultants and health protection nurses led by the Director of Public Health. The Lead Infection Control Nurse now also provides clinical supervision and mentoring to the health protection nurses within public health. In addition to the regular Area Prevention and Control of Infection Committee (APCIC) which reports through the Clinical Governance Working Group to the Board Clinical Governance committee, the NHS Board also receives an Infection Control update from the Executive Lead for HAI at every public Board Meeting. Graphs 11 and 12 illustrate performance over the last 12 months (March 2018 to March 2019).
NHS Forth Valley has very low numbers of Acute occupied bed days for the size of population which has made this a very challenging target to achieve. Analysis of the long term trend confirms continued improvement in this measure whilst analysis of actual patient data confirms very low numbers of health care acquired cases attributable to local NHS care.

This target has been achieved since moving care to the new Forth Valley Royal Hospital. The rate of Clostridium Difficle infections has been consistently amongst the lowest of any Acute Hospital settings in Scotland. There have been no cases of person to person spread of C.Diff in the year 2018/2019.
The Infection Control team receive copies of HEI inspection reports and recommendations from all NHS Sites across Scotland and conducts analysis and recording of all the recommendations to track and identify any areas for local improvement.

Effective hand washing remains the single most important infection control measure for staff, patients and visitors. Regular monitoring through weekly ward visits ensures a sustained focus and performance is reported at all levels up to the NHS Board.

The NHS Board also has an antimicrobial management group which monitors antibiotic usage across both secondary and primary care and provides feedback to clinicians on best practice to avoid inappropriate prescribing leading to antimicrobial resistance.

Despite sustained success in delivering on key targets and inspections the infection control team continues to actively seek new ways to further reduce HAI risks to patients. NHS Forth Valley is the first NHS Board to have introduced monitoring of all device associated infections (all organisms rather than staphylococcal infections only) in order to enhance the sensitivity of infection monitoring and identify further potential improvements beyond those required by national reporting. Similarly the infection control team have introduced an enhanced ward monitoring system which has been praised as one of the most comprehensive ward reporting schemes anywhere in Scotland. The team aims to inspect and report back to every clinical area at least once a month and all in patient acute and community wards and departments receive visits and feedback at least weekly. Each clinical area receives a detailed feedback report detailing non compliances and these reports are published on the NHS Board intranet site where they are available to all senior staff including all NHS Board members with the summary data published at public Board meetings.

The APCIC agreed in 2017 to introduce a pilot of near patient influenza testing in the admissions department making Forth Valley amongst the first sites to use this approach which was critical in successful response to the 2017/18 seasonal Influenza A epidemic. By identifying and cohorting Influenza A patients the risk to other patients was minimised and the hospital maintained safe services despite high circulating levels of community acquired influenza. The infection control team have been actively engaged in programmes to introduce insertion and maintenance bundles for all peripheral venous catheters and for long lines and also to reduce the use of urinary catheters to the minimum levels possible.

For 2019/2020 the Infection control team is working on further measures to reduce all infections (all organisms) resulting from invasive devices as well as continuing the existing intensive inspection and education arrangements in place.
Staff immunisation against seasonal influenza protects vulnerable patients as well as the staff and their families and will again be a high priority in 2019/20. As well as occupational health clinics there will be a range of measures including opportunistic immunisation in clinical areas supported by a communications led publicity campaign.

Specific objectives for 2019/2020 include:

- Transferring HAI Executive Director Leadership role to Director of Nursing - 01 April 2019
- Continuing chlorhexidene body wash pilot for patients with long lines at risk of community infections
- Completing review of use of waterproof dressings post C. Section to eliminate early post op infections
- Further increasing clinical staff resource and resilience by replacing Band 5 audit post with a clinical training post in Infection Control and Health protection Nursing
- Promoting further joint working with the community health protection service and public health
- Repeating the provision of near patient influenza testing for winter 2019/2020
- Further increasing the staff uptake of seasonal flu vaccination

6. Working in Partnership

Improving and protecting the health and well being of the population of Forth Valley cannot be delivered by the NHS working alone. The NHS Forth Valley Health Care Strategy includes a strong commitment to working in partnership. Partnership includes working with partner agencies at national level such as Police Scotland, the Scottish Fire and Rescue Service, the Scottish Ambulance Service, SEPA, Scottish Water, with regional partners including other NHS Boards, with Forth Valley partners such as Forth Valley College and with local partners including the third sector, our three Local Authorities in Falkirk, Stirling and Clackmannanshire, our two Integration Joint Boards, our Community Planning Partnerships and our local Community Justice Partnerships and with individuals in the population.

Local people are increasingly taking more responsibility for their own health and wellbeing and so we must include local individuals as key partners, we have learned the benefits of this in our CAMHS work with families.
More people are using the internet to research common health conditions. The NHS needs to welcome and embrace this change and expect to work in partnership with interested and well informed patients. This will require a change in the way that health professionals work. NHS Forth Valley is committed to working with the local population and has a proactive communication strategy working with local media, placing regular information updates on the intranet and by using social media where appropriate.

The National Conversation (2016) and the public and staff engagement during our local Clinical Services Review, highlighted that, in the 21st Century, a paternalistic “doctor knows best” approach to healthcare is no longer appropriate. Joint decision-making with patients and where appropriate with family and carers, could eventually replace the expectation that a doctor “seeks consent” to treat a patient. NHS Forth Valley has enthusiastically endorsed and adopted “Realistic Medicine” and is experimenting with the “it is okay to ask” questions and with other initiatives to better engage patients in joint decision making such as encouraging clinicians to address clinic and discharge letters directly to the patient rather than to their GP.

Embracing Realistic Medicine is a key element of managing future demand for healthcare and ensuring patients are able to choose the most appropriate interventions and the stages at which they are appropriate for their own personal circumstances. We know that patients tend to choose less treatment when they are provided with greater detail of the impact, potential benefits and harms of a proposed intervention. We look forward to working with the Chief Medical Officer to deliver “Personalising Realistic Medicine” as launched in April 2019.

6.1 Integration – Health and Social Care

There are two health and social care partnerships (these are partnerships that bring staff employed by the NHS and our local authorities together to deliver care and support to a defined adult population) that cover the Forth Valley area, one for Falkirk (a partnership between Falkirk Council and NHS Forth Valley) and one for Clackmannanshire and Stirling (a partnership between Clackmannanshire and Stirling Councils and NHS Forth Valley). These partnerships were established to ensure that local people receive joined up, seamless support and care and help ensure individuals can live independently in their own homes for as long as possible. NHS Forth Valley has been working with our two Integration Joint Boards and our three Local Authorities to agree appropriate integrated management arrangements. Our two Chief Officers have been instrumental in designing and securing investment in an integrated management structure that can deliver our collective ambitions for the people of Clackmannanshire, Falkirk and Stirling. The appointment to senior integrated management posts will enable NHS Forth
Valley to transfer operational management responsibilities during 2019 to our two Chief Officers who in turn will continue to be key senior players in the Chief Executives Strategic Leadership Team.

The review of progress under the leadership of the Ministerial Strategic Group (MSG) is intended to look at how local systems align with existing initiatives to ensure integration is a success – the benefits of integration are hugely significant and our accountability between service delivery and our communities will drive locality based decision making. This is hugely significant in our ability to improve communities understanding of the impact integration led by our Integration Authorities is making. We have spent time in 2018/2019 better understanding accountabilities and the governance in each of our respective organisations/bodies. We are very clear that our Integration Authorities will through good strategic planning and commissioning decisions direct Health Boards and Local Authorities who in turn will be responsible for service delivery. We will use our local evaluations against each of the 25 principles through collaborative leadership to drive change to improve outcomes.

Our priorities in 2019/2020 include:

- using our MSG evaluation findings to support our Integration Authorities provide collaborative leadership to integrate budgets (losing identity) to commission through directions services that improve outcomes for their defined populations (NHS Forth Valley spend profile is split as follows - hospital - 48% and primary/community care 52%)
- focusing on escalation on the performance framework (unscheduled care) involving our Integration Authorities in a collective Forth Valley response that acknowledges we have one Acute Site serving a population that goes beyond the functions delegated to our Integration Authorities
- working with our Integration Authorities to enable them to deliver on our collective unscheduled care responsibilities, notably addressing the number of delayed discharges within both our Acute site and community resources which then impact on bed occupancy and boarding (both remain high)
- developing a Falkirk community resource (that will require a NHS business case process to secure capital) similar to what has been achieved prior to health and social care integration in both Clackmannanshire and Stirling that takes account of our Forth Valley responsibilities and the need for dedicated Forth Valley community services (economies of scale) that serve both local and area wide need
• appointing to our integrated management structures to support integrated service reform and we have examples of how we have to date and can deliver this across all of three our Local Authority areas
• with our CP partners focusing on children and early years, mental health and wellbeing, worthwhile work, the effects of substance misuse and targeted population wide health improvement programmes
• support the Third Sector through greater social prescribing opportunities to increase personal responsibility and choice
• continue to support families and carers and increase their involvement in care planning

Reducing Emergency Department (ED) Attendance

The average monthly Emergency Department attendance rate in Forth Valley has increased from 1751 per 100,000 population in 2017/2018 to 1858 per 100,000 population in 2018/2019 although this growth in attendances has not converted into a rise in emergency admissions (Feb 2019 position for 2018/2019 is 3770 compared to 4703 per 100,000 population in 2017/2018). ‘Getting ForthRight’ (our unscheduled care Recovery Plan) is critical to our improvement across our whole system in response to our escalation to level 3 by Scottish Government. We continue to work with our Integration Authorities to improve our operational unscheduled care performance.

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.

On-going actions to support timely discharge:

• Input from the discharge team means patients are reviewed within 72 hours including early identification of patients who are ready for discharge either home or from hospital to Short Term Assessment (STA)/Community Hospital or in appropriate cases to care homes.
• Review of patients with a stay with a length of stay over 7 days with regular monitoring, analysis and improvement with escalation to help prevent extended delays.
- Multi Disciplinary Team (MDT) meetings to identify discharge pathways and goals along with on-going review of patients who are identified for moves to community hospital to explore all options ensuring only those who require community hospitals are moved there.
- Use of Frailty Model and implementation of Dynamic Daily Discharge taking a proactive and systematic multidisciplinary approach to facilitating early and appropriate discharge plans and ongoing care.
- Introduction of Carer Centre support workers in FVRH to raise awareness of The Carers Strategy, identifying carers who may require assessment and support at discharge.

Graph 12 – Delayed discharge 14 day and 72 hour compliance

In subsequent months the position has fluctuated with the position in March 2019:
- 48 delays over 72 hours (see graph below) with 24 delays over 2 weeks
- 21 guardianship
- 3 code 9
- 6 Code 100 delays
Graph 13 – Delayed Discharges over 72 hours

- 48 delays over 72 hours at March 2019, performance continues to be variable with no real reduction in people delayed
Graph 14 – Delayed Discharges Bed Days Occupied

Falkirk
- Baseline 2017/18 - the average monthly bed occupancy pertaining to delayed discharges = 720 bed days
- Last financial year 2018/19 - average monthly Bed Days = 1124 - percentage increase of 56.1%
- Aim to reduce monthly average by approx 4% over next 12 months to regain 2017/18 position

Clackmannanshire & Stirling
- Baseline 2017/18 - the average monthly bed occupancy pertaining to delayed discharges = 181 bed days
- Last financial year 2018/19 - average monthly Bed Days = 293 - percentage increase of 61%
- Aim to reduce monthly average by approx 3.5% over next 12 months to regain 2017/18 position
Reducing Emergency Admissions and Occupied Bed Days

Graph 15 and 16 – Emergency Admissions and Occupied Bed Days rates

- As noted we have not seen a rise in emergency admission during 2018/19. During 2017/18 the average monthly rate in terms of unplanned bed days for Forth Valley was 963 per 1000 population compared to 925 per 1000 population in 2018/19 to date. This highlights a decrease indicating a shorter length of stay.
During 2017/18 the average monthly rate in terms of occupied bed days for Forth Valley was 91.03% compared to 91.67% in 2018/19 to date against a target of 85%, demonstrating a marginal increase in average bed occupancy.

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.
7. Developing our Workforce

NHS Forth Valley having engaged staff has agreed 6 key values to be embedded in leadership and management competencies, recruitment processes, people policy and procedures, our induction process, learning and education programmes and individual personal development plans. The six key values that are most important to us are:

- 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 move us towards 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. The current Everyone Matters Implementation Plan 2018-2020 focuses on continuing and consolidating the good work already underway, building on previous annual implementation plans and the actions set out in these, and working towards delivering further progress by 2020. A refreshed version of the existing vision and values is being produced.

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 as follows:

Healthy organisational culture

During 2019/2020 we will ensure delivery of our iMatter implementation plans, involve staff in decision making and take meaningful action to further improve our staff experience. The iMatter process has generated a lot of feedback and NHS Forth Valley has, to date, a 62% 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 2019/2020.

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<thead>
<tr>
<th>iMatter Question</th>
<th>Scottish average response %</th>
<th>Forth Valley average response %</th>
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<tr>
<td>I feel senior managers responsible for the wider organisation are sufficiently visible</td>
<td>62</td>
<td>60</td>
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<tr>
<td>I have confidence and trust in senior managers responsible for the wider organisation</td>
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<tr>
<td>I feel involved in decisions relating to my organisation</td>
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<td>56</td>
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<td>I am confident performance is managed well within my organisation</td>
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</tbody>
</table>

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 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 initiatives to support a healthy culture. We currently achieve 80% Action Plans at the required 12 weeks post receipt of Team Reports and we would hope to maintain or improve on this during the forthcoming year. iMatter continues to provide a measure of healthy organisational culture for NHS Forth Valley and offers opportunities for improvement at discrete team level. A number of events led by the Chief Executive involving the Executive Team during 2018 have evaluated positively with staff acknowledging the benefits of this visibility and engagement. These will be re-launched after the Staff Conference planned for August 2019. The Conference will focus on culture, high performance and the importance of human factors and their relationship with teamwork, our systems/process and tasks within the workplace in times of change.
**Sustainable workforce**

The delivery of high quality, sustainable, person centred, safe and compassionate health and social care services relies on the workforce of the different partners working together. Much progress has been made in 2018/2019 to agree integrated management structures with our Local Authority colleagues. To date the transfer of operational management to our Chief Officers has been delayed pending completion of this process.

Integration and the benefits of working with Council colleagues to deliver services in response to our Integration Joint Board’s Strategic Plans and commissioning decisions are critical to our ability to respond to demand using our workforces in ways that build capacity and sustainability. NHS Forth Valley will continue to drive workforce redesign that supports sustainable services in 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.

The management of absence and the improvement of staff wellbeing are key priorities for NHS Forth Valley. A stretch target of 4.5% (currently we have absence levels above 5%) has been set and a multidisciplinary improvement programme has commenced with the establishment of a partnership working group. The group will Review and refresh all existing practice to achieve streamlined effective processes; introduce Partnership Absence Management Clinics; introduce an early return to work system and improve available workforce information to all managers.

NHS Forth Valley will continue to deliver our Youth Framework which will include the continued development of our Modern Apprenticeship Programme into other areas and the extension of Project Search programme to include NHS placements. This is balanced with our focus on a multi-generational workforce including our mature and retired colleagues.
**Capable Workforce**

During 2019/20 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. Our work to involve staff in agreeing our corporate objectives provides clarity of purpose and enables us to align NHS Forth Valley’s priorities with our objective setting process. Embedding TURAS Appraisal (launched in April 2018) across the organisation 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 high levels of completion of staff personal development reviews and planning and the organisation will be able to report accurate statistics by Autumn 2019 via TURAS Appraisal.

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

**Workforce to deliver integrated services**

We have a high commitment to supporting our workforce to deliver integrated services. Both Forth Valley Health and Social Care 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 and the Third Sector.

We have engaged with our respective health and social care staff consistently over 2016 – 2019 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 was developed based on identified local need and projected need for enhanced leadership capacity and capability. The Programme was 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 skill sets 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 are now launching our Talent Management and Succession Plan for the organisation. This provides an integrated structured process to plan succession for critical skills and posts and define the competencies needed to be successful in key posts. To identify through assessment and career conversations, staff who have potential to move to higher or more complex critical posts and align career aspirations to development activities for individuals. This process aims to identify “hot spots” in areas where there are currently no ready or near ready individuals for critical posts likely to become vacant and to create development strategies to fill these gaps and create “ready” employees.

We support and encourage staff to access Project Lift Self Assessment and take part in early implementation and testing. In addition to access to National Provision, “Leading for the Future” and “Leadership Cubed”, tailored support for succession planning within the organisation includes a suite of development options and pathways including a bespoke leadership programme, 360 review, MBTI, coaching, mentoring, shadowing, action learning sets and secondment opportunities for development.

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 a range of interventions to support team leaders to sustain successful team and MDT working, e.g. Affina Coaching.
8. 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. NHS Forth Valley is committed to delivering better value in how it invests its significant budget. To help deliver transformation projects we will invest in a Programme Management Office to support our savings and reinvest agenda. This is reflected in our three year Financial Planning Templates which have been submitted to Scottish Government (appended at Appendix 1).

The financial plan has been prepared for the period 2019/20 to 2021/22 reflecting confirmed baseline allocations plus additional funding anticipated for pay costs for Agenda for Change staff outlined in the indicative allocation letter of 12th December 2018, plus further anticipated in-year funding sources. Funding assumptions also include the level of financial support required to return to waiting times performance as outlined in the National Waiting Times Improvement Plan. Based on current assumptions total savings required to deliver financial balance for 2019/20 are £19.214m (4% of recurring baseline). Savings schemes to the value of £14m have been identified and risk assessed, with an unidentified gap of £5.214.6m.

A forecast deficit position of £2.4m is anticipated against Revenue Resource Limit for 2019/20 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 position is planned to be recovered over the following two year period delivering break even over the three year planning cycle.

The planned funding settlement for Integration Authorities includes the appropriate share of both the core cash terms uplift (1.8%) and the consequential impact of the Agenda for Change pay funding towards meeting inflationary pressures on in-scope budgets. The share of £357m funding from baseline budgets will continue to pass through to Integration Authorities to support social care reform that takes account of whole system benefit and delivering services at home/close to home.

The forecast position for capital remains breakeven based on funding and cost assumptions at this time.
NHS Forth Valley - Financial Plan 2019/20 – 2023/24

NHS Forth Valley has a good record of working within available resources and meeting annual financial targets. However maintaining sustainable recurring financial balance in the current operating environment is increasingly challenging change at pace is required to meet the scale of anticipated demand and costs in future years.

Given the scale and range of current pressures and complexities, together with rapidly changing population demographics and technological and medicines development, the status quo is no longer sustainable or affordable. It is proposed that a new approach to reform based on a longer term strategic vision with a focus on efficiency and improving value across the whole system to ensure ongoing service provision is financially sustainable be adopted.

The Scottish Government has introduced new arrangements from 2019/20 with NHS Boards required to set out plans to deliver a breakeven position over a three year planning period rather than a one year basis, with flexibility to report over or underspends of up to 1% of the Board’s core revenue resource funding in-year. This provides an opportunity to take a more strategic view on managing the planning and implementation of developments required to respond to the challenges described above.

This revenue financial plan sets out a position to deliver financial balance over the forthcoming three year period meeting the Scottish Government requirements, with a forecast deficit in year 1 (2019/20) of £2.4m, a breakeven position in year 2 (2020/21), and an offsetting surplus on a full year basis in year 3 (2021/22) of £2.4m. In addition the plan confirms financial settlements to Integration Authorities in 2019/20 which meet the criteria set out in the indicative funding allocation letter.

The overarching aim of the rolling five year financial plan is to deliver the best health and wellbeing outcomes for the population of NHS Forth Valley within our available fixed resources on a recurring basis. Our financial strategy for future years is to deliver better value by driving out waste, inefficiencies and unwarranted variation whilst improving quality of services and outcomes for patients, and maximising opportunities from digital developments and innovation.
Total cost savings required, based on anticipated costs and resources, are approximately £36m over three years. There is an inherent level of risk associated with delivering cost reductions of that scale and so it is intended to create the conditions for change including clear accountabilities and role clarity, a focus on performance, well established communications, collaborative working with partners; and clear linkages between financial, service and workforce plans.

The strategy and approach to delivery of cost improvements is focused on our current PMO model (set up to successfully manage the Elective Care Project) and this approach will identify, prioritise and target efficiencies against the main areas of spend.
### Core Revenue Outturn Statement

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#### Financial Plan 2019-20

- **Version number**: 2
- **Board Approval Date**: 26/03/2019
- **Main contact name**: Alison Mackintosh
- **Main contact email**: alison.mackintosh@nhs.net
- **Main contact phone number**: 01786 457241

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### Financial Plan 2019-20

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**Cumulative 3-Year Total Outturn**

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## NHS FORTH VALLEY
### FINANCIAL PLAN 2019-20
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## NHS FORTH VALLEY
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<th>2023-24 £000s</th>
</tr>
</thead>
<tbody>
<tr>
<td>4.01</td>
<td>7,796</td>
<td>(4,197)</td>
<td>4,185</td>
<td>5,285</td>
<td>5,285</td>
<td>3,624</td>
</tr>
<tr>
<td>4.02</td>
<td>6,085</td>
<td>6,085</td>
<td>6,085</td>
<td>6,085</td>
<td>6,085</td>
<td>6,085</td>
</tr>
<tr>
<td>4.03</td>
<td>(1,500)</td>
<td>(7,032)</td>
<td>(1,600)</td>
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<td>(1,161)</td>
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<tr>
<td>4.04</td>
<td>4,711</td>
<td>5,700</td>
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<td>0</td>
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<tr>
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<td>Radiotherapy funding</td>
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<td>4.06</td>
<td>900</td>
<td>900</td>
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<td>4.07</td>
<td>(2,400)</td>
<td>(999)</td>
<td>(1,100)</td>
<td>(1,300)</td>
<td>(1,300)</td>
<td>(1,300)</td>
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<td>4.08</td>
<td>7,796</td>
<td>(4,197)</td>
<td>4,185</td>
<td>5,285</td>
<td>5,285</td>
<td>3,624</td>
</tr>
<tr>
<td>4.09</td>
<td>Saving / (Excess) against CRL</td>
<td>0</td>
<td>0</td>
<td>0</td>
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<table>
<thead>
<tr>
<th>Line No</th>
<th>2018-19 £000s</th>
<th>2019-20 £000s</th>
<th>2020-21 £000s</th>
<th>2021-22 £000s</th>
<th>2022-23 £000s</th>
<th>2023-24 £000s</th>
</tr>
</thead>
<tbody>
<tr>
<td>4.10</td>
<td>9,677</td>
<td>1,028</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>4.11</td>
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<td></td>
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<td></td>
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<td>4.12</td>
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</tr>
<tr>
<td>4.14</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
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</tr>
<tr>
<td>4.15</td>
<td>9,677</td>
<td>1,028</td>
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### Memoranda

<table>
<thead>
<tr>
<th>Line No</th>
<th>2018-19 £000s</th>
<th>2019-20 £000s</th>
<th>2020-21 £000s</th>
<th>2021-22 £000s</th>
<th>2022-23 £000s</th>
<th>2023-24 £000s</th>
</tr>
</thead>
<tbody>
<tr>
<td>4.16</td>
<td>2,700</td>
<td>4,500</td>
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<td>0</td>
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<tr>
<td>4.17</td>
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<td>1,200</td>
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<td>0</td>
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<tr>
<td>4.18</td>
<td>1,000</td>
<td>1,000</td>
<td>500</td>
<td>500</td>
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<tr>
<td>4.19</td>
<td>4,261</td>
<td>1,200</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
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<tr>
<td>4.20</td>
<td>750</td>
<td>261</td>
<td>1,000</td>
<td>1,000</td>
<td>1,000</td>
<td>1,000</td>
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<tr>
<td>4.21</td>
<td>250</td>
<td>250</td>
<td>250</td>
<td>250</td>
<td>250</td>
<td>250</td>
</tr>
<tr>
<td>4.22</td>
<td>4,711</td>
<td>5,700</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>4.23</td>
<td></td>
<td></td>
<td></td>
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</tr>
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</table>

### Source of capital receipts (please enter NBV figures as negative):

<table>
<thead>
<tr>
<th>Line No</th>
<th>2018-19 £000s</th>
<th>2019-20 £000s</th>
<th>2020-21 £000s</th>
<th>2021-22 £000s</th>
<th>2022-23 £000s</th>
<th>2023-24 £000s</th>
</tr>
</thead>
<tbody>
<tr>
<td>4.25</td>
<td>Bellsdyke Land Development</td>
<td>(6,032)</td>
<td>(1,048)</td>
<td>(1,048)</td>
<td>(1,048)</td>
<td>(1,048)</td>
</tr>
<tr>
<td>4.26</td>
<td>Orchard House Hospital Land</td>
<td>(400)</td>
<td>(400)</td>
<td>(400)</td>
<td>(400)</td>
<td>(400)</td>
</tr>
<tr>
<td>4.27</td>
<td>Bampton Street</td>
<td>(100)</td>
<td>(100)</td>
<td>(100)</td>
<td>(100)</td>
<td>(100)</td>
</tr>
<tr>
<td>4.28</td>
<td>Westbank Clinic</td>
<td>(150)</td>
<td>(150)</td>
<td>(150)</td>
<td>(150)</td>
<td>(150)</td>
</tr>
<tr>
<td>4.29</td>
<td>Surplus Stirling Royal Infirmary Land</td>
<td>(400)</td>
<td>(400)</td>
<td>(400)</td>
<td>(400)</td>
<td>(400)</td>
</tr>
<tr>
<td>4.31</td>
<td>Field X, old RSNH Site</td>
<td>(1,500)</td>
<td>(1,500)</td>
<td>(1,500)</td>
<td>(1,500)</td>
<td>(1,500)</td>
</tr>
<tr>
<td>4.32</td>
<td>Doune Health Centre</td>
<td>(150)</td>
<td>(150)</td>
<td>(150)</td>
<td>(150)</td>
<td>(150)</td>
</tr>
<tr>
<td>4.33</td>
<td>Total Asset Sale proceeds (at NBV) (copies to line 4.03 above)</td>
<td>(7,032)</td>
<td>(1,600)</td>
<td>0</td>
<td>0</td>
<td>(1,161)</td>
</tr>
</tbody>
</table>
NHS FORTH VALLEY
FINANCIAL PLAN 2019-20
Financial Trajectories

Revenue Outturn

<table>
<thead>
<tr>
<th>Saving / (Excess) against Core RRL as at the end of:</th>
<th>£000s</th>
</tr>
</thead>
<tbody>
<tr>
<td>June</td>
<td>(600)</td>
</tr>
<tr>
<td>July</td>
<td>(800)</td>
</tr>
<tr>
<td>Aug</td>
<td>(1,000)</td>
</tr>
<tr>
<td>Sept</td>
<td>(1,200)</td>
</tr>
<tr>
<td>Oct</td>
<td>(1,400)</td>
</tr>
<tr>
<td>Nov</td>
<td>(1,600)</td>
</tr>
<tr>
<td>Dec</td>
<td>(1,800)</td>
</tr>
<tr>
<td>Jan</td>
<td>(2,000)</td>
</tr>
<tr>
<td>Feb</td>
<td>(2,200)</td>
</tr>
<tr>
<td>Mar</td>
<td>(2,400)</td>
</tr>
</tbody>
</table>

Total £000s

- June: 1,135
- July: 1,489
- Aug: 2,127
- Sept: 3,191
- Oct: 4,810
- Nov: 6,241
- Dec: 8,014
- Jan: 10,212
- Feb: 13,191
- Mar: 16,814

Revenue Performance Trajectory

Efficiency Savings Trajectory
### NHS FORTH VALLEY
FINANCIAL PLAN 2019-20
Financial Planning Assumptions & Risk Assessment

#### Financial Planning Assumptions:

<table>
<thead>
<tr>
<th>Item</th>
<th>2018-19</th>
<th>2019-20</th>
<th>2020-21</th>
<th>2021-22</th>
</tr>
</thead>
<tbody>
<tr>
<td>6.01</td>
<td>Base uplift</td>
<td>2.58%</td>
<td>2.53%</td>
<td>1.50%</td>
</tr>
<tr>
<td>6.02</td>
<td>NRAC</td>
<td>0.43%</td>
<td>0.00%</td>
<td>0.00%</td>
</tr>
<tr>
<td>6.03</td>
<td>Other</td>
<td>9.43%</td>
<td>0.15%</td>
<td>0.00%</td>
</tr>
<tr>
<td>6.04</td>
<td>Base uplift</td>
<td>2.78%</td>
<td>2.78%</td>
<td>1.50%</td>
</tr>
<tr>
<td>6.05</td>
<td>Incremental drift</td>
<td>0.00%</td>
<td>0.00%</td>
<td>0.00%</td>
</tr>
<tr>
<td>6.06</td>
<td>Other</td>
<td>4.91%</td>
<td>0.00%</td>
<td>0.00%</td>
</tr>
<tr>
<td>6.07</td>
<td>Prices</td>
<td>2.00%</td>
<td>2.00%</td>
<td>1.50%</td>
</tr>
<tr>
<td>6.08</td>
<td>GP prescribing</td>
<td>5.24%</td>
<td>5.24%</td>
<td>5.24%</td>
</tr>
<tr>
<td>6.09</td>
<td>Volume</td>
<td>7.5% of allocation</td>
<td>Medium Risk</td>
<td></td>
</tr>
<tr>
<td>6.10</td>
<td>Hospital drugs</td>
<td>10.00%</td>
<td>10.00%</td>
<td>10.00%</td>
</tr>
</tbody>
</table>

#### Risk Assessment

<table>
<thead>
<tr>
<th>Line no</th>
<th>Key Assumptions / Risks</th>
<th>£ Value Risk / % Assumption</th>
<th>Impact / Description</th>
<th>Risk rating</th>
</tr>
</thead>
<tbody>
<tr>
<td>5.12</td>
<td>Pay and Pension</td>
<td>£2.48m per 1%</td>
<td>Employer’s pension contributions are assumed to be fully funded within the financial plan. From 2021/22, each additional 1% pay equates to £2.48m</td>
<td>Medium Risk</td>
</tr>
<tr>
<td>5.13</td>
<td>Waiting Times</td>
<td>£10m</td>
<td>The Board are working towards meeting the commitment of RTT and TTG targets as set out by the Cabinet Minister. The current plan assumes an allocation of £10m. The Board has not yet been advised of the allocation from the SG and it may be insufficient.</td>
<td>Medium Risk</td>
</tr>
<tr>
<td>5.14</td>
<td>Prescribing</td>
<td>£0.3m per 1%</td>
<td>The proportion of spend on hospital drugs continues to rise, and there is a financial risk associated with the approval of new drugs and therapies, including as an example CAR-T therapy. Each 1% movement in costs equates to £0.3m</td>
<td>Medium Risk</td>
</tr>
<tr>
<td>5.15</td>
<td>Pharmaceutical Price Regulation Scheme (PPRBS)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>5.16</td>
<td>Primary Care Improvement Fund</td>
<td></td>
<td>The Board have implemented a phased approach in 19/20. There is a currently a shortfall from 2020-21 to implement all actions to meet the requirements of the FV PCIP. Risk = High</td>
<td>High Risk</td>
</tr>
<tr>
<td>5.17</td>
<td>Mental Health</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>5.18</td>
<td>Transformational Change Fund</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>5.19</td>
<td>eHealth</td>
<td>7.5% of allocation</td>
<td>Our eHealth lead has indicated that there might be a 7.5% reduction in allocation in 19/20.</td>
<td>Medium Risk</td>
</tr>
<tr>
<td>5.20</td>
<td>Capital Programme</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>5.21</td>
<td>Waste Disposal</td>
<td>£0.160m</td>
<td>Boards were recently advised that the cost of implementing the contract in 2019/20 had moved from £4.9m to between £7m and £8m. Potential additional impact for Forth Valley anticipated to be £0.160m</td>
<td>High Risk</td>
</tr>
<tr>
<td>5.22</td>
<td>Brexit</td>
<td></td>
<td>The potential impact of EU withdrawal is uncertain and could impact on supply and cost of workforce and supplies/medicines – Value unquantified.</td>
<td>High Risk</td>
</tr>
<tr>
<td>5.23</td>
<td>Integration Joint Boards</td>
<td></td>
<td>Future years outturn risk relating to LUs in terms of money losing its identity with consequent risk on adult social care impact together with financial risk on set aside.</td>
<td>High Risk</td>
</tr>
<tr>
<td>5.24</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Executive Summary
This report provides a summary of the financial position for NHS Forth Valley to 30th April 2019.

Recommendation:
The Forth Valley NHS Board is asked to note: -

- A revenue overspend of £0.415m to 30th April 2019
- A balanced capital position to 30th April 2019
- A savings requirement in 2019/20 of £19.214m, and the establishment of a Corporate Programme Management Office to oversee savings delivery
- Key financial risks outlined in section 6 of the report.

Key Issues to be Considered:
Issues are highlighted within the attached Finance Report

Financial Implications
Any relevant financial implication will be discussed within the Finance Report

Workforce Implications
Any workforce implications are highlighted within the Finance Report

Risk Assessment
Key risks are highlighted within the appropriate level of Risk Register

Relevance to Strategic Priorities
There is a statutory requirement for NHS Boards to ensure expenditure is within the Revenue Resource Limit (RRL) and Capital Resource Limit (CRL) set by SGHSCD.

Equality Declaration
The author can confirm that due regard has been given to the Equality Act 2010 and compliance with the three aims of the Equality Duty as part of the decision making process. Further to an evaluation it is noted that:
- Paper is not relevant to Equality and Diversity

Consultation Process
Directorate Management Teams with Finance colleagues
1.0 EXECUTIVE SUMMARY

1.1 This report provides a summary of the financial position for NHS Forth Valley to 30th April 2019.

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

1.3 Table 1 sets out the month 1 financial position at £0.415m overspend, comprising an overspend on Health and Social Care Partnership (H&SCP) services (including prescribing and Community Hospitals) of £0.232m, and an overspend on Clinical Directorates and Estates / Facilities areas of £0.183m. Further information on the financial position of each Directorate is provided in Section 2 of this report.

Table 1: Revenue Financial Position as at 30th April 2019

<table>
<thead>
<tr>
<th>Budget Area</th>
<th>Annual Budget £m</th>
<th>Variance at 30 April 2019 £m</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Core NHS plus Set Aside services</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Clinical Directorates</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Acute Services</td>
<td>159.527</td>
<td>(0.723)</td>
</tr>
<tr>
<td>Cross Boundary Flow</td>
<td>48.382</td>
<td>(0.356)</td>
</tr>
<tr>
<td>Interim Community Services</td>
<td>25.765</td>
<td>(0.183)</td>
</tr>
<tr>
<td>Women and Children</td>
<td>38.416</td>
<td>(0.040)</td>
</tr>
<tr>
<td>Income</td>
<td>(23.637)</td>
<td>0.044</td>
</tr>
<tr>
<td><strong>Facilities / Corporate Functions</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Facilities and Infrastructure</td>
<td>105.829</td>
<td>(0.003)</td>
</tr>
<tr>
<td>Corporate Services</td>
<td>28.099</td>
<td>0.043</td>
</tr>
<tr>
<td><strong>Ringfenced and Contingency Budgets</strong></td>
<td>20.122</td>
<td>1.035</td>
</tr>
<tr>
<td>Partnership Funds</td>
<td>7.840</td>
<td></td>
</tr>
<tr>
<td><strong>Subtotal</strong></td>
<td>410.343</td>
<td>(0.183)</td>
</tr>
<tr>
<td><strong>Health &amp; Social Care Partnerships</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Falkirk HSCP</td>
<td>128.048</td>
<td>(0.190)</td>
</tr>
<tr>
<td>Clackcs/Stirling HSCP</td>
<td>114.618</td>
<td>(0.042)</td>
</tr>
<tr>
<td><strong>Subtotal</strong></td>
<td>242.666</td>
<td>(0.232)</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td>653.010</td>
<td>(0.415)</td>
</tr>
</tbody>
</table>

1.4 Funding allocations meeting the £653.010m budget per Table 1 comprise:
- Confirmed SGHSCD initial allocation (letter dated 12th December 2018) of £527.000m.
- Anticipated core revenue allocations of £62.613m and £29.639m non-core allocations.
- An indicative budget for Family Health Services (FHS) of £33.758m.

1.5 A number of new budgets have been distributed to services during April including Pay inflation budgets (Agenda for Change pay award and increase in Employers
Superannuation), inflationary uplifts for cross boundary flow activity (Forth valley residents treated in other Board areas), Resource Transfer uplift, price and medicines inflation, and SGHSCD allocations including outcome framework bundles on a similar basis to previous year. The remainder of pay inflation budgets will be allocated later in the year in line with national pay agreements which are yet to be confirmed. A share of central budgets not yet distributed is factored into the reported financial position for April and further budgets including those for savings are planned to be distributed to Directorates in May.

1.6 There are significant financial challenges ahead for 2019/20 and delivery of a balanced financial out-turn will require sustained effort across services in terms of delivering cost reductions, improving value through reduced waste and reduction in unwarranted variation, and managing the key financial risks including those set out at section 6 of this report.

1.7 The annual savings requirement for NHS FV in 2019/20 is £19.214m (3.7% of base budget). A range of savings plans have been identified, comprising plans from Directorates which include general cash releasing efficiency schemes, drugs and medicines opportunities which include a significant level of cost reduction from a drug patent expiry, and a number of cross cutting workforce and service delivery cost improvement themes being developed through a Programme Management Office (PMO) approach – see paper presented under separate cover. Further work on savings is being progressed and a more detailed position including quantification of deliverable savings and risk assessment against plans will be presented for the May report, alongside budgetary adjustments to reflect directorate requirements.

1.8 Expenditure on temporary non-core staff (bank, agency, locum and overtime costs) to 30th April is £1.429m reflecting 6% of total pay costs for April at £23.688m. Further details on expenditure trends are provided at Appendix 1.

1.9 The Board’s External Auditors, Audit Scotland, are finalising the annual review of 2018/19 financial statements, with draft audited Annual Accounts due to be presented to the Audit Committee on 7th June and considered for approval at the NHS Board on 11th June 2018.

1.10 The capital budget to 30th April 2019 reflects a balanced position at this time. Capital expenditure for April totals £1.041m (Appendix 2). Plans for asset sales are being further developed and detail will be provided as these arrangements are concluded.
2.0 CLINICAL DIRECTORATES

2.1 Clinical Directorates report an overspend of £1.258m to the end of April 2019.

<table>
<thead>
<tr>
<th>Directorate</th>
<th>Annual Budget £m</th>
<th>YTD Budget £m</th>
<th>YTD Spend £m</th>
<th>YTD Variance £m</th>
</tr>
</thead>
<tbody>
<tr>
<td>Acute Services</td>
<td>159.527</td>
<td>13.349</td>
<td>14.072</td>
<td>(0.723)</td>
</tr>
<tr>
<td>Cross Boundary Flow</td>
<td>48.382</td>
<td>4.067</td>
<td>4.423</td>
<td>(0.356)</td>
</tr>
<tr>
<td>Interim Community Services</td>
<td>25.765</td>
<td>2.072</td>
<td>2.255</td>
<td>(0.183)</td>
</tr>
<tr>
<td>Women &amp; Children</td>
<td>38.416</td>
<td>3.273</td>
<td>3.313</td>
<td>(0.040)</td>
</tr>
<tr>
<td>Income</td>
<td>(23.637)</td>
<td>(2.019)</td>
<td>(2.063)</td>
<td>0.044</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>248.453</strong></td>
<td><strong>20.742</strong></td>
<td><strong>22.000</strong></td>
<td><strong>(1.258)</strong></td>
</tr>
</tbody>
</table>

- Budgets highlighted above reflect those services which are not in scope for H&SCP integration, plus those services defined as ‘Set Aside’. Directorate services in scope for HSCP integration are reported between the two partnerships within the H&SCP section of this report.

2.2 Acute Services
- An adverse variance of £0.723m is reported at the end of April. Included in the adverse variance are costs totalling £0.150m for winter contingencies at the front door and the short stay medical ward. Other significant cost pressures include increasing spend on cancer and ophthalmology drugs and the continued challenge around income generation within the Clinical Simulation centre.
- Outsourcing Radiology reporting also continues to provide cost pressures as funding available from the numerous radiology vacancies is not sufficient to cover the more expensive costs of outsourcing. A number of funding issues remain outstanding for the directorate and these are anticipated to be taken forward in May.
- The April position includes unachieved savings target of £0.727m for which a programme management office approach, consistent with the corporate programme management office, is being taken forward. In April savings of £0.597m were actioned against prior year targets and were mostly due to cost improvements in prescribing budgets. Further savings have been identified within ambulatory and cancer drugs and will be reported in May.

2.3 Cross Boundary Flow
- This budget covers patients travelling outwith NHS Forth Valley for treatment including tertiary services i.e. those which require specific specialist care services such as oncology, neurosurgery, specialist medical health, and cardiac services. There is a pressure in April of £0.356m, consistent with previous months, principally due to Acute Unplanned activity from both Lothian and Greater Glasgow & Clyde Health Boards.

2.4 Interim Community Services
- The budget area covers Mental Health inpatients and Prison Services, reporting an adverse variance of £0.183m. Cost pressures continue in respect of the provision of psychiatric medical staff in both general and older people psychiatry. In addition Mental Health wards at Forth Valley Royal Hospital remain under pressure due to patient mix complexity, exacerbated by vacancies and sickness absence.
2.5 Women and Childrens Services and Sexual Health Services Directorate
- The directorate is reporting an overspend of £0.040m at April in relation to nursing and medical pays issues including cover arrangements for maternity and sick leave cover, drugs costs (HIV drugs), and savings pressures from previous years.

2.6 Income
- This represents income received by the Board for Junior Doctor base salary costs from NES, income for treating patients from other NHS Boards areas, and miscellaneous income sources from other organisations.

3.0 CORPORATE FUNCTIONS AND FACILITIES

3.1 Corporate functions and Facilities report an underspend of £0.040m to the end of April 2019.

<table>
<thead>
<tr>
<th>Directorate</th>
<th>Annual Budget £m</th>
<th>YTD Budget £m</th>
<th>YTD Spend £m</th>
<th>YTD Variance £m</th>
</tr>
</thead>
<tbody>
<tr>
<td>Facilities &amp; Infrastructure</td>
<td>105.829</td>
<td>7.925</td>
<td>7.928</td>
<td>(0.003)</td>
</tr>
<tr>
<td>Director of Finance</td>
<td>3.349</td>
<td>0.277</td>
<td>0.271</td>
<td>0.006</td>
</tr>
<tr>
<td>Area Wide Services</td>
<td>5.843</td>
<td>0.351</td>
<td>0.375</td>
<td>(0.024)</td>
</tr>
<tr>
<td>Medical Director</td>
<td>6.855</td>
<td>0.179</td>
<td>0.187</td>
<td>(0.008)</td>
</tr>
<tr>
<td>Director of Public Health</td>
<td>2.544</td>
<td>0.206</td>
<td>0.211</td>
<td>(0.005)</td>
</tr>
<tr>
<td>Director of HR</td>
<td>3.978</td>
<td>0.322</td>
<td>0.309</td>
<td>0.013</td>
</tr>
<tr>
<td>Director of Nursing</td>
<td>2.493</td>
<td>0.089</td>
<td>0.108</td>
<td>(0.019)</td>
</tr>
<tr>
<td>Chief Executive</td>
<td>1.822</td>
<td>0.148</td>
<td>0.117</td>
<td>0.031</td>
</tr>
<tr>
<td>Immunisation / Other</td>
<td>1.215</td>
<td>0.101</td>
<td>0.052</td>
<td>0.049</td>
</tr>
<tr>
<td>Ringfenced and Contingency</td>
<td>27.962</td>
<td>0.000</td>
<td>0.000</td>
<td>0.000</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>161.890</strong></td>
<td><strong>9.598</strong></td>
<td><strong>9.558</strong></td>
<td><strong>0.040</strong></td>
</tr>
</tbody>
</table>

3.2 Facilities and Infrastructure Directorate
- The covers estates, maintenance, transport and domestic services other than those covered by the FVRH Contract, management of the payments for FVRH, Clackmannanshire Health Facility and Stirling Health and Care Village contracts, and Capital Projects. It also covers eHealth/ICT, Information and Procurement services.

- At the end of April the Facilities & Infrastructure Directorate is £0.003m overspent. The most significant cost pressure for the directorate continues to be the spend on private ambulances and taxis. The provision of taxis and private ambulances has recently been out to tender and it is anticipated cost improvements will be achieved. Regarding rates, following the 2017 rates revaluation exercise all properties were appealed. It is likely there will be movement in the appeals process during 2019/2020 and savings will be delivered should appeals be successful. A number of posts have been vacant across the directorate which have provided short term assistance with managing the directorate’s financial position. As posts have been successfully recruited to the focus is on identifying efficiencies to secure a balanced budget.
3.3 **Area Corporate services**
- These services cover a range of services of functions including Finance, HR and Public Health. There are offsetting over and underspends associated with issues such as delays in savings delivery and vacancies respectively.

3.4 The ring-fenced and contingency line covers a range of budgets that have not been distributed to Directorates, including funds ring-fenced for Partnership reserves, Waiting Times / access funding, contingency and winter plan funds, and other non recurring financial flexibility, offset by the year to date impact of area wide savings not yet distributed.

### 4.0 HEALTH AND SOCIAL CARE PARTNERSHIPS

4.1 NHS services in scope for Health and Social Care Partnerships (H&SCPs) report an overspend of £0.232m to 30th April 2019.

<table>
<thead>
<tr>
<th>HSCP</th>
<th>Annual Budget £m</th>
<th>YTD Budget £m</th>
<th>YTD Spend £m</th>
<th>YTD Variance £m</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Falkirk</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Operational Services</td>
<td>55.314</td>
<td>5.016</td>
<td>5.031</td>
<td>(0.015)</td>
</tr>
<tr>
<td>Universal Services</td>
<td>72.734</td>
<td>5.915</td>
<td>6.090</td>
<td>(0.175)</td>
</tr>
<tr>
<td><strong>Subtotal</strong></td>
<td>128.048</td>
<td>10.931</td>
<td>11.121</td>
<td>(0.190)</td>
</tr>
<tr>
<td><strong>Clackmannanshire and Stirling</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Operational Services</td>
<td>45.490</td>
<td>3.935</td>
<td>3.790</td>
<td>0.145</td>
</tr>
<tr>
<td>Universal Services</td>
<td>69.128</td>
<td>6.103</td>
<td>6.290</td>
<td>(0.187)</td>
</tr>
<tr>
<td><strong>Subtotal</strong></td>
<td>114.618</td>
<td>10.038</td>
<td>10.080</td>
<td>(0.042)</td>
</tr>
<tr>
<td><strong>TOTAL</strong></td>
<td>242.666</td>
<td>20.969</td>
<td>21.201</td>
<td>(0.232)</td>
</tr>
</tbody>
</table>

- Health and Social Care Partnership budgets detailed above are Health budgets designated as in scope for HSCP integration, excluding services defined as Set Aside.

- Price inflation and prescribing inflation budgets have been distributed per agreed arrangements for 2019/20 and further budget adjustments in relation to pay inflation and savings require to be finalised in discussion with IJB Chief Finance Officers.

- The key financial pressure areas for partnership services remain as Prescribing, Complex Care and Community Hospital Inpatient Services. The majority of issues affecting the prescribing budget are demand driven and pressures including medicines pricing and increased uptake are being experienced nationally across HSCPs.

### 5.0 SAVINGS

5.1 The annual savings requirement for NHS FV in 2019/20 is £19.214m (3.7% of base budget). A range of savings plans have been identified, comprising plans from Directorates which include general cash releasing efficiency schemes at approx 1%, drugs and medicines opportunities which include a significant level of cost reduction from a patent expiry on (Adulimumab), and a number of cross cutting workforce and service delivery cost improvement themes being developed through a Programme Management Office (PMO) approach through planned efficiencies in rostering, admin functions, technology and job
planning. Initial targets have been set and will be further assessed and prioritised through the PMO approach.

5.2 Further work on savings is being progressed on cost reduction plans and improving value through reduced waste and reduction in unwarranted variation, and a more detailed position including quantification of deliverable savings and risk assessment against plans will be presented for the May report, alongside budgetary adjustments to reflect directorate requirements.

6.0 RISKS

The following key financial risks continue to be revised throughout the year:

- Economic outlook and demographic change impact driving continued recurrent cash savings requirements without which significant change is not sustainable. A longer term financial plan is being maintained to set out the planned position for future years.

- New Drugs / Drug demand - proportion of spend on hospital drugs in particular has been rising above inflation year on year.

- Workforce pressures and recruitment issues for some specialist areas are contributing to a requirement for higher cost temporary locum staffing requirements. There are further workforce risks arising from planned EU withdrawal arrangements.

- Capacity issues resulting from a range of factors including delayed discharge, activity profiles and winter pressures continue to present service and financial risks.

- Cost pressures and outturn risk share agreements for IJB services require to be clarified and agreed for 2019/20.

- Property sales, in particularly via Bellsdyke agreement, remain subject to variation and potential timing change.

- The new national contract for the collection of Clinical waste indicates a significant increase over the previous contract. Contingency arrangements are expected to continue over the summer, the quantum of this risk is being finalised with NSD colleagues

- Work is underway to finalise arrangements for the provision of Vascular and ENT services on a regional basis. It is anticipated this will require additional financial resources.

- The planned Elective centre development project is progressing and discussions are underway with Scottish Government colleagues to finalise the commissioning model to manage the patient and financial flows.
7.0 CAPITAL

Forecast Gross Direct Capital Expenditure for 2019/20 is £9.867m made up of Scottish Government Health Directorate General Core Allocation of £2.835m and forecast Property Disposal receipts to the value of £7.032m. (see also Annex 2).

<table>
<thead>
<tr>
<th>Capital Resources</th>
<th>Total £m</th>
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</thead>
<tbody>
<tr>
<td>General Allocation</td>
<td>2.835</td>
</tr>
<tr>
<td>Property Disposals</td>
<td>7.032</td>
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<td>Stirling Care Village Asset addition</td>
<td>1.028</td>
</tr>
<tr>
<td><strong>Total Capital Resources</strong></td>
<td><strong>10.895</strong></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Capital Expenditure</th>
<th>Total £m</th>
</tr>
</thead>
<tbody>
<tr>
<td>Spend to 30th April 2019 (excluding SCV)</td>
<td>1.041</td>
</tr>
<tr>
<td>Anticipated Spend May 2019 to March 2020</td>
<td>8.826</td>
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<tr>
<td>Stirling Care Village Asset Addition</td>
<td>1.028</td>
</tr>
<tr>
<td><strong>Total Planned Capital Expenditure</strong></td>
<td><strong>10.895</strong></td>
</tr>
</tbody>
</table>

Capital expenditure to 30th April 2019 was £1.041m and can be summarised as follows:

- Strategic & Regional Priorities – during April the sum of £0.039m was spent on Capital Variations relating to the new Stirling Care Village contract.

- Primary & Community Services – within this category, expenditure on works commissioned within the last financial year on Tullibody and Bonnybridge Health Centres but not completed came through in April to the value of £0.028m. In addition there was a small amount of further expenditure on the new Doune Health Centre development.

- Community Hospitals – no expenditure has yet been incurred on planned Community Hospital projects within the 2019/20 plan, and during April there was one payment to a contractor in relation to the prior year’s HEI Improvements to the Outpatients Department at Falkirk Community Hospital.

- IM&T and Medical Equipment – projects are underway within IM&T department as approved by the eHealth Project Board and during April the sum of £0.433m expenditure was incurred. In addition Medical Equipment purchases totalled £0.505m.

- Area Wide Expenditure – expenditure to date within Area Wide projects equates to £0.022m and relates to costs incurred on schemes commissioned in the previous financial year.
Appendix 1 – Non-Core Staffing Cost Trends

Medical Agency & Bank
2018/19 v 2019/20

Nurse Bank & Agency
2018/19 v 2019/20

Admin Bank & Agency Staff
2018/19 v 2019/20
## Appendix 2 – Capital

### CAPITAL RESOURCES LIMIT

**As at 30th April 2019**

<table>
<thead>
<tr>
<th>Description</th>
<th>Annual Budget £000</th>
<th>YTD Budget £000</th>
<th>YTD Spend £000</th>
<th>YTD Variance £000</th>
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</thead>
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<td><strong>CAPITAL RESOURCES</strong></td>
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<tr>
<td>SGHD - General Allocation</td>
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<td>1,041</td>
<td>1,041</td>
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<tr>
<td>SGHD - Other Allocations</td>
<td>0</td>
<td>0</td>
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<tr>
<td>SGHD - Improving Access to Elective Care</td>
<td>4,500</td>
<td>0</td>
<td>0</td>
<td>0</td>
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<tr>
<td>SGHD - GP Sustainability Loans</td>
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<td>0</td>
<td>0</td>
<td>0</td>
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<tr>
<td>SGHD - Advance of Asset Sales</td>
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<tr>
<td>SGHD - Capital Grants</td>
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<td>0</td>
<td>0</td>
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<tr>
<td>SGHD - Capital to Revenue Transfers</td>
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<td>0</td>
<td>0</td>
</tr>
<tr>
<td><strong>General Allocation</strong></td>
<td>2,835</td>
<td>1,041</td>
<td>1,041</td>
<td>0</td>
</tr>
<tr>
<td>Stirling Care Village Asset Addition</td>
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<tr>
<td><strong>Total Core Capital Resource Limit</strong></td>
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<td><strong>Value of Asset Sales Retained</strong></td>
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<tr>
<td><strong>Total Capital Resources</strong></td>
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<td>1,041</td>
<td>1,041</td>
<td>0</td>
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<tr>
<td><strong>PLANNED CAPITAL EXPENDITURE</strong></td>
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<tr>
<td><strong>Strategic &amp; Regional Priorities</strong></td>
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<td></td>
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<tr>
<td>PFI Hospital Variations</td>
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<td>39</td>
<td>39</td>
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<tr>
<td>Stirling Care Village Asset Addition</td>
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<td>0</td>
<td>0</td>
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<tr>
<td>Improving Access to Elective Care</td>
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<tr>
<td><strong>Total</strong></td>
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<tr>
<td><strong>Primary &amp; Community Services</strong></td>
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<tr>
<td>Primary Care Premises Review</td>
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<tr>
<td>Doune Health Centre - Hub D&amp;B</td>
<td>1,400</td>
<td>5</td>
<td>5</td>
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<tr>
<td><strong>Total</strong></td>
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<td>33</td>
<td>33</td>
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<tr>
<td><strong>Community Hospitals</strong></td>
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<tr>
<td>Community Hospital Retained Sites</td>
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<td>9</td>
<td>9</td>
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<tr>
<td>Stirling Care Village Equipping</td>
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<tr>
<td><strong>Total</strong></td>
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<td>9</td>
<td>9</td>
<td>0</td>
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<tr>
<td><strong>IM&amp;T and Medical Equipment</strong></td>
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<td></td>
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<td></td>
</tr>
<tr>
<td>IM &amp; T Strategy</td>
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<tr>
<td>PACS Technical Refresh</td>
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<td>Medical Equipment Replacement Programme</td>
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<tr>
<td><strong>Total</strong></td>
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<tr>
<td><strong>Area Wide Expenditure</strong></td>
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<td></td>
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<td></td>
</tr>
<tr>
<td>Fire Safety / Statutory Standards / HEI Property Maintenance</td>
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<td>22</td>
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</tr>
<tr>
<td>Energy Efficiency / Carbon Management</td>
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<td>0</td>
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<tr>
<td>CHP FVRH</td>
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<tr>
<td>Capital to Revenue Transfers</td>
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<td>0</td>
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<tr>
<td>Capital Grants</td>
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<td><strong>Total</strong></td>
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<td><strong>Financial Assets</strong></td>
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<tr>
<td>GP Sustainability Loans</td>
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<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td><strong>Total</strong></td>
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<td>0</td>
<td>0</td>
</tr>
<tr>
<td><strong>Total Capital Expenditure</strong></td>
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<tr>
<td><strong>Savings/(Excess) Against Resource Limit</strong></td>
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### Forecast Property Disposals

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<tr>
<th>Description</th>
<th>Amount £000</th>
<th>YTD £000</th>
<th>YTD £000</th>
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<td>Bellsdyke Development</td>
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<tr>
<td>Grace Church</td>
<td>150</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Orchard House Land</td>
<td>450</td>
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<td>0</td>
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<tr>
<td>Westbank Clinic</td>
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<td>0</td>
</tr>
<tr>
<td>Field X, RSNH Site</td>
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<td>0</td>
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<td>0</td>
</tr>
<tr>
<td><strong>Total Forecast Property Sales</strong></td>
<td>7,032</td>
<td>0</td>
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</table>
Elective Care Development Centre

Outline Business Case

May 2019
CONTENTS

1.0 EXECUTIVE SUMMARY
2.0 STRATEGIC CASE
3.0 ECONOMIC CASE
4.0 COMMERCIAL CASE
5.0 FINANCIAL CASE
6.0 MANAGEMENT CASE
7.0 CONCLUSION
8.0 APPENDICES

APPENDICES

APPENDIX A: Financial Summary
APPENDIX B: Financial Costs and Summary Workforce Plans
APPENDIX C: Benefits Register
APPENDIX D: Risk Register
APPENDIX E: Communications Plan and Infographics
APPENDIX F: Programme
<table>
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<th>Version</th>
<th>Date</th>
<th>Author</th>
<th>Comments</th>
</tr>
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<td>JF</td>
<td>Initial template</td>
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<td>12.04.19</td>
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<td>15.04.19</td>
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<td>Version 1.3</td>
<td>15.04.19</td>
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<td>Version 2.0</td>
<td>21 05 19</td>
<td>JF</td>
<td>Incorporated additional feedback from service &amp; clinical leads</td>
</tr>
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<td>Version 2.1</td>
<td>22 05 19</td>
<td>JF</td>
<td>Minor amendment to section 1.4.5</td>
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<tr>
<td>Version 2.2</td>
<td>25 05 19</td>
<td>JF</td>
<td>Exec comments incorporated</td>
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1.0 EXECUTIVE SUMMARY

1.1 Overview

NHS Forth Valley approached the Scottish Government in 2018 with a proposal to develop a strategic partnership with the Golden Jubilee National Hospital (GJNH) to increase elective capacity. The operating model proposed was intended to be part of a system wide review that would transform patient waiting times locally, regionally and nationally. The operating model proposed built upon joint appointments of ophthalmologists led by NHS Forth Valley on behalf of the two NHS Boards. The model took account of the need for flexibility to support: an emergency rota in general surgery and orthopaedics; and outpatient/inpatient workload redirection internally to deliver improvements in waiting times. The potential to repatriate workload back to NHS Forth Valley to offer services closer to home and to increase (free up) capacity at the GJNH was supported in principle and would offset development costs by £2.2 million.

NHS Forth Valley proposed it could at pace open 2 fallow theatres, increase MRI capacity and increase its inpatient footprint, the ambitious timescales were supported and funding was invited and subsequently supported to enable the NHS Board to recruit staff and initial recurring revenue (£10.6m) and capital costs (£7.2M) were agreed. Recruitment has progressed at pace and to date (end of May 2019) NHS Forth Valley has recruited 13 wte theatre nurses, 4 wte consultant anaesthetists and 2 wte consultant orthopaedic surgeons. NHS Forth Valley has agreed to open one of its fallow theatres (theatre 15) 5 months months earlier than planned. Theatre 16 (other fallow theatre) will become operational in November 2019. As requested in February 2019 theatre 16 will install laminar flow capability. Inpatient beds planned to open in December 2019 will slip 3/4 months and open in April 2020 – opening beds within this timescale was always a risk. Mitigation plans to open beds by improving our delayed discharge performance are being explored with our Local Authority partners and the Integration Authorities.

In recent months it is proposed that a new commissioning model to utilise the 2 fallow theatres and inpatient beds led by the GJNH on behalf of NHS Scotland be tested. The operating model is currently being developed to support elective care on a national basis led by the GJNH. The Business Case has reflected on this and has made a number of assumptions which may need to be revisited when the commissioning/operational model is confirmed.

1.2 Vision Statement

The Forth Valley Elective Care Development is ambitious and aims to deliver better health, safer care and better value. In simple terms we intend to improve access, efficacy and reliability of the services we deliver to improve the lives of our patients. Our service model is based on best in class and innovative performance,

In summary, we aim to provide ‘exemplar’ healthcare from facilities within the footprint of Forth Valley Royal Hospital (FVRH). Using quality improvement tools and building on existing improvement in Forth Valley, the Elective Care Development will deliver care to
people in the Forth Valley area and beyond. This will provide additional elective surgery capacity and a second MRI Scanner will offer increased access to diagnostics.

This development will serve to embed the healthcare improvement agenda and drive the facility to achieve the ‘world class’ target in the delivery of the vision in the NHS Forth Valley Healthcare Strategy - Shaping the Future 2016-2021.

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.

### 1.3 Investment Proposal

This Outline Business Case has been developed following the submission of an investment proposal to Scottish Government, which was approved in principal in September 2018. The proposal outlined the plan for the development of additional elective care capacity by bringing into use 2 theatres at Forth Valley Royal Hospital which had not been funded and providing funding for theatre sessions in the existing 14 theatres, which are not currently funded.

Additional inpatient beds would be provided on site by reconfiguring space and constructing a new inpatient ward. Additional day case capacity would also be provided.

This would then enable Forth Valley to expand the availability of orthopaedic surgery and provide additional elective capacity for other surgical specialties, for patients from Forth Valley and potentially from other NHS Board areas. This would also enable NHS Forth Valley to repatriate outsourced services and offer more care to patients closer to home.

The expectation was that this would improve patient access to treatment locally, contribute to a reduction in waiting times and provide a more sustainable surgical model in the longer term, which was less reliant on non-recurring, short term initiatives. The provision of a second MRI scanner would also improve local access to diagnostic imaging, reducing the reliance on rented mobile equipment or external providers.

This proposal responded to a request from the Scottish Government Health Directorate who have recognised, based on national modelling, that there will be a requirement for significant additional surgical capacity, due in part to the ageing population and improved
surgical techniques. This would also contribute to a reduction in the waiting times for surgery, in line with the trajectories described in the national Healthcare Waiting Times Improvement Plan published in October 2018.

It was also anticipated that the provision of additional surgical capacity locally would enable the repatriation of patients, referred largely for orthopaedic surgery currently and treated by the Golden Jubilee Hospital, and the private sector. This would enable capacity freed up at the Golden Jubilee National Hospital to be reallocated to support patients in other NHS Board areas.

The provision of a second MRI scanner will provide increased local access for MRI scans, provide MRI sustainability and will mean that patient will not require to travel to the Golden Jubilee National Hospital for MRI scanning.

The Elective Care Development will be provided within the existing footprint for Forth Valley Royal Hospital. This will enable 2 unused theatres on site to be brought into use and will also enable unfunded theatre sessions in the existing theatres to be funded and allocated. By reallocating and redesigning spaces within the hospital, additional day surgery accommodation will be made available and an additional inpatient ward will be constructed. The MRI will be accommodated in accommodation already designated for this purpose, on the FVRH site. This development will build on the positive experiences and outcomes for healthcare, on this strategically located hospital site in the heart of Scotland.

A key objective of this proposal is to provide an improved service with innovative links to developments in Primary Care, Community Health and Social Care Services and the Acute Hospital. This includes pathways of care which optimise prevention, self care and self management, improve the selection of patients for surgery and the pre-operative phase, encompass realistic medicine and enhanced recovery after surgery and ensure efficient and effective surgical and follow up care.

The sustainability of ongoing service delivery through recruitment and retention of staff will be enhanced by the professional development opportunities provided to staff and the attraction of working within high performing teams, in an NHS Board area with a track record of innovation.
Elective Strategy Programme Context

This investment proposal is aligned with a number of key national and local strategic drivers. Section 2.2.1 details the key strategies and explains the correlation between this investment proposal and the national strategy.

This refers to the following publications:

- National Clinical Strategy for Scotland, 2016
- Realistic Medicine – the Chief Medical Officer’s Annual Report, 2014-15
- The National Health and Social Care Delivery Plan, 2016
- NHS Forth Valley Healthcare Strategy – Shaping the Future 2016 -2021
- Scottish Government Waiting Times Improvement Plan, 2018

The Scottish Government Health Directorate has recognised, based on national modelling, that there will be a requirement for significant additional surgical capacity for hips and knees due, in part, to the ageing population and improved treatment techniques, along with increased demand for other surgical interventions and imaging. To accommodate this projected demand, a strategy to develop regional Elective Care Centres was formalised with 5 centres planned for Glasgow, Lothian, Tayside, Highland and Grampian. Forth Valley also recognises the need to move towards a more sustainable approach to managing demand and a reduced reliance on short term waiting list initiatives for a range of surgical specialties.

The Elective Care Development proposed in this Outline Business Case is based on clinical models for the Orthopaedic (hips and knees) services, which aligns with the Scottish Pathway Standards of Care and plans for meeting and sustaining waiting times for surgical care and treatment, across a range of specialties including general surgery.

It is recognised that whilst these are the obvious target specialties, and the basis on which this proposal has been developed, this does not rule out the possibility of other target specialties being addressed in cases where there is a demonstrable need, or obvious constraints. This will be picked up locally and in the wider regional and national elective care programme and will build on current and ongoing planning work.

To deliver the programme of Elective Care Centres, a National Elective Care Programme Board was established with an overarching programme strategy to continue to deliver a quality (person centred, safe and effective) elective healthcare service for Scotland.

Members of the NHS Forth Valley Scheduled Care Programme Board and the Elective Care Development Programme Working Group have recently joined the national Elective Centre Programme Board, which along with the National Working Group Meeting, developed these Pathways.
To deliver this programme, NHS Scotland needs to respond to current and projected pressures on the service from a growing elderly population, a rising demand for interventions, a commitment to treat people within a reasonable timescale, competing pressures from unscheduled care, and limitations on available resources.

Thus the intention of the programme is to increase service capacity in order to deliver sustainable waiting times for patients, improve service effectiveness and the patient journey, and to deliver high volume elective procedures while maintaining a safe service provision. Each of these strategic objectives are addressed through the proposed investment and this is set out in the Section 2 - Strategic Case.

Regional Delivery Plan

NHS Forth Valley is a full member of the West of Scotland Region, whilst participating in a range of work streams in the South East of Scotland Region. Collaborative working on elective care is ongoing between NHS Forth Valley and partner Boards in the West of Scotland although given its location NHS Forth Valley also works with the North and South East NHS Boards. The planned care portfolio is led by Jane Grant, Chief Executive of NHS Greater Glasgow and Clyde, on behalf of the region and a regional Planned Care Programme Board has been established, which reports to the West of Scotland Regional Programme Board.

Within the West of Scotland, further development of the Elective Care Facilities for Ophthalmology and Orthopaedics are underway at the Golden Jubilee National Hospital, in addition to delivery of planned care services in each of the partner NHS Boards. Some of the NHS Boards in the West of Scotland Region provide planned care services regionally whilst others provide care for mainly their local Board populations. Regional work streams are underway which include reviewing planned and urgent care for a range of specialties which are experiencing challenges with workforce, sustainability and resilience, including ophthalmology, urology, ENT and vascular surgery.

NHS Forth Valley Elective Care Development

The elective care development in Forth Valley is taking a transformational approach to the way we will deliver the additional capacity for treatment and care to our patients. We are collaborating with colleagues across Forth Valley and with our regional partners, linking with existing and emerging programmes.

- Planning and delivery of primary care services around individuals and their communities.
- Planning hospital networks at a national, regional, or local level based on populations.
- Providing high value, proportionate, effective and sustainable healthcare.
- Transformational change supported by investment in healthcare and technological advances.
This Outline Business Case seeks to deliver on key investment objectives as well as delivering the NHS Forth Valley Healthcare Strategy – Shaping the Future vision, in order to provide:
- Safe, timely and effective patient care locally
- Capacity to meet demand through improved services and facilities
- Improved recruitment and retention of staff
- Repatriation of patients from out of area
- Opportunities for collaborative working

It is acknowledged that, across Scotland, each region and health board will have different pressures based on demographic profile, consequently a different model of elective care will be required for each board. NHS Forth Valley is located in the heart of Scotland, with good transport links with the cities of Glasgow and Edinburgh. There are 3 local authorities in the NHS Forth Valley area, and 2 integration authorities i.e. Clackmannanshire and Stirling, and Falkirk. NHS Forth Valley serves a population of around 306,000. By 2035, the population of Forth Valley is projected to be 330,235; an increase of 12.6% compared to the population of Forth Valley in 2010. This increase is more than the projected increase for Scotland of 10.2%.

Average male life expectancy is 77.4 years compared to the average for Scotland of 76.6 years. For females in Forth Valley, life expectancy is currently 81.0 years, close to the Scottish average of 80.8 years. However there are still significant inequalities between the least and most deprived areas in Forth Valley.

In addition to the growing population, the Forth Valley population is also ageing and more people are living longer, leading to a rise in the number of people with multiple illnesses. This creates an increasing demand for healthcare, which the capacity of the current services may not be able to meet.

*Figure 1 – Map of Forth Valley*
The figures above demonstrate the ageing population trend in Forth Valley, in 2015 and 2035. This will have implications for the health care system in its current form.

With the ageing population demand for healthcare also grows and for example, the projected increased in demand for hip and knee joint replacement based on information from Information Services Division, is in the region of 20% from 2016 to 2025.

1.5 Current Arrangements

Forth Valley Royal Hospital provides a wide range of acute services. They comprise the following key clinical services:

- Diagnostic and Investigational services
- Emergency care and medical services
- Rehabilitation
- Surgical and Orthopaedic services
- Operating Theatres and Critical Care
- Specialist Services
- Cancer Care
- Women & Child Health

The Trauma and Orthopaedic department provides inpatient and outpatient services to adults and children. A lack of capacity locally in recent years has meant that a proportion of the elective surgery for our patients has been undertaken at the Golden Jubilee National Hospital. The use of other providers has also been required in order to make progress towards the waiting times target trajectories. By improving capacity locally, we would intend to better access to orthopaedic surgery to people living in Forth Valley, by repatriating activity to Forth Valley. This would then free up capacity at the Golden Jubilee National Hospital to offer to patients living in other NHS Board areas.
Elective and trauma orthopaedic procedures are undertaken at FVRH with access to theatres, including theatres fitted with laminar flow, inpatient beds, day and 23 hour surgery, outpatient facilities and diagnostic services. The orthopaedic and trauma department have support from musculoskeletal (MSK) specialists and other Allied Health Professionals (AHPs) on site in Forth Valley and in the community. Recent innovations include the Best in Class Joint Service in Clackmannanshire, which will be extended throughout Forth Valley.

Elective and emergency services for other surgical specialties, including general surgery, are provided from Forth Valley Royal Hospital, with a wide range of services available locally. For most surgical specialties, only the most complex elective surgical cases are undertaken in the regional settings such as upper GI cancer resection surgery and inpatient OMFS surgery. Tier 3 and 4 inpatient and elective vascular surgery is provided for Forth Valley patients in Glasgow. Theatres, Outpatient clinics, diagnostic services, inpatient and day case services for the surgical specialties are all available on site at FVRH. Critical care facilities are also on site at FVRH and there is scope to increase the number of staffed critical care beds in the future within the existing critical care footprint, should this be required. Internal and external non-recurring activity has been undertaken in 2018/19 in order to make progress towards the waiting times target trajectories.

It is essential that the elective care development does not destabilise existing planned and unplanned care in Forth Valley and that the unplanned elements of posts are protected in order to ensure that unscheduled care is sustained and maintained.

One MRI scanner is already available on site at FVRH, however the capacity available from the single scanner is not sufficient to meet current and future demand. This has necessitated the use of alternative provision, including a rented mobile facility. Whilst Forth Valley has been able to sustain the radiographer workforce, as with other NHS Boards, it has been difficult to recruit radiologists, resulting in unfilled vacancies and the requirement to use external providers to report on images.

1.6 Need for change

The need for change can be assessed on several levels ranging from national strategic needs, to regional and more local needs which are specific to the proposal. The need for change is assessed against each action and are set out briefly below, to provide a broad understanding of the need for change which has driven this proposal.

A National Clinical Strategy for Scotland

The National Clinical Strategy outlines a situation where elective and unscheduled care is separated. This situation will be supported by increased diagnostic and treatment capacity.

National Waiting Times Improvement Plan

The National Waiting Times Improvement Plan will take action in three areas.

1. **Increase capacity across the system.** More capacity is needed to drive greater improvement. That will require accelerating our current programmes of investment in new capacity as well as putting in place new approaches to get the most out of the existing capacity in the system.
2. **Increase clinical effectiveness and efficiency.** Improvement must be driven by clear, clinical priorities that ensure that we act where the pressures are greatest, whilst recognising that the solutions will be specialty-specific, focused on improving clinical quality, and will be locally driven as well as national in scope. Work will focus both on the needs of particular specialties and clinical areas as well as cross-cutting enablers such as how the workforce can support improvement and the role of new developments in digital technology and innovation.

3. **Design and implement new models of care.** The improvements in this plan are not limited to single services or localities. They are part of a wider reform of the system of health and care undertaken alongside communities and those who use services to ensure that all our services are focused on improving access to care sustainably and substantially. We need to shift the balance of care quickly and effectively: this means co-ordinated action to change how services in primary and community care and at regional level are designed and delivered.

**Regional Clinical Strategy**

In line with direction from the National Clinical Strategy, the West of Scotland Programme Board is working collaboratively with NHS Boards and Integration Joint Boards, to move towards a more effective delivery of clinical services on a population basis as opposed to geographic boundary constraints.

This approach will build on existing regional initiatives such as the development of the Major Trauma Network, Regional Trauma Centre and Trauma Units, and the regional reviews to consider the centralisation of low volume highly specialised surgery and networked models for sustaining service delivery.

**Forth Valley Elective Care Development Programme**

The Forth Valley Elective Care Development Programme aims to deliver the following:

- Implement improvements in the way services are provided, ensuring patient focused, modern and responsive care.
- Create capacity to enable the system to respond to increased demand.
- Reduce or eliminate routine use of the private sector.
- Reduce the chances of cancellation of elective surgery.
- Support the delivery of current and future Government guarantees on inpatient /day case waiting times on a sustainable basis.
- Deliver a sustainable waiting time for routine diagnostics.
- Deliver increased efficiency and productivity from all resources.
- Provide greater resilience around the winter period.

Each of the national objectives will be addressed through this proposal. These objectives are aligned with the local project specific investment objectives set out in Section 3 Economic Case, which will provide a clear basis for measuring the success of the Elective Care Centre once operational.
NHS Forth Valley has been at the forefront of the application of improvement methodologies in Scotland and has made significant progress in developing and applying improvement tools and techniques across a wider range of services. Examples are given in the paragraphs below.

In order to deliver the Elective Care Development Programme in a very short timescale and to ensure that service improvement is at the core of the local elective development, a Programme Management Office has been established bringing together expertise in leadership, project management, planning, quality improvement and service transformation, working alongside the operational managers responsible for implementing the service improvements in their own area.

The Efficiency Productivity Quality and Innovation team have a track record of supporting service modernisation and improvement and their input is integral to implementing elective surgery pathways and models of care, which are fit for the future.

The Best in Class model was introduced in Clackmannanshire and will be rolled out across Forth Valley. This innovative service is for people with joint pain. Referrals from Primary Care are made to MSK AHPs who undertake assessments and support patients to make the most appropriate and realistic choices about how to manage their pain, including access to weight loss programmes, individual exercise plans and exercise classes in community locations led by exercise specialists. Initial evaluation indicates that this innovative approach has been welcomed by patients and has led to a reduction in referrals to the orthopaedic service for surgery by about 10%.

The recruitment of primary care physiotherapists will enable this new approach to be extended throughout the area. The primary care advances physiotherapy practitioners are able to manage a significant proportion of the GP musculoskeletal workload, enabling self management and reducing variation in the referrals to orthopaedics.

Enhanced Recovery After Surgery is offered by surgical services in Forth Valley and this approach will be developed further. For example, enhancing the role of AHPs in the elective orthopaedic pathways, from referral to recovery, will ensure that those patients who require elective orthopaedic surgery are well prepared, spend as little time in hospital as appropriate, and their recovery is optimised through effective pre-habilitation, education and rehabilitation.

Whilst the Forth Valley operating theatres are among the most efficient in Scotland, improvement programmes are underway in theatres which seek to deliver further improvement in relation to the planning of lists, reducing cancellations and theatre throughput. The Elective Care Development Programme offers the opportunity to work towards achieving best in class standards for surgery such as delivering four joints on a list. Learning from other high performing providers, including the Golden Jubilee National Hospital is informing our plans.

NHS Forth Valley acknowledges that the Elective Care Development Programme offers further opportunities to apply improvement methodologies. A visioning “transformation event” for stakeholders, is planned for the Spring of 2019, which will set further priorities for improvement and innovation associated with delivering additional elective orthopaedic surgery and other surgical specialties at FVRH.
The Elective Care Development Programme was launched in January 2019 and therefore we have been working to a very short timescale for engaging with stakeholders. However, despite the time constraints, the Programme Team has engaged with a wide range of stakeholders. We have taken advantage of existing meetings of clinicians and other stakeholders to provide information about the programme and engage stakeholders in informing the programme. This includes the Medical Director’s Lead Clinician Meetings, the Unscheduled Care Programme Board, the Scheduled Care Programme Board, Senior Leadership Team meetings, NHS Board meetings, Board Executives’ meetings and professional committees.

The Programme Working Group meets fortnightly and the team has engaged through one off and regular meetings with service managers, lead anaesthetists, lead surgeons, AHPs, lead Physicians, Estates and Facilities leads and others. A Clinical Group has been establish to focus on delivering the additional activity, clinical pathways and tests of change. The Team have also engaged directly with many of the staff who are affected by the infrastructure changes associated with delivering the structural changes at FVRH which will enable additional elective surgery capacity to be created.

The team have made formal presentations to staff groups, met with the Scottish Health Council and Forth Valley Patient Liaison Lead and liaised with Project Lift participants, who will provide some leadership input to the Programme as a “Live Collaborative Project”. We have produced infographics, reports, plans and diagrams, outlining progress with the Programme and highlighting aspects of interest, and we have established a Blog on the NHS Forth Valley Staff Intranet.

A visioning “Transformation” Event is planned for Spring 2019, which will identify the priorities for further quality improvement using a three horizon approach and will involve a wide range of stakeholders.

An Orthopaedic Peer Review was undertaken in March 2019, following 2 previous review visits, which explored how the service had progressed with delivering the service changes and improvements outlined in the Orthopaedic Sustainability Plan and the national Orthopaedic improvement priorities. Measures are being implemented to deliver efficiency and productivity improvements such as plans to protect beds for elective surgery and improving how surgery is planned and scheduled in order to separate elective and trauma surgery more effectively.

The continued focus on the application of quality improvement and innovation, through the development of a Forth Valley Corporate Portfolio Management Office and ongoing support from the Elective Care Development Programme Management Office, will ensure implementation of service improvement initiatives.
1.6.2 Investment Objectives

The investment objectives for the proposed investment can be summarised below:

- Safe, timely effective patient care provided locally
- Capacity to meet demand through improved service and facilities
- Recruitment and retention of staff
- Repatriation of patients from ‘Out of Area’
- Opportunities for collaborative working and quality improvement

1.6.3 Benefits Register

The benefits of the proposed service change have been added to a Benefits Register. This was developed through engagement with the NHS Forth Valley Elective Care Development Programme Working Group.

This Benefits Register provides a framework to assess how successful the project will be at delivering the expected benefits. The benefits to be realised will support the need for change and will be tangible for patients, staff and partners.

Benefits will be qualitative and quantitative and will deliver a service model which is safe and sustainable, value for money and affordable. The Benefits Register will be developed into a Benefits Realisation Plan, which will be managed and reviewed through the post-occupancy stage to assess whether the expected benefits have been realised.

1.6.4 Risk Management

The project team have identified a range of strategic and project level risks, which could affect the delivery of the investment objectives.

These risks are recorded on a project risk register, and these will be tracked and managed through the development of this investment proposal. This Risk Register is included in Appendix D. Key project risks include:

- Timeline for delivering the programme and the associated building reconfiguration and redevelopment programme
- Recruitment of the medical workforce to deliver the additional elective capacity
- Ensuring the financial plan is affordable

Alongside the project risk register, this Outline Business Case proposes that a Clinical Risk Management Strategy will be required to identify and manage any clinical risks inherent in this proposal. These risks are further detailed in Section 6 Management Case.
1.6.5 Preferred Solution

The preferred strategic/service solution is to develop a best in class service for elective Orthopaedic procedures: to provide additional elective capacity for other surgical specialties; to deliver additional MRI capacity; and to deliver innovative patient focused, safe and efficient care. Additional elective care capacity will enable and support modern and innovative service delivery.

Modern and innovative standards will be developed through rolling out existing improvement programmes and the continued application of improvement methodology, through the Programme Management Office and through the development of the overarching Corporate Portfolio Management Office. The preferred solution was presented to Scottish Government in September 2018 and is summarised below:

- Open 2 theatres (Theatres 15 and 16) which are currently unused, in the theatre complex are Forth Valley Royal Hospital. Theatre 15 is equipped with laminar flow and Theatre 16 is not. However, at the request of the Scottish Government, this Business Case includes a plan to install laminar flow in Theatre 16.

- There are currently unfunded theatre sessions in the existing 14 theatres, averaging around 195 per annum, though this varies week by week, depending on the surgical emergency rotas. The preferred solution brings the unfunded sessions into use to provide additional capacity.

- Construct a 32 bed ward within the hospital footprint at FVRH. 10 options for the location of this ward were developed, with the options shortlisted to 4.

  The preferred option for the location of the ward was selected on the following basis; that this provided the best location and access for patients to the ward; this caused the least disruption to clinical services on site; this offered the most person centred solution to create additional inpatient beds in the hospital; this would minimise capital costs by not requiring the construction of a building or extension on the hospital site for the additional inpatient beds or the costly re-provision of current clinical services in an additional building or extension.

- The preferred inpatient ward option is to locate the ward in an existing clinical area on the ground floor. This area was previously the Rehabilitation Centre and is currently in use as a day medicine facility and accommodates the Occupational Therapy department, in addition to 4 outpatient clinic areas and some office accommodation. These areas require to be re-provided on site, through the redesign of the Inpatient and Outpatient Therapies Departments and by housing office based staff, including the Health Records department, in alternative provision, necessitating some reconfiguration of office space on and off site.

- We are exploring relocating designated staff to an available office space in NHS Forth Valley headquarters, subject to contract arrangements. The preferred location for the inpatient ward was agreed through a series of Workshops with key stakeholders, and presented to the NHS Board meeting on 26 March 2019. A separate business case will be prepared for reconfiguring spaces within Forth Valley for office accommodation,
including the option to free up clinical space by relocating offices.

- Reconfiguration of the area on the first floor used previously for Day Medicine until winter 2018/19, which is co-located with day surgery and endoscopy, to increase day and 23 hour surgery capacity at FVRH and to improve the flow of patients through the ambulatory facilities.

- Re-provide Day Medicine in the current Health Records Department by reconfiguring this area and relocating Health Records and other office based staff to office accommodation, both on and off site. It is important that the space created for day medicine has scope for further extending and increasing day medicine services, offering robust ambulatory alternatives to inpatient care.

- Provide additional storage for theatres, currently utilising the 2 unused theatres for this purpose, taking the opportunity to improve stock management and efficiency.

Forth Valley Royal Hospital is a modern purpose built acute hospital which opened fully in 2011. When the hospital was opened, some expansion space was included i.e. 2 unfunded operating theatres, space for additional diagnostic imaging and expansion space in the Critical Care Department. The Elective Development Programme brings into use the 2 operating theatres and provides an MRI scanner in the radiology expansion space. However, there are no existing spare places on site for additional inpatient beds, which has necessitated identifying an existing area to convert to an inpatient ward and the pre-moves outlined above, which enable a suitable space for the ward to be made available.

The preferred solution involves the development of additional elective care capacity within the footprint of Forth Valley Royal Hospital to provide modern facilities for additional elective orthopaedic procedures, and for other additional surgical speciality procedures, plus additional MRI scanning capacity. The following assumptions have been made:

- Initial assessment of requirements has focused on reducing waiting times for orthopaedics and other surgical specialties for Forth Valley patients, towards the target of 12 weeks and then, as far as possible, working towards sustaining waiting times at the target level, by balancing capacity and demand.

- It has been assumed that over time, the majority of Forth Valley cases currently referred to the Golden Jubilee National Hospital would be undertaken in Forth Valley instead, as this would be more accessible and person centred for patients living in Forth Valley. This would free up capacity at the Golden Jubilee National Hospital for patients in other Board areas, in the region of 650 cases per annum.

- The increased surgical capacity would therefore be aligned initially to the demand from Forth Valley patients and therefore will offer a mix of day case and inpatient procedures for orthopaedics, general surgery and other surgical specialties.

- For Orthopaedic elective hip and knee primary joint work, it is planned to work towards providing capacity for 4 joints per day list, and an average length of stay of 2 - 4.5 days as per Golden Jubilee practice.
This would be achieved through commissioning of 2 additional laminar flow theatres, which are currently unused. Theatre 15 is already fitted with laminar flow and it is proposed to install this in Theatre 16, at the request of Scottish Government.

- The delivery of additional orthopaedic and surgical elective capacity is largely dependent on recruiting additional surgeons, although within the surgical teams there is limited scope to allocate additional operating time through a review of job plans. The ability to recruit additional surgeons is a significant risk to the programme.

- The expansion of elective capacity in Forth Valley is closely aligned to the Orthopaedic Sustainability Plan, which is currently being implemented. The plan includes working towards greater separation of trauma and elective activity, one impact of which is to reduce the short notice cancellation of elective procedures.

- The additional MRI scanner will enable demand to be managed locally, without the requirement to use external or mobile imaging resources.

- It is assumed that the elective capacity created will be part of the increased elective capacity for Scotland and as such there are a number of considerations being developed with regard to optimising this additional capacity. This includes creating a commissioning model to offer some elective capacity in Forth Valley to patients from other Boards and designing regional or national pathways which provide specific procedures for patients in a small number of centres. The development in Forth Valley also assumes that orthopaedic activity currently provided for Forth Valley patients at the Golden Jubilee National Hospital would be redirected to Forth Valley, freeing up capacity at the Golden Jubilee for region or Boards out with the region. However further clarity around implementing a commissioning model, Forth Valley’s role as a pathfinder site and the risks and impact of commissioning is being explored with the Scottish Government and the Golden Jubilee National Hospital.

1.7 Timeline

The initial proposal for delivering additional elective care capacity in Forth Valley had the following key dates:

*Figure 3 – Initial Timeline Submitted in October 2018*

<table>
<thead>
<tr>
<th>Capacity</th>
<th>Target Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>Additional MRI Capacity</td>
<td>July 2019</td>
</tr>
<tr>
<td>Open Theatres 15 and 16</td>
<td>November 2019</td>
</tr>
<tr>
<td>Phased staffing up of fallow sessions in Theatres 1 to 14</td>
<td>2019/20</td>
</tr>
</tbody>
</table>

However, the Scottish Government asked NHS Forth Valley subsequently to open one theatre in June 2019 and install a laminar flow system in the other. Thus the revised timeline is as outlined in Figure 4.
The additional inpatient beds were not intended to be available in June 2019 (initial estimate was November 2019 and therefore when Theatre 15 is opened, the additional capacity created will be largely for day case surgery. It is the intention to use sessions in Theatre 15 as an exemplar to test new models and create a high performing environment, including undertaking up to 4 joints on a list. This will involve moving surgeons from existing theatres to Theatre 15 to be part of the team testing the new models, whilst backfilling their sessions in the other theatres to provide additional day case activity.

Whilst there is some scope to increase the sessional allocation of the orthopaedic team, this is limited and therefore we are seeking to increase the orthopaedic workforce through the recruitment of permanent and temporary staff.

1.8 Organisation readiness

In assessing whether the organisation is ready to proceed with the proposal, an overview is provided which looks at this from a number of different aspects.

Service Improvement

There has been extensive engagement with clinical stakeholders at FVRH, along with attendance from a wide range of stakeholders e.g. the Clinical Leads meeting, Scottish health Council and FV Patient Engagement lead, AHPs, Department and Service representatives. The Programme is building on existing improvement work streams already underway in Forth Valley and others planned, to transform the way we provide care to our patients.

Clinical staff in the relevant services including Orthopaedics, Anaesthetics, General Surgery, Theatres, Radiology, AHPs and Medical Physics are supportive of the proposed development, to provide additional elective care and MRI diagnostic capacity.

The expectation is that clinical pathways will remain the same for the majority of patients currently treated in Forth Valley, however, it is expected that the development will offer the opportunity to repatriate activity from the Golden Jubilee National Hospital, and therefore fewer patients will require treatment out of area. Capacity will be created to enable more patients to be treated locally, thereby minimising travel distances for patients and their families.

The Forth Valley theatres are among the most efficient in Scotland, however opportunities to improve efficiency further are being taken forward including improving scheduling, in order to reduce short notice cancellation of procedures, improving the session throughput and improving the separation of trauma and elective activity. The theatre workforce will
have greater opportunities for development, through the recent appointment of a Theatre Educator and also by improving the skill mix and supporting Band 2 staff to gain the skills and competencies to move the Band 3 and 4 posts, by adopting the learning from the theatre academy models in other areas.

Separate but aligned to the Elective Care Development Programme is the Unscheduled Care Programme (Getting Forth Right) which has work streams delivering change and improvement, associated with the 6 Essential Actions to Improve Unscheduled Care and aimed at improving capacity and flow in the acute hospital and the community.

The Elective Care Development Programme, with the associated service improvement and re-design, working towards a best in class service, will provide a positive move towards the reduction in unwarranted variation in clinical practice to achieve optimal outcomes for patients noted in ‘Realistic Medicine’, the Chief Medical Officer’s Annual Report for 2014-15. The programme leads are also collaborating with the National Elective Care Programme to put in place consistent pathways, standards, criteria and workforce for elective care.

**Workforce Planning**

Workforce planning has been undertaken in a level of detail which provides an effective and efficient workforce to staff the re-designed service pathways and provide additional elective care capacity. The workforce plan has been developed alongside the Scottish Pathway Standard of Care/Target Operating Model, through the Outline Business Case process, with broad stakeholder engagement and agreement on workforce arrangements. This workforce plan is included as part of the financial information in Appendix B.

It is recognised that this investment is as much about workforce transformation as it is about building additional capacity. In order to achieve the ‘Best in Class’ performance target which has been set by Scottish Government, the workforce needs to deliver continued improvements in performance.

The Programme Working Group has identified both traditional and new roles aimed at ensuring a resilient and progressive workforce, combining the talents of current staff and by working with the universities, the Golden Jubilee National Hospital and others to describe the opportunities for creating additional roles such band 3 and 4 Theatre Team members and investing in Band 2 staff to pick stock from the theatre store.

**Revenue Finance**

The total recurring cost of the various work streams of the Elective Development Programme is £12.96m. During 2019/20, the first year of operations when the various work streams will go live on varying dates, costs are anticipated to be £8.212m. Non-recurrent revenue costs are included in the first year of operations to cover project costs are assessed at £0.544m.
Capital Finance

The capital requirement for this proposal is £8.887m. This includes the reconfiguration costs of existing space at FVRH to provide an elective ward, enhance day surgery capacity, MRI scanner and other equipment requirements of the various work streams.

Project Delivery

The Scheduled Care Programme Board is a key link in a clear governance framework which includes the NHS Forth Valley Board. These boards provide direction and governance to the Elective Care Development Project Team and the Working Group.

Figure 5 Elective Care Development Programme Structure and Governance

NHS Forth Valley has a strong track record of effectively managing both capital projects and change programmes to ensure that investment objectives and benefits are successfully delivered.

This Outline Business Case describes the project governance structure (above) that has been established for this project using a programme and project management approach (PPM) which will be applied to the project to ensure maximum control, quality and financial benefit. This will ensure that:

- A process and audit control framework is applied to all aspects of the project
- Project risks are being managed effectively
- Learning and good practice from the project can be transferred to other projects in the NHS Forth Valley capital programme
Working in partnership with Forth Health, the PPP service provider for FVRH, NHS Forth Valley has the capacity to deliver the project, with in-house expertise supplemented as required by a Lead Advisor, procured competitively from the Frameworks Scotland 2 supply chain, as well as legal and financial advice.
2.0 STRATEGIC CASE

2.1 Organisational Readiness

In the autumn of 2018, NHS Forth Valley commenced discussions with the Scottish Government regarding a proposal to increase elective care capacity at FVRH. This proposal was to increase surgical capacity for orthopaedics and other specialties in order to progress towards meeting the national waiting times targets and putting in place sustainable recurring capacity, moving away from non-recurring initiatives. This initial proposal included:

- Additional weekend trauma sessions
- Increased utilisation of existing theatre sessions in 14 theatres by funding sessions currently unstaffed
- Opening 2 additional theatres
- Creating a 32 bed elective ward
- Installing a second MRI scanner
- Creating a strategic alliance with the Golden Jubilee National Hospital e.g. joint consultant appointments and shared training opportunities including access to the Academy programmes

Proposed capital and revenue investments in order to deliver increased elective capacity were prepared and submitted to the Scottish Government. The Scottish Government responded on 13 September 2018, approving the proposal in principle and seeking robust cost forecasts, asking that a formal project, risk management and governance be put in place, as well as the establishment of a benefits realisation and tracking processes.

All of these points are addressed in this Outline Business Case.

The Director of Health Finance advised that as the timescale outlined in the initial proposal and summarised in section 1 of this document, was constrained and therefore this meant that the normal approval processes as per the SCIM guidance would not be followed. She advised that the business case does need to ensure that options have been considered and the preferred solution is optimum, in terms of speed of implementation, sustainability and fit with longer term strategies, adorability and value for money. It was noted by the Director of Health Finance that the following key elements should underpin the elective care development:

- The establishment of a strategic partnership arrangement with the Golden Jubilee Hospital, recognising the benefits and synergies for job appointments and training of staff using the Golden Jubilee’s Academy
- Joint recruitment processes established with the Golden Jubilee and where appropriate, other NHS Boards
- The capacity created by commissioning theatres 15 and 16 and the additional MRI scanner will be managed using similar management processes to the Golden Jubilee and the governance arrangements for the development of the project will be incorporated into that of the National Elective Centre Programme and will adopt ‘best in class’ performance standards and throughput

While the proposal required further development, the key deliverable was that this additional
capacity would improve elective access and performance at both a local and regional level - specifically:

- Existing theatre capacity will be maximised to provide an extra circa 195 sessions per annum commencing March 2019
- Two additional theatres and associated bed capacity will be commissioned and will deliver circa 1,500 primary arthroplasty or equivalent procedures per annum commencing November 2019
- An additional MRI scanner will deliver circa 8,000 patient examinations commencing June 2019

The response from the Director of Health Finance approved in principal the indicative revenue and capital costs which were outlined in the submission from NHS Forth Valley, as summarised in the table below.

*Figure 7 Indicative capital and revenue costs at September 2018*

<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Create 32 bedded ward</td>
<td>0.8</td>
<td>4.2</td>
<td>0.2</td>
<td>3.3</td>
</tr>
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<td>Open Theatres 15 &amp; 16</td>
<td>0.6</td>
<td>0.3</td>
<td>0.2</td>
<td>5.5</td>
</tr>
<tr>
<td>New MRI service</td>
<td>1.3</td>
<td>-</td>
<td>0.1</td>
<td>0.6</td>
</tr>
<tr>
<td>* Maximise theatre capacity</td>
<td>-</td>
<td>-</td>
<td>0.4</td>
<td>1.1</td>
</tr>
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<td><strong>TOTAL</strong></td>
<td><strong>2.7</strong></td>
<td><strong>4.5</strong></td>
<td><strong>0.9</strong></td>
<td><strong>10.5</strong></td>
</tr>
</tbody>
</table>

*NHS Forth Valley Healthcare Strategy – Shaping the Future 2016-2021*

Forth Valley is located in the heart of Scotland with excellent transport links to the rest of Central Scotland. Forth Valley Royal Hospital sits close to the M876 and M9 motorways and is 15 minute walk from Larbert railway station, on the central Scotland rail network. The hospital also has direct access to bus routes in the Central Scotland area. The majority of primary, community and secondary health and social care services are provided locally in Forth Valley. Tertiary healthcare services and regional services are accessed in the West of Scotland and South East of Scotland, primarily in Edinburgh and Glasgow, but service links are also in place with NHS Lanarkshire and NHS Fife. For examples radiotherapy services are provided to Forth Valley patients are the Beatson West of Scotland Cancer Centre in Glasgow and at the Lanarkshire Beatson in Airdrie.

In addition to Forth Valley Royal Hospital, there are 3 community hospitals and a health and care village, all providing short stay support for frailer patients requiring assessment, rehabilitation, reablement or step down care following an acute hospital admission.
On a mid-year 2017 basis, the population of Forth Valley is 306,000 which represents just over 5% of Scotland’s total population. (see section one)

The NHS Forth Valley Healthcare Strategy sets out the vision for Forth Valley and describes many of the transformational changes being delivered.

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.
Commitments in the Healthcare Strategy which are relevant to the elective care development programme include the following:

- Promote the use of standardised care pathways across all care settings
- Ensure people are not admitted to hospital if they can be treated successfully as day cases
- Minimise unnecessary delays for patients awaiting treatment, care and results
- Offer planned care as close to home as possible
- Introduce more clinics in communities
- Further develop alternatives to bringing patients to hospital appointments
- Extend the range of rapid access clinics
- Support patients to be more independent and take a greater role in managing their own conditions
- Learn from and extend the ERAS (Enhanced Recovery After Surgery) principles where planned admission is necessary
- Ensure our staff are supported to take on new roles and develop new skills
- Streamline the patient’s journey from access to discharge

2.2 Forth Valley Case for Change

The National Clinical Strategy for Scotland sets out a new paradigm in which we plan services on a population basis at a national, regional and local level, which will overcome the constraints that may have been encountered through planning within territorial health boards.

The demographic overview above and referred to in section one of this Business Case demonstrate that in Forth Valley the population is getting older and while patient expectation of services is increasing, the ability to meet these expectations is compromised by difficulties with recruitment, and financial constraints. The national emphasis on changing the way care is provided to patients is supported by Forth Valley in our local Healthcare Strategy.

As part of the Forth Valley Clinical Service Review, which informed the preparation of the NHS Forth Valley Healthcare Strategy, a Needs Assessment and Case for Change were produced. This concluded that people in Forth Valley are living longer and healthier, despite an increase in the prevalence of Long Term Conditions. This is due to a combination of new treatments alongside better and earlier diagnosis. The population of Forth Valley is growing in size, it is ageing and the population needs are increasing in their complexity and in the multiplicity of health problems, such that demand is exceeding the capacity of the current model.

The table below sets out the projections anticipated for specific high-volume procedures within Orthopaedics and General Surgery.
Figure 8 Projected Demand for High Volume Procedures

<table>
<thead>
<tr>
<th>Cholecystectomy</th>
<th>2014-16</th>
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<th>2025</th>
<th>2030</th>
<th>2035</th>
<th>2040</th>
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<td>377</td>
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<td>389</td>
<td>387</td>
<td>384</td>
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<td>38</td>
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<th>2030</th>
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<tr>
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<th>2030</th>
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<th>2020</th>
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<td>63</td>
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</table>

2.3 Is the case for change still valid?

The case for change as presented in the Initial Proposal remains valid.

The case for change aligns with the vision and objectives set out in national, regional and local strategies, and in doing so, will deliver a more effective, safe, person-centred service, which is sustainable and maximises value from the investment.

The current arrangements were presented in Section 2.2 above, this section sets out the problems with these services, including lengthy waiting lists for access to services, difficulties for patients accessing services in their local areas, challenges in meeting an increasing demand for services, and challenges around recruitment and retention of staff, which again impacts on the delivery of better patient outcomes.

In addition to overcoming some of the current issues around demand and capacity, this proposal provides a number of opportunities for real service change, which will align with national strategies and regional objectives, as set out in the National Clinical Strategy for Scotland and the national Waiting Times Improvement Plan.

This Outline Business Case proposes additional elective care capacity, which will provide services to Forth Valley and also to a wider population, maximising the efficiency of
resources, and offering specialist services without the inconvenience of patient journeys to the 'out of area' providers.

Work undertaken by the national working groups with population data and demographic trends identified a projected need for additional capacity in elective services, and therefore the elective care development at Forth Valley offers an opportunity to address this.

2.3.1 Problems to be addressed

The investment proposal presented in this Outline Business Case relates to providing additional orthopaedic and other surgical capacity, along with MRI imaging, in Forth Valley.

The key problem with the Orthopaedic service is its inability to accommodate the increased demand for surgery, including arthroplasty (joint replacement) in the increasing and ageing population in Forth Valley. At present, the Orthopaedic service has the greatest number of new outpatients waiting more than 12 weeks to be seen and the highest number of patients waiting more than 12 weeks for surgery, compared to other specialties in Forth Valley. Over recent years, Forth Valley has sent over 600 cases per annum to the Golden Jubilee National Hospital for either treatment or to “see and treat”. In addition, during the final quarter of 2018/19 there was a positive reduction in the number of patients waiting to be seen or treated in Forth Valley, due to the impact of the funding for non-recurring waiting list initiatives.

However, as at 5 April 2019, 545 orthopaedic patients were still waiting over 12 weeks to be seen as new outpatients, including 47 who had waited over 26 weeks. For orthopaedic patients awaiting a day case or inpatient procedure, the numbers waiting at 5 April were 510 over 12 weeks, including 168 over 26 weeks. In order to continue to reduce the waiting time for surgery towards the 12 week standard and the Scottish Government’s trajectories, recurring funding is needed to put in place a sustainable model. Thus the proposal to create additional elective day case and inpatient capacity, outlined in the Business Case, seeks to address this capacity gap.

The number of available operating sessions in theatre and the number of orthopaedic inpatient beds are both currently lower than the capacity required to meet the current demand. This imbalance between demand and capacity has led to a growing waiting list for orthopaedic surgery.

In order to reduce the gap between demand and capacity the orthopaedic team have implemented a number of improvement initiatives including the Best in Class model in Clackmannanshire, aligned to the Orthopaedic Sustainability Plan and Primary Care Transformation. The Best in Class model for people with joint pain improves access to MSK specialists, physiotherapy, exercise classes and weight loss programmes. This realistic medicine model has the dual impact of reducing the demand for surgery, given the higher than average orthopaedic surgery intervention rate in Forth Valley and helps patients who require surgery to be well prepared, fitter and healthier before surgery, optimising the outcome of surgery for those individuals.

The Best in Class model will be extended throughout Forth Valley alongside the appointment of physiotherapists in Primary Care, as part of the Primary Care Improvement

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Plan implementation, which develops the Primary Care Multi-disciplinary team. The Orthopaedic Team have increased access to anaesthetic blocks, which have the benefit to patients and to the service, of a quicker recovery and a shorter length of stay in hospital. The Orthopaedic Peer Review has enabled the clinicians in Forth Valley to share their improvement experiences with other NHS Boards and learn from best practice elsewhere.

In order to address the shortfall in beds and theatre sessions for orthopaedic surgery, including redirecting Forth Valley patients currently treated at the Golden Jubilee to Forth Valley, we require to open the two unused theatres, increase day surgery (6 beds) and provide a dedicated inpatient ward. This ward will bring all elective orthopaedic patients into one inpatient space, enabling this to become a centre of excellence in orthopaedic elective care. Whilst the ward will have 32 beds, the Forth Valley requirement is around 25 beds, therefore this offers some scope for supporting elective orthopaedics for other Boards, assuming the appropriate workforce is in place.

The surgical service with the second largest waiting times challenge is General Surgery. As with Orthopaedics, the impact of funding for General Surgery non-recurring waiting list initiatives in the final quarter of 2018/19 was considerable but as with Orthopaedics, there is a need to continue to see and treat a greater number of patients in order to work towards the waiting times standards. The elective care development offers scope to extend day surgery for general surgery and other surgical specialties, through the allocation of theatre sessions and the extension of the day surgery unit.

The number of new outpatients waiting to be seen as at 5 April 2019 was 260, including 27 patients waiting over 26 weeks. 249 patients were waiting for a day case or outpatient procedure, of which 72 patients had been waiting more than 72 weeks. The proposal is to use some of the unfunded sessions in the existing theatres to increase general surgery capacity, towards achieving and sustaining the 12 week treatment time guarantee. The majority of cases are day case or 23 hour.

NHS Forth Valley are continuing to work proactively with the Scottish Government to address waiting list pressures in 2019/20, aligned to the development of the Annual Operational Plan.

A detailed analysis of the capacity and demand for surgery has been undertaken, including theatre, inpatient and day case bed requirements. A DCAQ (Demand, Capacity, Activity and Queue) dataset has been produced for Orthopaedics and General Surgery and the data produced was used to populate the GooRoo bed modelling tool. The outputs of the GooRoo tool have identified the capacity required to bring waiting times for orthopaedics and general surgery in line with the waiting time targets and also to sustain activity in order to continue to meet waiting times. The output includes the projected numbers of procedure, theatre sessions, day case beds and inpatient beds. This has been an iterative process involving operational managers and clinical leads, and analysis of the data produced is continuing, with validation in progress.

At present there is one MRI scanner on site at FVRH. Demand for MRI scanning is in excess of the capacity of this single scanner and therefore additional scanning capacity has been obtained at the Golden Jubilee National Hospital and from the services of a mobile scanner on site. The provision of a second fixed MRI scanner will resolve the capacity challenge and improve the experience for patients accessing MRI scanning.
There are challenges with reporting radiology images as a result of the current shortfall in Radiologist Establishment in Forth Valley, in common with the challenges in other NHS Board areas. In order to report the images from the 2nd MRI scanner, we will require 2wte additional Consultant Radiologists, adding to the existing shortfall in filled posts. Therefore, in order to ensure that MRI scans can be reported within the diagnostic Waiting Times Target, further outsourcing of reporting will need to be undertaken. For noting, this comes at a considerable cost, with a resultant financial challenge.

2.3.2 Opportunities for improvement

While previous sections above summarise the current arrangements and outlines the problems associated with these arrangements, which constrain the service efforts to provide positive outcomes for patients, there are also a number of opportunities for further improvement, and these are noted below for review.

- Continue to appoint Primary care physiotherapists, who will provide assessments and will work with patients to best meet their needs using exercise programmes, attendance at exercise classes, access to weight loss programmes and physiotherapy.
- Agree Orthopaedic elective joint pathways, with defined input from AHPs, surgeons, anaesthetists and arthroplasty nurses, which ensure that any patients who choose to have joint surgery are well prepared in the pre-habilitation stage, have a short hospital stay, optimum recovery and good outcomes.
- Reduce variation through the agreement and application of clear care pathways, criteria and standards.
- Reduce on the day cancellations by improving the separation of trauma and elective orthopaedic cases.
- Further improve theatre efficiency by enhancing the scheduling of lists, using a 6,4,2 approach.
- Continue to develop ERAS (Enhanced Care After Surgery) to ensure patients have the best experience of surgery and shorter lengths of stay where appropriate
- Continue to implement the Orthopaedic Sustainability Plan, with a review of progress and the impact of the plan to date, and agreed priorities for further implementation aligned to the elective care development.
- Develop an exemplar theatre team in Theatre 15 and put in place the conditions, criteria and expertise to deliver up to 4 joints on a list.
- Optimise staff competency and the skill mix of the workforce, in order to ensure that modernisation and improvements can be delivered effectively and can be sustained e.g. take opportunities to develop band 2 theatre nurses to enable progression to 3 and 4, adopting the theatre academy model from GJNH and work with AHPs to optimise the pre and post operative pathways.

Developing a sustainable service will reduce the dependency on the private sector and other health boards, the net benefit being the treatment of patients in their local area as far as possible to deliver the best possible outcomes and avoiding further clinical deterioration. The Elective Care Development will adopt best practice in the delivery of services, with the latest technology and enhanced recovery techniques inherent in the services. This will provide clinicians with the opportunity to develop innovative services appropriate to Forth Valley’s population.
2.3.3 Factors influencing this proposal

There is a common acceptance that there is a need put in place sustainable service models to balance capacity, activity and demand, for elective care and move away from a reliance on short term non-recurring waiting list initiatives.

In addition, the population growth and demographic projections will place additional demands on these constrained services and facilities.

The challenges facing health and care services now and into the future will be addressed by new ways of working, not by buildings. However bring into use the additional theatres and inpatient beds will support and enhance new models of care by providing opportunities for co-location and integration as well as providing an excellent environment for patients, and staff and visitors. The modern, purpose-built facilities in FVR H, with the addition of a further inpatient ward, will provide the flexibility required to meet changing needs and changing models of care and treatment.

The need for change is considered in terms of national and regional strategies and local objectives, while Section 2 will address the problems with the current service, which contribute to a need for change.

National Clinical Strategy for Scotland

The National Clinical Strategy for Scotland was published in 2016 following extensive consultation. The strategy sets out a framework for the development of health services over the next 15 years, in which the strategy acknowledges the substantial challenges for a transformed future health service and sets out the key drivers for change. A number of these drivers for change are addressed through this proposal, and these can be summarised as:

- The need to manage the skilled workforce in a way that makes best uses of their skills, allows further changes in roles, and provides sustainable services despite the recruitment challenge.
- Demographic changes in the population.
- Opportunities from innovation and improvement to modernise how care is provided.
- Development of new treatments.
- Reducing waste, avoiding harm and variations in treatment.

The National Clinical Strategy outlines a situation where elective and unscheduled or emergency care is separated. This situation will be supported through provision of an increased diagnostic and treatment capacity across the country, which is the main driver for this investment proposal.
Realistic Medicine

Realistic Medicine, the Chief Medical Officer’s Annual Report 2014-15 sets out a number of questions which seek to engage clinicians in a conversation relating to how medicine is practised in a changing world. The proposal set out in this Outline Business Case responds positively to the questions set out in Realistic Medicine, and the investment proposal will provide a best in class example of how the NHS in Scotland can meet the challenges faced.

This can be summarised as follows:

*Figure 9 – Realistic Medicine Questions*

<table>
<thead>
<tr>
<th>Realistic Medicine</th>
<th>Elective Care Development</th>
<th>Outline</th>
</tr>
</thead>
<tbody>
<tr>
<td>How can we further reduce the burden and harm that patients experience from over-investigation and over-treatment?</td>
<td>Service re-design, which focuses on standardisation of treatment, within a facility designed to support the clinical service and provide rapid access to services when required, will reduce over-investigation and over-treatment.</td>
<td></td>
</tr>
<tr>
<td>How can we reduce unwarranted variation in clinical practice to achieve optimal outcomes for patients?</td>
<td>Variation in practice will be reduced and removed over time as the elective care pathways are improved and refined towards a best in class service.</td>
<td></td>
</tr>
<tr>
<td>How can we ensure value for public money and prevent waste?</td>
<td>Increasing Elective Care capacity within the footprint of Forth Valley Royal Hospital ensures value for public money in both capital and operational whole life costs.</td>
<td></td>
</tr>
<tr>
<td>How can people (as patients) and professionals combine their expertise to share clinical decisions that focus on outcomes that matter to individuals?</td>
<td>Re-design of services will provide opportunities to engage with patients at key stages in their care journey, resulting in shared decision making and a better understanding of patient needs and required outcomes.</td>
<td></td>
</tr>
<tr>
<td>How can we better identify and manage clinical risk?</td>
<td>An elective care environment with standardised procedures and familiar theatre teams with good communication will reduce unfavourable outcomes.</td>
<td></td>
</tr>
</tbody>
</table>
How can all doctors release their creativity and become innovators improving outcomes for people they provide care for?

A collaborative development will provide doctors and the other clinical professionals with opportunities for self-improvement, and more engagement with best practice models, to develop improvement in patient care and outcomes. These collaborative relationships will allow clinicians to lead and contribute to the challenges of delivering safe, effective and person-centred care.

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**National Waiting Times Improvement Plan**

Orthopaedic demand projections indicate that a growing elderly population, increasing intervention rates and changing models of care mean that additional capacity is required across Scotland to respond to the current and projected levels of demand for elective surgery. The Elective Care Development with an orthopaedic service designed to facilitate high volume, non-complex surgery procedures such as knee and hip replacement and general surgery procedures, will provide an opportunity to stabilise services, where waiting times are longest and the greatest volume of patients are waiting for treatment. The intention is that by ‘protecting’ planned care capacity, the service will operate at optimal efficiency, and realise opportunities for service change.

**Programme Management Office**

In reviewing the case for an elective care development, it is recognised that there is a need to maximise the efficiency of the existing facilities and services. The Corporate Portfolio Programme Management Office (PMO) and Quality Improvement and People’s Academy will be central to the continuing modernisation and improvement across Forth Valley.

Quality improvement is integral to the Elective Care Development and each of the work streams established to take forward programme priorities is taking a quality improvement approach. In addition, the Efficiency, Productivity and Quality Improvement team are contributing to the work of the PMO, providing expertise in quality improvement and modernisation.

The leads for each work stream meet weekly and formal reporting on progress is fortnightly using a 30 day report as below:
2.3.4 Other factors influencing this proposal

A National Clinical Strategy for Scotland (February 2016) notes “There is evidence to suggest that a radical approach is required to plan services differently in order to be able to continue to improve the quality and outcomes from hospital services”. This proposal to re-design services within an Elective Care Development environment is an opportunity to implement a radical approach to improve outcomes for patients in the Forth Valley. There is broad clinical support to seize this opportunity and an acceptance that the current service configuration does not offer the best possible service provision.

The implementation of the proposed service change will act as a driver for change, and provide a ‘best in class service’, delivering on the objectives set out in national clinical strategies including ‘2020 Vision’, the strategic vision for achieving sustainable quality in the delivery of healthcare services, and ‘Realistic Medicine, the Chief Medical Officers Annual Report for 2014-15.

A National Clinical Strategy for Scotland notes that the delivery of care through reliable, safe services has been shown to promote both quality, and cost effectiveness. It can be a way of driving out waste and variation in service, producing better services at lower cost.

This proposal will develop a strategic alliance between NHS Forth Valley and the Golden Jubilee National Hospital which will facilitate effective workforce planning, recruitment and retention, education and training and support collaborative commissioning.

Opportunity to review scheduling to maximise efficiency of theatres and respond to patient needs in terms of scheduling certainty, ease of access and provision of an efficient service leading to providing enhanced patient centred care.
Provision of additional capacity within a modern hospital to meet the service needs, with the patient journey designed from first principles with the patient at the forefront, i.e. a building designed around patient needs will provide a sustainable and person-centred healthcare service which will meet service projections for increasing demand.

2.4 Investment Objectives

*Figure 11 Investment Objectives*

<table>
<thead>
<tr>
<th>Investment Objectives</th>
<th>What has to be achieved to deliver the necessary</th>
</tr>
</thead>
<tbody>
<tr>
<td>Safe, timely effective patient centred care provided locally.</td>
<td>Provision of increased elective capacity to work towards meeting current demand for services within Forth Valley, and beyond.</td>
</tr>
<tr>
<td>Capacity to meet demand through improved service and facilities.</td>
<td>Implementation of the redesigned service pathways within the footprint of the existing modern purpose built hospital.</td>
</tr>
<tr>
<td>Recruitment and retention of staff.</td>
<td>Develop a service which can manage demand through improved service pathways and modern facilities.</td>
</tr>
<tr>
<td>Repatriation of patients from 'Out of Area'.</td>
<td>Creation of service capacity to meet demand from Forth Valley.</td>
</tr>
<tr>
<td>Opportunities for whole system working with Primary Care, Community Health and Social Care and Acute Care</td>
<td>Develop collaborative relationships which focus on improving patient care with education and training opportunities for staff.</td>
</tr>
</tbody>
</table>

- **Safe, timely effective patient care provided locally**

Section 2 of this Outline Business Case sets out the current arrangements, and demonstrates the challenges of providing care to patients, resulting in unacceptable delays and lengthening waiting lists. This proposal will address some of these issues and deliver a reduction in risk to patients through provision of a safer, timely service. This will reduce delays and cancellations through improvements in standardisation, working practices and familiarity of theatre teams.

- **Capacity to meet demand through improved service and facilities**

The increasing demand for services requires new and innovative approach to service delivery.
This objective relates to increasing the efficiency of elective care while at the same time improving its quality. Making operational improvements, which reduce costs and improve service quality at the same time, can achieve substantial gains in productivity, to respond to the demographic projections.

- **Recruitment and retention of staff**

A sustainable health workforce, which is motivated, adaptable, and highly trained, is a prerequisite to delivering high quality healthcare in a changing healthcare environment.

A number of consultant posts remain unfilled in Scotland at present. Unfilled posts place additional pressures on services and staff. A key objective of this proposal is to build a strategic relationship with the GJNH with a focus on recruitment, retention, training and education.

- **Repatriation of patients from ‘Out of Area’**

Providing the highest quality of care will be supported by providing that care as close to the patient’s home as it is safe and appropriate to do so. Due to the divergence between demand and capacity, a number of patients at present from Forth Valley must rely on ‘Out of Area’ providers such as the Golden Jubilee National Hospital, and private sector capacity. A focus on patient outcomes would seek to remove access, providing care as close as practicable to the patient’s homes, families and support networks.

- **Opportunities for collaborative working**

With the appointment of physiotherapists to the primary care multi-disciplinary team there will be greater opportunities to extend the Best in Class Orthopaedics service and enhance care pathways for patients to ensure patients are well prepared if they choose surgery, with education, pre-habilitation and early rehabilitation.

2.5 Is the choice of preferred strategic solution still valid?

The Initial proposal identified the preferred strategic solution to be extending elective capacity within the footprint of Forth Valley Royal Hospital, using 2 fallow theatres and unfunded sessions in theatre suite, creating additional inpatient beds and installing a second MRI scanner in the radiology department.

The review of the Initial Proposal presented here, demonstrates that this strategic solution remains valid. The preferred solution will address the need for change, and the problems identified with the current arrangements and will allow the delivery of the investment objectives and the identified benefits.

The choice of strategic solution remains valid, and there have not been any changes since the approval of the Initial Proposal which would change the preference to an alternative solution. The preferred solution remains the optimal solution to deliver the stated investment objectives, and criteria set out in the Initial Proposal and the support approval in principal from the Scottish Government.
3.0 ECONOMIC CASE

3.1 Overview

The purpose of the Economic Case is to undertake an analysis of the costs, benefits, and risks of a short list of options, including a do-nothing option, for implementing the preferred strategic solution, as identified in the Initial Agreement. The objective of the Economic analysis is to demonstrate the relative ‘value for money’ of the chosen option in delivering the required outcomes and services.

This is a unique programme, being delivered within a very constrained timescale in order to deliver additional elective capacity for Scotland during 2019/20, with Theatre 15 scheduled to open in June 2019. Therefore the Initial Proposal submitted to the Scottish Government presented only one option which was to bring into use two unused theatres and unfunded sessions in the theatre suite, install an additional MRI scanner in a suitable space within the radiology department, in addition to redesigning areas within the hospital footprint to create a new inpatient ward. The alternative option would be to do nothing.

Therefore it has not been possible to present any analysis of the potential for different option to deliver on the stated investment objectives or an analysis of the indicative costs, both capital and revenue for each of the proposed solutions, as only one solution has been considered. This solution makes optimal use of space already available at FVRH and creates an additional ward in the most efficient and cost effective way by minimal reconfiguration and reallocation of the existing space on site, avoiding more costly options such as an extension, stand alone new building or a modular building. The capital costs associated with creating additional capacity include the purchase and installation of an MRI scanner, equipping 2 theatres, equipping a 32 bedded ward and additional day surgery places.

The Initial Proposal presented to Scottish Government provided indicative capital and revenue costs for delivering the additional capacity. These costs have been reviewed in detail and are presented in this Business Case.

3.1 Inpatient bed Options

Whilst the majority of the proposed elective care development makes use of fallow space within Forth Valley Royal Hospital i.e. 2 unused theatres, unfunded sessions in theatre suite, a space suitable for an additional MRI scanner in Radiology and space to increase day case surgery capacity in the ambulatory care area, there was no vacant space available to the additional inpatient ward.

During initial scoping of Elective Care Programme, it had been agreed that elective activity would be based within the Forth Valley Royal Hospital Site. Therefore, any inpatient elective care facility should similarly be based within the FVRH site. Some of the key considerations for this are as follows:

- Access to theatre facilities
- ITU support
- Access to a 24/7 care model
- Co-location of service with available workforce
- Opportunity for collaborative clinical working
- Opportunity to work collaboratively across board boundaries
- Opportunity for robust education and training of workforce
- Best fit with current and future delivery models of elective care
- Access to key diagnostic testing
- Infrastructure support (Hard and soft FM, IM&T)

An Option appraisal was undertaken by the Elective Care Development Programme Working Group to indentify the preferred location for the additional inpatient beds and associated service moves required to provide a suitable space. Option Appraisal criteria were agreed and weighted by the Group

*Figure 12 Inpatient Ward Option Appraisal Criteria*

<table>
<thead>
<tr>
<th>Criteria</th>
<th>Definition</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Structure</strong></td>
<td></td>
</tr>
<tr>
<td>1. Clinical sustainability and feasibility</td>
<td>The availability of the full range of skilled staff. Opportunities for training, development and collaborative working between clinicians. Opportunity for collaboration regionally and nationally. Feasibility to deliver additional capacity in 2019/20. Feasibility of relocating potentially displaced services and the impact this may have on service sustainability.</td>
</tr>
<tr>
<td>2. Capacity and Value</td>
<td>Physical capacity/flexibility to meet all elective care needs with strength and depth in clinical staffing and collaborative team working between clinicians. Ability to achieve value for money within timeframe of project.</td>
</tr>
<tr>
<td><strong>Process</strong></td>
<td></td>
</tr>
<tr>
<td>3. Timely and efficient</td>
<td>The service needs to be adaptable in order to provide the most appropriate interventions and treatments at the right time to everyone who will benefit, with wasteful variation being eradicated. The degree to which the configuration is able to comply with ensuring national waiting times targets and standards are met in relation to the demand for elective care activities.</td>
</tr>
<tr>
<td>4. Patient Centred, Equitable</td>
<td>There will be the same equality of opportunity to receive high quality elective services regardless of where patients, from any background live, whilst being responsive and respectful to their needs and values.</td>
</tr>
<tr>
<td><strong>Outcome</strong></td>
<td></td>
</tr>
<tr>
<td>5. Safe and clinically effective</td>
<td>Includes both short term safe outcomes, such as, avoiding harm and complications, as well as long term outcomes as determined by national targets. The Programme will be mindful of the impact of service change on the workforce and maintaining continuity of services</td>
</tr>
</tbody>
</table>

The weighting of criteria was agreed through discussion and consensus.
The scoring of the criteria totalled 100 and the weights applied are as follows:

**Table 13 Weighting of criteria**

<table>
<thead>
<tr>
<th>Criteria</th>
<th>Weight</th>
</tr>
</thead>
<tbody>
<tr>
<td>1 Clinical sustainability and feasibility</td>
<td>25</td>
</tr>
<tr>
<td>2 Capacity and value</td>
<td>15</td>
</tr>
<tr>
<td>3 Timely and Efficient</td>
<td>15</td>
</tr>
<tr>
<td>4 Patient Centred and Equitable</td>
<td>20</td>
</tr>
<tr>
<td>6 Safe and Clinically effective</td>
<td>25</td>
</tr>
</tbody>
</table>

The following long list of options was considered:

**Long List of Options**

**Option 1:** Do nothing/minimal investment and accommodate elective care activity within current bed base.

**Option 2:** Creation of 30-32 bedded elective inpatient ward area in current therapy department, ground floor, FVRH

**Option 3:** Relocation of mental health services to off site location and creation of elective inpatient ward area within mental health ward footprint, FVRH.

**Option 4:** Relocation of ward A21 to community hospital site and creation of 29 bed elective inpatient ward area within existing A21 footprint, second floor, A block, FVRH.

**Option 5:** Relocation of Occupational health service to off site location and creation of 12 bed elective inpatient ward area.

**Option 6:** Build out of modular ward area within FVRH grounds

**Option 7:** Health records. 16 beds

**Option 8:** oncology 12-16

**Option 9:** Creation of elective care inpatient ward adjacent to therapy department and extending through occupational therapy to current day medicine. Ground Floor. 19 beds (with potential to expand to 23 beds)

**Option 10:** Creation of elective care inpatient ward within rehab centre footprint (currently day medicine) with move of day medicine to health records. (min 23 beds up to potentially 32 beds)
Short Listing of Options

At a meeting of the Elective Care Development Programme Working Group, the options were shortlisted, with the reasons summarised as below:

Option 1: Do nothing/minimal investment and accommodate elective care activity within current bed base.
*Group agreed that this option should proceed to shortlist of options.*

Option 2: Creation of 30-32 bedded elective inpatient ward area in current therapy department, ground floor, FVRH
*Group agreed that this option should proceed to shortlist of options.*

Option 3: Relocation of mental health services to off site location and creation of elective inpatient ward area within mental health ward footprint, FVRH.
*This option was discounted due to the option’s inability to meet the needs of the programme based on the options criteria, namely, the lengthy time for consultation and relocation.*

Option 4: Relocation of ward A21 to community hospital site and creation of 29 bed elective inpatient ward area within existing A21 footprint, second floor, A block, FVRH.
*Group agreed that this option should proceed to shortlist of options.*

Option 5: Relocation of Occupational health service to off site location and creation of 12 bed elective inpatient ward area.
*This option was discounted due to the option’s inability to meet the needs of the programme based on the options criteria, namely, the lack of capacity to meet demand needs.*

Option 6: Build out of modular ward area within FVRH grounds.
*This option was discounted due to the option’s inability to meet the needs of the programme based on the options criteria, namely, the perceived poor value and potential remote location as an inpatient ward.*

Option 7: Health records. 16 beds
*This option was discounted due to the option’s inability to meet the needs of the programme based on the options criteria, namely, the lack of capacity to meet demand needs.*

Option 8: Oncology 12-16
*This option was discounted due to the option’s inability to meet the needs of the programme based on the options criteria, namely, the lack of capacity to meet demand needs and impact on clinical service.*

Option 9: Creation of elective care inpatient ward adjacent to therapy department and extending through occupational therapy to current day medicine. Ground Floor. 19 beds (with potential to expand to 23 beds).
*This option was discounted due to the option’s inability to meet the needs of the programme based on the options criteria, namely, the ward configuration and risk to patient safety.*

Option 10: Creation of elective care inpatient ward (up to 32 beds) within rehab centre footprint (currently day medicine) with move of day medicine to health records.
*Group agreed that this option should proceed to shortlist of options.*
Short List

Option 1: Do nothing/minimal investment and accommodate elective care activity within current bed base.

Option 2: Creation of 30-32 bedded elective inpatient ward area in current therapy department, ground floor, FVRH.

Option 4: Relocation of ward A21 to community hospital site and creation of 29 bed elective inpatient ward area within existing A21 footprint, second floor, A block, FVRH.

Option 10: Creation of elective care inpatient ward within rehab centre footprint (currently day medicine) with move of day medicine to health records. (min 23 beds up to potentially 32 beds).

Option Scoring Process

During the options scoring process each of the established weighted benefits were scored against each of the options. Each of the criteria was scored against a range of 1-5. A score of 1 reflects minimal achievement of the core criteria elements, whereas a score of 5 reflects full achievement.

The scoring exercise was undertaken as a consensus group and generated a weighted score for each option and a ‘rank order’ of the non-financial options.

The consensus group scores were multiplied by the weight to provide a weighted score for each option appraisal criteria.

_Figure 14 Options scoring template_

<table>
<thead>
<tr>
<th>Criteria</th>
<th>Weight</th>
<th>Option 1</th>
<th>Option 2</th>
<th>Option 4 #</th>
<th>Option 10 Preferred</th>
</tr>
</thead>
<tbody>
<tr>
<td>1 Clinical sustainability and feasibility</td>
<td>25</td>
<td>(1) 25</td>
<td>(3) 75</td>
<td>N/A</td>
<td>(4) 100</td>
</tr>
<tr>
<td>2 Capacity and value</td>
<td>15</td>
<td>(1) 15</td>
<td>(3) 45</td>
<td>N/A</td>
<td>(4) 60</td>
</tr>
<tr>
<td>3 Timely and Efficient</td>
<td>15</td>
<td>(1) 15</td>
<td>(3) 45</td>
<td>N/A</td>
<td>(3) 45</td>
</tr>
<tr>
<td>4 Patient Centred and Equitable</td>
<td>20</td>
<td>(1) 20</td>
<td>(3) 60</td>
<td>N/A</td>
<td>(4) 80</td>
</tr>
<tr>
<td>5 Safe and Clinically effective</td>
<td>25</td>
<td>(3) 75</td>
<td>(3) 75</td>
<td>N/A</td>
<td>(4) 100</td>
</tr>
<tr>
<td>Totals</td>
<td>150</td>
<td>300</td>
<td>N/A</td>
<td>385</td>
<td></td>
</tr>
</tbody>
</table>

# Option 4 option was removed at the final Option Appraisal stage as it did not offer sufficient inpatient capacity for the elective care development programme.
The table below summarises the preferred solution for providing additional Elective Care capacity in Forth Valley.
### Figure 15 Summary of preferred Solution

<table>
<thead>
<tr>
<th>Strategic Scope of Option</th>
<th>Existing Arrangements</th>
<th>Preferred Option</th>
</tr>
</thead>
<tbody>
<tr>
<td>Service provision</td>
<td>Insufficient capacity to meet current and future demand projections for Orthopaedic services, other surgical capacity and additional MRI capacity</td>
<td>Provides capacity within the services to work towards meeting the increasing demands on the service, and Treatment Time Guarantee (TTG) as legislated for in the Patient's Rights Scotland Act 2012.</td>
</tr>
<tr>
<td>Service arrangements</td>
<td>Lengthy waiting lists place strain on resources and delivery of service</td>
<td>This option creates the opportunity to work towards a ‘best in class’ service through redesign of patient pathways, use of vacant spaces and redesign of existing accommodation within the footprint of a modern hospital</td>
</tr>
<tr>
<td>Service provider and workforce arrangements</td>
<td>Continued difficulty with the recruitment and retention of staff. Risk of deterioration in staff morale and continued challenges in providing a sustainable and effective service that meets patient needs.</td>
<td>Training and education opportunities for staff through integration and collaboration across Forth Valley with primary, community and acute services and building a strategic alliance with the Golden Jubilee National Hospital. Developing additional capacity in a modern hospital environment with innovation and improvement, making the service attractive to staff.</td>
</tr>
<tr>
<td>Supporting assets</td>
<td>Modern, purpose built and well maintained acute hospital for the whole of Forth Valley, opened in 2011</td>
<td>Creating additional elective capacity on an excellent existing site that offers person centred care. Flexibility for services to innovate and adapt to changing clinical technology, processes and treatments.</td>
</tr>
<tr>
<td>Public &amp; service user expectations</td>
<td>Continuing with the current arrangements will result in a failure to deliver the healthcare needs of patients and a failure to meet public expectation.</td>
<td>Service users will experience reduced waiting times and fewer instances of cancellations. Public expectation for continuing improvements to patient care and safety will be delivered.</td>
</tr>
</tbody>
</table>
This solution will meet each of the investment objectives, while also achieving the objectives set out in national strategies including ‘2020 Vision’ and Realistic Medicine. This provides an opportunity to implement further improvements in access to elective care locally in Forth Valley.

Discussions with stakeholders indicate that there is a high degree of enthusiasm for this solution, because of the opportunities for clinical staff to work collaboratively to identify and implement innovative solutions to improve patient outcomes. This can be through the use of medical technology, or through increased interaction with partners with whole system pathways of care or through increased training to expand and enhance the services provided in a primary care or community setting.
4.0 COMMERCIAL CASE

The Elective Care Development Team is working in partnership with Forth Health, the PPP service provider for Forth Valley Royal Hospital. NHS Forth Valley will deliver the project, with in-house expertise supplemented as required by a Lead Advisor, procured competitively from the Frameworks Scotland 2 supply chain, as well as legal and financial advice.

4.1 Determine the Procurement Strategy

The construction works required for the provision of the Elective Care Centre will be procured by NHSFV as a Variation to the existing contract with Forth Health in line with Part 22 of the Schedule to the Project Agreement.

4.2 Procurement Plan

Forth Health have appointed the members of the design team to prepare drawings and specifications that will in turn be signed off by NHS Forth Valley and their advisors to indicate their agreement that the accommodation provided meets the project brief, the patient experience and the current NHS standards. The works will be tendered to mutually agreed contractors and the appointment of the successful contractors will be made by Forth Health in conjunction with NHS Forth Valley. The selection process following receipt of the tender returns will include the preparation of tender reports for review by all parties. The current programme indicates the initial contractor appointment in June 2019 with the M&E contractor being appointed in August 2018 following a separate tender exercise.

4.3 Scope and content of proposed commercial arrangements

As the NHSFV procurement route will be by means of a variation to Forth Health’s contract it is envisaged that Forth Health’s lenders will require a Supplemental Agreement to the existing PA. The capital costs for the works will be paid by NHSFV via invoices submitted by Forth Health. The Operational and Lifecycle Costs will be handled via the existing arrangements in line with the Contract.

4.4 Type of Contract

The form of contract by which Forth Health will appoint the contractors is under discussion. The contract milestones are summarised in the table below.

*Figure 16 Contract Milestones*

<table>
<thead>
<tr>
<th>Milestone</th>
<th>Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>Design Freeze</td>
<td>May 2019</td>
</tr>
<tr>
<td>Building Contractor appointment</td>
<td>June 2019</td>
</tr>
<tr>
<td>Contractor commencement</td>
<td>July 2019</td>
</tr>
<tr>
<td>Contract Completion</td>
<td>March-April 2020</td>
</tr>
</tbody>
</table>
5.0 FINANCIAL CASE

5.1 Overview

This Financial Case demonstrates the affordability of the proposal by undertaking a review of the financial implications of investment, both capital and revenue.

5.2 Financial Model

NHS Forth Valley have considered the affordability of this proposal by undertaking a review of the financial implications of investment, both capital and revenue. (Appendix A)

The key assumptions used within the financial model include:

- The base year for the financial appraisal is the financial year 2019/2020.
- Capital expenditure is assumed to be made over a maximum of two years 2018/19 to 2019/20.
- All non-recurrent costs are seen in the year of commencement of operations 2019.

5.3 Capital Requirement

Capital Costs for each of the various work streams are provided in the table below.

\[
\begin{array}{|c|c|}
\hline
\text{Work Stream} & \text{Capital Costs} \\
\hline
\text{Open Theatres 15 & 16} & 1.220 \\
\text{Utilise all Theatre Slots} & 0.314 \\
\text{Ward} & 4.673 \\
\text{Day Surgery Enhancement} & 1.180 \\
\text{MRI Scanner} & 1.500 \\
\hline
\text{Total all options} & 8.887 \\
\hline
\end{array}
\]

Some of the main capital assumptions are noted below for information:

- Costs have been calculated at 2019 prices.
- Include building, infrastructure and service costs.
- Includes equipment within the estimate using current prices and assessment of requirement equipment.
- £0.540m of Risk has been included in the capital costs to create a ward and relocate services and the redesign of Day surgery.
- MRI costs reflect actual costs of recent replacement of the existing MRI scanner at FVRH during 2018.
The capital cost of the preferred option, which is to develop an Elective Care Facility at FVRH includes creating a ward in the current Day Medicine/Occupational Therapy Area, relocating Day Medicine to a new facility in current Health Records Department, relocating Occupational Therapy to the existing Therapies accommodation, re-providing Health Records and other office space, minor alterations to facilitate redesign of day surgery/ endoscopy area to create more day surgery space, re-providing storage for theatres and Medical Physics to enable Theatres 15 and 16 to be opened, provision of an MRI scanner including turnkey installation, relocation of designated staff off site to an office area on the upper floor of the premises which houses the NHS Forth Valley Board Headquarters, subject to lease arrangements.

5.4 Revenue constraints

The revenue costs have been considered for the various work streams and are noted in the table below. More detailed revenue costs are include in Appendix B.

*Figure 18 Revenue costs*

<table>
<thead>
<tr>
<th>Work Stream</th>
<th>£</th>
<th>wte</th>
</tr>
</thead>
<tbody>
<tr>
<td>Open Theatres 15 &amp; 16</td>
<td>5.604</td>
<td>48.88</td>
</tr>
<tr>
<td>Utilise all Theatre Slots (matched Funding)</td>
<td>2.353</td>
<td>21.57</td>
</tr>
<tr>
<td>25 bed ward*</td>
<td>3.257</td>
<td>46.92</td>
</tr>
<tr>
<td>Enhance Day Surgery Capacity</td>
<td>0.945</td>
<td>20.00</td>
</tr>
<tr>
<td>MRI Scanner</td>
<td>0.801</td>
<td>10.32</td>
</tr>
<tr>
<td>Project Costs</td>
<td>0.000</td>
<td>0.00</td>
</tr>
<tr>
<td><strong>Total all options</strong></td>
<td>12.960</td>
<td>147.69</td>
</tr>
</tbody>
</table>

Some of the main revenue assumptions are noted below for information:

- Costs are calculated at 2019/2020 prices.
- Pay costs are inclusive of employer on-costs and allowances for leave.
- VAT is included where appropriate.
- Hard and Soft Facilities management Costs have been provided by the PFI partner at FVRH based on the current contract specification.
- Utility costs have been estimated using current prices and known consumption level for existing similar infrastructure.

5.5 Assessing Affordability

NHS Forth Valley confirm that this project remains affordable in both revenue and capital terms. The capital costs of the investment will be through a capital contribution from the Scottish Government, through the committed capital investment in elective care.
There are considerable staff costs associated with all parts of this development and for this Outline Business Case, the costs have been calculated as based on 2019/2020 pay scales including all employer’s costs and also allowances for leave at 21%. Staff costs will continue to be reviewed to align with the ‘best in class’ service as the Full Business Case develops. Non-pay, and consumables, have been included in the financial modelling, from the costs of the current services with projections based on pro-rata activity levels.

The costs for each of the service change proposals have the same staff assumptions at this stage, as these are driven by service activity, rather than site location.

The resources required to deliver the proposed estimate are included within the cost estimates.

In order to facilitate the ward accommodation various services will be relocated across FVRH with others requiring to be located off the FVRH site. A financial risk remains with the relocation of staff and services off site should additional accommodation not currently in the NHS Forth Valley estates be required to accommodate all staff and services. The potential costs of relocation off site have not been factored into the elective programme as detailed plans and potential costs have not yet been identified or confirmed.

The Scottish Government gave approval to indicative costings in September 2018 as highlighted above. However discussion has been ongoing about the potential of a commissioning model to funding. Whilst this may be seen as mechanism to increase productivity by the Scottish Government the various elective capacity work streams have not been costed on the basis of this funding approach being adopted.

The Commissioning Model arrangements have not yet been finalised and further clarification is required as to the financial and service impacts and benefits of working within a service commissioning framework.
6.0 MANAGEMENT CASE

6.1 Project Management Proposals

Reporting structure and governance arrangements

The project organisation structure is included below. This sets out the governance and reporting arrangements, and how these relate to each other in terms of the wider project organisation.

Figure 19 Project Structure

6.2 Scheduled Care Programme Board

A Scheduled Care Programme Board has been formed, chaired by the Chief Executive. The Elective Care Development Programme reports to the Scheduled Care Programme Board, alongside other priority work streams which deliver service change and improvement, associated with Scheduled Care. A Strategic Deployment Matrix sets out the priorities for Scheduled Care.

The Elective Care Development Programme Working Group sits below and reports to the Unscheduled Care Programme Board.

Reporting the Working Group are work streams, the leads for which are members of the Working Group. The Working Group meets weekly and the work streams submit formal reports fortnightly. Each work stream has a project plan, which contributes to the
overarching programme plan.

Key roles and responsibilities

NHS Forth Valley has formed an experienced Programme Management Office to develop this Outline Business Case and manage the Elective Care Development Programme, and the intention is that the team will remain in place to develop the Full Business Case and continue through to the delivery of the additional Elective Care capacity.

Equally, the Board has experience of business case development and project delivery through other Programmes including the recent Stirling Health and Care Village Development and the current Doune Health Centre Programme.

NHS Forth Valley are ready to proceed with the next stage of the project, and have commitments from the Project Team, Working Group, Unscheduled Care Programme Board, and Lead Advisor Team that resource and availability to continue with the delivery of the project. In order to meet the timeline for the MRI installation, procurement is underway with the MRI and Turnkey Installation Programme agreed and the MRI will installed in July. Work has progressed with the architects assigned by Forth Health to design the ward and associated department reconfigurations.

The Project Working Group members are noted in table 20 below, with a note on their role in the development of this proposal and the members of the Programme Board

Senior Responsible Officer

Scott Urquhart is the Senior Responsible Officer and Project Sponsor. Scott is the Director of Finance at NHS Forth Valley.

Project Director

Gillian Morton, Head of Midwifery and General Manager, is Programme Director, and will be the primary contact for all decision making associated with Elective Care Development Programme. She is supported by a Programme Management Office comprising the Head of Planning/Programme Manager, a Project Manager, Senior Finance Manager, Head of Estates & Capital Planning, Programme Officer and Project AHP.

Lead Project Manager (Construction)

Project management of the construction works on the FVRH site will be carried out by Forth Health, supported by their design team and others. NHS Forth Valley will have a Lead Advisor in place who will fulfil project management duties in relation to NHS Forth Valley input to the FVRH works and any relocations within/out with the site. The work of the Lead Advisor will be supervised by the NHS Board’s Head of Estates & Capital Planning.
### Project Working Group Members

In addition to the Senior Responsible Officer, and the Project Director, the other members of the Project Board are noted in the table below, with a brief note of similar experience.

**Figure 20 Project Working Group Members**

<table>
<thead>
<tr>
<th>Project Role and Responsibilities</th>
<th>Named Person</th>
<th>Experience of Similar Project Roles</th>
</tr>
</thead>
<tbody>
<tr>
<td>Head of Planning and Programme Manager. Lead for Capacity and Bed Modelling work stream</td>
<td>Janette Fraser</td>
<td>Programme Director Lanarkshire Beatson, Commissioning Manager Glasgow Royal Infirmary</td>
</tr>
<tr>
<td>Project Manager. Lead for reconfiguration and service design works streams</td>
<td>Richard Bell</td>
<td>Project Manager for Day Medicine, operational management and implementing change</td>
</tr>
<tr>
<td>Elective Care Project Officer. Responsible for project plan and co-ordination</td>
<td>Gillian Allan</td>
<td>Project Officer</td>
</tr>
<tr>
<td>Service Manager, Surgery and Orthopaedics and lead for surgery and orthopaedic work stream</td>
<td>Deirdre Anderson</td>
<td>Operational management and implementing change</td>
</tr>
<tr>
<td>Lead Nurse, Surgery and lead for day case / inpatient work stream</td>
<td>Louise Boyle</td>
<td>Nursing leadership and implementing change</td>
</tr>
<tr>
<td>Service Manager, Theatres and lead for theatres work stream</td>
<td>Liz McLeod</td>
<td>Operational management and implementing change</td>
</tr>
<tr>
<td>Project AHPs and support for AHP work stream</td>
<td>Pam Paul &amp; Lorna Cherrie</td>
<td>AHP service models and care pathways</td>
</tr>
<tr>
<td>AHP Outpatients Manager, Lead for AHP work stream</td>
<td>Jane Yarrow</td>
<td>Operational management and implementing change</td>
</tr>
<tr>
<td>Head of Medical Physics, Lead for Equipping work stream</td>
<td>Bryan Hynd</td>
<td>Operational management and implementing change</td>
</tr>
<tr>
<td>Head of Capital Planning</td>
<td>Morag Farquhar</td>
<td>Planning and implementing capital building projects</td>
</tr>
<tr>
<td>General Manager, Forth Health</td>
<td>Iain Shaw</td>
<td>Capital building programmes and contracts liaison</td>
</tr>
<tr>
<td>Pharmacy Director and lead for Pharmacy work stream</td>
<td>Scott Mitchell</td>
<td>Operational management and implementing change</td>
</tr>
<tr>
<td>Programme Manager for Efficiency, Productivity, Quality and Innovation</td>
<td>Beverley Finch</td>
<td>Service modernisation and improvement</td>
</tr>
</tbody>
</table>
## Project Role and Responsibilities

<table>
<thead>
<tr>
<th>Name</th>
<th>Role</th>
</tr>
</thead>
<tbody>
<tr>
<td>Chris Cairns</td>
<td>Clinical Director, Anaesthetics</td>
</tr>
<tr>
<td>Simon Evans</td>
<td>Consultant Anaesthetist</td>
</tr>
<tr>
<td>Ewan Jack</td>
<td>Consultant Anaesthetist</td>
</tr>
<tr>
<td>Chris Rodger</td>
<td>Clinical Director, Surgery</td>
</tr>
<tr>
<td>Joseph Crozier</td>
<td>General Surgeon</td>
</tr>
<tr>
<td>Alistair Preiss</td>
<td>Clinical Lead, Orthopaedics</td>
</tr>
<tr>
<td>Deirdre Anderson</td>
<td>Service Manager, Surgery</td>
</tr>
<tr>
<td>Liz MacLeod</td>
<td>Service Manager, Theatres</td>
</tr>
<tr>
<td>Louise Boyle</td>
<td>Lead Nurse, Surgery</td>
</tr>
<tr>
<td>Amanda Forbes</td>
<td>Clinical Manager, Orthopaedics</td>
</tr>
<tr>
<td>Dawn Gleeson</td>
<td>AHP Manager</td>
</tr>
<tr>
<td>Lorna Cherrie</td>
<td>Project AHP</td>
</tr>
<tr>
<td>Viv Meldrum</td>
<td>Principal Information Analyst</td>
</tr>
<tr>
<td>Gillian Morton</td>
<td>Programme Director</td>
</tr>
<tr>
<td>Janette Fraser</td>
<td>Programme Manager</td>
</tr>
</tbody>
</table>

### The members of the Clinical Group are:

Figure 21 Elective Care Clinical Group
6.2.2 Independent Client Advisors

**Figure 22 Independent Client Advisors**

### Independent Client Advisors:

<table>
<thead>
<tr>
<th>Project role:</th>
<th>Organisation &amp; Named lead:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Clinical / service lead:</td>
<td>NHS Forth Valley</td>
</tr>
<tr>
<td>Project Manager:</td>
<td>Preferred supplier identified from Frameworks Scotland 2 supply chain, to be appointed</td>
</tr>
<tr>
<td>Business Case author:</td>
<td>NHS Forth Valley</td>
</tr>
<tr>
<td>Technical advisor:</td>
<td>Preferred supplier identified from Frameworks Scotland 2 supply chain, to be appointed</td>
</tr>
<tr>
<td>Financial advisor and Legal advisor</td>
<td>TBC</td>
</tr>
<tr>
<td>IM&amp;T advisor</td>
<td>NHS Forth Valley</td>
</tr>
<tr>
<td>Medical equipment advisor</td>
<td>NHS Forth Valley</td>
</tr>
<tr>
<td>Commissioning advisor</td>
<td>NHS Forth Valley</td>
</tr>
</tbody>
</table>

6.2.3 Project Plan and Key Milestones

A project construction programme is included in Appendix F and the key project milestones are set out in the table below:

**Figure 23 Programme Milestone Dates**

<table>
<thead>
<tr>
<th>Milestone</th>
<th>Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>Submission of Initial Proposal</td>
<td>September 2018</td>
</tr>
<tr>
<td>Agreement to Proceed from Scottish Government</td>
<td>September 2018</td>
</tr>
<tr>
<td>Submission of Outline Business Case</td>
<td>May 2019</td>
</tr>
<tr>
<td>Approval of Outline Business Case</td>
<td>May/June 2019</td>
</tr>
<tr>
<td>Construction Mobilisation</td>
<td>May 2019</td>
</tr>
<tr>
<td>Construction Completion</td>
<td>April 2020</td>
</tr>
</tbody>
</table>
6.3 Change Management Arrangements

Change management has been considered throughout the Outline Business Case, particularly in relation to workforce arrangements, and the changes to the Orthopaedic services, additional surgical and MRI capacity. The reporting and governance arrangement for implementing the change management arrangements are described previously.

6.3.1 Operational and service change plan

The operational and service change required to relocate services to the new Elective Care Development have been considered in discussion with stakeholders and will be developed further in the Visioning event, with input from all affected service providers.

Each work stream has an action plan, and these have contributed to the overall Programme Plan. The actions plan demonstrate the ongoing process of improvement, which is implemented through a range of improvement tools and techniques including ‘Test of Change’ processes and Plan-Do-Study-Act (PDSA) Cycles. This process of change is supported and underpinned by the EPQi team and the Programme Management Office, and will be supported by the creation of the Corporate Portfolio Management Office.

6.3.2 Ongoing Improvement Work

The ‘step change’ improvements being implemented will support the proposed investment in the Elective Care Centre. It is recognised that there is a need to maximise the efficiency of the existing facilities and services, and to work towards the delivery of a much-improved service, and avoid any unconsidered replication of the existing workflow, patient journey, scheduling etc.

The points below note the improvement work which provides a firm basis for working towards a ‘best in class’ service at the Elective Care Development:

- Healthcare Strategy Implementation – Strategic Deployment Matrices
- Annual Operational Plan Priorities
- Getting Forth Right Unscheduled Care Programme
- Best in Class Orthopaedic Service
- Orthopaedic Sustainability Plan
- Enhanced Recovery After Surgery
- Theatre Scheduling improvement plan
- Theatre Efficiency action plan
- Modernising Outpatients
- Primary Care Improvement Plan
- Regional Planned Care Programme
- Regional Service Reviews
- Waiting Times Improvement work
6.3.3 Best in Class Service Models

A National Clinical Strategy for Scotland notes that Scotland has had success in managing increased demand, improving quality and safety, reducing wasteful variation and producing clinical outcomes. However, to ensure sustainability of provision, NHS Scotland will need to make radical changes.

The preferred implementation option in this Outline Business Case aspires to delivery of a ‘Best in Class’ service. This service model will be achieved through the ongoing improvement work noted above, and through the sharing of design and technical detail with the national elective care group, and best in class examples of Elective Care in Scotland, the UK, and around the world.

The ‘Best in Class’ services will be person-centred, focused on the patient journey and quality of care. This model requires that ambitious, but realistic, assumptions are built into the planning of the new elective service. The re-design of the patient pathways was a key focus of the 3P event and having the design brief focussed on the patient journey ensures that the physical building asset will not constrain ambitions for delivery of this service.

For example, in relation to hip replacement procedures, consideration has been given to the feasibility of achieving 4 procedures per day in best case circumstances, using an exemplar theatre model and learning from the experience of other high performing centres.

This improvement in throughput will be person-centred and aim to reduce or minimise the number of on the day cancellations and providing a sustainable and effective service.

Developing a ‘Best in Class’ service model requires that different service models are reviewed for their applicability, and their potential to significantly increase sustainable throughput.

A process to develop of the ‘Best in Class’ service models for the Forth Valley Elective Care Centre will require collaborative working between the National Elective Care Programme Board, and the Forth Valley project team, with broad representation and input from clinical and non-clinical stakeholders, with patient and partner representation.

The Visioning “Modernisation Event” will set the priorities for further improvement to realise a best in class elective care development for Forth Valley. The role of all clinical teams in determining the vision and then realising this vision is critical to success.

Improvement methodology and processes have been embedded through the Outline Business Case process and will continue to support the change management arrangements as these are implemented.
6.3.4 Workforce Planning

Overarching principles relating to developing and managing both the current and future workforce to deliver the new ways of working required have informed the development of the workforce plan for providing additional elective care capacity in Forth Valley. This has also been informed by discussion with teams in other locations and collaboration through the national Elective Care Centre Programme:

- Implement knowledge management with teams
- Develop robust succession planning and talent management
- Implement values-based recruitment
- Staff will be supported to enable working to the top of their licence
- Grow our own future workforce in partnership with the Golden Jubilee National Hospital
- Ensure robust job design to positively impact work / life balance and retention of staff

These principles are reflected in the workforce plans which have been developed to support the change in services, and the improvement in productivity required to meet the increasing demand. Detailed workforce planning will ensure that appropriately qualified and experienced staff will be available to provide additional elective care from 2019.

6.3.5 Facilities change plan

Facilities services have been addressed with the key service leads through the development of the Outline Business Case, including Domestics, Hard and Soft FM Services, Estates. The additional elective care capacity will by and large be managed using existing resources, and where additional staff are required, this has been included in the Workforce Plan and revenue costs.

6.4 Stakeholder engagement and communication plan

A Stakeholder Engagement Programme is attached in Appendix E. This sets out a summary of the programme of engagement which has taken place through the development of the Outline Business Case, and which will continue as the project progresses. To date, there has been regular engagement with stakeholder groups, with stakeholder feedback being considered and included within the design proposals and work stream plans.

Through the broad engagement with a wide array of stakeholders, a strong consensus is in place for the investment proposal.
Figure 24 Summary of stakeholder engagement

<table>
<thead>
<tr>
<th>Stakeholder Group</th>
<th>Engagement that has taken place</th>
</tr>
</thead>
<tbody>
<tr>
<td>Patients and Service Users</td>
<td>Media releases and reports</td>
</tr>
<tr>
<td></td>
<td>Social Media</td>
</tr>
<tr>
<td></td>
<td>Initial engagement with Scottish Health Council and NHS</td>
</tr>
<tr>
<td></td>
<td>FV Public Engagement Lead</td>
</tr>
<tr>
<td></td>
<td>Best in Class Orthopaedic Workshop</td>
</tr>
<tr>
<td>General public</td>
<td>Media releases and reports</td>
</tr>
<tr>
<td></td>
<td>Social Media</td>
</tr>
<tr>
<td></td>
<td>Initial engagement with Scottish Health Council and NHS</td>
</tr>
<tr>
<td></td>
<td>FV Public Engagement Lead</td>
</tr>
<tr>
<td>Staff / Resources</td>
<td>Meetings with teams</td>
</tr>
<tr>
<td></td>
<td>One to one and small group meetings</td>
</tr>
<tr>
<td></td>
<td>Working Group and Work Stream Meetings</td>
</tr>
<tr>
<td></td>
<td>Attendance at formal meetings including NHS Board, Senior Leadership Team, Unscheduled Care Programme Board, Scheduled Care Programme Board, Medical Leaders, AHP Professional Group.</td>
</tr>
<tr>
<td></td>
<td>Infographics</td>
</tr>
<tr>
<td></td>
<td>Intranet</td>
</tr>
<tr>
<td></td>
<td>Blog</td>
</tr>
<tr>
<td>External Stakeholders</td>
<td>National Elective Care Programme Board</td>
</tr>
<tr>
<td></td>
<td>West of Scotland Planned Care Programme Board and Regional Programme Board</td>
</tr>
<tr>
<td></td>
<td>Scottish Government meetings and visits.</td>
</tr>
<tr>
<td></td>
<td>Golden Jubilee National Hospital</td>
</tr>
<tr>
<td></td>
<td>National workforce workshops</td>
</tr>
</tbody>
</table>

**Key Stakeholders Groups**

It is anticipated that following the approval of the OBC, the level of stakeholder engagement with the project will continue, in order to finalise details of the building design aspects, service models, care pathways and work stream improvement plans.

**National and Regional Groups**

The project team have been actively involved with national and regional groups to define target operating models for elective care including the West of Scotland Planned Care Programme Board, the Elective Care Centre National Board Meetings, and there has been liaison with the project team leading the Golden Jubilee Expansion project.

**Key Stakeholders**

Clinical and non-clinical Stakeholder engagement has been led by the Programme Team. This has included meetings to consider the layout of areas requiring reconfiguration and redesign, service modernisation and improvement, care pathways and quality.
Patient & Public Representation

The Visioning “Modernisation Event” in the spring of 2019 will provide an early opportunity to shape further priorities for modernisation and improvement.

6.5 Benefits Realisation

This investment will deliver demonstrable benefits to patients in Forth Valley and beyond. The primary focus of benefits will be on improving patient outcomes, with additional benefits derived from working on a regional basis, with other health boards, and collaborative working with other strategic partners.

The Benefits Register has been developed and this is included in Appendix C for review. The Benefits Register has allocated a proposed base-line to each benefit so that the improvement and identified benefit can be assessed accurately. An owner has also been allocated to each benefit.

NHS FV will continue to develop the Benefits Realisation Plan through and the Benefits Register will be a standing agenda item on Programme Working Group Meetings this will ensure that Benefits are actively managed. Benefits to be directly realised from this proposal are listed below:

- Person Centred Care
- Timely Access
- Resilient elective care programme
- Improved workforce recruitment and retention
- Engaged workforce

6.5.1 Community Benefits

This is a small/short term project so there will be limited opportunities to require the contractor to include community benefits into their tender.

6.6 Risk Management

Risks are inherent in each investment proposal, and it is important that the risks to the investment objectives are identified, understood by all parties, and mitigated so that the investment objectives be achieved.

The Risk Register has been developed by the Programme Working Group and risks specifically associated with the construction activities have been included. Risks with a ‘high’ risk rating (15-25) are extracted into the table below for ease of reference, and the project risk register is included as Appendix D. These risks will continue to be reviewed and managed throughout the development of the project, and will form part of the Target Price contract between NHS Forth Valley and Forth Health.
6.6.1 Risk register status

The risk register is included within Appendix D of this OBC

Figure 25 shows the risk profile of risks owned by the elective care programme and NHS Forth Valley. Items identified within the below figure have been summarised below in section 6.4.2.

As the elective programme progresses identified risks and those added to the risk register will be mitigated through appropriate strategic mitigation implementation. The risk register is reviewed regularly via the elective care working group.

Figure 25 Risk Profile

<table>
<thead>
<tr>
<th>Likelihood</th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5</th>
</tr>
</thead>
<tbody>
<tr>
<td>Impact 5</td>
<td>1 risk</td>
<td></td>
<td></td>
<td></td>
<td>3 risks</td>
</tr>
<tr>
<td>Impact 4</td>
<td>1 risk</td>
<td>1 risk</td>
<td>1 risk</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Impact 3</td>
<td>1 risk</td>
<td></td>
<td>2 risks</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Impact 2</td>
<td></td>
<td></td>
<td></td>
<td>2 risks</td>
<td></td>
</tr>
<tr>
<td>Impact 1</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>2 risk</td>
</tr>
</tbody>
</table>

6.6.2 Summary of Risks

A full copy of the OBC risk register is included in Appendix D. This initial risk register will be expanded upon as the programme progresses, with ongoing review and assessment of risks and mitigation by the Programme Working Group and Unscheduled Care Programme Board. The continuous review of risks will focus on reviewing each risk in detail and discussing mitigation of each risk, risk level benchmarking and agreeing any changes, including agreeing any additional risks that have been identified and are required to be added to the risk register. Any risks which are fully mitigated will be removed from the risk register as the programme progresses.

The full risk register detailed in Appendix D outlines the risk owner(s) current risk rating, current controls, mitigation and post mitigation risk score.

The progress made to date within the elective care programme has highlighted key risks and all risks have had their risk scores reduced following mitigation.

A summary of the top rated project risks are summarised below:

Project timeline slippage

This risk is multi factorial in nature and takes into consideration the pre-moves required to facilitate the capital works, which are then required to free up the space to develop the inpatient elective ward area. Delays in pre-moves and office accommodation utilisation to facilitate these pre-moves are of the largest concern at present. There are actions in place to confirm the arrangements for pre-moves and the Programme Team are engaging actively with facilities staff and other groups to communicate recommendations on office
accommodation, moves and utilisation to facilitate the elective care programme capital works. Although, there is additional planning and resource being allocated to assist in facilitating this work stream, it was felt that it would be prudent to log this specific work stream as a high risk, as we are aware from previous programmes of work that office space utilisation, allocation and accommodation has had a negative impact on project timelines.

This will be monitored carefully and clear engagement and action plans have been established with facilities and estates teams, PFI contractors, staff groups and site management teams. A clear timeline for these moves has also been established to mitigate slippage in the project timeline. Due to expected pre planning works, timelines for the programme have been under review with a potential increase in the overall programme timeline. There is a need to ensure timely delivery of the elective care programme and once a final timeline is in place there will be careful monitoring and milestone assessment to ensure this is delivered.

Recruitment of medical staff including Radiologists

The ability to deliver additional capacity is dependent on the availability of medical staff including orthopaedic surgeons, general surgeons, anaesthetists and radiologists. Recruitment of 4 additional consultant anaesthetists, with a net gain of 3 due to an imminent retiral, as the first phase to recruit up to 9 additional anaesthetists, is a positive development. These new recruits will take up post between June and August 2019. The next phase of anaesthetic recruitment will commence in June.

Recruiting to additional orthopaedic surgeon posts has been difficult, with a recent appointee choosing not to take up post. Further posts for surgeons are out for recruitment, but there are risks that these may not be filled at this time. Options around locums are being explored and a longer term strategic alliance with the Golden Jubilee National Hospital will be taken forward.

Recruitment of radiologists is particularly challenging for Forth Valley, as with other Board areas. Use of further outsourcing of reporting will be essential in order to report the additional MRI scans, within the diagnostic waiting times target however this comes at a considerable cost.

Financial (Revenue)

The ability to increase elective care capacity in Forth Valley is dependent upon ensuring that the revenue costs are affordable and are managed effectively. A detailed financial plan has been prepared for the Elective Programme and this is aligned to the overarching Forth Valley Waiting Times Plan for 2019/20. Further refinement of the financial plan for the elective programme phases has been undertaken, with the phasing of recruitment and phased expansion of activity reflected.

The main aspects of this risk are associated with the potential for revenue costs to rise beyond the expected costs set out in the financial plan and the potential financial impact of the proposed Commissioning Model. Lack of clarity regarding the commissioning framework and the expectation that Forth Valley will be a pathfinder site, has meant that it is difficult to understand or quantify the associated financial impact or risks.

Given the progress made to date the team have closed the following risk:
A9: Recruitment of nursing staff
The first phase of nursing staff recruitment has been successful and staffing has been secured for the anticipated opening of Theatre 15 in June 2019 with staffing to support increased elective day case activity. The second phase of recruitment for the inpatient elective ward and scaling up of theatre activity for inpatient elective activity is on track and in line with the programme timeline.

6.7 Commissioning

Non-Technical Commissioning
The non-technical commissioning arrangements will be overseen by the Working Group and delegated to members as appropriate given the nature of the facilities being created and services being relocated.

Technical Commissioning
The contractor appointed by Forth Health will lead on technical commissioning and the Independent Tester appointed will sign off works before NHS Forth Valley takes possession of the facilities. The construction programme includes commissioning dates which are set out in Table 23 below

Table 26 Commissioning Timescale

<table>
<thead>
<tr>
<th>Milestone</th>
<th>Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>Construction Mobilisation</td>
<td>June 2019</td>
</tr>
<tr>
<td>Technical commissioning</td>
<td>Jan/Feb 2020</td>
</tr>
<tr>
<td>Construction Completion</td>
<td>Feb 2020</td>
</tr>
<tr>
<td>Clinical commissioning</td>
<td>April 2020</td>
</tr>
<tr>
<td>Technical Commissioning and service mobilisation Complete</td>
<td>March 2020</td>
</tr>
</tbody>
</table>

6.8 Project Monitoring and Service Benefits Evaluation Plan

A Project Monitoring and Evaluation Plan will be progressed in the next stage of the project building on the work to prepare the initial proposal and this Outline Business Case and in line with the guidance supplementary to SCIM. This will be achieved through engagement and collaboration with the Working Group, the appointed contractor and the core user and stakeholder groups to ensure plans, methods, timescales and means of engagement forming part of the monitoring and evaluation process have been agreed by all parties.

The Project Director will be responsible for ensuring that monitoring and evaluation arrangements are in place as required and that reports are provided along with any submissions to SGHD at the appropriate stages.
7.0 CONCLUSION

This Outline Business Case demonstrates that the preferred implementation solution as proposed in the Initial Proposal remains valid. The investment objectives remain necessary for the services, and the proposal will achieve NHS Scotland’s Strategic Priorities (refer to table below) and will also deliver service change which responds to the vision set out in the National Strategy for Scotland, Vision 2020, Realistic Medicine and the Waiting Times Improvement Plan, as detailed throughout this proposal.

Table 27: Comparison of the Forth Valley proposal against NHS Scotland Strategic Priorities

<table>
<thead>
<tr>
<th>NHS Scotland’s Strategic Priorities</th>
<th>Elective Care Development</th>
</tr>
</thead>
<tbody>
<tr>
<td>Person Centred</td>
<td>Provision of access to services closer to home (i.e. within the patients’ NHS Board locality, maintaining existing patient flow and removing the requirement to travel to private providers or to the Golden Jubilee National Hospital.</td>
</tr>
<tr>
<td>Safe</td>
<td>Earlier treatment/interventions (reduced waiting times) improves patient outcomes and reduces harm. Improved access impacts positively on health and wellbeing.</td>
</tr>
<tr>
<td>Effective quality of care</td>
<td>Removal of variation will provide safe, effective care in a modern purpose built acute hospital.</td>
</tr>
<tr>
<td>Health of population</td>
<td>Improved access to elective healthcare services for the population of Forth Valley, with additional benefits from a strategic alliance with the Golden Jubilee National Hospital – notably sustainability.</td>
</tr>
<tr>
<td>Value &amp; sustainability</td>
<td>The elective care development will enable a more sustainable, efficient patient focused service, which contributes towards meeting Treatment Time Guarantees.</td>
</tr>
</tbody>
</table>

This proposal will provide improved local access to elective care services to the population in the Forth Valley area, removing the inconvenience of travelling to ‘out of area’ providers, and thereby improving patient outcomes. This will build on the existing clinical pathways, innovation and improvement in NHS Forth Valley and will help to ensure the sustainability of local services.

This proposal has benefited from enthusiastic engagement and support from stakeholders, who recognise the opportunity to drive the additional elective care and service improvement proposals, which will overcome some of the current constraints and provide better patients outcomes.

Stakeholder support has been harnessed through the development of the Outline Business Case, and will continue to contribute to innovation and improving care pathways, whilst developing a ‘best in class’ service operating model. This model of care will facilitate the proposal to meet the Investment Objectives set out in this proposal and achieve the benefits noted.

This Outline Business Case sets out the programme, governance, capital and revenue
commitment necessary to deliver the capital investment to enhance elective care, in accordance with the letter from the Director of Health Finance in September 2018.
8.0 APPENDICES

APPENDIX A – Financial Summary

APPENDIX B – Financial Costs and Summary Workforce Plans

APPENDIX C – Benefits Register

APPENDIX D – Risk Register

APPENDIX E – Communications Plan and Infographics

APPENDIX F – Programme
**Revenue & Capital Indicative Costings**

<table>
<thead>
<tr>
<th></th>
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<tr>
<td></td>
<td>£</td>
<td>£</td>
<td>£</td>
<td>£</td>
<td>£</td>
</tr>
<tr>
<td></td>
<td>wte</td>
<td>wte</td>
<td>wte</td>
<td>wte</td>
<td>£m</td>
</tr>
<tr>
<td>Open Theatres 15 &amp; 16</td>
<td>3.560</td>
<td>5.604</td>
<td>0.6</td>
<td>0.620</td>
<td>1.220</td>
</tr>
<tr>
<td>Utilise all Theatre Slots (matched Funding)</td>
<td>0.913</td>
<td>2.353</td>
<td>0.314</td>
<td>0.314</td>
<td></td>
</tr>
<tr>
<td>25 bed ward*</td>
<td>1.644</td>
<td>3.257</td>
<td>0.6</td>
<td>4.073</td>
<td>4.673</td>
</tr>
<tr>
<td>Enhance Day Surgery Capacity</td>
<td>0.835</td>
<td>0.945</td>
<td>1.18</td>
<td>1.180</td>
<td></td>
</tr>
<tr>
<td>MRI Scanner</td>
<td>0.716</td>
<td>0.801</td>
<td>1.5</td>
<td>0</td>
<td>1.500</td>
</tr>
<tr>
<td>Project Costs</td>
<td>0.544</td>
<td>0.000</td>
<td>0.000</td>
<td>0.000</td>
<td></td>
</tr>
<tr>
<td><strong>Total all options</strong></td>
<td><strong>8.212</strong></td>
<td><strong>12.960</strong></td>
<td><strong>2.7</strong></td>
<td><strong>6.187</strong></td>
<td><strong>8.887</strong></td>
</tr>
</tbody>
</table>

* Costs included are for 25 bed ward. If ward flexed to 32 beds annual costs would rise to £3.5m

Utilise theatre slots - matched funding from NHS FV

**Comparison with Original Costings (August 2018)**

<table>
<thead>
<tr>
<th>Option</th>
<th>Revenue Costs</th>
<th>Revenue Costs</th>
<th>Cap Ex Required</th>
<th>Cap Ex Required</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>wte  £m</td>
<td>wte  £m</td>
<td>£m</td>
<td>£m</td>
</tr>
<tr>
<td>Open Theatres 15 &amp; 16</td>
<td>44.62 5.468</td>
<td>48.88 5.604</td>
<td>0.900</td>
<td>1.220</td>
</tr>
<tr>
<td>Utilise all Theatre Slots</td>
<td>20.01 2.336</td>
<td>21.574 2.353</td>
<td>0.000</td>
<td>0.314</td>
</tr>
<tr>
<td>Ward</td>
<td>47.72 3.099</td>
<td>46.920 3.257</td>
<td>5.000</td>
<td>4.673</td>
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<tr>
<td>Day Surgery Enhancement</td>
<td>0.00 0.000</td>
<td>20.000 0.945</td>
<td>0.000</td>
<td>1.180</td>
</tr>
<tr>
<td>MRI Scanner</td>
<td>8.50 0.585</td>
<td>10.321 0.801</td>
<td>1.300</td>
<td>1.500</td>
</tr>
<tr>
<td><strong>Total all options</strong></td>
<td><strong>120.848</strong></td>
<td><strong>147.693</strong></td>
<td><strong>7.200</strong></td>
<td><strong>8.887</strong></td>
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</tbody>
</table>
Appendix B

Financial Costs and Summary Workforce Plans
<table>
<thead>
<tr>
<th>Theatres</th>
<th>Staff</th>
<th>Part Year Costs</th>
<th>Full Year Costs</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>2019/2020 wte</td>
<td>2020/2021 wte</td>
</tr>
<tr>
<td>Theatres 15/16</td>
<td>Nursing</td>
<td>744,121</td>
<td>27.40</td>
</tr>
<tr>
<td></td>
<td>Consultant Surgeon</td>
<td>451,545</td>
<td>6.00</td>
</tr>
<tr>
<td></td>
<td>Consultant Anaesthetist</td>
<td>485,411</td>
<td>6.00</td>
</tr>
<tr>
<td></td>
<td>Radiographer</td>
<td>16,040</td>
<td>1.00</td>
</tr>
<tr>
<td></td>
<td>Health Records/Administration</td>
<td>44,819</td>
<td>3.63</td>
</tr>
<tr>
<td></td>
<td>Preop assessment</td>
<td>39,139</td>
<td>1.00</td>
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<tr>
<td></td>
<td>Arthroplasty nurse</td>
<td>20,372</td>
<td>0.85</td>
</tr>
<tr>
<td></td>
<td>Physio</td>
<td>79,889</td>
<td>2.00</td>
</tr>
<tr>
<td></td>
<td>ASDU</td>
<td>25,100</td>
<td>1.00</td>
</tr>
<tr>
<td></td>
<td>TOTAL STAFF</td>
<td>1,906,435</td>
<td>48.88</td>
</tr>
</tbody>
</table>

| Non Pay | Non Pays | 1,575,000 | 2,520,000 |
|         | Maintenance | 38,225 | 45,870 |
|         | Diagnostics | 31,250 | 50,000 |
|         | Transport | 9,375 | 15,000 |
|         | TOTAL NON PAY | 1,653,850 | 2,630,870 |

| Total Costs | 3,560,285 | 48.88 | 5,603,702 | 48.88 |

**Indicative Capital Spend required**: 1,220,200

Capital Spend incurred in 2018/2019: 600,000
Capital Spend projected 2019/2020: 620,200

**Total Capital Spend**: 1,220,200
Maximise existing Theatres capacity
Assumes capacity utilised beginning Nov 2019
AFC Pay costs calculate at 2019/2020 rates

<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Nursing</td>
<td>211,298</td>
<td>13.07</td>
<td>507,115</td>
<td>13.07</td>
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<tr>
<td></td>
<td>Consultant Surgeon</td>
<td>84,665</td>
<td>2.50</td>
<td>338,659</td>
<td>2.50</td>
</tr>
<tr>
<td></td>
<td>Consultant Anaesthist</td>
<td>129,819</td>
<td>2.50</td>
<td>338,659</td>
<td>2.50</td>
</tr>
<tr>
<td></td>
<td>Radiographer</td>
<td>9,785</td>
<td>0.50</td>
<td>23,483</td>
<td>0.50</td>
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<tr>
<td></td>
<td>Health Records/Administration</td>
<td>17,581</td>
<td>1.50</td>
<td>42,194</td>
<td>1.50</td>
</tr>
<tr>
<td></td>
<td>Physio</td>
<td>23,548</td>
<td>1.00</td>
<td>56,515</td>
<td>1.00</td>
</tr>
<tr>
<td></td>
<td>ASDU</td>
<td>6,275</td>
<td>0.50</td>
<td>15,060</td>
<td>0.50</td>
</tr>
<tr>
<td></td>
<td><strong>TOTAL STAFF</strong></td>
<td><strong>482,970</strong></td>
<td><strong>21.57</strong></td>
<td><strong>1,321,684</strong></td>
<td><strong>21.57</strong></td>
</tr>
<tr>
<td>Non Pay</td>
<td>Non Pays</td>
<td>416,667</td>
<td></td>
<td>1,000,000</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Maintenance</td>
<td>8,924</td>
<td></td>
<td>21,417</td>
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<tr>
<td></td>
<td>Diagnostics</td>
<td>4,167</td>
<td></td>
<td>10,000</td>
<td></td>
</tr>
<tr>
<td></td>
<td><strong>TOTAL NON PAY</strong></td>
<td><strong>429,757</strong></td>
<td></td>
<td><strong>1,031,417</strong></td>
<td></td>
</tr>
</tbody>
</table>

| Total Costs  | 912,727                       | 21.57         | 2,353,101    | 21.57         |

**Indicative Capital Spend required** | 314,170

Capital Requirement to be funded by NHS FV
Matched revenue funding to be provided by NHS FV
### Costings to Open 25 bed ward at FVRH

AFC Pay costs calculate at 2019/2020 rates

Ward assumes costs for 25 beds but to Flex to 32 would require additional costs of £0.250m

<table>
<thead>
<tr>
<th>New 25 bed ward</th>
<th>Staff</th>
<th>2019/2020 wte</th>
<th>£</th>
<th>2020/2021 wte</th>
<th>£</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Nursing</td>
<td>31.81</td>
<td>719,108</td>
<td>31.81</td>
<td>1,406,347</td>
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<tr>
<td></td>
<td>AHPS</td>
<td>6.91</td>
<td>225,315</td>
<td>6.91</td>
<td>300,420</td>
</tr>
<tr>
<td></td>
<td>Ward Clerk/Day Surgery</td>
<td>1.69</td>
<td>24,996</td>
<td>1.69</td>
<td>49,992</td>
</tr>
<tr>
<td></td>
<td>Pharmacy</td>
<td>3.50</td>
<td>111,233</td>
<td>3.50</td>
<td>148,311</td>
</tr>
<tr>
<td></td>
<td>Speciality Doctors</td>
<td>2.00</td>
<td>95,629</td>
<td>2.00</td>
<td>229,509</td>
</tr>
<tr>
<td></td>
<td>Ortho Geriatrician</td>
<td>1.00</td>
<td>56,443</td>
<td>1.00</td>
<td>135,463</td>
</tr>
<tr>
<td><strong>TOTAL STAFF</strong></td>
<td></td>
<td><strong>46.92</strong></td>
<td><strong>1,232,724</strong></td>
<td><strong>46.92</strong></td>
<td><strong>2,270,043</strong></td>
</tr>
</tbody>
</table>

| Non Staff       | Ward Budgets   | 0.00          | 104,555  | 0.00          | 250,931  |
|                 | FM Costs to Ward | 0.00   | 306,780       | 0.00          | 736,272  |

| **Indicative Capital Spend required** | **4,673,219** |

Capital Spend incurred in 2018/2019          600,000
Capital Spend projected 2019/2020          4,073,219

**Total Capital Spend**          **4,673,219**
## Costings to Expand Day Surgery Unit at FVRH

Assumes June 19

Opening

AFC Pay costs calculate at 2019/2020 rates

<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Staff</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Nursing</td>
<td>20.00</td>
<td>613,640</td>
<td>20.00</td>
<td>678,975</td>
</tr>
<tr>
<td>AHPS</td>
<td></td>
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<tr>
<td>Ward Clerk</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Pharmacy</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Speciality Doctors</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>TOTAL STAFF</strong></td>
<td>20.00</td>
<td>613,640</td>
<td>20.00</td>
<td>678,975</td>
</tr>
<tr>
<td><strong>Non Staff</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Ward Budgets</td>
<td>0.00</td>
<td>129,501</td>
<td>0.00</td>
<td>155,401</td>
</tr>
<tr>
<td><strong>FM Costs to DSU</strong></td>
<td></td>
<td>92,228</td>
<td>0.00</td>
<td>110,673</td>
</tr>
</tbody>
</table>

|                  | 20.00         | 835,368      | 20.00         | 945,049      |

**Indicative Capital Spend required 2019/2020**

1,180,000
## Purchase of MR Scanner

AFC Pay costs calculate at 2019/2020 rates
Assumes July 19 Opening

<table>
<thead>
<tr>
<th></th>
<th>2019/2020</th>
<th></th>
<th>2020/2021</th>
<th></th>
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</thead>
<tbody>
<tr>
<td></td>
<td>wte</td>
<td>£</td>
<td>wte</td>
<td>£</td>
</tr>
<tr>
<td>Staff</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Radiographers</td>
<td>8.32</td>
<td>379,834</td>
<td>8.32</td>
<td>379,834</td>
</tr>
<tr>
<td>Consultant</td>
<td>2.00</td>
<td>198,950</td>
<td>2.00</td>
<td>265,267</td>
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<tr>
<td>Radiologists</td>
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<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>TOTAL STAFF</td>
<td>10.32</td>
<td>578,785</td>
<td>10.32</td>
<td>645,101</td>
</tr>
<tr>
<td>Non Staff</td>
<td></td>
<td></td>
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<td></td>
</tr>
<tr>
<td>Maintenance</td>
<td>0.00</td>
<td>80,000</td>
<td>0.00</td>
<td>80,000</td>
</tr>
<tr>
<td>Consumables</td>
<td>41,250</td>
<td>55,000</td>
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<tr>
<td>Energy</td>
<td>15,840</td>
<td>21,120</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>10.32</td>
<td>715,875</td>
<td>10.32</td>
<td>801,221</td>
</tr>
</tbody>
</table>

£

| Indicative Capital Spend required | 1.497 |

Capital Spend incurred in 2018/2019 1.497
Appendix C

Benefits Realisation Plan
<table>
<thead>
<tr>
<th>Ref No.</th>
<th>Benefit</th>
<th>Assessment</th>
<th>Measured by</th>
<th>Baseline Value</th>
<th>Preferred Outcome</th>
<th>Objective Owner</th>
<th>Timescale</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Person Centred</td>
<td>Ensure that people who use the services have positive experiences and their dignity is respected.</td>
<td>Patient feedback through survey - percentage of patients who rate the service good or excellent</td>
<td>Day surgery and theatre care opinion rating 5 stars. Current data is being collated on complaints/patient feedback for FBC.</td>
<td>Maintain high level of patient satisfaction</td>
<td>Surgical management team and clinical specialty teams.</td>
<td>Ongoing review with specific detailed review on opening new units in June 2019 (DSU) and April 2020 (Inpatient ward)</td>
</tr>
<tr>
<td>2</td>
<td>Timely Access</td>
<td>Improving access to elective day case and inpatient surgery- Ensure that people who require to access the service do so in a timely manner.</td>
<td>Proportion of patients seen and treated within 12 weeks of being placed on a waiting list for surgery.</td>
<td>83.9% March 2018</td>
<td>95% (stretch goal 100%) inpatient cases and 100% day cases by spring 2021</td>
<td>NHS Board Surgical clinical and management teams</td>
<td>Review monthly upon operational opening.</td>
</tr>
<tr>
<td>3</td>
<td>Resilient elective care</td>
<td>Reduce reliance on private sector surgical capacity Improved sustainability of local elective care services</td>
<td>A reduction in the number of procedures performed in the private sector and GJNH. Increase in surgical procedures undertaken in FV</td>
<td>Dataset DCAQ and activity monitoring Performance Reports</td>
<td>100% of appropriate elective activity performed in house. Waiting times target met and sustained</td>
<td>NHS Board</td>
<td>Monitor every 6 months</td>
</tr>
</tbody>
</table>

Ref No.  | Benefit          | Assessment                                                                 | Measured by                                                                 | Baseline Value | Preferred Outcome                                      | Objective Owner | Timescale |
---------|------------------|----------------------------------------------------------------------------|----------------------------------------------------------------------------|----------------|--------------------------------------------------------|----------------|----------|
<p>| 1       | Person Centred   | Ensure that people who use the services have positive experiences and their dignity is respected. | Patient feedback through survey - percentage of patients who rate the service good or excellent | Day surgery and theatre care opinion rating 5 stars. Current data is being collated on complaints/patient feedback for FBC. | Maintain high level of patient satisfaction | Surgical management team and clinical specialty teams. | Ongoing review with specific detailed review on opening new units in June 2019 (DSU) and April 2020 (Inpatient ward) |
| 2       | Timely Access    | Improving access to elective day case and inpatient surgery- Ensure that people who require to access the service do so in a timely manner. | Proportion of patients seen and treated within 12 weeks of being placed on a waiting list for surgery. | 83.9% March 2018 | 95% (stretch goal 100%) inpatient cases and 100% day cases by spring 2021 | NHS Board Surgical clinical and management teams | Review monthly upon operational opening. |
| 3       | Resilient elective care | Reduce reliance on private sector surgical capacity Improved sustainability of local elective care services | A reduction in the number of procedures performed in the private sector and GJNH. Increase in surgical procedures undertaken in FV | Dataset DCAQ and activity monitoring Performance Reports | 100% of appropriate elective activity performed in house. Waiting times target met and sustained | NHS Board | Monitor every 6 months |</p>
<table>
<thead>
<tr>
<th></th>
<th>Workforce recruitment and retention</th>
<th>Improve recruitment and retention of staff with the right skills and abilities.</th>
<th>Improved ability to recruit and retain staff in hard to fill positions. E.g. Theatre nursing and consultant clinician posts</th>
<th>Ongoing review as service expands with implementation of theatre training initiatives. Use current turnover rate for 2018/2019 as baseline value for new services opening in 2019/20.</th>
<th>Fill 90% plus of consultant posts Maintain or lower existing turnover rates</th>
<th>Surgical management team, HR and Recruitment</th>
<th>Assume improvement will be continuous with measurable increase in retention rates and reduction in turnover rates. Measure yearly for 5 years following opening of new service areas.</th>
</tr>
</thead>
<tbody>
<tr>
<td>4</td>
<td>Engaged workforce</td>
<td>Improvement in staff engagement</td>
<td>Measure through annual iMatter survey</td>
<td>Baseline iMatter staff engagement index for 2018 was 75</td>
<td>Maintain or improve upon baseline value</td>
<td>All team leads within surgical specialties and associated clinical support services.</td>
<td>Yearly review in line with iMatter cycle.</td>
</tr>
</tbody>
</table>
# Project Risk Register

<table>
<thead>
<tr>
<th>Risk Identifier</th>
<th>Risk Category</th>
<th>Date raised</th>
<th>Raised By</th>
<th>Risk owner</th>
<th>Risk description (cause, risk event and impact)</th>
<th>Likelihood - BASELINE</th>
<th>Consequence - BASELINE</th>
<th>Risk Score - BASELINE</th>
</tr>
</thead>
<tbody>
<tr>
<td>Recruitment- Medical including Radiologists</td>
<td>Human resources/ organisational development/ staffing/ competence</td>
<td>Q4 2018</td>
<td>EPWG</td>
<td>Surgical Service manager</td>
<td>Inability to recruit to meet predicted DCAQ within specified timeframe of ECP. Inability to meet elective demand</td>
<td>4</td>
<td>5</td>
<td>20</td>
</tr>
<tr>
<td>Recruitment- Nursing</td>
<td>Human resources/ organisational development/ staffing/ competence</td>
<td>Q4 2018</td>
<td>EPWG</td>
<td>Theatre Service Manager</td>
<td>Inability to recruit to meet predicted DCAQ within specified timeframe of ECP. Inability to meet elective demand</td>
<td>1</td>
<td>3</td>
<td>3</td>
</tr>
<tr>
<td>Recruitment- Radiography</td>
<td>Human resources/ organisational development/ staffing/ competence</td>
<td>Q4 2018</td>
<td>EPWG</td>
<td>Radiology Service Manager</td>
<td>Inability to recruit to meet predicted DCAQ within specified timeframe of ECP. Inability to meet elective demand</td>
<td>1</td>
<td>3</td>
<td>3</td>
</tr>
<tr>
<td>Area</td>
<td>Category</td>
<td>Quarter</td>
<td>Responsible Officer</td>
<td>Issue</td>
<td>Score</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>-------------------------------</td>
<td>------------------------------------</td>
<td>---------</td>
<td>---------------------</td>
<td>----------------------------------------------------------------------------------------------------------</td>
<td>-------</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Recruitment- AHP</td>
<td>Human resources/ organisational development/ staffing/ competence</td>
<td>Q4 2018</td>
<td>AHP Manager</td>
<td>Inability to recruit additionality into the AHP workforce within required timeframe to meet increased pre-hab and rehab for elective demand</td>
<td>2</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Project timeline slippage</td>
<td>Business objectives/ projects</td>
<td>Q2 2019</td>
<td>EPWG Project team</td>
<td>Delay in commencement of pre moves to enable capital works may delay opening of elective inpatient ward</td>
<td>4</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Financial (Capital)</td>
<td>Finance including claims</td>
<td>Q2 2019</td>
<td>EPWG Finance lead</td>
<td>Business planning has developed a clear requirement of works to be completed, in relation to ECP. Risk of indicative capital investment overspend</td>
<td>3</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Clinical/staff engagement</td>
<td>Quality/ complaints/ audit</td>
<td>Q2 2019</td>
<td>ECP project team</td>
<td>Lack of clinical engagement has negative effect on objectives of programme</td>
<td>2</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Note: The scores indicate the level of impact or urgency of the issues.
Identification of requirement to actively include public/patients in project workstreams to ensure quality. Lack of engagement may increase complaints with reduction in patient satisfaction with NHSFV.

Lack of communication with teams and stakeholders may cause negative engagement with project.

Inadequate revenue to deliver programme benefits. Revenue costs increase beyond expectations. Impact of Commissioning model pathfinder pilot may not cover recurring costs.

Elective development and associated additional activity on the acute site may destabilise core business. Impact of activity and workforce changes cannot affect core business disproportionally.
<table>
<thead>
<tr>
<th>Risk Identifier</th>
<th>Risk Category</th>
<th>Proximity</th>
<th>Risk Response Action</th>
<th>Risk Status</th>
<th>Risk actionnee</th>
<th>Latest review date</th>
<th>Next review date</th>
<th>Likelihood</th>
<th>Consequence</th>
<th>Residual risk assessment post-mitigation</th>
</tr>
</thead>
<tbody>
<tr>
<td>Recruitment- Medical including Radiologists</td>
<td>Human resources/ organisational development/ staffing/ competence</td>
<td>Jun-19</td>
<td>Latest report suggests active recruitment with plan in place to review medical working patterns and contingency for locum staff to increase establishment.</td>
<td>Active</td>
<td>Surgical SM</td>
<td>01/04/2019</td>
<td>29/04/2019</td>
<td>4</td>
<td>4</td>
<td>16</td>
</tr>
<tr>
<td>Recruitment- Nursing</td>
<td>Human resources/ organisational development/ staffing/ competence</td>
<td>Jun-19</td>
<td>Active recruitment with circa 50% of nursing staff recruited. Clear plan for induction and skills development for day case elective increase.</td>
<td>Active</td>
<td>Theatre SM</td>
<td>01/04/2019</td>
<td>29/04/2019</td>
<td>0</td>
<td></td>
<td>0</td>
</tr>
<tr>
<td>Recruitment- Radiography</td>
<td>Human resources/ organisational development/ staffing/ competence</td>
<td>Jul-19</td>
<td>Recruitment completed with staff due to be in post prior to MRI scanner hand over.</td>
<td>Active</td>
<td>Radiology SM</td>
<td>01/04/2019</td>
<td>29/04/2019</td>
<td>1</td>
<td>2</td>
<td>2</td>
</tr>
<tr>
<td>Recruitment- AHP</td>
<td>Human resources/ organisational development/ staffing/ competence</td>
<td>Nov-19</td>
<td>Establishment of both financial case and recruitment strategy. Key requirement to review utilisation of workforce as contingency to poor uplift in establishment. Current work being undertaken with finance colleagues to establish financial case</td>
<td>Active</td>
<td>AHP Manager</td>
<td>01/04/2019</td>
<td>29/04/2019</td>
<td>2</td>
<td>4</td>
<td>8</td>
</tr>
<tr>
<td>Risk Identifier</td>
<td>Risk Category</td>
<td>Proximity</td>
<td>Risk Response Action</td>
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<tr>
<td>Project timeline slippage</td>
<td>Business objectives/ projects</td>
<td>Nov-19</td>
<td>Establishment of clear capital works timeline with engagement required across multiple work streams. Clear collaboration required with Forth Health to develop realistic time lines and benchmarking of works to be completed. Risk actionnee: ECP Project team, Latest review date: 04/04/2019, Next review date: 15/04/2019, Likelihood: 4, Consequence: 5, Residual risk assessment post-mitigation: 20</td>
<td></td>
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</tr>
<tr>
<td>Financial (Capital)</td>
<td>Finance including claims</td>
<td>Nov-19</td>
<td>Financial lead for programme meeting with key contacts to ensure all costs are captured with clear financial assumptions identified. Both revenue and capital costs are being finalised for submission to SG with adjusted forecasts. Risk actionnee: ECP finance lead, Latest review date: 15/04/2019, Likelihood: 3, Consequence: 3, Residual risk assessment post-mitigation: 9</td>
<td></td>
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<tr>
<td>Clinical/staff engagement</td>
<td>Quality/ complaints/ audit</td>
<td>May-19</td>
<td>Project communication strategy implemented. Visioning event arranged. Regular meetings with clinical teams and partners. Risk actionnee: ECP project team, Latest review date: 05/04/2019, Next review date: 15/04/2019, Likelihood: 1, Consequence: 3, Residual risk assessment post-mitigation: 3</td>
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<tr>
<td>Public/patient engagement</td>
<td>Quality/ complaints/ audit</td>
<td>May-19</td>
<td>Initial meeting with SHC and patient relations and experience team. Strategy being developed and active support from SHC with improvement work. Plan to attend Patient forum meetings with regular updates and encourage collaboration. Risk actionnee: ECP project team, Latest review date: 03/04/2019, Next review date: 15/04/2019, Likelihood: 1, Consequence: 2, Residual risk assessment post-mitigation: 2</td>
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<tr>
<td>Risk Identifier</td>
<td>Risk Category</td>
<td>Proximity</td>
<td>Risk Response Action</td>
<td>Risk Status</td>
<td>Risk actionnee</td>
<td>Latest review date</td>
<td>Next review date</td>
<td>Likelihood</td>
<td>Consequence</td>
<td>Residual risk assessment post-mitigation</td>
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</tr>
<tr>
<td>Communication with Stakeholders</td>
<td>Human resources/ organisational development/ staffing/ competence</td>
<td>May-19</td>
<td>Creation of communication plan and strategy. Blog developed to disseminate regular updates, weekly meetings, fortnightly workstream updates and report channels developed to promote communication. Listening and visioning event arranged.</td>
<td>Active</td>
<td>ECP project team</td>
<td>05/04/2019</td>
<td>10/04/2019</td>
<td>1</td>
<td>3</td>
<td>3</td>
</tr>
<tr>
<td>Financial (Revenue)</td>
<td>Finance including claims</td>
<td>May-19</td>
<td>Financial plan submitted to SG and further breakdown of costs for June and November capacity increases prepared. Projected activity from June &amp; Nov estimated but dependant on surgeon recruitment. Reivew of proposed commissioning model</td>
<td>Active</td>
<td>ECP Project team</td>
<td>21/05/2019</td>
<td>21/06/2019</td>
<td>4</td>
<td>4</td>
<td>16</td>
</tr>
<tr>
<td>Impact of Elective Development on core business</td>
<td>Business objectives/ projects</td>
<td>May-19</td>
<td>Assessed impact of elective care programme on clinical and non-clinical support services and review this as programme develops. Agreed to assess impacts on core business and elective programme as vacancies and other changes occur. Assess benefits of further succession planning.</td>
<td>Active</td>
<td>ECP Project team</td>
<td>21/05/2019</td>
<td>21/06/2019</td>
<td>3</td>
<td>3</td>
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<tr>
<td>Consequence score</td>
<td>Likelihood score</td>
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<td>2</td>
<td>3</td>
<td>4</td>
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<tr>
<td>2 Minor</td>
<td>2</td>
<td>4</td>
<td>6</td>
<td>8</td>
<td>10</td>
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<td></td>
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</tr>
<tr>
<td>1 Negligible</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>Risk Categories</th>
<th>1-3</th>
<th>Low</th>
</tr>
</thead>
<tbody>
<tr>
<td>Green</td>
<td>1-3</td>
<td>Low</td>
</tr>
<tr>
<td>Yellow</td>
<td>4-6</td>
<td>Moderate</td>
</tr>
<tr>
<td>Amber</td>
<td>8-12</td>
<td>High</td>
</tr>
<tr>
<td>Red</td>
<td>15-25</td>
<td>Extreme</td>
</tr>
</tbody>
</table>

**Risk Categories**
Impact on the safety of patients, staff or public (physical/ psychological harm)
Quality/ complaints/ audit
Human resources/ organisational development/ staffing/ competence
Statutory duty/ inspections
Adverse publicity/ reputation
Business objectives/ projects
Finance including claims
Service/ business interruption Environmental impact
APPENDIX E

Communications Plan Summary and Infographics
FORTH VALLEY ELECTIVE CARE DEVELOPMENT PROGRAMME AT A GLANCE

The Elective Care Development Programme has been established to plan and implement the delivery of additional capacity for day case and inpatient surgery in Forth Valley and additional MRI imaging, in order to reduce waiting times for elective treatment. An indicative allocation of £7.2M capital and £10.5M revenue funding has been made by Scottish Government to support this development. Delivery of this programme will include providing additional theatre sessions at Forth Valley Royal Hospital, by utilising unstaffed sessions in the existing 14 theatres and bringing into use the 2 unused theatres, extending the capacity of the day surgery facility and providing additional inpatient beds. An Elective Care Development Programme Project Working Group has been established to provide leadership and coordination for the Programme. The Working Group is also expected to ensure the Programme is aligned both to existing areas of work underway and to the day to day activities of the surgical teams. Workstreams have been agreed, along with associated leads and each workstream is contributing a project plan and timeline, to the overall Programme Plan. The programme will focus on delivering improvement and where appropriate, Best in Class performance. The Elective Care Development Programme has been identified as a potential project to collaborate with Project Lift.

ELECTIVE CARE WORKSTREAMS

<table>
<thead>
<tr>
<th>Workstream</th>
<th>Details</th>
</tr>
</thead>
<tbody>
<tr>
<td>MRI Scanner</td>
<td>Additional MRI scanner ordered, turnkey installation will be completed by July. Workforce requirements have been approved and posts have</td>
</tr>
<tr>
<td>Theatres</td>
<td>Additional workforce will be recruited. Phase 1 workforce in post by April 2019.</td>
</tr>
<tr>
<td>Bed Modelling and Capacity Planning</td>
<td>Detailed work is underway to identify the additional capacity which will be provided and how this should be allocated in order to reduce waiting times and put in place sustainable arrangements for elective surgery.</td>
</tr>
<tr>
<td>Day Surgery</td>
<td>Day medicine relocated to ground floor, FVRH - enable vacated space adjacent to existing Day Surgery Unit and Endoscopy Suite to be used to increase the capacity for day surgery by 16 beds</td>
</tr>
<tr>
<td>Inpatient Ward</td>
<td>Potential locations for an inpatient ward have been identified, depending on the overall size of the additional ward</td>
</tr>
<tr>
<td>Infrastructure</td>
<td>Estates and Capital Planning team, along with Forth Health have provided options for the reconfiguration of areas to create a ward, alterations to the day surgery area and relocating storage areas to support the theatre and medical physics.</td>
</tr>
</tbody>
</table>

TIMELINE FORECAST

Whilst the programme is expected to provide additional elective capacity by November 2019, a detailed timeline is being prepared, taking into account the outcomes of the inpatient bed modelling work, the option appraisal and phased implementation. It is expected that a firm timeline will be in place for March 2019. The key actions planned for the next 4 weeks include:

- Conclude initial bed modelling assessment.
- Undertake option appraisal and agree preferred location for the inpatient beds.
- Agree preferred option for any services which require alternative accommodation.
- Progress with recruitment of nursing; AHPs; Consultants and support staff.
- Prepare first draft of the full business case.
- Prepare communication plan.
- Finalise Turnkey installation plan for the MRI.
- Update workforce plan and finance plan.
- Commence discussions with the Golden Jubilee Foundation regarding potential collaboration.

RISKS TO PROGRAMME

A detailed risk assessment for the Programme is being developed. The most significant risk identified to date is associated with the workforce.
April 2019

Elective Care Development Programme Update

The Elective Care Development Programme was established to plan and implement the delivery of additional capacity for day case and inpatient surgery in Forth Valley and an additional MRI scanner.

Delivery of this programme will include providing additional theatre sessions at Forth Valley Royal Hospital, by utilising unstaffed sessions in the existing 14 theatres and bringing into use the 2 unused theatres, extending the capacity of the day surgery facility and providing additional inpatient beds. An Elective Care Development Programme Project Working Group has been established to provide leadership and coordination for the Programme. The Working Group is also expected to ensure the Programme is aligned both to existing areas of work underway and to the day to day activities of the surgical teams.

A Programme Management Office has been established to work with service and departmental leads.

### Indicative Elective Care Programme April 2019

<table>
<thead>
<tr>
<th>Event</th>
<th>Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>Start of Project</td>
<td>Oct 18</td>
</tr>
<tr>
<td>Outline Business Case submitted to P&amp;R Committee and Scottish Government</td>
<td>Nov 19</td>
</tr>
<tr>
<td>Theatre 16 will open providing further surgical capacity</td>
<td>Nov 19</td>
</tr>
<tr>
<td>Theatre 15 will open and additional capacity for surgery will be made available. The additional capacity will be for largely day surgery</td>
<td>Nov 19</td>
</tr>
<tr>
<td>New Inpatient ward opens</td>
<td>Nov 19</td>
</tr>
</tbody>
</table>

#### Preferred Option for the Inpatient Ward

- An Option Appraisal workshop took place in March and as a result a preferred option emerged. This option enables an inpatient ward with up to 32 beds to be provided in the Rehabilitation area, on the ground floor of Forth Valley Royal Hospital.
- Consistent appraisal criteria was applied to all of the short listed options and the key criteria which the preferred option meets, includes providing patient related services in the best possible and most accessible locations, and minimising any disruption to patient care when creating the new ward.
- The Preferred Option was presented to the NHS Board in March and an Outline Business case is being finalised for submission to the P&R Committee this month.
- The relocation of any services and departments to enable the additional ward to be created is being worked through with the relevant stakeholders.
News

Day Surgery & IP Ward: Louise Boyle
- Additional day case surgery to be provided. Initial expansion in June and further expansion from November.
- First Phase of additional staff recruited for day surgery.
- Optimise use of ambulatory space for day surgery and endoscopy
- Working on the design of the inpatient ward.

Theatres: Elizabeth McLeod
- Opening Theatre 15 in June and Theatre 16 in November.
- First phase of theatre workforce recruited and in post from April and first phase of additional Consultant Anaesthetists appointed.
- Planning exemplar theatre model in Theatre 15 to implement best operating models and improvement.
- Leading improvement work including further improvements in theatre utilisation, and minimising cancellations.

Surgery: Deirdre Anderson
- Working with Surgical Team on a plan for additional activity from June, in collaboration with the Theatre team.
- Reviewing waiting list and preparing a work plan for Orthopaedics
- Identifying a specification of improvement work.

MRI: Sandra Robertson
- The additional MRI Scanner has been ordered. This will be installed in an area adjacent to the current scanner and will be operational in July
- Additional radiographers have been recruited

Service Modernisation: Susan Bishop
- All workstreams are incorporating service modernisation and improvement in their operational delivery plans.
- Innovation such as the Best in Class Orthopaedic service form an important part additional elective delivering elective care in Forth Valley.
- Learning from national and local programme work such as increasing theatre throughput, enhanced recovery after surgery and pre-habilitation will inform the revised pathways of care, particularly those for lower limb pain and orthopaedic joint surgery.
- A visioning event will take place in the Spring to agree the priorities for modernisation and improvement in the short, medium and long term.

Activity and Modelling: Janette Fraser
- Detailed work to review demand, capacity, activity and queues for Orthopaedics has informed the scale of additional activity needed, including the number of additional day case and inpatient beds required to deliver a sustained reduction in waiting times.
- Work is also progressing in relation to general surgery.
Finance: Maxine Michie
As part of the Business Case preparation, the revenue and capital costs associated with the Elective Care Development Programme, which were estimated when the initial proposal was submitted to Scottish Government, have been reviewed. The updated costs reflect the progress which has been made with developing a more detailed plan and the associated workforce, support service, building and equipment requirements.

Infrastructure: Iain Shaw
Initial plans for the inpatient ward and other areas have been prepared and are being signed off by key stakeholders. More detailed room layout plans will then be produced for users to agree. This is informing the preparation of a detailed schedule of works and a critical pathway for the infrastructure changes.

AHPs: Jane Yarrow
AHPs have been appointed to support the programme with a focus on reviewing AHP pathways for elective care, service improvement and modernisation and optimising the how the outpatient and inpatient Therapies facilities are used.

The Programme Team have met with AHP Leads and AHP staff to discuss the options appraisal and the opportunities which the elective care development programme will offer to AHPs.

Engagement: Gillian Morton
The Elective Care Development Programme has a very short timescale for delivering additional capacity and therefore this has meant the programme is developing at a rapid pace and is continually evolving.

Every effort is being made to communicate and engage with those most affected by the elective care development. For example the Programme Team have met with the Medical Director’s Clinical Leads Group, attended the Unscheduled Care Working Group, presented to the Senior Leadership Team and NHS Board, visited departments to speak with groups of staff including AHPs and Health Records, arranged one to one and small group meetings with key stakeholders including surgical and anaesthetics leads and managers, leads for ageing and health and ambulatory medicine and pharmacy.

We will continue to communicate and engage in a variety of ways as this dynamic programme of work progresses towards the key implementation dates in June and November.
### Meet the Team

<table>
<thead>
<tr>
<th>Name</th>
<th>Role/Position</th>
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</thead>
<tbody>
<tr>
<td>Gillian Morton</td>
<td>Elective Care Programme Director</td>
</tr>
<tr>
<td>Janette Fraser</td>
<td>Head of Planning - Programme Manager for Elective Care and Lead for Activity and Bed Modelling</td>
</tr>
<tr>
<td>Ricky Bell</td>
<td>Project Manager</td>
</tr>
<tr>
<td>Gillian Allan</td>
<td>Elective Care Project Support</td>
</tr>
<tr>
<td>Deirdre Anderson</td>
<td>Surgery Service Manager - Lead for Surgical/Orthopaedics Workstream</td>
</tr>
<tr>
<td>Louise Boyle</td>
<td>Head of Nursing/Service Manager - Lead for Day Surgery and Inpatients Workstream</td>
</tr>
<tr>
<td>Lorna Cherrie</td>
<td>Project AHP - Support for AHP Workstream</td>
</tr>
<tr>
<td>Linda Davidson</td>
<td>Associate HR Director - Programme Lead for Workforce</td>
</tr>
<tr>
<td>Morag Farquhar</td>
<td>Head of Estates and Capital Planning</td>
</tr>
<tr>
<td>Bryan Hynd</td>
<td>Head of Medical Physics - Equipping Lead</td>
</tr>
<tr>
<td>Scott Jaffray</td>
<td>Head of ICT/eHealth</td>
</tr>
<tr>
<td>Maxine Michie</td>
<td>Senior Finance Manager - Programme Finance Lead</td>
</tr>
<tr>
<td>Liz McLeod</td>
<td>Theatre Service Manager - Lead for Theatre Workstream</td>
</tr>
<tr>
<td>Sandra Robertson</td>
<td>Radiology Theatre Manager - Lead for MRI Workstream</td>
</tr>
<tr>
<td>Iain Shaw</td>
<td>General Manager for Forth Health - Lead for Building Workstream</td>
</tr>
<tr>
<td>John Smith</td>
<td>Theatres Operational Manager - Lead for Theatre Improvement and Modernisation</td>
</tr>
<tr>
<td>Jane Yarrow</td>
<td>AHP Outpatients Manager - AHP Workstream Lead</td>
</tr>
<tr>
<td>Scott Mitchell</td>
<td>Director of Pharmacy</td>
</tr>
</tbody>
</table>


Moving Forward With Elective Care
Posted: 08/04/19

As Director for the Elective Care Programme at Forth Valley Royal Hospital, I am keen to provide regular information to help ensure staff are kept updated as this important work progresses. This first update provides some background information about the programme, details of the working group, key milestones and work streams.

In the beginning......

The elective care programme was established to plan, implement and deliver additional elective capacity for both day case, inpatient elective and diagnostics across NHS Forth Valley. The project was launched in December 2018, through initiation of a programme management office, with planning work commencing in January 2019. During this planning an Elective Care Working Group was established to provide leadership and co-ordination of the programme.

Meet the Working Group

- Gillian Morton, Elective Care Programme Director
- Janette Fraser, Head of Planning – Programme Manager for Elective Care and Lead for Activity and Bed Modelling
- Robyn Bell, Project Manager
- Gillian Allen, Elective Care Project Support
- Deirdre Anderson, Surgery Service Manager – Lead for Surgical/Orthopaedics Workstream
- Louise Boyle, Head of Nursing/Service Manager – Lead for Day Surgery and Inpatients Workstream
- Lorna Cherie- Project AHP - Support for AHP Workstream
- Linda Davidson, Associate HR Director – Programme Lead for Workforce
- Morag Farquhar, Head of Estates and Capital Planning
- Bryan Hynd, Head of Medical Physics – Equipping Lead
- Scott Jeffrey, Head of ICT/Health
- Maxine Mchir, Senior Finance Manager – Programme Finance Lead
- Liz McLedd, Theatre Service Manager – Lead for Theatre Workstream
- Sandra Robertson, Radiology Manager – Lead for MRI Workstream
- Iain Shaw, General Manager for Forth Health – Lead for Building Workstream
- John Smith, Theatres Operational Manager – Lead for Theatre Improvement and Modernisation
- Jane Yarran, AHP Outpatients Manager – AHP Workstream Lead
- Scott Minnoch, Director of Pharmacy
Programme Timeline

Initially, the programme of work would result in the opening of two new theatres within the Forth Valley Royal Hospital site in November 2019, however, this timeline has been brought forward and one of new theatres will now open in June 2019, to align with the national elective centre programme. You can view the timeline here.

Our Workstreams

MRI Scanner

Additional MRI scanner ordered, turnkey installation will be completed by July. Workforce requirements have been approved and posts have been advertised.

Theatres

Additional workforce will be recruited. Phase 1 workforce in post by April 2019.

Bed Modelling and Capacity Planning

Detailed work is underway to identify the additional capacity which will be provided and how this should be allocated in order to reduce waiting times and put in place sustainable arrangements for elective surgery.

Day Surgery

Day medicine relocated to ground floor, FVRH – enable vacated space adjacent to existing Day Surgery Unit and Endoscopy Suite to be used to increase the capacity for day surgery by 16 beds

Inpatient Ward

Potential locations for an inpatient ward have been identified, depending on the overall size of the additional ward required.

Infrastructure

Estates and Capital Planning team, along with Forth Health have provided options for the reconfiguration of areas to create a ward, alterations to the day surgery area and relocating storage areas to support the theatre and medical physics.

Adapting to Change

Throughout this programme of work there is a clear need for adaptability to achieve the aims within very challenging timescales. This means that both the elective care project team and the wide range of staff involved across the organisation have to work flexibly, creatively and adapt to changing demands and opportunities – no easy feat for such a complex programme with multiple workstreams. This adaptability and can do attitude across NHS Forth Valley has already achieved a lot in a short space of time so, on behalf of the working group, I’d like to take this opportunity to thank everyone involved in getting us to point and I look forward to continuing to work with you all in the weeks and months ahead.
APPENDIX F

Construction Programme
Executive Summary

This paper provides an overview of the Elective Care Development Programme and the Outline Business Case. The programme is intended to increase additional capacity for day case and inpatient surgery in Forth Valley (and wider) and provide additional MRI imaging, in order to improve access and reduce waiting times for elective treatment.

A Programme Management Office (PMO) as approved by the NHS Board has been established and a supporting Programme structure is in place, linking the programme development activity with business as usual functions.

The Outline Business Case, was endorsed by the Performance and Resources Committee and is brought to the NHS Board for approval and submission to the Scottish Government. The Outline Business Case sets out the detailed proposals for creating and delivering additional capacity for elective care, using the five case model:

- Strategic Case
- Economic Case
- Commercial Case
- Financial Case
- Management Case

This Programme differs from the usual methodology for seeking approval from Scottish Government capital and revenue funding, as space has already been identified and set aside to deliver additional elective capacity, which was presented to SG in the form a proposal to:

- Open 2 theatres which are currently unfunded in Forth Valley Royal Hospital
- Fund additional sessions in the existing 14 theatres, which are also currently unfunded
- Extend the capacity for day surgery within the existing ambulatory care area
- Create an additional 32 bed within the Forth Valley Royal Hospital footprint
- Site a second MRI scanner in an available space in the Radiology Department adjacent to the existing MRI scanner

The timeline for this programme requires the additional capacity to be delivered at pace. It was proposed initially to provide additional surgical capacity at Forth Valley Royal Hospital in November 2019, giving a very challenging timeline to achieve. However, Scottish Government has asked the Programme to bring forward some of the additional capacity, from June 2019. The proposed timeline is summarised below:
June 2019  Theatre 15 opens and additional daycase surgery is provided
July 2019    MRI scanner operational
November 2019 Theatre 16 opens
April 2020  Additional 32 bed ward opens

Recommendation:

The NHS Board is asked to:

- Note progress with delivering the Elective Care Development Programme as part of
  the NHS Board’s Corporate Programme Management Office portfolio
- Approve the Business Case for submission to the Scottish Government

Programme Management Office

The Programme Management Office for the Elective Care Development Programme has
been established, providing dedicated leadership, expertise and time to deliver the
programme, working collaboratively with service and clinical leaders, whilst liaising with
support departments and Scottish Government. The Programme Office has the following:

- Programme Director – Gillian Morton
- Programme Manager / Head of Planning – Janette Fraser
- Project Manager – Ricky Bell
- Project Support – Gillian Allan
- Project AHP – Pam Paul
- Finance Manager – Maxine Michie
- Head of EPQi – Susan Bishop

The benefits of the Programme Management Office approach to delivering the Elective
Care Development include:

- Value added through the knowledge, experience and skills of the team
- Better continuity and maintenance of standards
- Increased skills development and transfer
- The ability to collect and handover vital lessons learned from this programme to
  future programmes

The Programme Management Office supports the Programme Working Group, which
meets weekly and reports to the Scheduled Care Programme Board. Regular meetings
are also held with operational managers, support department leads and clinical leaders.
Elective Programme Workstreams

The Programme Management Office works with and supports the leads for the work streams which contribute to the overall elective care development programme aims and objectives and have informed the development of the Business Case. Underpinning all of the work streams and reflected in the Business Case, is an ethos of improvement and modernisation. The works streams will build on existing improvement work and incorporate further opportunities for innovation and modernisation, to ensure that the additional elective capacity is delivered in a way which is patient centred and offers best in class care. The work streams are:

- MRI
- Theatres and Anaesthetics
- Surgery and Orthopaedics
- Day Surgery and Inpatient Ward
- Endoscopy and Day Medicine
- AHP services
- Equipping
- Infrastructure
- Accommodation
- Capacity and Bed Modelling
- Pharmacy

Initial Proposal

The initial proposal to create additional elective and diagnostic capacity in Forth Valley, in order to put in place recurring solutions to work towards reducing waiting times and balancing capacity with demand, was submitted to Scottish Government in September 2018.

The Director of Health Finance at Scottish Government responded, approving in principal the proposals submitted by Forth Valley and giving an indicative allocation as below:

<table>
<thead>
<tr>
<th>Activity</th>
<th>Capital</th>
<th>Revenue</th>
</tr>
</thead>
<tbody>
<tr>
<td>Create 32 bedded ward</td>
<td>0.8</td>
<td>4.2</td>
</tr>
<tr>
<td>Open Theatres 15 &amp; 16</td>
<td>0.6</td>
<td>0.3</td>
</tr>
<tr>
<td>New MRI service</td>
<td>1.3</td>
<td>-</td>
</tr>
<tr>
<td>* Maximise theatre capacity</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td><strong>TOTAL</strong></td>
<td>2.7</td>
<td>4.5</td>
</tr>
</tbody>
</table>

* Matched funding by NHS FV
The Director of Health Finance indicated that the key deliverable from the proposal was that additional capacity would improve elective access and performance at both local and regional level, specifically:

- Existing theatre capacity will be maximised to provide an extra circa 195 sessions per annum.
- Two additional theatres and associated bed capacity will be commissioned and will deliver circa 1,500 primary arthroplasty or equivalent procedures per annum.
- An additional MRI scanner will deliver circa 8,000 patient examinations.

**Capital Proposals**

A summary of the capital proposals is given below:

- Bring into use Theatres 15 and 16 and procure additional equipment
- Retrofit Laminar flow in Theatre 16. This is already in place in Theatre 15 and has been requested by Scottish Government for Theatre 16.
- Make alterations to Ambulatory Area in order to increase the capacity for day and 23 hour surgery, with associated equipment
- Create a 32 bed inpatient ward in the former Rehabilitation area, including equipment
- Relocate Day Medicine from the former Rehabilitation area to Health Records and alter this area for clinical use
- Relocate Occupational Therapy from former Rehabilitation Area to redesigned space within the Therapies Department
- Reallocation of office space on and off site, to accommodate Health Records and other office based teams, using agreed prioritisation
- Provide additional storage for theatres, currently accommodated in the 2 fallow theatres and improve stock management
- Procurement and turnkey installation of MRI scanner

The capital costs are summarised in the table below:

<table>
<thead>
<tr>
<th>Work Stream</th>
<th>Capital Costs £m</th>
</tr>
</thead>
<tbody>
<tr>
<td>Open Theatres 15 and 16</td>
<td>1.220</td>
</tr>
<tr>
<td>Utilise all Theatre Slots</td>
<td>0.314</td>
</tr>
<tr>
<td>Inpatient Ward</td>
<td>4.673</td>
</tr>
<tr>
<td>Day Surgery Enhancement</td>
<td>1.180</td>
</tr>
<tr>
<td>MRI Scanner</td>
<td>1.500</td>
</tr>
<tr>
<td><strong>TOTAL</strong></td>
<td><strong>8.887</strong></td>
</tr>
</tbody>
</table>

**Revenue Costs**

The revenue costs are outlined in the table below. The full year costs are given, however the phasing of the increased capacity is reflected in the detailed financial plan which was submitted to Scottish Government in March 2019. The table below summarises the non staff and staff costs and indicates the additional workforce required for each of the board Work Streams.
### Table 3 – Summary of Revenue Costs

<table>
<thead>
<tr>
<th>Work Stream</th>
<th>Revenue 2020/2021</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>£m</td>
</tr>
<tr>
<td>Open Theatres 15 and 16</td>
<td>5.604</td>
</tr>
<tr>
<td>Utilise all Theatre Slots (matched funding)</td>
<td>2.353</td>
</tr>
<tr>
<td>25 bed ward (See below)</td>
<td>3.257</td>
</tr>
<tr>
<td>Enhance Day Surgery Capacity</td>
<td>0.945</td>
</tr>
<tr>
<td>MRI Scanner</td>
<td>0.801</td>
</tr>
<tr>
<td><strong>TOTAL</strong></td>
<td><strong>12.960</strong></td>
</tr>
</tbody>
</table>

While the capital proposal is to construct a 32 bed ward, the projected beds required to meet the additional demand for orthopaedic surgery for Forth Valley patients, is in the region of 25 beds. This is summarised in the table below:

### Table 4 – Orthopaedic Bed Requirements

<table>
<thead>
<tr>
<th>GooRoo Model bed requirements</th>
<th>Trauma Beds</th>
<th>Elective Inpatient Beds</th>
<th>Day Case Beds</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cases currently sent to GJNH</td>
<td>NA</td>
<td>7</td>
<td>0.35</td>
</tr>
<tr>
<td><strong>Total Requirement</strong></td>
<td>39.2</td>
<td>25</td>
<td>12</td>
</tr>
</tbody>
</table>

The additional activity which will be undertaken for other specialties such as general surgery, is largely day case and 23 hour surgery, therefore increasing capacity in other specialties will have a minimal impact on bed requirements.

The figure of 25 beds was determined using an analysis of demand, capacity, activity and queue data, information on future projected demand and the output from the bed modelling tool. This includes an assumption that orthopaedic activity currently referred from Forth Valley to the Golden Jubilee National Hospital will no longer be referred there and will instead be undertaken at Forth Valley Royal Hospital. This would free up capacity at the Golden Jubilee National Hospital for around 650 cases per annum.

Discussions with the Golden Jubilee National Hospital and the Scottish Government continue, with regard to establishing a strategic alliance and determining future commissioning arrangements for allocating additional capacity at Forth Valley Royal Hospital. Therefore a cost for staffing all 32 beds has also been prepared. This is referred to in the detailed financial schedule which was submitted to Scottish Government in March 2019 and in the financial sections of the Business Case.
Service Improvement and Modernisation

The Business Case refers to service improvement and modernisation already underway including the Best in Class Orthopaedic Service, recruitment of primary care physiotherapists, progress with implementing the Orthopaedic Sustainability Plan, continued development of Enhanced Recover After Surgery (ERAS) and improving theatre scheduling and throughput. Other innovation which will be developed as the programme progresses includes improved pathways of care, AHP supported pre-habilitation and patient education prior to surgery, reducing the length of time elective patients spend in hospital and putting in place the conditions necessary to achieve 4 joints on a list.

A Visioning “Modernisation” Event is planned for the spring, bringing together stakeholders from a wide range of backgrounds and healthcare professionals, to agree further improvement priorities for the elective care programme.

Financial Implications

An indicative allocation of capital and revenue funding has been made by the Scottish Government to deliver additional elective capacity and reduce waiting times. A detailed revised financial plan (capital and revenue) was submitted to the Scottish Government in March 2019 and is included within the Business Case. A commissioning approach to inform elective care management at a national level is being considered and NHS Forth Valley will inform this work.

Workforce Implications

A workforce plan was submitted to Scottish Government, as part of the overall financial plan for the increase in elective capacity. This plan was reviewed and updated and a revised workforce plan was submitted with the financial plan in March 2019. This is included in the Business Case.

Recruitment of the workforce to deliver the additional elective capacity one of the two most significant programme risk identified to date.

The National Elective Centre Programme has hosted several workforce workshops to progress with an overarching workforce plan for the elective care developments across Scotland. NHS Forth Valley has been represented at these events.

Risk Assessment

A detailed risk assessment for the Programme has been developed and is included in the Business Case. The most significant risks identified to date are associated with the workforce, as outlined above, and the timeline for delivering a significant elective care development programme which includes extensive capital building work.
Relevance to Strategic Priorities

- Delivery of increased capacity for elective treatment
- Reducing waiting times for elective treatment, towards the waiting time standards
- Delivering a more sustainable future model for elective treatment

Equality Declaration

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

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

Consultation Process

A communication and engagement plan has been prepared.
Executive Summary

The NHS Board recently established a Programme Management Office (PMO) to support the delivery of the direct Elective Care expansion project at Forth Valley Royal Hospital. This approach has provided focussed resources which has enabled the required work, including extensive staff engagement and the development of a Business Case, to progress at pace. It is proposed that the PMO is now expanded to help drive the development and delivery of our ambitious change programme across the organisation. The Chief Executive, as the PMO Senior Responsible Officer, has invited the North of England Commissioning Support Unit (NECS), which is currently providing tailored support to the unscheduled care programme, to work directly to Gillian Morton, Programme Director for the Elective Care project, to help set up a PMO to:

- develop and deliver dedicated project management and project delivery capacity and capability across the organisation to support our healthcare priorities
- align staff and resources to create a sustainable programme management function which will deliver successful change
- provide a consistent way of planning, monitoring and reporting on programme progress, with clear lines of accountability and escalation arrangements to ensure the timely implementation of decisions made by the NHS Board

This paper outlines the rationale for a Corporate PMO referred to as PMO in the paper.

Recommendation:

The Forth Valley NHS Board is asked to:

- approve the establishment of a PMO
- request regular progress updates on the Corporate Change Programme

Key Issues to be Considered

1. Background:

1.1 Regardless of size or complexity, most programmes encounter issues such as resistance to change, inadequate sponsorship, unrealistic expectations and poor project management. Many are able to address these issues and move forward while others falter and are terminated. The PMO will have: clear and strong executive management support, understand the NHS Board’s corporate objectives and priorities and align the programme’s objectives accordingly incorporating programme specific or domain knowledge and human factors into achieving these.

1.2 Across the UK, demographic change, increasing demand and fiscal pressures have led NHS Boards to use existing resources differently to deliver more whilst developing new roles and ways of working, system and process improvements and system-wide collaboration. There is an urgency to focus on near system delivery priorities (the day job) whilst facilitating long term change. A PMO resource enables the NHS Board to deliver an
ambitious change programme that in turn supports reliable, safe and affordable care and services at pace. Evidence shows that without good governance and additional resources changes are less likely to be implemented, and/or embedded in part or full.

1.3 The PMO will use existing staff (seconded – this supports the Board’s succession planning commitments) to enable the NHS Board to develop a strong cohort of suitably qualified staff to facilitate the NHS Board’s ambitious change agenda. It is important that the PMO is not confused with day to day management and accountability invested in Managers (e.g. Partnership, Business Support and/or Hospital) whose role is to ‘run the business’ and ‘manage continuity – i.e. performance’. The PMO led by the Director will ‘transform the business’ and ‘deliver results – i.e. change’. Engagement and communication will be vital to avoid any misunderstanding of roles and/or responsibilities.

1.4 Table 1 below describes the benefits of a Portfolio PMO approach as compared to traditional project management arrangements.

<table>
<thead>
<tr>
<th>Project Management</th>
<th>PMO</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Administrative</td>
<td>• Strategic and agile</td>
</tr>
<tr>
<td>• Reactive</td>
<td>• Anticipatory and proactive</td>
</tr>
<tr>
<td>• Efficiency focused</td>
<td>• Effectiveness focused</td>
</tr>
<tr>
<td>• Output focused</td>
<td>• Outcome focused</td>
</tr>
<tr>
<td>• Cost &amp; schedule focused</td>
<td>• Leverages human capital</td>
</tr>
<tr>
<td>• Process focused</td>
<td>• Collaborative and communicative</td>
</tr>
<tr>
<td>• Performance focused</td>
<td>• Risk intelligent</td>
</tr>
</tbody>
</table>

1.5 NHS Forth Valley in agreeing to adopt a PMO arrangement to support the Elective Centre Programme has tested the concept and can see the advantages of such an approach, particularly when there is a requirement to deliver change at a pace. It is proposed that this concept is now expanded to support the NHS Board’s ambitious change agenda. The PMO led by Gillian Morton, PMO Director will report to the Chief Executive.

2. Why set up a PMO?

2.1 The strategic case for a PMO is well made nationally and is associated (although not in our case) with ‘turnaround’ to support failing organisations deliver successful change and in turn improve organisational and financial performance.

2.2 The Health Board when considering the Financial 5 Year Plan acknowledged that the status quo was not an option and a step change to deliver successful change at pace was required to drive improved value and efficiency. The Senior Leadership Team in its deliberations on 18 March 2019 has also recognised that the health and care system needs to consider how it will deliver reliable, safer and more affordable care and services in response to increasing demand, expectations and technological advances at pace.

2.3 The Financial 5 Year Plan approved by the NHS Board considered a number of key programmes of work (domains) as set out in Table 2. It is proposed that these programmes are now directed via the PMO. Each Programme will have an executive sponsor and an agreed set of terms of reference with benefits described, interdependencies and risk
captured and a timescale for delivery. NECS will help establish a Corporate PMO which will become operational from July onwards. Staff secondments will be agreed during the month of June. It is intended that the PMO Director will provide regular updates to the NHS Board – the first update is planned for August/September.

### Table 2

<table>
<thead>
<tr>
<th>Domain</th>
<th>Overview</th>
</tr>
</thead>
</table>
| **A** People (Workforce)        | **Strategy:** People Strategy  
Corporate Objectives: ‘value and develop our people’, ‘demonstrate best value using our resources’, and ‘plan for the future’  
Programmes:  
• improved rostering  
• job planning  
• administration support  
(SRO - Linda Donaldson) |
| **B** Productivity (Demand Management) | **Strategy/Board Plan:** Annual Delivery Plan  
Corporate objectives: ‘enhance our focus on safety and quality’, demonstrate best value using our resources’, ‘value and develop our people’ and ‘plan for the future’  
Programmes:  
• improved demand management – emergency (SRO – Andrew Murray)  
• elective in year DCQA (SRO – CEO supported by Scott Urquhart) |
| **C** Procurement               | **Strategy/Board Plan:** Financial 5 Year Plan  
Corporate objectives: demonstrate best value using our resources’ and ‘plan for the future’  
Programmes:  
• improved procurement efficiencies  
• streamlining procurement functions  
(SRO - Scott Urquhart) |
| **D** Prescribing and medicines | **Strategy/Board Plan:** Financial 5 Year Plan  
Corporate objectives: ‘enhance our focus on safety and quality’, demonstrate best value using our resources’ and ‘improve the health and wellbeing of the people of Forth Valley’  
Programmes:  
• reduced waste  
• medicines optimisation opportunities  
• product switches  
(SRO - Andrew Murray) |
| **E** Pace of Improvement & Change | **Strategy/Board Plan:** Annual Delivery Plan  
Corporate objectives: ‘enhance our focus on safety and quality’, ‘demonstrate best value using our resources’, ‘value and develop our people’, ‘promote and build integrated services locally and regionally’  
Programmes:  
• Cancer  
• Long Term Conditions  
• Reduce unwarranted variation  
• Booking and scheduling  
(SRO – CEO supported by Gillian Morton and alignment with PMO) |
Financial Implications
Staffing resources from within the organisation.

Workforce Implications
Staff will be realigned and work flexibly on a temporary or permanent basis as part of the management restructure and PMO workload.

Risk Assessment
N/A at this stage.

Relevance to Strategic Priorities
The PMO would provide enhanced focus, support and greater visibility to Corporate Objectives and Strategic priorities.

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

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

Consultation Process
This proposal has been discussed at SLT and a presentation was given to the Executive Team. A wider engagement process took place on 22 May 2019.
9.2 Communications Update Report
For Assurance

Executive Sponsor: Cathie Cowan, Chief Executive
Author: Elsbeth Campbell, Head of Communications

Executive Summary
This paper aims to provide an update on the ongoing work to develop and improve internal and external communications across the organisation in line with the plans and priorities set out in NHS Forth Valley’s Communications Strategy. It also provides an overview of some of the key work undertaken to promote a wide range of service developments, campaigns, events and initiatives across Forth Valley during the period from January - April 2019.

Recommendation:
The Forth Valley NHS Board is asked to:
Note the update and progress which has been made during the period and the priorities for the next quarter.

Key Issues to be Considered:
High levels of media interest and public scrutiny along with rising patient expectations, also means effective communications are more important than ever.

Financial Implications
The NHS Forth Valley Communications Strategy highlights the importance of cost-effective communications that build on the organisation’s existing tools as well as working collaboratively to make use of the resources available in partner agencies – locally, regionally and nationally.

Workforce Implications
Every member of staff has a responsibility for communication and managers have a specific responsibility for ensuring that their staff have access to information and are updated on key changes, developments and issues that affect them.

Risk Assessment
Accurate, timely and relevant communications, tailored to the needs of specific audiences can help reduce the level of risk associated with specific plans, changes or announcements.

Relevance to Strategic Priorities
The Communications Strategy supports NHS Forth Valley’s key priorities and overall strategic vision.

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

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

Key Media Activity

• Issued over 125 proactive media releases and statements
• Generated over 315 news stories – the majority of coverage was either positive or neutral

New Recruitment Initiatives

Over the last few months, the Communications Department has worked closely with the HR Recruitment teams to raise awareness of the profile and encourage applications for a range of posts including pharmacy, theatre and our Acute Assessment Unit (AAU) staff.

Customised visuals with individual photos and personal testimonies from existing staff working in these areas have been used to promote the vacancies on social media. These posts have been widely shared which has helped generate increased interest and applications. For example, more than 30 pharmacists, a new team of theatre nurses and a number of AAU nurses have been successfully recruited despite strong competition from other NHS Boards.

Work has also been undertaken to review and update the jobs section of the NHS Forth Valley website, which now features new promotional videos showcasing each of the three council areas. Work is underway to look at how this approach could be adapted to support recruitment for other areas where there are challenges including prison services and GP practices. This will include work to review, refresh and update existing job packs, recruitment information and GP recruitment events.
Key Issues

NHS Forth Valley’s performance against a number of key targets attracted media interest during the last six months, particularly in relation to waiting times for A&E, psychology and child and adolescent mental health services. Other issues included the financial impact of rising drug costs and GP sustainability.

New Initiatives and Service Developments

Primary Care Improvements

As part of ongoing work to highlight developments and improvements across Primary Care, the Communications Department publicised research from two local GP practices, where physiotherapists are the first line of contact for musculoskeletal conditions rather than a GP. The research, which was carried out at Kersiebank and Bannockburn Medical Practices, showed almost 8,500 patient contacts were made with more than 87% being managed within primary care. There was also a significant drop in referrals to orthopaedics. Following discussion at the Board’s Annual Review, work was undertaken with local reporters to highlight the trailblazing work carried out by NHS Forth Valley to develop multidisciplinary teams in the GP Practices managed by the Board. This resulted in a number of positive local media features on the work of staff in Bannockburn and Kersiebank Medical Practices.

New Technology

Throughout the period, the Communications Department worked with local clinical leads to promote how technology is being used to improve patient care and treatment. This includes the treatment of local patients who present at MIU or ED with eye problems following an injury or accident where a slit lamp is being used along with a tablet computer to enable a consultant ophthalmologist to view the magnified eye remotely and advise on the best way forward. This approach means that many patients no longer have to travel to the Ophthalmology Department at Falkirk Community Hospital and emergency cases are identified earlier.

A new app, which will enable patients with skin problems to share photographs and have ‘virtual’ consultations with a dermatologist, was also trialed. This digital breakthrough, which is being led by NHS Forth Valley, in partnership with NHS Greater Glasgow & Clyde and NHS Tayside, could be used to manage around 60,000 dermatology appointments each year.
**Mental Health**

Work was undertaken to highlight the Board’s ongoing commitment to supporting mental health and wellbeing. This included highlighting the delivery of mental health first aid training to six secondary schools in the Falkirk area following the success of similar training programmes in Clackmannanshire and Stirling. The training, which is delivered by local health promotion staff, focuses on attitudes, recovery, the impact of alcohol and drugs, suicide, self-harm, depression, anxiety and psychosis.

**Visits and Events**

Over the last few months, the Communications Department has supported a number of visits and events. These include the official opening of the Meadows, a new facility which provides services and support to adults and children who have experienced a rape or sexual assault. The centre was officially opened by Jeane Freeman, the Cabinet Secretary for Health and Sport who, along with the Chief Medical Officer for Scotland, met some of the local NHS and police staff involved in the development of this important new facility.

Minister for Public Health Joe FitzPatrick visited the Maternity Unit at Forth Valley Royal Hospital to launch an updated version of ‘Ready Steady Baby’ - a popular national resource for pregnant women. As well as covering issues such as antenatal care and planning for birth, the revised version has information and advice on mental health. The Cabinet Secretary for Health, Jeane Freeman, also visited the Maternity Unit to help mark International Day of the Midwife and thank midwifery staff working in NHS Forth Valley and beyond. Following the visit she met a number of local staff to discuss the safe staffing bill which was recently passed by the Scottish Parliament.

**International Nurses Day**

A number of videos and photographs were taken to promote International Nurses Day across our social media channels and thank nursing staff across the organisation. These featured some local ‘mini’ nurses ahead of the launch of the Future Nurse programme in NHS Forth Valley.
Awards and Achievements

The green space surrounding Forth Valley Royal Hospital has been recognised by a national organisation dedicated to making places good for both people and wildlife. Building with Nature - the UK’s first benchmark for green infrastructure – singled out the hospital and woodland for one of their first Excellence Awards. They also highlighted the work undertaken as a national exemplar of what is possible when a shared vision for protecting and enhancing landscape quality is incorporated in the early design stages.

Over the last few months, the Communications Department has promoted the achievements of a number of individual staff who received awards. These included NHS Forth Valley Consultant Haematologist, Dr Roddy Neilson, who has been appointed a Queen’s Honorary Physician (QHP) by the Army. Margaret-Ann Williamson, health visitor team lead in Clackmannanshire was among a group of 21 to have been awarded the prestigious title of Queen’s Nurse from the Queen’s Nursing Institute Scotland (QNIS).

Around 70 NHS Forth Valley staff received a Long Service Award after achieving 20, 30 or 40 years’ service. They attended a special award ceremony at Forth Valley Royal Hospital to celebrate their long careers working for the NHS. The communications team supported the event and produced two short videos to highlight the varied careers of some of this year’s recipients, which were also shared on Social Media and had some great feedback.

Internal Communications

Work continued to ensure staff were updated on key developments and changes across the organisation. This included regular updates on StaffNet (intranet), staff briefs and updates from NHS Board meetings.

During the period, the Spring Edition of Staff Newsletter was produced and issued. This issue contained a special feature on Transforming Primary Care, New Target to Deliver Video Consultations and In the Spotlight with Dr Claire Copeland. Staff news is also promoted on staffnet and is available for staff to read online.
Digital Communications

Social Media
Our social media platforms are used extensively to provide healthcare advice, information as well as signpost people to local services and support. Our social media audience continues to grow and we now have over 12,000 followers on Facebook and over 10,400 followers on Twitter. We have recently setup an Instagram account and will work over the coming months to build an audience.

www.nhsforthvalley.com
Between January and April 2019, there were 519,289 views on our website with useful telephone numbers, travel information, job vacancies and the new Stirling Health and Care Village pages among the most popular pages visited.

Ebulletin
Nearly 700 people have now signed up to receive a monthly news update direct to their mailbox.

Snapshot
The Communications team create animated snapshots of weekly activity in NHS Forth Valley, which are then posted on our social media channels. They include the number of patients seen in outpatients, ED MIU and the number of scans carried out in Radiology. We also highlight the number of people who failed to turn up for their appointment and remind people if they can't make an appointment to let us know and that there are lots of ways to let us know including completing an simple form on the website to cancel appointments.
10.1 Corporate Risk Register
For Assurance

Executive Sponsor: Mrs Cathie Cowan, Chief Executive and Mr Scott Urquhart, Director of Finance

Executive Summary
The Risk Management Strategy was approved in January 2019 and it was agreed that a corporate risk report would be provided on a quarterly basis to the NHS Board.

Recommendation:
The Forth Valley NHS Board is asked to: -
- Consider the assurance provided regarding the effective management and escalation of risks

Background:
1.1 Effective Risk Management is a fundamental cornerstone of good Corporate Governance and Internal Control and is an essential component in delivery of the Health Board’s corporate objectives.

1.2 The Board of NHS Forth Valley is corporately responsible for this Risk Management Strategy and for ensuring that significant risks are adequately controlled. To support the Board a number of formal committees have been established and are responsible for various aspects of risk management, principally these are the Audit, Performance & Resources, Clinical Governance and Staff Governance Assurance Committees. All Health Board Committees are responsible for monitoring the effective and efficient management of risks relevant to their areas of responsibility. The Audit Committee has a responsibility for overseeing the operation of this risk management strategy (as distinct from the management of specific risks), taking assurance from the Senior Leadership Team.

Diagram 1 illustrates NHS Forth Valley’s risk management structure and how they relate to the Chief Executive, Senior Leadership Team and Directorates/Partnerships responsibilities.

Diagram 1 – Risk Management Structure
1.3 The NHS Board in approving its Risk Management Strategy in January 2019 agreed an escalation process to ensure significant risks identified that are deemed impossible or impractical to manage by a local team or function, are escalated appropriately following the Health Board’s line management arrangements. The natures of risks that may need to be escalated include, for example:

- Significant threat to achievement of Government objectives and/or standards
- Assessed to be a substantial or intolerable risk, above the agreed risk appetite
- Widespread beyond local area span of control
- Significant cost of control beyond scope of budget holder
- Potential for significant adverse publicity

1.4 The Board of NHS Forth Valley when it approved its Risk Management Strategy agreed to introduce a corporate risk report on a quarterly basis to the Board. The Corporate Risk Register is attached at Appendix 1.

2. Active Risks

2.1 There are 11 active risks at the Corporate Risk level. These are summarised in Table 1 below. Risks are scored based on an assessment of impact (negligible 1 to extreme 5) combined with likelihood (rare 1 to almost certain 5).

<table>
<thead>
<tr>
<th>Current Corporate Risks and Scores</th>
<th>Initial Score</th>
<th>Target Score</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. There is a risk that NHS FV is unable to meet its obligations to implement the Primary Care Improvement Plan.</td>
<td>20</td>
<td>9</td>
</tr>
<tr>
<td>2. There is a risk that NHS Forth Valley is unable to meet and maintain its obligations to deliver unscheduled care and the 4 hr access standard.</td>
<td>25</td>
<td>9</td>
</tr>
<tr>
<td>3. There is a risk that NHS Forth Valley will fail to meet and maintain its Information Governance obligations including GDPR compliance.</td>
<td>16</td>
<td>9</td>
</tr>
<tr>
<td>4. There is a risk that NHS Forth Valley is unable to meet its obligations to deliver the National Waiting Times Plan targets over 2019 – 2021.</td>
<td>20</td>
<td>9</td>
</tr>
<tr>
<td>5. There is a risk that NHS Forth Valley is unable to maintain financial stability and meet financial requirements in regard to revenue and capital.</td>
<td>16</td>
<td>9</td>
</tr>
<tr>
<td>6. There is a risk that NHS Forth Valley will fail to meet its infection control and prevention obligations</td>
<td>12</td>
<td>6</td>
</tr>
<tr>
<td>7. There is a risk that NHS Forth Valley fails to comply with the Public Bodies Joint Working (Scotland) Act 2014</td>
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<td>6</td>
</tr>
<tr>
<td>8. There is a risk that NHS Forth Valley is unable to meet its obligations to deliver high quality, safe and effective service in line with National Standards</td>
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<td>6</td>
</tr>
<tr>
<td>9. There is a risk that NHS Forth Valley is unable to achieve affordable whole system and integrated workforce plans.</td>
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<td>6</td>
</tr>
<tr>
<td>10. There is a risk that NHS Forth Valley Estate &amp; Supporting Infrastructure is not maintained in line with national and local requirements.</td>
<td>16</td>
<td>9</td>
</tr>
<tr>
<td>11. There is a risk that NHS Forth Valley IT Infrastructure could fail due to technical and cyber vulnerabilities.</td>
<td>16</td>
<td>9</td>
</tr>
</tbody>
</table>

Aggregated CRR Score

| Aggregate CRR Score | 185 | 87 |

2.3 Effective management of mitigation plans over time will be seen in the reduction of risk scores and the de-escalation of low risks to departmental level.

Financial Implications
There are no specific implications in respect of the Corporate Risk Register

Workforce Implications

2
There are no specific implications however, this will support staff to ensure high quality, safe and sustainable health services continue to be provided.

**Risk Assessment**
Management of organisational risk is incorporated within the Risk Management Strategy.

**Relevance to Strategic Priorities**
Appropriate management of risk is integral to delivering our corporate objective and strategic priorities.

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

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

**Consultation Process**
The Corporate Risk Register has been further developed following discussions at the Senior Leadership Team (SLT) and the NHS Board Seminars in December 2018 and February 2019.
<table>
<thead>
<tr>
<th>Risk No</th>
<th>Assessment Date</th>
<th>Current Level</th>
<th>Department</th>
<th>Risk Owner</th>
<th>Risk Assessor</th>
<th>Initial Rate</th>
<th>Risk Appetite</th>
<th>Review Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>22.1.19</td>
<td>5</td>
<td>Area Wide</td>
<td>Cathie Cowan</td>
<td>Kathy O’Neill</td>
<td>20</td>
<td>9</td>
<td>31 July 2019</td>
</tr>
</tbody>
</table>

**Risk Description**

There is a risk that NHS FV is unable to meet its obligations to implement the Primary Care Improvement Plan (PCIP)

**Consequences**

It is likely if NO action is taken then -
- NHS FV will not be able to implement in full the PCIP resulting in serious reputational damage with adverse publicity
- Service sustainability will be affected with reduction and/or loss in service delivery
- Patient experience will be poor
- Staff experience will be poor which may impact on our ability to recruit and/or retain primary care staff
- Complaints will increase relating to timely and/or appropriate care

**Control Measures/Mitigation**

- Primary Care Programme Board led by CE to be established, terms of reference to be developed/agreed with reference to PCIP implementation and monitoring
- Develop and agree SDM to support annual priorities and use ‘results’ to chart progress and realise benefits
- Investment in quality clusters and leads to ensure GPs and multidisciplinary teams (MDT) are informed and involved in primary/community care developments, quality improvement resources to support PCIP and patient safety implementation
- Audit enabling activities – e.g. premises, IT and PCIP models of care evaluation
- Targeted recruitment to build GP and MDT capacity and capability
- Promote NHS FV as an employer of choice – e.g. ongoing investment in investors in people, promote i-matter, work to achieve gold healthy working lives rating, support CPD
- Develop and test business continuity plans

**Progress Update**

- PCIP Group in place to oversee PCIP implementation, Terms of Reference developed and to be agreed (June)
- SDM for 2019 to be developed (June)
- Programme Board to replace PCIP Group
- Investment in Quality clusters and GP Leads approved by SLT, review activities planned for end of September 2019
- Targeted recruitment in line with PCIP being monitored and reported to Strategic Leadership Team
- Tracker illustrating progress developed and agreed – to be submitted to Government (3 June).
- 2nd reiteration of PCIP developed/agreed and to be submitted to Government (3 June).
## Unscheduled Care

<table>
<thead>
<tr>
<th>Risk No</th>
<th>Assessment Date</th>
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<th>Department</th>
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<th>Risk Assessor</th>
<th>Initial Rate</th>
<th>Risk Appetite</th>
<th>Review Date</th>
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<tbody>
<tr>
<td>2</td>
<td>22.1.19</td>
<td>5</td>
<td>Area Wide</td>
<td>Andrew Murray</td>
<td>Andrea Fyfe</td>
<td>25</td>
<td>9</td>
<td>30 June 2019</td>
</tr>
</tbody>
</table>

### Risk Description

There is a risk that NHS Forth Valley is unable to meet and maintain its obligations to deliver **unscheduled care** and in particular the 4 hour access standard

### Consequences

- It is likely if NO action is taken then -
  - NHS FV will continue to not meet the 95% standard which would result in further escalation in line with the NHS performance framework - NHS FV would suffer reputational damage with adverse publicity
  - Service sustainability will be affected with restricted or no flow to downstream wards, overcrowding within ED would affect patient outcomes, SAS delays in patient handover and increased downtime for emergency ambulances. Delayed discharges if not addressed would affect access to acute beds and excessive boarding would become a safety concern
  - Patient experience including patient outcomes will be poor
  - Staff experience will be poor which would impact on our ability to recruit and/or retain acute care clinical staff, absence rates are likely to increase and moral would be affected
  - Complaints will increase relating to timely and/or appropriate care

- Unscheduled Care Programme (UCPB) Board led by MD is established. A review of the workings of the UCPB to be progressed with reference to the Six Essential Actions and the Recovery Plan (Getting ForthRight) implementation and monitoring using a Programme Management Office (PMO) approach
  - Review duty management arrangements and in day site huddles
  - Investment in PMO support – e.g. project manager, analyst
  - Develop/agree FV wide escalation plan
  - Develop/agree ED escalation plan
  - Recruit Acute Services Director
  - Promote NHS FV as an employer of choice – e.g. ongoing investment in investors in people, promote i-matter, work to achieve gold healthy working lives rating, support CPD
  - Develop and test business continuity plans

### Control Measures/Mitigation

- UCPB review informed by the tailored support resource (NECS) progressed to support improvement/governance
  - Acute Services Director (ASD) planned for March 2019 (involves restructure of general management arrangements in Medicine and Surgery) – completed, ASD in post from April
  - Duty management cover 7 days per week expanded and roles and responsibilities reviewed and clarified with 24/7 on call arrangements in place
  - Discharge lounge operating 7 days per week
  - Huddle activity with focus on flow established and weekend handover plans in place to facilitate discharge
  - Delayed discharge hub established with DD Management Plan in place
  - Day of Care Audit monitoring increased
  - Initial 90% 4 hour access standard recovery achieved. Improvements continued in March – achieved 95% trajectory - April compliance has fallen below 90%
### Information Governance

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<tr>
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<tr>
<td>3</td>
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<td>5</td>
<td>Area Wide</td>
<td>Andrew Murray</td>
<td>Deirdre Coyle</td>
<td>16</td>
<td>9</td>
<td>30 May 2019</td>
</tr>
</tbody>
</table>

**Risk Description**

There is a risk that NHS Forth Valley will fail to meet and maintain its **Information Governance obligations** including GDPR compliance

**Consequences**

It is likely if NO action is taken then -
- NHS FV will not comply with a range of data protection issues relating to GDPR including the development of an Information Asset Register and updated Information Sharing Agreements, Subject Access Requests resulting in reputational damage, adverse publicity and penalties via the Information Commissioner’s Office
- Staff non compliance when using policies and procedures including GDPR obligations
- Inability to comply with data breach reporting
- System upgrades, international transfer of data and accreditation will not be progressed
- Privacy impact compliance will not be met

**Control Measures/Mitigation**

- Mandatory training for all staff
- Information Asset Register to be implemented, following recruitment
- ISAs to be updated, following recruitment to IGG team
- GDPR compliance workplan monitored through IGG
- Data Protection Officer (DPO) to be appointed
- Policies notably Data Protection and Confidentiality, Subject Access to be in place
- Privacy Notices developed/agreed and displayed in public areas and web site
- Incident reporting in place
- Fairwarning monitoring system in place and being audited
- Smoothwall monitoring system in place to monitor internet usage
- Business continuity plans in place and tested

**Progress Update**

- Staff mandatory training in place and staff attendances monitored
- Information Asset Register template agreed and shared with Services
- DPO notification to supervisory body (Information Commissioner) progressed
- Policies (Data Protection and Confidentiality, Subject Access) in place
- Privacy notices in place
- Dedicated webpage containing DP and GDPR info and advice in place
- Internal Audit grading D – Inadequate, One Priority 1 Action (already actioned), three Priority 2 Actions
- Risk to be reassessed in response to Internal Audit grading – CEO and Executive Directors to review on 27 May once findings and recommendations are considered
## Waiting Times

<table>
<thead>
<tr>
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<tbody>
<tr>
<td>4</td>
<td>22.1.19</td>
<td>5</td>
<td>Area Wide</td>
<td>Cathie Cowan</td>
<td>Andrea Fyfe</td>
<td>20</td>
<td>9</td>
<td>30 June 2019</td>
</tr>
</tbody>
</table>

### Risk Description

There is a risk that NHS Forth Valley is unable to meet its obligations to deliver the National Waiting Times Plan targets over 2019 – 2021

### Consequences

- It is likely if NO action is taken then -
  - NHS Forth Valley will not deliver the waiting times standards during the period 2019/2021 in line with the National Waiting Times Plan trajectories resulting in significant reputational damage, adverse publicity, additional costs to the NHS Board (capacity sought from outwith the Board) and escalation
  - Patient experience and patient outcomes will be poor
  - Complaints will increase as people suffer long waits
  - Staff experience will be poor if treatments are not delayed

### Control Measures/Mitigation

- Scheduled Care Programme Board led by CEO
- SDM to agree priorities and align resources to be prepared annually in line with Annual Delivery Plan guidance to meet/exceed National Waiting Times Plan trajectories
- Performance management process
- Academy to be established to horizon scan and implement ‘best in class’ care pathways and/or models of care
- Elective Centre operational and supported by additional theatres, beds and diagnostic capacity/capability
- Attend Anywhere capability in primary care hubs
- Ongoing benchmarking to ensure DCAQ, performance in upper performance quartile

### Progress Update

- Scheduled Care Programme Board in place and SDM development planned
- Delivered March 19 position ahead of planned 1800 OPD and 1088 IP/DC targets
- Discussions held with SGHSCD to establish funding package for 2019/20 waiting times delivery and trajectories
- Mixed internal and external additional capacity sourced in line with additional investment
- Strategic Leadership Team monthly performance oversight in place
- Monitoring of short term impact on RTT of actions to reduce outpatients waits
- Increased focus to ensure current core capacity is maximised in Outpatients & Theatres
- Elective Care development has now moved to national commissioning resource – awaiting framework
- Elective Care Strategy – workshop planned for 24 May to begin the work, due to be presented to Board in August
## Financial Break Even

<table>
<thead>
<tr>
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</thead>
<tbody>
<tr>
<td>5</td>
<td>22.1.19</td>
<td>5</td>
<td>Area Wide</td>
<td>Scott Urquhart</td>
<td>Simon Dryburgh</td>
<td>16</td>
<td>9</td>
<td>30 May 2019</td>
</tr>
</tbody>
</table>

### Risk Description

There is a risk that NHS Forth Valley is unable to maintain financial stability and meet its financial requirements in regard to revenue and capital.

### Consequences

- It is likely if NO action is taken then -
  - NHS Forth Valley will not maintain financial stability and this will result in significant reputational damage and adverse publicity.
  - Ongoing financial balance and delivery of year on year.
  - Efficiency savings will remain high risk over the next 5 yrs.
  - Delivering of cash savings in 2019/20 will not be met and this will impact on the year end break even position.
  - Integration Authorities will remove flexibility to manage resources
  - New Drugs & Workforce costs will impact on year on year break even positions
  - Capital developments will become delayed and in year investment will not be realised

### Control Measures/Mitigation

- Detailed monitoring of financial position including savings delivery to P&RC and Board on a monthly basis
- Standing item on Senior Leadership Team Agenda
- Financial risks assessed, reviewed and quantified on monthly basis
- Directorate financial projections reviewed at Directorate and service meetings
- Five Year Financial Plan in place linked annual delivery plan informed by service, workforce plans and budget setting process
- Integration Authorities budget setting process agreed before each new financial year
- Audit assurance on internal control environment
- Infrastructure Programme Board in place and being led by DOF

### Progress Update

- Five Year Financial Plan prepared and presented to March 2019 NHS Board
- Annual budget confirmed for IJBs with CFOs – March deadline met
- Clks/Stirling end year position – again resulted in a significant issue for the NHS Board, NHS resources to offset overspends in the adult social work budgets in line with voting shared agreed - reduces investment in elective programme and on our ability to exceed elective targets.
- Savings - met savings target.
- Further work to deliver 2019/20 position in place– PMO approach developed and workshop involving staff took place on 22 May, PMO proposal to be developed and presented to NHS Board – scheduled for May
<table>
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</thead>
<tbody>
<tr>
<td>6</td>
<td>22.1.19</td>
<td>5</td>
<td>Area wide</td>
<td>Angela Wallace</td>
<td>Jonathan Horwood</td>
<td>12</td>
<td>6</td>
<td>30 May 2019</td>
</tr>
</tbody>
</table>

**Risk Description**

There is a risk that NHS Forth Valley will fail to meet its *infection control* and prevention obligations

**Consequences**

It is likely if NO action is taken then -
- Inadequate control of HAI – failure to adhere to policy
- Risk of HAI outbreak
- Impact on patient care
- Impact to Service provision – capacity and flow
- Increase in length of stay: Impact on Public and Patient confidence

**Control Measures/Mitigation**

- Standard infection control precaution procedures in place
- Active review of performance at all levels
- Regular updates to management
- Regular ward audit programme, HEI inspections and Directorate Reviews
- Mandatory staff training via Learnpro

**Progress Update**

- Annual Report will inform de-escalation of this risk to Board Register
## Public Bodies Joint Working

<table>
<thead>
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</thead>
<tbody>
<tr>
<td>7</td>
<td>22.1.19</td>
<td>5</td>
<td>Area wide</td>
<td>Linda Donaldson</td>
<td>Patricia Cassidy/Marie Valente</td>
<td>16</td>
<td>6</td>
<td>30 May 2019</td>
</tr>
</tbody>
</table>

### Risk Description
There is a risk that NHS Forth Valley fails to comply with the [Public Bodies Joint Working (Scotland) Act 2014](#).

### Consequences
- It is likely if NO action is taken then -
  - Non delivery of legislative requirements
  - Reputational damage - increased SG scrutiny & adverse publicity
  - Loss of trust and staff trust
  - Low staff morale and loss of key staff
  - Non achievement of HSCP benefits to patients / communities

### Control Measures/Mitigation
- Integration Working group chaired by CEO
- Management structures for both HSCPs agreed
- Chief officers have identified Shadow Management teams and are meeting to plan for delegation of services in 2019
- Involvement of SG ‘experts’ to agree coordination principles
- Regular reporting on progress to Health Board and IJBs

### Progress Update
- MSG proposals – response from each IJB, Councils and NHS Board agreed and submitted to Government
- Falkirk Council and NHS Forth Valley – approved integrated management structure – recruitment progressing in May
- Clks/Stirling – structure to be revisited with new Chief Officer and three Chief Executives
- Co-ordination workshop – operational management arrangements split across two Chief Officers (IJBs responsible for their adult populations)
- Shadow NHS arrangements in place from 3 June (enables recruitment process to proceed)
- Savings plans set at 3% - Chief officers with support from CSD General Manager to develop/submit NHS Savings Plan (adopt same approach used in Councils)
- Support to Chief Officer and Chief Financial Officer being progressed
<table>
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<tbody>
<tr>
<td>8</td>
<td>22.1.19</td>
<td>5</td>
<td>Area wide</td>
<td>Cathie Cowan</td>
<td>Angela Wallace/Andre Murray</td>
<td>12</td>
<td>6</td>
<td>30 June 2019</td>
</tr>
</tbody>
</table>

**Risk Description:**
There is a risk that NHS Forth Valley is unable to meet its obligations to deliver high quality, safe and effective service in line with National Standards.

**Consequences:**
- It is likely if NO action is taken then -
  - Reputational damage and adverse national publicity
  - Significant Harm and Poor Patient experience
  - Poor staff experience and low morale
  - Loss of employer of choice reputational issues for NHS Board
  - Errors due to ineffective training or limited access to training

**Control Measures/Mitigation:**
- Promoting our vision and mission
- Established governance & performance management
- Scottish Patient Safety Programme well embedded
- Monitoring of standards established
- Staff training
- Safe staffing levels
- Investment in QI capability and capacity building
- Promoting Monitoring of sickness/absence Internal Audit reviews

**Progress Update:**
- Changes to clinical governance and SPSP agreed
- Work to inform vision, strategy and deployment of resources including supporting structure to be agreed – scheduled to be complete July 2019
<table>
<thead>
<tr>
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<tr>
<td>9</td>
<td>22.1.19</td>
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<td>Area wide</td>
<td>Linda Donaldson</td>
<td>Linda Davidson</td>
<td>16</td>
<td>6</td>
<td>30 June 2019</td>
</tr>
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</table>

<table>
<thead>
<tr>
<th>Risk Description</th>
<th>Consequences</th>
<th>Control Measures/Mitigation</th>
<th>Progress Update</th>
</tr>
</thead>
</table>
| There is a risk that NHS Forth Valley is unable to achieve affordable whole system and integrated workforce plans | It is likely if NO action is taken then -  
• Recruitment challenges will occur in particular certain sections of the Medical Workforce  
• Timescales challenge to ensure appropriate reskilling of staff ensuring appropriate competence will  
• Affordability will become an issue | • Submission of costed overarching workforce plan in line with annual plan to Scottish Government  
• Detailed demographic profiling  
• Developing service passed workforce plans in line with strategy and integration requirements  
• Regular workforce monitoring reports against WFP and Our People Strategy | • Development of HR dashboard incorporating workforce statistics to be presented to Staff Governance by end of August  
• Updated workforce plan currently in production  
• Once for Scotland - core national workforce policies consultation is underway |
<table>
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<tr>
<td>10</td>
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<td>Area wide</td>
<td>Scott Urquhart</td>
<td>Jonathan Procter</td>
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<th>Progress Update</th>
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</thead>
<tbody>
<tr>
<td>There is a risk that NHS Forth Valley Estate &amp; Supporting Infrastructure is not maintained in line with national and local requirements.</td>
<td>It is likely if NO action is taken then -</td>
<td>• Infrastructure developments prioritised and funded through the NHS Board capital plan</td>
<td>• NHS Board 5 year capital plan approved in March 2019 setting out key funded priority and development areas</td>
</tr>
<tr>
<td></td>
<td>• Failure to deliver obligations set out in Property Asset Management Strategy (PAMS)</td>
<td>• Regular PAMS report submitted to Government</td>
<td>• Annual PAMS report submitted to Government May 2019</td>
</tr>
<tr>
<td></td>
<td>• Health and safety risk for staff and patients using premises</td>
<td>• Operational condition of estate regularly assessed and monitored through the Estates Asset Management System</td>
<td>• Capital projects report submitted to P&amp;R Committee April 2019</td>
</tr>
<tr>
<td></td>
<td>• Failure to provide adequate clinical service areas</td>
<td>• Annual review of the estate performance and condition monitored through the Performance and Resources Committee</td>
<td></td>
</tr>
<tr>
<td></td>
<td>• Affordability of backlog maintenance and ability to fund Capital Priorities</td>
<td>• GP and Community Premises current condition and future planning review commissioned to support future capital priorities</td>
<td>• Infrastructure Programme Board in place and Strategy Deployment Matrix finalised for 2019</td>
</tr>
<tr>
<td></td>
<td>• Lack of adequate and appropriate accommodation for staff and patients</td>
<td>• Longer term planning for future accommodation requirements</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Regular reviews with PPP partners for FVRH, SCV, CCHC and planned preventative maintenance programmes in force</td>
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</tbody>
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## IT Infrastructure

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<td>Area wide</td>
<td>Scott Urquhart</td>
<td>Jonathan Procter</td>
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<th>Consequences</th>
<th>Control Measures/Mitigation</th>
<th>Progress Update</th>
</tr>
</thead>
<tbody>
<tr>
<td>There is a risk that NHS Forth Valley IT Infrastructure could fail due to technical and cyber vulnerabilities</td>
<td>It is likely if NO action is taken then -</td>
<td>Digital and eHealth Strategy outlining resilience and cyber security plans approved by Health Board</td>
<td>Digital and eHealth Programme Board in place</td>
</tr>
<tr>
<td></td>
<td>• Clinical services unable to access electronic patient data</td>
<td>Annual Digital and eHealth delivery plan prioritised, approved and monitored by the Programme Board and Senior Leadership Team</td>
<td>Digital strategy approved</td>
</tr>
<tr>
<td></td>
<td>• A cyber attack could render systems and services unavailable</td>
<td>Lifecycle System matrix reviewed annually by the Digital and eHealth Programme Board to shape future investment plans</td>
<td>Trakcare patient Management System implemented</td>
</tr>
<tr>
<td></td>
<td>• Patients not able to be treated or seen at clinics due to IT systems being down</td>
<td>Cyber security objectives and initiatives included in the annual programme of work</td>
<td>Ongoing national discussion regarding windows 10 and office products</td>
</tr>
<tr>
<td></td>
<td>• Information loss</td>
<td>Cyber Security Group established under Director of Facilities and Infrastructure to oversee Board’s cyber security plans</td>
<td></td>
</tr>
<tr>
<td></td>
<td>• Out of date infrastructure and technologies</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
10.2 Blueprint Self Assessment Report
For Approval

Executive Sponsor: Mrs Cathie Cowan, Chief Executive
Author: Mr Alex Linkston, Chairman
Mrs Sonia Kavanagh, Corporate Governance Manager

Executive Summary
This report details the work undertaken following the publication of DL (2019)02 to NHS Scotland Health Boards and Special Health Boards – Blueprint for Good Governance. As required, the Blueprint Self Assessment report and Improvement Plan were submitted to the Cabinet Secretary by the end of April 2019.

Recommendation:
The Forth Valley NHS Board is asked to:
- Note the Blueprint Self Assessment report
- Formally approve the Improvement Plan

Key Issues to be Considered:
NHS Forth Valley is committed to Good Governance and Health Board members have been involved throughout this self assessment and development process to understand good practice and areas for further development. The resulting Improvement Plan also incorporates the output from the Health Board’s effectiveness review undertaken in December 2018 using the Board Diagnostic Tool.

Financial Implications
There are no specific implications in respect of this report.

Workforce Implications
There are no specific implications in respect of this report.

Risk Assessment
The outcome from this review will ensure an agreed risk appetite with the necessary arrangements in place to identify and manage current and future risks and ensure these are appropriately managed.

Relevance to Strategic Priorities
Corporate governance involves setting strategic aims and is vital to ensure Executive Directors and their respective teams are held to account for the delivery of our Healthcare Strategy, Shaping the Future.

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

Further to an evaluation it is noted that:
- Paper is not relevant to Equality and Diversity

Consultation Process
The wide range of discussion and consideration is detailed within this report.
January 2018 - New Chief Executive commenced in post and undertook a review of personal objective setting process. On conclusion corporate objectives were agreed by the Health Board to inform the 2018/2019 objective setting process. This included a review of governance and risk management arrangements led by the Chief Executive and supported by the Chairman.

June 2018 - The Chief Executive in advance of her first staff conference (June 2018) invited staff to respond to a number of questions including ‘If you could suggest one change that will make your working life within NHS Forth Valley better, what would it be?’. It was intended that responses to this question would provide insight into the culture of the Health Board.

October 2018 - Health Board members led by the Chairman participated in a review of NHS Board effectiveness using the NHS Scotland Board Development Diagnostic Tool.

December 2018 - The results from the 5 domains of the Diagnostic Tool: engaging with stakeholders, strategic intent, holding to account, Board dynamics and Board leadership were considered in detail. The seminar was facilitated by Sharon Millar, Principal Lead, NES and areas of good practice and areas for development were identified and later agreed by Health Board members at the Board meeting in January 2019. The outline and output from seminar are attached at Appendix 1 and 2. During this seminar Audit Scotland also provided a presentation on the principles and practicalities of good governance and risk management. The Health Board discussed this in detail noting that an internal review of risk management arrangements was also being led by the Chief Executive.

January 2019 - The Risk Management Strategy was approved by the Health Board were it was proposed that corporate risks be assigned to the appropriate Assurance Committee to fulfil their scrutiny and assurance roles, this was supported. A corporate risk register report will be presented to the Health Board quarterly to enhance transparency and provide assurance that risks are being managed appropriately. An agenda item on Good Governance led by the Chairman and Chief Executive was also discussed including the review to enhance governance arrangements and provide appropriate scrutiny and challenge to inform good decision making. A process to evaluate our internal Assurance Committees’ effectiveness was agreed.

February 2019 - Health Board members thereafter were invited to complete a Self Assessment for each of the Assurance Committees that they were a member of. This included evaluation of the Committee’s role and remit and assurance provided to the Health Board. The results were considered at the Board Seminar.

The Blueprint for Corporate Governance self assessment was also completed by the NHS Board and in March 2019 results from the self assessments were considered by the Chairman, Chief Executive and Corporate Governance Manager, alongside the five functions findings from the Board Diagnostic Tool. These findings and recommendations will be shared with Health Board members in April 2019. The Board at this time will also consider how it supports a systemic quality improvement system in NHS Forth Valley and how we align this to necessary Health Board governance arrangements.
**Setting the Direction**

<table>
<thead>
<tr>
<th>Question</th>
<th>Good practice</th>
<th>Further Improvement</th>
</tr>
</thead>
<tbody>
<tr>
<td>2a. Provide leadership, support and guidance to the organisation including determining the organisation’s purpose and ambition</td>
<td>90%</td>
<td>10%</td>
</tr>
<tr>
<td>2b. Consider and approve the strategic and operational policies and plans to deliver the policies and priorities of the Scottish Government</td>
<td>90%</td>
<td>10%</td>
</tr>
<tr>
<td>2c. Allocate the budgets and approve the capital investments required to deliver strategic and operational plans</td>
<td>100%</td>
<td></td>
</tr>
<tr>
<td>2d. Agree the aims, objectives, standards and target for service delivery in line with the Scottish Government’s priorities</td>
<td>100%</td>
<td></td>
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</table>

Overall the results were positive with free text comments referring to ‘strategic alignment with government goals’ and ‘setting strategic direction and priorities’ using our strategy deployment quality improvement approach to drive up performance as working well. This has been reaffirmed through i-Matter and internal audit feedback. Auditors in particular have stated that ‘NHS Forth Valley has been pro-active in enhancing governance arrangements and has taken into account previous internal audit recommendations as part of this process’ and that ‘progress in arrangements to deliver the Healthcare Strategy and support savings through the Strategy Deployment Matrix has been extremely positive’.

**Areas for Further Development:**
- Continue to build on our collective leadership and relationships within our integration space to inform our strategic plans, commissioning decisions whilst supporting a culture of reflective collaborative practice in our Health and Social Care Partnerships.
- Continue to enhance our Health Board development sessions (6 per year) to consider strategy development informed by external drivers, data/information, innovation and improvement to support our internal operating environment’s performance now and more importantly in the future.
- Test out new ways of engaging with staff, partners and our wider stakeholders including communities.

**Holding to Account**

<table>
<thead>
<tr>
<th>Question</th>
<th>Good practice</th>
<th>Further Improvement</th>
</tr>
</thead>
<tbody>
<tr>
<td>3a. Non Executive Directors are able to monitor, scrutinise, challenge and then, if satisfied support the Executive Leadership Team’s day-to-day management of the organisation’s activities</td>
<td>100%</td>
<td></td>
</tr>
<tr>
<td>3b. Safeguard and account for public money to ensure resources are used in accordance to best value principles</td>
<td>100%</td>
<td></td>
</tr>
<tr>
<td>3c. Ensure compliance with the requirements of relevant regulations or regulators</td>
<td>90%</td>
<td>10%</td>
</tr>
<tr>
<td>3d. Ensure oversight of the application and implementation of fair and equitable system of pay and performance management, including determining the pay arrangements for the Executive Leadership Team</td>
<td>100%</td>
<td></td>
</tr>
<tr>
<td>3e. Ensure continuous improvement is embedded in all aspects of service delivery</td>
<td>80%</td>
<td>20%</td>
</tr>
</tbody>
</table>

Overall results were positive with free text comments referring to ‘non executives are confident to challenge’, ‘constructive challenging questioning ethos’ and ‘holding staff to account’ as working well. This is evident at Board and in particular in Assurance Committees using a topic specific deep dive approach led by an Executive and senior clinicians and managers.

**Areas for Further Development:**
- Continue to support Health Board members development especially Non Executives to enable them to review complex data, challenge constructively and be assured that strategic plans connect with the Board’s vision, corporate objectives and delivery of outcomes - align with appraisal process.
- Introduce self assessment surveys after each Board and Assurance Committee meeting to improve our Health Board effectiveness.
- Chief Executive is currently exploring QI Academy proof of concept to align with Programme Management Office approach to support our transformation agenda.
Assessing Risk

<table>
<thead>
<tr>
<th>Question</th>
<th>Good practice</th>
<th>Further Improvement</th>
</tr>
</thead>
<tbody>
<tr>
<td>4a. Consider and agree the organisation’s tolerance</td>
<td>100%</td>
<td></td>
</tr>
<tr>
<td>4b. Consider and approve risk management strategies and ensure they are</td>
<td>90%</td>
<td>10%</td>
</tr>
<tr>
<td>communicated to the organisation’s staff</td>
<td></td>
<td></td>
</tr>
<tr>
<td>4c. Identify current and future corporate, clinical, legislative,</td>
<td>100%</td>
<td></td>
</tr>
<tr>
<td>financial and reputational risks</td>
<td></td>
<td></td>
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<tr>
<td>4d. Oversee an effective risk management system that assesses level</td>
<td>100%</td>
<td></td>
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<tr>
<td>of risk, identifies mitigation and provides assurance that risk is</td>
<td></td>
<td></td>
</tr>
<tr>
<td>being considered effectively</td>
<td></td>
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</table>

Overall results were positive with free texts comments referring to the ‘new risk management strategy’ and risk and its’ assessment.

Areas for Further Development:
- The Risk Management Strategy was updated and approved in January 2019. Training to support its implementation and to raise awareness in regard to risks being reviewed, updated and escalated.
- Alignment of risk with Health and Safety, Patient Safety, and Emergency Planning and Business Continuity strategies.
- Review in year of how corporate risks assigned to Assurance Committees is working and contributing to our effectiveness as a Health Board, Internal Audit to review new arrangements during 2019/2020, this supports our commitment to continuous improvement.
- Corporate Risk Register Health Board report in development and will be presented from May 2019 to further increase our Health Board transparency.

Engaging Stakeholders

<table>
<thead>
<tr>
<th>Question</th>
<th>Good practice</th>
<th>Further Improvement</th>
</tr>
</thead>
<tbody>
<tr>
<td>5a. Ensure priorities are clear, well communicated and understood by all</td>
<td>80%</td>
<td>20%</td>
</tr>
<tr>
<td>stakeholders</td>
<td></td>
<td></td>
</tr>
<tr>
<td>5b. Establish and maintain public confidence in the organisation as a</td>
<td>100%</td>
<td></td>
</tr>
<tr>
<td>public body</td>
<td></td>
<td></td>
</tr>
<tr>
<td>5c. Report on stewardship and performance and publish an Annual Report</td>
<td>100%</td>
<td></td>
</tr>
<tr>
<td>and Accounts</td>
<td></td>
<td></td>
</tr>
<tr>
<td>5d. Contribute to the development of Scottish Government policies</td>
<td>90%</td>
<td>10%</td>
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</table>

Overall results were positive with free texts referring to ‘engaging stakeholders – patients/families/staff and wider political and local people with an interest in the care and services’ and ‘increased executive team visibility and engaging directly with teams/staff, promoting shared values and behavioural standards’ as working well. However there were areas highlighted to support improvement in how we ensure ‘priorities are clear and well communicated and understood by all stakeholders’ and contribution to the development of Scottish Government policies’.

Areas for Further Development:
- Revisit our approach to quality walk-rounds and use feedback from Chief Executive/Executive visibility meetings to inform how these regular informal conversations with staff proceed.
- Revisit communication (e.g. introduce monthly Chief Executive updates) and introduce cascade briefing system after Board and Assurance Committee meetings.
- Introduce feedback system to test impact of new ways of working, improvements etc
- Explore how we engage internally and externally to capture and analyse feedback from patients, staff, partners and our communities.
- Participate in reviewing MSG proposals to realise integration benefits.
### Influencing Culture

<table>
<thead>
<tr>
<th>Question</th>
<th>Good practice</th>
<th>Further Improvement</th>
</tr>
</thead>
<tbody>
<tr>
<td>6a. Determine and promote shared values that underpin policy and behaviours throughout the organisation</td>
<td>80%</td>
<td>20%</td>
</tr>
<tr>
<td>6b. Demonstrate the organisation’s values and exemplify effective governance through Board Members’ individual behaviours</td>
<td>90%</td>
<td>10%</td>
</tr>
<tr>
<td>6c. Develop a cultural blueprint consistent with the organisation’s purpose and ambition</td>
<td>90%</td>
<td>10%</td>
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</table>

**Overall results were positive with free texts referring to 'increased executive team visibility and engaging directly with teams/staff, promoting shared values and behavioural standards' and 'collective leadership of the Non Executive and Executive Directors' as working well. Board members commented on when governance feels good and referred to 'transparency, participatory behaviours that are consensus oriented with clarity around accountability' and acknowledging that 'structure and systems also need good behaviours'.**

**Areas for Further Development:**
- Creating psychological safety for people, teams and Health Board members to speak up.
- Model our values and behaviours and call out bad behaviours.
- Refresh our narrative /purpose – key message from CEO at staff conference planned for August 2019.
- Reinforcing a culture of accountability with continuing focus on performance and contribution and celebrations when things go well (ongoing investment in Staff Awards celebrations)
- Undertake an assessment of our culture in 2019 to inform our Staff Conference themes.
Our Governance Ambition

‘Good governance ensures we do the right things, in the right way, for the right people in a timely, inclusive, open and accountable manner. As a Health Board we strive to fulfil our overall purpose, achieve our intended corporate objectives and outcomes for our patients, staff and our wider stakeholders and partners whilst operating in an efficient, effective and ethical manner.’

Our Governance Model

Integrating governance

- Purpose of fiduciary governance is to provide good stewardship of our assets/resources. It invites us as Health Board members to ask, ‘what do we have and how do we use it?’ We can expect facts, figures, financials, and risks to inform our opinions and provide assurance. This is where we hold to account and assess risk.
- Purpose of strategic governance is to formulate strategy. It invites us to ask questions about our context and operating environment and what our data is telling us in terms of trends and comparative information including feedback from our patients, partners and our wider stakeholders, helping us formulate strategy. This is where we plan and set future direction for the Health Board.
- Purpose of generative governance is for the Health Board to influence culture through its leadership and sense making role. It invites us as Health Board members to engage in deeper enquiry to inform future sustainability and realignment of resources in response to meaningful engagement both internally and externally.

Improving governance

Our Improvement Plan (attached at Appendix 3) concerns all three modes of governance. Its intention is to set out our key priorities for 2019/2020 to enable NHS Forth Valley to fulfil its purpose in an operating environment that is both complex and challenging.
### Appendix 1: NHS Forth Valley – Board Diagnostic Feedback Session Tuesday 4th December 2018

<table>
<thead>
<tr>
<th>Time</th>
<th>Activity</th>
<th>Outcome</th>
</tr>
</thead>
</table>
| 10.00 am     | **Introduction** – Chair  
Why we are reviewing our Board effectiveness  
Introduce Sharon | Bring people’s attention to benefits of review of Board effectiveness |
| (10 mins)    | **Purpose of the session** – Sharon  
• Discuss the results from completing the Board development diagnostic questionnaire captured in the report  
• My role as facilitator and confidentiality  
• Plan for the session:  
  o 2.5 hrs  
  o Explain the structure of the report  
  o Look at highlights together and immediate reflections  
  o Break into smaller groups to explore the 5 domains in more detail to identify 2-3 actions per domain that would result in an improvement  
  o Share together, and agree the actions you want to take as a Board  
  o Discuss the process and accountabilities for working up the plan and attending to the actions in it  
• Any questions or suggestions | Clarify expectations for the session |
| 10.10 am     | **Structure of the report and highlights** – Sharon  
Short input on the structure of the report and 5 domains examined, response rate and a degree of anonymity, 6-point response scale, free text comments.  
Pause: Any questions for clarity on format and layout of the report?  
Highlights from responses: highest and lowest median responses and general themes from comments  
Whole group discussion: Initial reaction to the findings? Any surprises, what are you curious about? | Clarification of process undertaken and structure of the report and understand the data contained within it |
| (10 mins + 15 mins) |                                                                 |                                                                 |
| 10.35 am     | Smaller group discussion about specific domains  
If attendance allows divide into 5 groups, each looking at one of the dimensions or 2 groups taking 2 dimensions each (both share an additional one) | Exploration of what sits behind the examples of good practice with the intention of noticing individual and |
<table>
<thead>
<tr>
<th>Time</th>
<th>Activity</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>11.20 am (1hr)</td>
<td>Whole group action planning</td>
<td>Each group shares their reflections and proposes areas to work on – take questions. Collectively – what are we noticing (patterns) and what are we committing to do?</td>
</tr>
<tr>
<td>12.20 am (10 mins)</td>
<td>Clarify the process from here</td>
<td>to translate proposed actions into the Boards Develop Plan and immediate next steps Sum up</td>
</tr>
<tr>
<td>12.30 pm</td>
<td>Closing remarks from the Chairman and Chief Executive</td>
<td></td>
</tr>
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</table>

**Process:**
Considering your circle of control:
- Discuss and agree
  - The top three examples of good practice against the domain
  - What qualities does the Board display that helps get this score? (from comments)
  - How relevant is the example and the qualities which supports it in current context?
  - The top three areas for development (from comments)
  - What makes this issue difficult?
  - How might you use your collective expertise to overcome this?
  - What 2-3 actions would improve the rating in that dimension and
  - What would an improvement look like given the current context?

Understanding of the impact on the Boards strategic context from developing 2-3 areas in each domain.

Coffee break taken in groups
Appendix 2

NHS Board Diagnostic Report
Feedback Session Output Note

Tuesday 4 December 2018
Boardroom, NHS Forth Valley Headquarters,
Carseview House, Castle Business Park,
Stirling

Present:
Alex Linkston  Cathie Cowan  Julia Swan  John Ford  Fiona Gavine
Susan McGill  Allyson Black  Robert Clark  Graham Foster  Andrew Murray
Scott Urquhart  Angela Wallace  Linda Donaldson

In Attendance:
Sharon Millar – OD Lead
Sonia Kavanagh

Opening Remarks – Sharon Millar

The session would review the results of the recent Board Diagnostic questionnaire and consider
the NHS Board’s effectiveness and circle of control.

The 5 Domains would then be discussed and explored to understand good practice and reflect
on the individual and collective contributions required and areas for further development and
improvement.

7 Principles of Conduct in Public Life

- **Selflessness** – act solely in terms of the public interest
- **Integrity** – should not act or take decisions in order to gain financial or other material
  benefits for themselves, their family or their friends
- **Objectivity** – must act and take decisions impartially, fairly and on merit, using the best
evidence and without discrimination or bias
- **Accountability** – accountable to the public for their decisions and actions and must
  submit themselves to the scrutiny necessary to ensure this
- **Openness** – act and take decisions in an open and transparent manner.
- **Honesty** – to be truthful
- **Leadership** – exhibit these principle in own behavior. Actively promote and robustly
  support the principles and be willing to challenge poor behavior wherever it occurs
Results – Good Practice and Areas for Development

A – Engaging with Stakeholders

**Good practice:**
- Clear who our stakeholders are
- Stakeholder interests are taken into account when developing strategies and delivering services
- Various formats of staff engagement activities being tested, including senior management visits

**Qualities displayed by NHS Board to support this:**
- Openness
- Willingness to listen actively and to involve others in improvement work

**Relevance to Current Context:**
- Crucial in order to deliver Best Value and Realistic Medicine, need to actively engage with our stakeholders, notably communities, partners and staff
- Consistency of approach and everyone ‘on message’ is essential to moving forward
- Meets Staff Governance standard – staff involved in decisions that affect them, applicable across all stakeholders

**Areas for Development:**
- Engaging with those not usually reached or heard from both internally and externally
- Continue to strengthen Executive visibility

**What makes this difficult:**
- People have consultation fatigue (increased our i-Matter action planning to demonstrate our commitment to listening and implementing)
- Questionnaire overload
- Too busy – competing priorities
- How to hear the ‘small voice’….in amongst complexity and challenge

**Actions to improve the rating in this Domain:**
- Include everyone, go to them
- Ask what stakeholders want – through short focused ‘Survey Monkey’
- Develop Executive visibility programme eg. ‘Coffee with Cathie’

**What would an improvement look like:**
- Stakeholders engaged in decisions that affect them
Good practice:
- Clear ambitious strategies/policies – reflecting the needs and priorities of the population served by the NHS Board Assurance and scrutiny culture
- Continue to focus on improving outcomes and supporting the Board’s vision for the organisation

Qualities displayed by NHS Board to support this:
- Willingness to learn and drive improvement
- Focus on patient safety and experience
- Scrutiny and open dialogue in NHS Board and Assurance Committees that in turn fosters healthy debate

Relevance to Current Context:
- Need to continue to pay attention to performance, improvement, innovation and the impact of further integration opportunities. Widening gap and closing inequalities facing our population (and Scotland as a whole)

Areas for Development:
- Continue to support the development of the IJB
- Ongoing development of our approach to performance improvement through the use of ‘deep dives’ at Assurance Committees
- Support our 5 year plan as a priority – in development

What makes this difficult:
- Financial climate
- Changes in political emphasis - ring fencing of budgets
- Workforce gaps and ability to deliver high performance linked to targets as a result

Actions to improve the rating in this Domain:
- 5 year plan – balance resources with delivery of priorities and performance improvement
- Complete our governance and risk management review and better understand and manage risk (dynamic, positive and owned)

What would an improvement look like:
- Ambitious Health and Social Care Partnerships working collaboratively for the people of Forth Valley
- Higher degree (and scores) with respect to performance improvement related to risk to deliver our strategic priorities and promises (strategy)
Good practice:
- Discipline and clarity of agendas – governance model is strong (process to deliver strategic priorities and objectives)
- High quality information to enable decisions and hold to account (assure all associated risks are managed)
- Good culture – the tone is set and able to ask questions freely

Qualities displayed by NHS Board to support this:
- Professionalism and commitment to the governance model and its review
- Refined and evolved reports – willingness to review formats regarding accessibility

Relevance to Current Context:
- All of the above areas are relevant to provide assurance regarding delivery of strategic priorities, objectives and manage all associated risks

Areas for Development:
- Ensure discussions include risk based approach alongside performance
- Take stock of progress with strategic plan
- Opportunity for NHS Board to revisit improvement targets in line with significant elective investment

What makes this difficult:
- Maintaining constructive and positive relationships (supporting difficult conversations)
- Balancing between appropriate support and/or challenge

Actions to improve the rating in this Domain:
- Encourage questioning and satisfactory outcomes (supporting difficult conversations)
- Review progress of strategic plan

What would an improvement look like:
- More evidence of ‘difficult conversations’ within the NHS Board
- More evidence of progress against strategy
- No-one feeling fobbed off and/or soothed
Good practice:
- Directors go beyond their respective functional specialism to adopt a broad role as corporate directors - do not work in silos
- Board members are clear about their role and accountability
- Board members behave in a way that is consistent with the values of the NHS

Qualities displayed by NHS Board to support this:
- Breadth of knowledge/experience of Non-Executive and Local Authority members – bring voice of staff/clinicians/people of Forth Valley
- Collective responsibility for Board decisions and will ask for further information etc if necessary

Relevance to Current Context:
- Importance of relationships, especially given the complexities of the demands and challenges faced
- Importance of focus on preventative measures
- The need to work constructively together in an integrated climate characterised by trust, involvement and robust dialogue

Areas for Development:
- Induction for Non-Executives, with opportunities to attend other NHS Board meetings (assurance and scrutiny)
- Self Evaluation/Reflection – areas for personal development eg. interpersonal skills (asking difficult questions)
- Board reflection on effectiveness of meeting – what went well and what didn’t (to support continuous improvement)
- Visibility of NHS Board - walk rounds, change meeting times/location to improve access for public, webcast

What makes this difficult:
- Ensure collective agreement on changes to meeting times/ location and ensure venues meet requirements
- Induction to meet the individual needs of Non-Executives

Actions to improve the rating in this Domain:
- Assistance/support provided regarding attending national events and being clear about what expectations are for people attending
- Review Non Executive induction process/ development
- Assess Board meetings – effectiveness, timing and location

What would an improvement look like:
- An accessible Board that has credibility with the public and staff
Good practice:
- Chair and CEO work effectively together and respect one another’s role
- Chair is visible and approachable within the organisation
- Chair advocates curiosity and questioning and enables other Board members to be involved

Qualities displayed by NHS Board to support this:
- Tone and culture of Board meetings – open, professional with the commitment of everyone
- Active involvement – freedom to speak ‘no stupid questions culture’
- Willingness to listen and holding to account to drive change, innovation and improvement
- Quality of Board members – varied experience and background
- Chair and Chief Executive model NHS values and ensure that they are embedded in everything we do. Values lived
- All underpinned by a common goal – high quality patient care

Relevance to Current Context:
- Fundamental to having a positive impact on the performance of the Board and its members
- Chair and Chief Executive leadership is crucial to respond to challenges and opportunities at local, regional and national levels

Areas for Development:
- Individual training /development needs assessment – identify areas of development to add value and ensure collective leadership effectiveness
- Review of governance and risk management to further enhance Board effectiveness
- Challenge data – review/scrutinise plans
- Create an informal space in addition to Board seminars to foster relationships and drive effectiveness

What makes this difficult:
- Time

Actions to improve the rating in this Domain:
- Focus on an options appraisal approach with active discussion and risk based decision making of Board members
- Accessible to public and stakeholders – evening meetings on occasion
- Access to all Committee papers for Board members
- Peer review from other Boards e.g. critical friend
- CEO proposed a report to Board meetings on emerging issues
- Strategies to be presented to Board for final approval
- One page Assurance Committee report from respective Chairs – what are the 3 main issues (good and not so good) from their Committee meeting

What would an improvement look like:
- Positive impact on performance of the Board and its members developed further
- Enhanced visibility of NHS Board and its effectiveness which is recognised and respected both within and outside the organisation
- Continued commitment of the NHS Board to review its effectiveness and look to
Comments from Facilitator

- Positive Leadership - natural and honest interactions between Board members and various examples provided
- Values of NHS Forth Valley mattered and were incorporated into meetings
- Honesty - acknowledged the existing skills and experience of non-executives, while recognising the individual/collective areas which would require further development to allow the NHS Board to continue to evolve and improve

Summary and Actions

The Board members felt that the outcomes from the Board Diagnostic Tool along with the session held around governance and risk were very useful and would assist with the continuing effectiveness and development of the NHS Board and Governance Committees.

The actions to improve the rating in each of the 5 Domains of the Board Diagnostic Tool would be reviewed and prioritised to provide ‘quick wins’ and establish a Programme for Development in 2019.

Closing Remarks – Cathie Cowan/ Alex Linkston

Alex Linkston thanked everyone for participating in the event and their contribution to the review currently underway regarding governance and risk management being led by the Chief Executive.

Cathie Cowan outlined her and the Chairman’s plans (informed in her opening remarks by Audit Scotland’s contribution and her reference to ‘A Blueprint for Good Governance’) to review governance and risk management. The work underway included the Board Diagnostic Tool. Cathie added that it is her intention to present a draft Risk Management Strategy to the NHS Board in January 2019 which will then be shared with staff to seek their input. The February Board Development session will focus on a review of the NHS Board’s Assurance Committees e.g. their effectiveness, terms of reference and membership. The output from all of this work will be presented to the Board in March 2019.
## Appendix 3: Improvement Plan

### Strategic Governance - Setting the Direction

<table>
<thead>
<tr>
<th>Action</th>
<th>Details</th>
<th>Responsibility</th>
<th>Timeframe</th>
</tr>
</thead>
<tbody>
<tr>
<td>Formulating Strategy</td>
<td>Develop/agree Annual Operating Plan</td>
<td>Chief Executive</td>
<td>April 2019</td>
</tr>
<tr>
<td></td>
<td>Develop/agree Strategy Deployment – Board and Programme Boards</td>
<td>Chief Executive and Executive leads for each of the Programme Boards</td>
<td>June 2019</td>
</tr>
<tr>
<td></td>
<td>Specific strategies – e.g. Elective Care Strategy – align with metrics to deliver NWTIP</td>
<td>Chief Executive</td>
<td>June 2019</td>
</tr>
<tr>
<td></td>
<td>MSG response to support and contribute to realising integration benefits</td>
<td>Board Members</td>
<td>April 2019</td>
</tr>
<tr>
<td></td>
<td>5 Year Financial Plan - how we will ‘deliver better value’</td>
<td>Director of Finance</td>
<td>April 2019</td>
</tr>
<tr>
<td></td>
<td>Establish Project Management Office to direct innovation and improvement work using a standardised QI approach</td>
<td>Chief Executive/Executive Directors</td>
<td>July 2019</td>
</tr>
<tr>
<td></td>
<td>Establish QI and People Academy to support transformation and developing our workforce (talent management and succession planning) agendas</td>
<td>Chief Executive/Executive Directors</td>
<td>Aug 2019</td>
</tr>
</tbody>
</table>

### Fiduciary Governance - Holding to Account and Assessing Risk

<table>
<thead>
<tr>
<th>Action</th>
<th>Details</th>
<th>Responsibility</th>
<th>Timeframe</th>
</tr>
</thead>
<tbody>
<tr>
<td>Oversight of:</td>
<td>Review and agree our Corporate Objectives</td>
<td>Chair/Chief Executive</td>
<td>April 2019</td>
</tr>
<tr>
<td>• Operations</td>
<td>Objective setting process completed by end of May with built in mid- year reviews</td>
<td>Chief Executive</td>
<td>May 2019</td>
</tr>
<tr>
<td>• Efficient and appropriate use of resources</td>
<td>Induction and handbooks for Non Executive Directors (work of Board and Assurance Committees) – read across to national work</td>
<td>Chair/Chief Executive and Director of HR</td>
<td>August 2019</td>
</tr>
<tr>
<td>• Legal compliance and fiscal accountability</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Fiduciary Governance - Holding to Account and Assessing Risk (continued)</td>
<td></td>
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</tr>
</tbody>
</table>
| **Oversight of:**  
  - Operations  
  - Efficient and appropriate use of resources  
  - Legal compliance and fiscal accountability |
| Training for NHS Board members – how to seek assurance (difficult conversations)  
Operational Teams including Partnership quarterly performance reviews  
Develop and agree Performance Dashboard (Health Board and Integration Joint Boards Assurance)  
Develop and agree HR Dashboard (Staff Governance Assurance)  
Introduce Self Assessment Surveys after Board and Assurance Committee meetings to inform Board effectiveness |
| Head of OD  
Chief Executive  
Directors of Public Health & Finance  
Director of HR  
Corporate Governance Manager |
| July 2019  
June 2019  
Aug 2019  
June 2019  
June 2019 |
| **Assess Risk** |
| Launch Risk Management Strategy and roll out risk management training for staff  
Review CRR, agree assignment of corporate risks to Assurance Committee to oversee and appraise Audit Committee of compliance  
Develop, agree and implement CRR Register reporting to Health Board – quarterly basis |
| Chief Executive  
Board members  
Director of Finance/ Corporate Governance Manager  
Chief Executive /Director of Finance |
| May 2019  
April 2019 – complete  
May 2019  
2019/2020 Audit Prog. |
| **Generative Governance – Leadership, Engaging Stakeholders and Influencing Culture** |
| **Leadership** |
| Develop/agree annual Board Development Programme to support our ongoing commitment to being an 'effective Health Board':  
  - Managing our Business - refreshing our purpose/narrative  
  - Roles and Responsibilities including systems governance  
  - Organising for Improvement (culture and behaviours and agreeing metrics)  
  - Governing for Improvement (fiduciary, strategic and generative) |
| Chair/Chief Executive/ Corporate Governance Mgr./ Head of OD |
| June 2019 |
### Generative Governance – Leadership, Engaging Stakeholders and Influencing Culture (Cont)

<table>
<thead>
<tr>
<th>Leadership</th>
<th>Develop a programme to raise the Health Board’s visibility and their awareness and interaction with staff e.g. align with refresh of Quality/Safety Walk Round Plan</th>
<th>Medical Director/Director of Nursing</th>
<th>Aug 2019</th>
</tr>
</thead>
<tbody>
<tr>
<td>Revisit communication and introduce cascade briefing system</td>
<td>Head of Comms.</td>
<td>June 2019</td>
<td></td>
</tr>
<tr>
<td>Introduce feedback system to test Board decision making implementation on Board</td>
<td>Corporate Governance Mgr.</td>
<td>June 2019</td>
<td></td>
</tr>
<tr>
<td>Review current membership of Assurance Committees</td>
<td>Chair/Corporate Governance Mgr.</td>
<td>July 2019</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Engaging Stakeholders</th>
<th>Contribute to MSG integration evaluation (April) and thereafter support implementation of MSG proposals</th>
<th>Chair/Board members</th>
<th>2019/2020</th>
</tr>
</thead>
<tbody>
<tr>
<td>Review how we engage externally to capture and analyse stakeholder feedback and align with e.g. complaints, incidents, care opinion</td>
<td>Director of Nursing/Medical Director</td>
<td>Aug 2019</td>
<td></td>
</tr>
<tr>
<td>Review current engagement/communication formats and consider alternative methods to further engage with ‘harder to reach’ stakeholders</td>
<td>Head of Comms.</td>
<td>June 2019</td>
<td></td>
</tr>
<tr>
<td>Refresh our Communications Strategy to support Programme Management projects</td>
<td>Head of Comms.</td>
<td>June 2019</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Influencing Culture</th>
<th>Assess our Culture (Cultural Assessment)</th>
<th>Head of OD</th>
<th>July 2019</th>
</tr>
</thead>
<tbody>
<tr>
<td>Use i-matter survey results (action planning activity – sense making seminar)</td>
<td>Board members</td>
<td>Aug 2019</td>
<td></td>
</tr>
<tr>
<td>Introduce exit interviews (for everyone) – HR Dashboard measure</td>
<td>Director of HR</td>
<td>Quarterly</td>
<td></td>
</tr>
<tr>
<td>Reinforce a culture of accountability – appraisal system</td>
<td>Chief Executive</td>
<td>May 2019</td>
<td></td>
</tr>
<tr>
<td>Support staff awards and work toward Investors in People (Platinum - 2020)</td>
<td>Chair</td>
<td>Annual</td>
<td></td>
</tr>
<tr>
<td>Staff Conference – culture and celebrating success</td>
<td>Chief Executive</td>
<td>Aug 2019</td>
<td></td>
</tr>
<tr>
<td>Invest in the Area Partnership Forum and the championing of Dignity Champions</td>
<td>Employee Director</td>
<td>Sept 2019</td>
<td></td>
</tr>
</tbody>
</table>
Executive Sponsor: Mrs Cathie Cowan, Chief Executive

Executive Summary

The Corporate Plan reaffirms our ambition and purpose as an organisation, our promise to Forth Valley communities, our patients and staff and refers to our corporate objectives and priorities over the next twelve months.

Recommendation:

The Forth Valley NHS Board is asked to: -

- Approve the Corporate Plan which also sets out the Health Board's corporate objectives

Background:

The Health Board annually revisits its corporate objectives (in line with national policy) to provide direction for staff whilst promoting action towards goal-related activities and behaviours that align with our values. Staff will be supported when developing and agreeing their objectives to which they will be held to account for.

Financial Implications

There are no specific implications in respect of the Corporate Plan.

Workforce Implications

There are no specific implications however, this will support staff develop and agree objectives in line with Health Board priorities.

Risk Assessment

Objective setting is a key control and contributes to overall Health Board performance.

Relevance to Strategic Priorities

Corporate Plan is integral to setting out the Health Board's corporate objective and strategic priorities.

Equality Declaration

The author can confirm that due regard has been given to the Equality Act 2010 and compliance with the three aims of the Equality Duty as part of the decision making process and has reached the conclusion that the Plan is not relevant to Equality and Diversity.

Consultation Process

No change being proposed to the Corporate Objectives.
Corporate Plan 2019/2020

At NHS Forth Valley we believe in the importance of aligning strategic direction with staff engagement and maintaining a focus on high quality patient care.
1. Foreword

Welcome to NHS Forth Valley’s first Corporate Plan. The Plan reaffirms our ambition and purpose as an organisation, our promise to Forth Valley communities, our patients and staff and refers to our priorities over the next twelve months. In looking back over 2018/2019 we are struck by the progress we have made. We appreciate it is easier to focus on the things that we have not done or the things we have done less well but we have achieved much and staff can be proud of their contribution to our overall performance as an organisation. In all but one of the eight key performance standards we have delivered improvement in waiting times for people. Alongside this achievement we became one of the only two healthcare organisations in the UK to achieve Investors in People Gold Award and also achieved the Investors in Young People Good Practice Gold Award in recognition of work to recruit and develop young people, both awards are a credit to everyone. There are of course many more examples of good practice which we are grateful to everyone for.

We agreed as part of ‘Shaping the Future’ our clinical strategy more of the same is just not an option and there is still much to do. The time to change has never been as important to us as we look to adopt and spread the language and practice of transformation and innovation as part of our everyday culture. In going forward the demands for health and social care services and the circumstances in which they will be delivered may be fundamentally different as we work more closely with NHS Boards in the West of Scotland to share resources, achieve critical mass and create sustainability for our specialist services. Integration and health and social care partnership working will be even more important as we build relationships with Local Authority colleagues and integrate budgets to improve outcomes. This Plan takes account of our Programme Boards and strategy deployment approach to enable us to link our corporate objectives to programmes of work that have agreed measures to chart progress and address variance at pace.

In commending this Plan to you we are thoughtful of our vision and how it focuses on the delivery of safe and compassionate healthcare whilst encouraging people to think about their lifestyles and improving their health. We ask you to think about your contribution to ‘better health, safer care and better value’ and invite you to highlight any opportunities to eliminate any waste or delays. Your contribution to better health, safer care and better value is greater than you think. We are keen that you acknowledge the difference you can make, your interaction with patients, partners and each other define who we are, the importance of getting it right first time, every time becomes everyone’s responsibility. We are confident we will do that with pride and professionalism and in doing so bring joy into our workplace.

Alex Linkston
Chair

Cathie Cowan
Chief Executive
2. Introduction

This Corporate Plan provides a connection between national and local context. It brings together the Government’s ambition and our response to what has been agreed as key priorities for 2019/2020 as outlined in our Annual Delivery Plan, notably:

- improve **population health and life expectancy** especially for those people living with long term conditions and furthest away from employment opportunities
- promote the **Detect Cancer Early** programme and timely access to diagnosis for people with urgent suspected cancer referrals
- implement Best Start: a five year 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
- make progress in our **Unscheduled Care** pathways as part of our commitment to **health and care integration** an delivery of our Emergency Department (ED) and ED related performance
- build on our achievements to prevent and control **healthcare associated infection**
- work with our **financial allocation** to make best use of our resources to support high quality sustainable services

The Local Annual Delivery Plan 2019/2020 sets out our ambition to deliver ‘better health, safer care, better value and governance’ in response to the Government’s policy context and priorities. It says what we will do rather than how we will do things. Our performance and delivery of the Plan will be reported to our Board in public and will be underpinned by a number of specific strategy deployment matrices.

As an employer, NHS Forth Valley is keen to support the notion ‘joy at work’ and we intend as we prepare our Investors in People Platinum submission in 2020 to ask staff ‘what matters to you.’
3. Our purpose, our promises and our priorities

3.1 Our Purpose

Effective NHS Boards articulate an ambition for their organisation whilst managing the risk contained within that ambition and demonstrating leadership by undertaking 3 key roles:

- Formulating strategy for the organisation, including the development annually of a Delivery Plan
- Ensuring commitment and accountability by holding the organisation (all staff) to account for performance and the delivery of both improvement in population health, individual experience of care whilst operating with a context of affordability and sustainability
- Shaping a positive culture (open, just and fair) for the Board and organisation

In Forth Valley we have embraced the roles outlined above whilst at the same time being informed by -

- the external context within which we operate
- the intelligence which provides trend and comparative information on how our Board is performing
- dialogue and engagement with our patients, staff, partners and the people of Forth Valley

In summary our purpose is simple: as a Board we aim to optimise health (whilst supporting the local population to do their bit in keeping well), optimise care and optimise cost.

It is important when reflecting on our purpose to consider individuals and families whilst stopping to think about the population challenges we will face over the next decade and to also consider that the characteristics of a Health Board's population will be the major determinant of services that are required from that Board. Demand will be influenced by population age profile and health status and also changes in expectation.

The megatrends and the significant demographic changes expected in the next 20 years and the corresponding rise in need, particularly in the older population, will mean that the way social care and health services are provided to the local population will need to fundamentally change. In short, more people will need care, their needs will be greater and there will be fewer people of working age to provide that care. The creation of our local Integration Authorities will be required to play a key role in commissioning services in ways that support people stay and keep well in their own homes and/or communities using the nine national outcomes to inform their decisions.
3.2 Our Promise to our patients and their families

At NHS Forth Valley we pride ourselves in delivering high quality care and we will ensure all our patients are treated with dignity and respect whilst ensuring we deliver excellence and professionalism in all that we do.

You can expect

- to be treated with dignity and respect
- for us to show compassion by taking the time to listen, to talk and do the things that matter to you
- to receive high quality patient care and when you don’t, we will listen and act on your feedback so we can learn, improve and do better next time
- for us to be consistent and reliable and do what we say we will
- us to work with you and your family (carers) and our colleagues so that we put your needs first
- for us to communicate (as individuals, teams and as an organisation) effectively, keeping you informed and involved and providing explanation if something has not happened

Our Promise to our staff and your promise to NHS Forth Valley

You can expect

- to be kept well informed
- to be appropriately trained and developed
- to be involved in decisions that affect you
- to be treated fairly and consistently with dignity and respect; in an environment where diversity is valued
- to be provided with a continuously improving and safe environment that promotes your health and wellbeing

In return as employers we ask that all staff show commitment and be accountable for their actions and contribution to individual, team/department and organisational performance including:

- keeping themselves up to date with developments relevant to their job within the organisation
- committing to continuous personal and professional development
- adhering to standards set by their regulatory bodies
• actively participate in discussions on issues that affect them directly or via their trade union/professional organisation
• treating colleagues and patients with dignity and respect while valuing diversity
• ensuring that their actions maintain and promote the health, safety and wellbeing of their colleagues, patients and carers and community

Embedding the values of the NHS into ‘our promise’ will make the 2020 Workforce Vision a reality. In practice we are using i-matter to improve engagement and how we work together to deliver high quality care and services. Measuring our progress as part of our Staff Governance Action Plan will help us identify and deal with behaviours that don’t live up to our values. The publication of the John Sturrock report (NHS Highland) has made us thoughtful about our culture and the values that underpin how we do things in NHS Forth Valley. It is our intention to revisit our values with our staff during 2019. We will launch this review at our staff conference scheduled for August 2019. A key theme will be culture.

3.3 Our Corporate Objectives

Building on our corporate themes of 2018/2019 we are proposing that we make no changes to the previously agreed corporate/strategic objectives. These objectives will inform the contribution our staff will make to our agreed local priorities.

In responding to requests for keeping our messages simple and the number of priorities to a minimum, I proposed at our June 2018 conference that our corporate objectives refer to our operating principles. For reference the objectives are listed below:

• Plan for the future
• Improve the Health and Wellbeing of the people of Forth Valley whilst reducing health inequities
• Enhance our focus on safety and quality
• Value and develop our people
• Demonstrate best value using resources
• Promote and build integrated services locally and regionally
• Demonstrate behaviours that nurture and support transformational change across our health and care system
• Personal objective as agreed with your line manager to support or lead improvement within individual span of responsibility

3.3.1 Our Priorities (as set out in Our Annual Delivery Plan)

It is intended that all staff use the corporate objectives detailed above to inform their individual objectives (using TURAS) including behaviours and how they intend contributing to the overall performance of the organisation. During 2019/2020 a key performance measure will be to improve our objective setting process and it is our intention in adopting the national objective setting process that we add a personal objective (individual contribution) that will describe how a member of staff will support or lead quality improvement within their span of responsibility.

3.4 Our Operating Principles

Our ‘operating principles’ were launched at our staff conference in June 2018 and staff were invited to contribute to their development. These are listed below. We will:
• Work collaboratively
• Create a workplace that adds joy for staff and those who use our services
• Reduce waste, using patient’s/people’s experiences to define what adds value
• Make good decisions, using data, which are aligned with our corporate objectives
• Raise issues with positivity and address them at the right level
• Ensure projects are sufficiently resourced and aligned to our long term vision
• Standardise where possible and customise where it adds value
• Appreciate others, welcome positive challenge and respect diversity
• Promote professionalism and high quality standards
• Reflect, learn and develop
10.4 HMP YOI Polmont – Prison Inspection Report and the Expert Review of the Provision of Mental Health Services for Young People

For Assurance

Executive Sponsor: Professor Angela Wallace, Nurse Director

Executive Summary

Two reports on HMP YOI Polmont were published on 21st May 2019 – a Full Inspection Report (29 Oct – 9 Nov 2018) and a Report on an Expert Review of the Provision of Mental Health Services for Young People entering and in custody at HMP YOI Polmont.

Recommendation:
The Forth Valley NHS Board is asked to:

• Note the findings and recommendations from both reports
• Note the progress made which addresses many of the recommendations and the ongoing work to ensure that all of the healthcare recommendations are made

Key Issues to be Considered:
The Inspection Report covers 9 key standards including Health and Wellbeing which covers 17 specific areas. These include oral health, pharmacy services, drug and alcohol support, health inequalities and long-term conditions.

A number of areas for improvement were identified including issues with the management of clinical documentation and medication, staff support and training and services for under 18s. The report highlights many examples of good practice. Inspectors noted that patients were encouraged to be involved in their own healthcare, waiting times for appointments were good and services for people with drug and alcohol problems were praised. The inspectors also welcomed the screening assessment carried out by mental health staff and their ability to rapidly refer patients to psychiatry services, if required.

The Expert Review, which was commissioned by the Cabinet Secretary for Justice, was undertaken by Her Majesty’s Inspector of Prisons and overseen by Dr Helen Smith, Clinical Lead for Consultant Forensic Child & Adolescent Psychiatrist and Clinical Lead for the West of Scotland who undertook the specialist health element of the Review. NHS staff at HMP YOI Polmont were found to be compassionate and caring towards the young people in their care with empathy for the difficulties they face.

The Review has 7 key recommendations and 80 individual recommendations for the SPS, Scottish Government and NHS Forth Valley. The report also highlights a number of areas of good practice and found NHS staff at HMP YOI Polmont were compassionate and caring towards the young people in their care with empathy for the difficulties they face. Priorities include work to improve support for young people on remand, information sharing across justice, action to tackle social isolation and the development of a bespoke suicide and self-harm strategy.

Action has already been taken which addresses many of recommendations from both the Expert Review and the inspection. A number of staff have recently been appointed and the clinical support for the existing healthcare team has been strengthened. Work is underway to recruit additional
mental health staff and a new workforce and training strategy is being developed. This work has been recognised by the Inspectors who welcomed the significant improvements and investment we have made since the inspection. They also noted that many of the healthcare challenges at Polmont are national issues experienced by prisons across Scotland which they hope will be addressed by the Health and Justice Collaboration Board. The Inspectors were planning to return and carry out another inspection within six months however, due to the progress made by the Board, they now plan to return at the beginning of 2020.

The Board takes the issues raised in both reports very seriously and a number of actions have already been taken which address many of the issues raised.

These include:

- The establishment of a Prison Oversight Group, jointly chaired by the General Manager for Community Services and Deputy Director of Nursing. This is supported by a Polmont Mental Health Improvement Group and a Workforce Development Group.

- The development of an initial Improvement Plan which was shared with Health Improvement Scotland shortly after the Inspection. Work is now underway to consolidate the recommendations from both reports and the forthcoming Glenochil Prison Inspection into a single NHS Forth Valley Prison Improvement Plan.

- Action to strength the joint working with SPS at a National level and with Prison Governors locally. This includes meetings at Chief Executive/Executive level and at General Manager/Service Manager level.

- The appointment of a number of staff to increase leadership and support for the existing healthcare team.

- Work to recruit additional mental health staff and develop a new workforce and training strategy.

This work has been recognised by the Inspectors who welcomed the significant improvements and investment we have made in the last six months since the inspection took place. They also noted that many of the healthcare challenges at Polmont are national issues experienced by prisons across Scotland which they hope will be addressed by the Health and Justice Collaboration Board. The Inspectors were planning to return and carry out another inspection within six months however, due to the progress made by the Board, they now plan to return at the beginning of 2020.

Financial Implications

There are potential financial implications arising from workforce requirements and developments to meet the recommendations made. Detailed costings and timescales require to be prepared based on proposed action.

Workforce Implications

Prison workforce recruitment and retention is a very significant challenge both nationally and locally, including Polmont. The ability to effectively recruit and retain appropriately qualified and experienced staff is one of the key challenges and innovative approaches to recruitment are being tested locally. Our new prison workforce group is developing proposals which will support future workforce and nationally, the Directors of Nursing Group is supporting work around transforming the prison nursing workforce.

Risk Assessment

Risk implications will be considered based on the proposed actions.
Relevance to Strategic Priorities
The recommendations and subsequent actions are integral to delivering our corporate objective and strategic priorities.

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

Further to an evaluation it is noted that: *(please tick relevant box)*
- X Paper is not relevant to Equality and Diversity
- Screening completed - no discrimination noted
- Full Equality Impact Assessment completed – report available on request.
FORTH VALLEY NHS BOARD  
TUESDAY 28 MAY 2019

10.5.1 Performance & Resources Committee – 26 February 2019  
For Assurance

Chair: Mr John Ford

Key points to note from the meeting

- **Item 6.1 Scheduled Care Update**  
  An update was provided demonstrating an improving picture in relation to the number of patients waiting beyond 12 weeks for first outpatient appointment and inpatient/daycase treatment. It was noted that NHS Forth Valley was on track to deliver the March 2019 target.

- **Item 6.2 Dementia Post Diagnostic Support**  
  A presentation was provided highlighting the position in relation to Dementia Services within Forth Valley. It was noted that a multidisciplinary Dementia Support Team was being developed comprising of Alzheimer’s Scotland Link Workers, Dementia Outreach Nurses and dedicated multidisciplinary social work team, co-located within Airth Clinic. Some adjustments were required within the building however these were noted to be minimal and could be carried out in a short timeframe. An update will be provided to Performance & Resources Committee at a later date.

- **Item 7.1 Vascular Services Model**  
  The strategic drivers to deliver a network model for vascular services across the West of Scotland, based on the National Framework for Vascular Services were highlighted along with recent local operational challenges. It was noted that these challenges have led to an acceleration of the timescales to deliver the network model for Forth Valley with a “hub and spoke” model shared with NHS Greater Glasgow & Clyde being the preferred option. Work to review costs, financial implications and risks to NHS Forth Valley was on-going. A business case was being prepared for consideration at the NHS Board Meeting in March 2019.

- **Item 7.2 Amendment to Community Pharmacy Model Hours**  
  Following a request by Community Pharmacies to reduce their Saturday opening hours and given the vast changes to these services over the past few years, the need to review the current Forth Valley Community Pharmacy Model Hours Scheme was noted. An amendment to Community Pharmacy Model Hours was presented and agreed, and will ensure that Patients/Members of the Public will be provided with access to pharmaceutical services Monday to Saturday, particularly where no GP Practices are open on Saturday.
Minute of the Performance & Resources Committee meeting held on Tuesday 26 February 2018 at 9am in the Boardroom, NHS Forth Valley, Carseview House, Castle Business Park, Stirling, FK9 4SW

Present:
- Mr John Ford (Chair)
- Mr Alex Linkston, Chairman
- Mrs Cathie Cowan, Chief Executive
- Mr Andrew Murray, Medical Director
- Dr Graham Foster, Director of Public Health and Strategic Planning
- Mr Scott Urquhart, Director of Finance
- Miss Linda Donaldson, Director of Human Resources
- Mrs Julia Swan, Non Executive Board Member
- Dr Michelle McClung, Non Executive Board Member
- Professor Angela Wallace, Director of Nursing
- Cllr Les Sharp, Non Executive Board Member
- Mr Allan Rennie, Non Executive Board Member
- Mr Stephen McAllister, Non Executive Board Member

In Attendance:
- Mr Jonathan Procter, Director of Facilities & Infrastructure
- Ms Kerry Mackenzie, Head of Performance
- Mr Robert Clark, Employee Director
- Ms Elsbeth Campbell, Head of Communications.
- Mrs Morag Farquhar, Head of Estates and Capital Planning
- Mr Scott Mitchell, Director of Pharmacy
- Ms Laura Henderson, Performance Management Officer (Minute)

1. APOLOGIES FOR ABSENCE

There were no apologies for absence noted.

2. DECLARATIONS OF INTEREST

There were no declarations of interest.

3. MINUTE OF PERFORMANCE & RESOURCES COMMITTEE MEETING HELD ON 18 DECEMBER 2018

The Performance and Resources Committee approved the minute.

4. MATTERS ARISING

There were no matters arising offered at this time from the Performance and Resources Committee.
5. ROLLING ACTION LOG

The Performance and Resources Committee considered a paper, ‘Rolling Action Log’, presented by Mr John Ford, Chair.

Mr Ford acknowledged all the appropriate actions were on the agenda and the others listed would be on the future agendas per agreed timescales.

6. BETTER HEALTH

6.1 Scheduled Care Update

The Performance and Resources Committee received a presentation, ‘Scheduled Care Programme Update’ presented by Mr Andy Rankin, Head of Inpatient Access.

Mr Rankin provided a comprehensive presentation on Scheduled Care progress demonstrating an improving picture and numbers of patients waiting over 84 days was reducing however work would continue on those waiting over 26 weeks. Mr Rankin outlined the need to maintain the current in house activity to ensure the plan was delivered. Mr Rankin also added, following a question from Mrs Swan, that the future projections had taken into account the 10% specialty growth.

Mr Murray added it would be beneficial to detail the specialties which are compliant and which specialties require further intervention. Mr Rankin added that the Schedule Care Programme Board had this level of detail and could be filtered through the Performance and Resource Committee.

It was suggested that perhaps if patients were aware of the financial implications associated with not attending their scheduled appointment this may encourage patients to attend or cancel in advance, allowing staff to fill the appointment. It was suggested that perhaps the cost should be detailed in the appointment letter which was sent to patients. Mrs Campbell agreed to work with Mr Rankin on publicising the cost attributed to the DNA rate. Mr Linkston requested clarity on the process for patients to cancel appointments to which Mr Rankin reassured the Committee that Healthcare Records monitor the calls and alerts and actively work to re-book appointments. It was also noted that there was a patient text reminder service in place.

Mrs Campbell agreed to raise the ‘Did not Attend’ rates issue at the National Comms Group to discuss the delivery of a National Campaign which would raise public awareness throughout Scotland.

Action: Mrs Elspeth Campbell

Mr Rankin agreed to attend a future meeting to update on progress against the March 2018 position and the investment from the Scottish Government.

The Performance & Resources Committee:-

- Noted the presentation.

6.2 Dementia Post Diagnostic Support

The Performance and Resources Committee received a presentation, ‘Dementia Post Diagnosis Support’ presented by Mr Ross Cheape, Service Development Manager – Mental Health.
Mr Cheape provided a comprehensive overview of the ongoing challenges and solutions identified for the Dementia service. The plan moving forward was to create space within the Airth Clinic which would house a multidisciplinary Dementia Support Team. The overarching person centred approach would see a co-located innovative team which would comprise of Alzheimer’s Scotland Link Workers, Dementia Outreach Nurses and dedicated multidisciplinary Social Work team. This initiative would see a reduction in the wait for post diagnostic support while also providing a central point of contact for people with dementia and their carers. Hosting all services in one area would also ensure that duplication would be minimised and clinical and community developments are joined up and in one strategy.

Mr Ford requested timescales for completion to which Mr Cheap added the works required within Airth Clinic were minimal and could be carried out in short timeframe. The works would require a small upfront cost which they are waiting to be confirmed from the contractor.

Mr Linkston added that the service redesign should be supported and sustainable funding should be identified to ensure permanence of the plan. Mr Urquhart added that the funding would be supported and a sustainable option sourced. Mrs Cowan agreed to review with the Senior Leadership Team and feedback on progress to the Performance and Resource Committee.

The Committee deliberated on the use of voluntary organisations and Mr Cheap acknowledged that the Dementia Services had not been making best use of these at the moment but was something that would be explored in the future. The patients often seek assistance and guidance from these organisations but would be beneficial to have an official channel to the many of the organisations available.

Following discussion on actively matching the resources to meet a minimum standard of care Mr Cheap agreed to compile the dementia demand and capacity plan and feed back to a future Performance and Resource Committee.

Action: Mr Ross Cheape

The Performance & Resources Committee:-

- Noted the presentation.

At this point the chair wished to take items 7.3 and 7.4 on the agenda.

7. BETTER VALUE

7.3 Finance Report

The Performance and Resources Committee considered a paper ‘Finance Report’, presented by Mr Scott Urquhart, Finance Director.

The financial position noted at 31st January 2019 was an overspend of £0.420m. A balanced year end position continued to be forecast, however it was noted there was an increased risk attributed to new cost pressures arising associated with clinical waste contingency options, cross boundary flow updates and vascular service costs.

National contingency arrangements were noted to be in place to provide clinical waste services for NHS Boards across Scotland. Additional costs associated with this to 31st March 2019 were approximately £0.350m. Mr Urquhart added that discussions were ongoing with Scottish Government to assess if any financial support could be made towards costs.
An agreement had been made with NHS Greater Glasgow and Clyde to provide a range of vascular services for Forth Valley residents from early February 2019. This was expected to bring a significant additional cost on a full year basis and an in year financial pressure in 2018/19.

It was noted that the updated cross boundary patient service costs for 2018/19 had been confirmed. The NHS Lothian model indicates an additional financial pressure of £0.475m in this financial year and confirmation of the final marginal adjustment was expected during February.

The in-year position comprised of an overspend on Health and Social Care Partnership services which included prescribing and Community Hospitals of £1.213m, and an underspend on Clinical Directorates and Estates / Facilities areas of £0.793m.

Mr Urquhart added that set against these additional pressures, were some areas where additional resources were anticipated; the backdated allocation of approximately £0.400m was expected to support the provision of the health services for refugees and confirmation had been received for a rebate on the drugs used to treat the symptoms of Hepatitis C.

The capital resource to 31st January 2019 was noted to reflect a balanced position. Capital expenditure for the ten month period April to January totals £16.174m which included £8.205m for the recognition for the Stirling Care Village balance sheet addition.

Mr Urquhart reported that as at 31st January savings to the value of £11.140m had been delivered, this included an approx £5.425m non-recurring benefits. This was slightly ahead of plan at £11.100m based on trajectories.

The Forth Valley NHS Performance and Resources Committee noted:

- Revenue overspend of £0.420m to 31st January 2019, with a projected year end outturn breakeven position.
- Financial risks, particularly related to capacity / winter pressures and IJB year end outturns
- A balanced capital position to 31st March 2019
- Updated projections on savings delivery indicating a requirement for £6.6m non recurring sources in-year.

7.4 Financial Planning

The Performance and Resources Committee received a presentation, ‘Financial Planning Update’ presented by Mr Scott Urquhart, Director of Finance.

The presentation outlined the vision to deliver the best health and wellbeing outcomes for the population of Forth Valley utilising available resources with a rolling 5 year financial plan setting out key spend and funding priorities. Mr Urquhart outlined the requirement for longer term sustainability and affordability solutions aligned to national financial strategy and underpinning workforce and service plans.

There was a requirement to achieve £18.4m recurring saving for 2019/20 and a total saving of circa £35m over the next 3 years. This magnitude of savings required a fundamental change in service delivery. It was noted that there would be an option to introduce a Programme Management Office to deliver on the organisational key priorities. The main function of the Programme Management Office would be to eliminate waste and reduce variation while optimising the use of workforce including rostering and job plans and redesign of services.
Mr Urquhart agreed to provide a refined savings plan and outline delivery options which would include the Programme Management office approach to the Performance and Resource Committee in April 2019.

Action: Mr Scott Urquhart

Mr Linkston was supportive of the implementation of a Programme Management Office and added this had to be a structure value based healthcare approach with services being aligned to Quality Improvement.

The Performance & Resources Committee:-

- Noted the presentation.

6.3 Core Performance Report

The Performance and Resources Committee considered a paper, ‘Core Performance Report’, presented by Ms Kerry Mackenzie, Head of Performance.

Ms Mackenzie detailed the performance position for the eight key standards. The 62 Day cancer target was noted to be 86.1% in January which was a 2.8% improvement from December 2018.

At the end of January 2019 the total number of patients waiting for an outpatient appointment that exceeded the 12 week waiting time standard was 3271. January to January this was an increasing or deteriorating position however there is an in-month decrease of 563 patients December 2018 to January 2019.

It was noted that the quarter October to December 2018, management information shows 925 patients waited longer than the 12 week Treatment Time Guarantee which was 65% compliance against the target. 304 patients were treated in January 2019 with a wait longer than 12 weeks, a decrease of 17 from January 2018.

In terms of the overall compliance against the 4 hours standard with Accident and Emergency Department for January 2019 was 82.1%; MIU 99.9%, ED 77.2%. A total of 1237 patients waited longer than the 4 hour target across both the ED and Minor Injuries Unit (MIU); with 273 waits longer than eight hours and 49 longer than 12 hours. Into February, the position had improved significantly with compliance to Sunday 24 February, overall Forth Valley 94.5%; ED 92.8%.

Mr Murray added that the introduction of the Site Director role had made significant and measurable difference and reassured the Committee that the Unscheduled Care Programme Board would ensure continued momentum in the delivery of compliance with the 4 hour target.

Mr Linkston took the opportunity, echoed by the Performance and Resource committee, to thank all staff involved in the exceptional turn around in performance.

The overall December 2018 sickness absence position was reported as 6.08%, this was an improvement from 6.21% in December 2017. Long term absence had increased by 1.06% to 4.19% in December 2018 from 3.13% in November, with Short Term absence decreasing to 1.83% from 2.42% in November. Miss Donaldson added that a lot of positive work was underway with more than 90 actions identified following an absence workshop. It was noted that a review of the absence position would be presented at a future Committee.

In December 2018, 59.6% of all patients admitted to hospital with a diagnosis of stroke received the appropriate elements of the bundle, with 14 fails noted. Two elements of the stroke care
bundle, admission to stroke unit and swallow screening, were non compliant with the relevant standards.

In respect of swallow screening the issues are in respect of documentation. It was noted that the system does not pick up the recording of screening if the attendance was before midnight and the screening within 4 hours was after midnight.

The high number of fails in respect of admission to stroke unit would appear to be due to issues in respect of flow throughout November and December.

Provisional figures for January 2019 highlighted an improvement in respect of Swallow screening to 92% and admission to stroke unit to 72%. The Bundle position was noted at 76% compliance.

Ms Mackenzie added that Ms Wallace would deliver a presentation to Performance and Resource committee in April in respect of complaints handling, focusing on the process and the impact on performance. Overall Forth Valley response rate was 82.6% in December 2018.

The January 2019 census position for delays over 14 days is 38 against a zero standard. Inclusion of waits less than 2 weeks plus 22 code 9 exemptions brings the total delays to 80 at the census; 77 Forth Valley waits.

The number of bed days occupied by delayed discharges at the January 2019 census was 1486, an increase of 704 from January 2018. Also noted was an worsening trend February to January 2017/18 compared with 2018/19 with a 40% increase in the average number of occupied bed days. An improving trend in respect of Guardianships and Code 9s is highlighted in graph 14 across the period January 2018 to January 2019.

**The NHS Forth Valley Performance and Resources Committee:-**

- Noted the current key performance issues and actions
- Noted the detail within the balanced scorecard

### 7.1 Vascular Services Model

The Performance and Resources Committee considered a paper, ‘Vascular Services Model, presented by Mr Andrew Murray, Medical Director.

Mr Murray provided some contextual information around the requirement to move to implement a new model of care to ensure a safe and sustainable emergency service as the current model was now unsustainable. Interim service changes took place on 11 February 2019 to ensure that patient safety was maintained.

It was noted that moving forward the preferred model was a “hub and spoke” model which would be shared with NHS Greater Glasgow & Clyde and all major vascular surgery performed at the Queen Elizabeth University Hospital (QEUH), Glasgow.

Mr Urquhart added that negotiations were ongoing with NHS Greater Glasgow & Clyde to review costing then financial implications and any potential financial risks to NHS Forth Valley would also be presented and considered in the business case along with considerations of opportunities to provide surgical capacity to the region.

Dr McClung looked for reassurance that patients and families would not be disadvantaged by travel costs to Glasgow. Mr Urquhart added that NHS Forth Valley would be responsible for the
cost of any transport and accommodation arrangements necessarily and reasonably incurred by the patient and their carer as stated in the Access policy available on the Internet.

The Performance and Resources Committee: -

- Noted the strategic drivers to deliver a network model for vascular services across the West of Scotland, based on the National Framework for Vascular Services.
- Noted the recent local operational challenges that have led to an acceleration of the timescales to deliver that network model for Forth Valley.
- Supported the recent changes to local vascular services to ensure ongoing access to a safe and sustainable service for the population of Forth Valley.
- Noted a business case was being prepared with input from NHS GG&C, Scottish Ambulance Service and other key stakeholders for consideration at the NHS Board Meeting being held in March 2019.

7.2 Amendment to Community Pharmacy Model Hours

The Performance and Resources Committee considered a paper, ‘Amendment to Community Pharmacy Model Hours’, presented by Mr Scott Mitchell, Director of Pharmacy.

Mr Mitchell provided an overview to the rationale behind the amendment to Community Pharmacy model hours and added that this would ensure that Patients/Members of the Public would be provided with access to pharmaceutical services Monday to Saturday, particularly where no GP Practices were open on Saturday.

The Performance & Resources Committee: -

- Approved the amendment to current Forth Valley Community Pharmacy Model Hours, supported by the Forth Valley Area Pharmaceutical Committee, in order to maintain and secure access to Pharmaceutical Services.

7.5 State of NHSScotland Assets and Facilities Annual Report – Issued October 2018


Mrs Farquhar provided a comprehensive overview of Forth Valley performance benchmarked against the other Health Boards data which had been developed from Boards’ proforma returns and individual Property and Asset Management Strategies, the Cost Book and audited accounts, the 2016 patient questionnaire.

The Performance & Resources Committee:-

- Noted the presentation.
7.6 Capital Projects, Property Transactions & Medical Equipment Update

The Performance and Resources Committee considered a paper, ‘Capital Projects, Property Transactions & Medical Equipment Update’, presented by Mr Jonathan Procter, Director of Facilities and Infrastructure.

Mr Procter highlighted to the Performance and Resources Committee that the current status on the Stirling Health and Care Village project had been amended to amber following the discovery of additional areas with asbestos containing materials. This would result in cost and programme implications which were still to be fully confirmed but were currently estimated at circa £100k to £150k and an additional 4 – 6 weeks. Mr Procter emphasised there was no delay to clinical service moves or commissioning and this issue related to the site flow and car parking plans for the remainder of the former Stirling Community Hospital site. The remainder of the Capital plan remained on track.

The medical equipment status report was currently on track and complete with no concerns raised over completion or change to the budget.

*The NHS Forth Valley Performance and Resources Committee:*-

- Noted the paper.

8. BETTER GOVERNANCE

8.1 Performance & Resources Committee Draft Annual Report

The Performance and Resources Committee considered a paper ‘Performance & Resources Committee Draft Annual Report’, presented by Mrs Kerry Mackenzie, Head of Performance.

Mrs Mackenzie presented the comprehensive overview which had been compiled to aid the Board in conducting a regular review of the effectiveness of the systems of internal control, Standing Orders required and would be submitted as an annual report to the Board. Following some minor amendments and inclusion of the detail from Performance and Resources Committee meeting held Tuesday 26 February 2019 the report would be submitted in fulfilment of the requirement to the NHS Forth Valley Board.

*The Performance and Resources Committee:*-

- Noted the paper

8.2 Items to be brought to the attention of the Board

Mr Ford asked the Committee members to consider any items which they felt should be brought to the attention of the NHS Forth Valley Board.

Mrs Mackenzie agreed to email the Committee members with the intention of compiling a comprehensive list then choosing a summary of items to be forwarded to the NHS Forth Valley Board.

*Action: Ms Kerry Mackenzie*
9. **ANY OTHER COMPETENT BUSINESS**

There was no other competent business offered at this time.

10. **DATE OF NEXT MEETING**

Tuesday 26 February 2019 at 9am in the Boardroom, Carseview House
Key points to note from meeting

- **Item 6 – Financial Budget Proposals**
  Detailed financial discussions took place including the net utilisation of funds to 28 February 2019, the budget proposal for 2019/2020 and the budget forward plan with options to move towards a more self-financing budget.

- **Item 11 – Update from the Office of the Scottish Charities Regulator (OSCR)**
  The OSCR had published their final report following their investigation into the NHS Tayside Endowment Fund. The recommendations would be considered to understand the lessons learned and any necessary actions required.
ENDOWMENT COMMITTEE

Draft Minute of the Forth Valley NHS Board Endowment Committee meeting held on Friday 15th March 2019 in the Forth Valley NHS Board Headquarters, Carseview House, Castle Business Park, Stirling.

Present: Cllr. Les Sharp, Non Executive Member, Forth Valley NHS Board, (Chair)  
Mr. John Ford, Non Executive Member, Forth Valley NHS Board,  
Mr. Robert Clark, Employee Director, Forth Valley NHS Board,  
Mr. Steven McAllister, Non Executive Member, Forth Valley NHS Board.  
Mr. Alex Linkston, Chair of Forth Valley NHS Board (Trustee),  
Mr. Scott Urquhart, Director of Finance, NHS Forth Valley

In attendance: Mr. Jonathan Procter, Director of Facilities and Infrastructure (Lead Director),  
Mr. Garry Wells, Treasury Services Manager,  
Mr. Craig Holden, Fundraising Manager.  
Mr. Russell Crichton, Investment Advisors, Speirs & Jeffrey.

1/ APOLOGIES FOR ABSENCE

Apologies for absence were received from:
i) Mrs. Cathie Cowan, Chief Executive, NHS Forth Valley.

2/ DECLARATIONS OF INTEREST

There were no declarations of interest.

3/ MINUTE OF THE FORTH VALLEY NHS BOARD ENDOWMENT COMMITTEE MEETING HELD ON 18TH JANUARY 2019

The Committee approved the minute of the Forth Valley NHS Board Endowment Committee held on 18th January 2019 as a correct record.

4/ MATTERS ARISING

There were no matters arising from the previous meeting.

5/ FINANCIAL GOVERNANCE REPORTS

i) Financial Performance report

The committee considered a paper “Financial Performance Report for the 11 months ended 28th February 2019 presented by Mr. Wells.

Mr Wells reported that during the 11 months ended 28th February 2019 there was a net utilisation of funds during the period of £70,207 being attributable mainly to the planned expenditure on activities funded from the Unrestricted Reserves and the continued expenditure incurred on projects funded in previous years from the Investing in Health Large Grants Scheme. Mr. Wells further advised that the net cost of activities funded from the Unrestricted Reserves was £13,958 less than the planned budget and that there was a net receipt of £4,981 of Restricted Funds. Mr Wells then provided further details on the factors contributing to the variations from the planned budgeted and other financial movements during the period.
Mr. Wells also reported that the costs of projects funded from the Investing in Health Large Grants Scheme were all within funded levels and expected completion dates.

After a brief discussion the Committee approved the Financial Performance Report for the 11 months ended 28th February 2019.

6/ FINANCIAL BUDGET PROPOSALS – i) BUDGET PROPOSAL FOR 2019/20

The Committee considered a paper “Financial Budget Proposal for 2019/20 presented by Mr. Procter.

6.1 Financial budget proposal for activities funded from Unrestricted Reserves

Mr. Procter advised the Committee that the proposed budget for activities to be funded from Unrestricted Reserves for 2019/20 would require a net utilisation of £23,069 of accumulated funds, a decrease of £56,050 on the previous years’ requirement. Mr. Procter further advised that this reduction was attributable mainly to the inclusion of new sources of income including funding from Forth Valley Health Board for Artlink, a donation from the Royal Voluntary Service and increase in fundraising activities. The proposal also included reductions in the funding for Research & Development projects and the Small Grants scheme. Mr. Procter then provided further details on these proposals.

6.2 Investing in Health Large Grant Projects

Mr. Procter asked the Committee to note the budget proposal with regard to the on-going cost of the Investing in Health Large Grant Projects awarded in 2017/18 and the further allocations allocated in 2018/19.

6.3 Cash Flow

Mr. Procter advised the Committee that the cash flow report indicated there was a requirement to disinvest up to £120,500 from the investment portfolio during 2019/20 and provided further details on the factors contributing to this disinvestment.

Following these discussions the committee approved the Financial Budget Proposal for 2019/20.

6/ FINANCIAL BUDGET PROPOSALS – ii) BUDGET FORWARD PLAN

The Committee considered a paper “Financial Budget Proposal - Budget Forward Plan” presented by Mr. Procter.

Mr. Procter advised the committee that in recent years the annual budget for charitable activities had been funded partly from non-restricted income and partly from accumulated general reserves. Mr Procter further advised that at its meeting of 22nd March 2018 the committee asked that the 2019/20 budget proposals include a plan and options to move towards a more self-financing budget.

Mr. Procter asked the committee to note that the attached paper demonstrated how this may be achieved over a three year period and provided details on the assumptions included in the plan and the changes that would be required to the levels of activity.

Following a brief discussion the committee noted the report and supported the proposals as a basis for budget planning for future years.

7/ ARTLINK FUNDING REVIEW
The committee considered a paper “Artlink funding review” presented by Mr. Procter.

Following a request by the committee at its previous meeting, Mr. Procter submitted a proposal on Artlink funding and SLA over the next three years.

Following discussion the committee agreed to this proposal and funding arrangements for Artlink for the 3 year period.

8/ INVESTMENT PERFORMANCE REPORT

At this time Mr. Russell Crichton, Investment Advisor joined the meeting to submit his Investment Performance Report.

In his report Mr. Crichton provided a summary of the domestic and international issues affecting the current performance of the investment portfolio asking the committee to note that whilst the post financial crisis global economy continues to recover, global growth is slowing giving rise to risks in key economic regions. Mr. Crichton also reported that whilst the total return on the portfolio during the last three months was below the comparable reference point for other similar organisations it had exceeded the reference point during the last three years. Mr. Crichton advised that this was in accordance with the longer term approach in the Investment Mandate that defined the attitude to risk as Medium/High and the investment objective of a balance between income and capital growth. Mr. Crichton also advised that the annual investment income was expected to be £112,000 representing an income yield of 3.7%.

Mr Crichton then provided a brief summary of the key issues relating to the merger of Speirs & Jeffrey with Rathbones addressing in particular the concerns the committee members had regarding the potential risks to cash balances held on behalf of the endowment fund by Rathbones following the transfer of the portfolio.

The committee noted the brief given by Mr Crichton and were satisfied in relation to the risk portfolio and assumptions contained in the new arrangements.

In the discussion that followed Mr. Crichton answered a number of questions from the committee and following this brief discussion the committee thanked Mr. Crichton for his contribution and Mr. Crichton then left the meeting at this time.

The committee noted the report.

9/i) FUNDRAISING MANAGERS REPORT – PROGRESS REPORT

The committee considered a paper “Fundraising Manager Progress Report” presented by Mr. Holden that included the following items:

   i) Investing in Health Large Grants
      Mr. Holden reported that these projects were proceeding in accordance with the project aims and that no corrective action was required.

   ii) Royal Voluntary Services Gifting
      Mr. Holden also reported that the RVS had confirmed that the level of gifting for 2018/19 would be £11,000 to be payable in April 2019 with a minimum contribution of £5,000 per year thereafter.

   iii) School Olympics
Mr. Holden advised the committee that the sponsorship of the Clackmannan Primary Schools Athletic Championship will continue with this year’s event being held on Wednesday 22nd May. Mr. Holden also advised that during 2019/20 it was intended to approach the Forth Valley Sports Disability Championship to pursue further sponsorship opportunities and to seek to establish a Falkirk Primary Schools Athletic Championship.

iv) Forth Valley Giving Annual Prize Draw
Mr. Holden asked the committee to note that the Annual Prize Draw was due to be held on Friday 26th April 2019.

v) NHS Forth Valley Appeal
Mr. Holden also advised the committee that following a request from the Maggie’s Centre at Larbert it was agreed that the Fundraising Manager would provide support to Maggie’s to undertake an appeal in 2019. The support is to include the identification of an appropriate cause for the appeal, the establishment and agreement of the remit of an appeal committee and the production of an appeal plan.

vi) Corporate Sponsorship
Mr. Holden advised the committee that a corporate sponsorship arrangement has been agreed with the Colessio Hotel in Stirling. The benefits of this arrangement include two donations to the endowment fund’s annual prize draw, donations of hotel furniture for auction and the hosting of a Sportsman’s Dinner event and a Charity Ball.

In the discussion that followed it was agreed that Mr. Holden contact Colessio to review the setting of the ticket price and to consider how the proceeds of each ticket sale is to be split between the charity and Colessio.

Following this brief discussion the committee noted the report.

9/ii) FUNDRAISING MANAGER’S REPORT – FUNDRAISING ACTION PLAN
The committee considered a paper “Fundraising Action Plan” presented by Mr. Holden.

Mr. Holden submitted to the committee the Fundraising Action Plan for 2019/20 containing the proposed range of activities to be undertaken by the Fundraising Manager over the next 12 months. Mr. Holden then provided further details on a number of the activities to be undertaken in the plan.

In the discussion that followed it was agreed that Mr. Holden revise the Fundraising Action Plan to include, where appropriate, the estimated levels of income to be generated from the activities included in the plan.

10/ COMMITTEE GOVERNANCE
i) Endowment Committee Annual Report
The committee approved this report.

ii) Bursary Committee Annual Report
Mr. Wells presented a paper “Annual Report of the Bursary Committee for the year ended 31st March 2019”.
The committee noted this report.
11/ UPDATE FROM SCOTTISH CHARITIES REGULATOR

The committee considered a paper “Update from Scottish Charities Regulator”

Mr. Wells advised the committee that the Office of the Scottish Charities Regulator, (OSCR), had concluded their investigation into NHS Tayside Endowment Fund and had now released their final report that also included a number of recommendations for Endowment Fund Trustees to consider. Mr. Wells then provided a summary of the report findings and recommendations.

The committee noted this report.

12/ ANY OTHER COMPETENT BUSINESS

There being no other competent business the Chair closed the meeting at 12:45pm.

Date of next meeting

The date of the next meeting of the Forth Valley NHS Board Endowment Committee is on Friday 7th June 2019 in the Boardroom at Carseview House, Stirling. The meeting is to commence at approximately 10:15 immediately following the conclusion of the business of the Audit Committee.
10.5.3 Clinical Governance Committee – 12 April 2019
For Assurance
Chair: Mrs Julia Swan

Key points to note from meeting

- **5.1 – Forward Planner**
  An alternative approach to the forward planner was highlighted, with a rolling programme of presentations from all services to provide further understanding of relevant issues or achievements.

- **Item 5.4 – Relationships with Clinical and Care Governance Committees**
  The Committee discussed the need for appropriate connections and links between the Clinical and Care Governance Committees of NHS Forth Valley and both IJBs to reduce the potential for unnecessary duplication. This will be discussed further at the next meeting.

- **Item 6.3**
  Following the presentation to the Committee in February 2019, further detailed information was considered regarding the prescribing of gabapentinoids and the whole system approach to reduce this.
3. Draft Minute of the Meeting held on Friday, 12 April 2019 at 9.00am in the NHS Forth Valley Headquarters, Carseview House, Castle Business Park, Stirling.

Present
Mrs Julia Swan (Chair) Mr Alex Linkston
Mrs Helen McGuire Mr Allan Rennie
Cllr Allyson Black Dr James King

In Attendance
Dr Graham Foster, Director of Public Health & Strategic Planning
Mr Scott Mitchell, Pharmacy Director
Mr Andrew Murray, Medical Director
Professor Angela Wallace, Nurse Director

Mrs Irene Graham, PA to Medical Director (minute)

1. Apologies for Absence
Apologies were intimated on behalf of Mrs Eileen Wallace, Mrs Cathie Cowan, Mr Jonathan Horwood and Ms Michelle McClung.

2. Declaration (s) of Interest (s)
There were no declarations of interest noted.

3. Minute of NHS Board Clinical Governance Committee meeting held on 15 February 2019
The minute of the NHS Board Clinical Governance Committee meeting held on 15 February 2019 was approved as an accurate record with the following amendment:

6.4 Draft Information Governance Annual Report - last paragraph should read:

   In response to a question from Mr Rennie regarding at what point we would raise unauthorised access to data ..........

4. Matters Arising from the Minute/Action Log

Updates were provided and the action log would be updated accordingly.

Mr Murray advised of a recent incident in a mental health unit. In line with standard procedures a significant adverse event investigation would be instigated and once complete, this would be brought back to this Committee.
The NHS Board Clinical Governance Committee:
- Noted the information provided by Mr Murray
- Noted that the result of the SAE would be brought back to a future meeting

5. **CLINICAL GOVERNANCE: STRATEGY AND OBJECTIVES**

### 5.1 NHS Forth Valley Clinical Governance Forward Planner

The NHS Board Clinical Governance Committee considered the paper presented by Mrs Julia Swan, Chair.

Mrs Swan stated that a different approach was planned for the forthcoming year with a rolling programme of presentations from all services.

Members discussed various ideas which could be incorporated into the forward planner.

The NHS Board Clinical Governance Committee:
- Noted the proposed change to the forward planner

### 5.2 NHS Forth Valley Healthcare Associated Infection Reporting Template

The NHS Board Clinical Governance Committee considered the paper presented by Dr Graham Foster, Director of Public Health & Strategic Planning.

Dr Foster confirmed that all Staphylococcus aureus Bacteraemia (SAB), Device associated Bacteraemia (DAB) and Clostridium difficile infection (CDI) were within normal control limits. There had also been no deaths with MRSA or C difficile reported.

The NHS Board Clinical Governance Committee:
- Noted the assurance provided

### 5.3 NHS Greater Glasgow & Clyde Healthcare Environment Inspectorate Inspection Report - NHS Forth Valley position

The NHS Board Clinical Governance Committee considered the paper presented by Dr Graham Foster, Director of Public Health & Strategic Planning.

Dr Foster stated that as a result of the inspection report into infection control in NHS Greater Glasgow & Clyde, the Cabinet Secretary had asked every Board to look at the report and draw conclusions. The report had contained 15 recommendations for NHS Greater Glasgow & Clyde but NHS Forth Valley had not identified any of the issues contained in the report.

In response to a question from Mrs McGuire regarding how we can be assured when we outsource patients to private facilities, Dr Foster gave assurance that we would never send anyone to a facility that was sub standard. If there were ongoing issues with a particular facility and a pattern was emerging, then we would not send patients to the facility until we were assured that standards had improved.
5.4 Relationships with Clinical & Care Governance Committees

The NHS Board Clinical Governance Committee considered the paper presented by Mr Andrew Murray, Medical Director.

Mr Murray apologised that he had been unable to produce this paper due to an IT problem and would arrange to have this circulated to members.

**Action:** Andrew Murray

He explained that there was an overlap in areas of interest which came to this Committee and Stirling & Clacks and Falkirk Clinical & Care Governance Committees. Members should discuss how we capture this and he intended to take this paper to both local authority Committees for their consideration. Mr Murray would bring this paper back to the next meeting for discussion.

The NHS Board Clinical Governance Committee:
• Agreed this paper would come back to the next meeting.

6. ASSURANCE AND IMPROVEMENT

6.1 Clinical Governance Balanced Scorecard and Quality Report

The NHS Board Clinical Governance Committee considered the paper presented by Professor Angela Wallace, Director of Nursing.

**HSMR**
There had been a significant reduction against the baseline.

**Cardiac Arrest Rate**
Reduction in cardiac arrest rate continues to be maintained.

**Falls**
We continued to focus on falls and learning had been rolled out to other wards. We had seen some improvement in the community and Forth Valley Royal Hospital.

Mr Rennie expressed his concern regarding the deteriorating trend overall with falls, Professor Wallace responded that the report focussed on falls with harm only and we were optimistic that the improvements shown to date could be maintained.

**Stroke**
Admission of patients to the stroke unit remained challenging. The stroke team would be asked to give a presentation at a forthcoming meeting, this would be added to the forward plan

**Person Centred**
There continued to be a focus on the promotion of Care Opinion. In response to a request from Mr Linkston it was agreed that a presentation on complaints should be added to the forward plan.
The NHS Board Clinical Governance Committee:
- Noted the report
- Noted the presentations to be added to the forward planner

6.2 Approach to Clinical Risk and Issues
The NHS Board Clinical Governance Committee considered the paper presented by Mr Andrew Murray, Medical Director.

The proposal was made that, in addition to clinical services presenting their risks to the Committee on a rolling programme, the Standards & Reviews report will change to reflect potential issues, especially in relation to national standards.

The NHS Board Clinical Governance Committee:
- Noted the report

6.3 Pregabalin Prescribing Issues
The NHS Board Clinical Governance Committee considered a paper presented by Mr Scott Mitchell, Pharmacy Director.

Following the prison presentation at the last meeting where gabapentinoid prescribing within prisons had been discussed, Mr Mitchell had been asked to bring further information back to the Committee regarding prescribing in the community.

Mr Mitchell gave a report on the prescribing of gabapentinoids over the last three years which showed a steady increase, with NHS Forth Valley being the fifth highest prescriber in Scotland; however this was a familiar trend in all other Boards. We need to look at the whole GP service within primary care and target work to drive improvement. A whole system approach would be carried out over the next year with the agreement of the GP Sub Committee; following this Mr Mitchell would bring back a report to a future meeting which hopefully would show a reduction in prescribing.

Dr Foster stated that the Chief Medical Officer had agreed to issue guidance to all doctors regarding gabapentinoids, however the action taken had been to change the classification of pregabalin to a controlled drug. This had not helped to give doctors clarification and Dr Foster agreed to raise this at the next Director of Public Health’s meeting.

The NHS Board Clinical Governance Committee:
- Noted the current position regarding prescribing
- Noted the plan to take a whole system approach over the next year
- Requested the paper be shared with Clinical & Care Governance Groups
- Noted that Dr Foster would raise the issue at the next Director of Public Health’s meeting
7. **PERSON CENTRED CARE**

7.1 **NHS Forth Valley Complaints Report**
The NHS Board Clinical Governance Committee considered the paper presented by Professor Angela Wallace, Director of Nursing.

Professor Wallace reported that the total performance in meeting timescales against the 20 day target for responses up to January was 83.9%.

There had been a dip in performance for Stage 2 complaints in January and analysis of this had shown three issues:

- Significant sickness absence in directorates and Patient Relations Team
- Rise in complaints in January, 63 extra complaints received
- Change in management structures, lack of management focus.

She advised that a recovery plan had been put in place and the February position had shown a good recovery. It was highlighted that the Scottish Public Services Ombudsman had not upheld any complaints recently.

**The NHS Board Clinical Governance Committee:**
- Noted the current position of the complaints performance

8. **SAFE CARE**

8.1 **Significant Adverse Events Report**
The NHS Board Clinical Governance Committee considered the paper presented by Mr Andrew Murray, Medical Director.

Mr Murray stated that one report had been completed, another was expected imminently and the remaining two were ongoing. He highlighted that Norma Wilson, the SAE support for Clinical Governance, had been vital in helping to meet the standards for completion of reports and we would endeavour to continue this good work following Norma’s retirement at the end of May.

**The NHS Board Clinical Governance Committee:**
- Noted the update on SAE reviews

9. **EFFECTIVE CARE**

9.1 **Standards and Reviews Report**
The NHS Board Clinical Governance Committee considered the paper presented by Mr Andrew Murray, Medical Director.

Mr Murray stated that there was a high amount of information within this report which made it a difficult read.

Section 1 highlighted new guidance and publications/reports that had been reviewed within the organisation.
Section 2 showed an update on the following:

- Health & Safety Executive: Management of Health & Safety at Work Regulations 1999 Control of Substances Hazardous to Health Regulations 2002

The remainder of the report contained operational documents and a fresh approach to how this report was delivered was being considered. Ownership of this document would be held by the new Head of Clinical Governance and once this post had been filled we would see this report delivered in a different format.

In response to a question from Mr Linkston on how we get assurance that everybody is working to standards which were safe, Mr Murray responded that our cancer clinicians use agreed standards and we have a process to monitor that, patients are also required to sign a consent form before any chemotherapy treatment is administered.

The NHS Board Clinical Governance Committee:

- Noted that the format of the report would be reviewed once the new Head of Clinical Governance was in post

10. REPORTS FROM ASSOCIATED CLINICAL GOVERNANCE GROUPS

10.1 Draft Minute of Area Prevention and Control of Infection Committee held on 20 February 2019

The NHS Board Clinical Governance Committee:

- Noted the draft minute

10.2 Draft Minute of Child Protection Action Group held on 5 February 2019

Professor Wallace advised that there was currently a child protection inspection being carried out in Stirling focusing on Looked After Children, she would bring back the findings to a future meeting.

The NHS Board Clinical Governance Committee:

- Noted the draft minute

10.3 Draft Minute of the Clinical Governance Working Group held on 31 January 2019

Mr Murray highlighted that a template approach had been taken for directorate annual reports for the first time.

The NHS Board Clinical Governance Committee:

- Noted the draft minute
10.4 Draft Minute of the Organ Donation Committee held on 11 March 2019

Mr Rennie advised that this had been his first meeting as chair of the Organ Donation Committee and he highlighted awareness raising work carried out by one of the Lay Members and that a sub-group had been formed to work with Artlink in regard to a memorial.

He also drew attention to the recent results regarding the soft opt out option which had been adopted by Wales which had shown no significant change in donation rates.

The NHS Board Clinical Governance Committee:
- Noted the draft minute

10.5 Minute of Information Governance Committee - no minute available

The NHS Board Clinical Governance Committee:
- Noted the next meeting was scheduled to take place on 17 April 2019

11. ANY OTHER COMPETENT BUSINESS

There being no other competent business the Chair closed the meeting at 11.30am

11. DATE OF NEXT MEETING

Friday 14 June 2019 at 9.00am in the Boardroom, Carseview House, Stirling FK9 4SW.
10.5.4  Staff Governance Committee – 22 March 2019
For Assurance

Chair: Michele McClung

Key points to note from meeting

- Workforce Information and Metrics (Pentana HR Dashboard)
- Health and Safety Quarterly Report
- Workforce Overview and Progress against Our People Strategy
Draft Minute of the Staff Governance Committee meeting held on Friday 22 March 2019 in the Board Room, Carseview House, Castle Business Park, Stirling

Present:-
Dr Michele McClung (Chair)
Mr Alex Linkston, Chairman
Ms Janett Sneddon, RCM
Mr Robert Clark, Employee Director
Mr Allan Rennie, Non Executive Director

In Attendance:-
Ms Linda Donaldson, Director of Human Resources
Ms Linda Davidson, Associate Director of Human Resources
Mr Jonathan Procter, Director of Facilities & Infrastructure
Ms Margaret Kerr, Head of OD
Mrs Linda Robertson, HR Manager
Mr Angus Walker, Health & Safety Adviser (Item 6)
Ms Laura Henderson, Performance Management Officer (Item 5.3)
Ms Marian Smith, Personal Assistant (Minute)

1 Welcome and Introductions
Dr McClung welcomed everyone to the meeting and round table introductions were made.

2 Apologies for Absence
Apologies for absence were noted on behalf of Mrs Cathie Cowan, Ms Karren Morrison, Professor Angela Wallace and Ms Susan McGill.

3 Minute of Meetings

3.1 Draft Minute of Staff Governance Committee meeting held on 14 December 2018
The minute of the Staff Governance Committee meeting held on 14 December 2018 was approved as a correct record subject to the agreed changes.

Item 4 – Matters Arising

CCTV
In light of the recent incident within NHS Lanarkshire and monitoring of CCTV coverage within NHS Forth Valley, the committee was advised that information on the areas covered and not covered by CCTV within NHS Forth Valley had been submitted to the Scottish Government

Item 5.1 Attendance Management

The absence breakdown by Units of management was highlighted as follows:-

- **Acute overall** 5.88% (5.43% September, increased 0.45%)
- **Community Services overall** 5.31% (5.99% September, increased 0.68%)
- **Corporate overall** 4.56% (4.59% September, increased 0.03%)
3.2 Draft Minute of Staff Governance Remuneration Sub Committee meeting held on 14 December 2018

The Staff Governance Committee noted the draft minute of the Staff Governance Remuneration Sub Committee meeting held on 14 December 2018.

3.3 Draft Minute of the Special Staff Governance Remuneration Sub Committee meeting held on 12 February 2019.

The Staff Governance Committee noted the draft minute of the Special Staff Governance Remuneration Sub Committee meeting held on 12 February 2019.

4 Matters Arising

Dr McClung advised that the presentation on the Primary Care Improvement Plan had been carried forward to the May Staff Governance Committee.

**Action:** Ms Donaldson to arrange for a presentation on the Primary Care Improvement Plan at the next meeting on 17 May 2019

The following item was brought forward on the agenda.

6. RISK MANAGEMENT

6.1 Health and Safety Quarterly Report

The Staff Governance Committee considered a paper ‘Health and Safety Quarterly Report April 2018 – June 2018’ presented by Mr Jonathan Procter, Director of Facilities & Infrastructure and Mr Angus Walker, Health and Safety Adviser.

The Staff Governance Committee received an assurance that the Health and Safety quarterly report key issues had been discussed at the Health and Safety Committee and Senior Leadership Team.

Mr Procter reported on compliance with the reporting of adverse events. The statistics showed 88% compliance for reporting within three days, this is a decrease of 1% on the previous quarter. Compliance for reporting on Safeguard within nine days was 64% which is 3% lower than the previous period. The overall compliance for control book reporting showed an increase to 67% from 64%.

The number of fire alerts for the third quarter had decreased from 76 in quarter two to 58 in quarter three; this is due to the decrease in incidents at Forth Valley Royal Hospital and can be attributed to staff vigilance, increased fire training, retrospective use of call point covers following any call point alert. Mr Procter advised that a plan was in place to upgrade the fire detectors during 2019/20. It was noted that the upgrades had been completed in Ward 3.

Slips Trips and Falls had increased by 12% from the last quarter and the number of RIDDOR reportable events had increased from the previous quarter to 7. There were 5 staff events and 2 major injury or condition events that met the criteria for RIDDOR reporting.

During this quarter the number of reported management of aggression events had decreased although there was slight increase of 11% on the same quarter last year.
The report from the Health and Safety Executive on their scheduled inspection of the Microbiology Laboratory, Forth Valley Royal Hospital had been received and the recommendations had been actioned.

The Staff Governance Committee discussed the impact of the use of toasters within NHS premises and their contribution to the number of fire alerts at Forth Valley Royal Hospital.

There was a further discussion on control book reporting being carried out timeously, current health and safety issues within the Bellfield Centre, the increase in violence and aggression events, messages to patients and visitors on acceptable behaviour and smoking in and around Forth Valley Royal Hospital.

The Staff Governance Committee:–
• Noted the contents of the paper.

Mr Angus Walker left the meeting at this point.

5 BETTER WORKFORCE

5.1 Health, Wellbeing and Attendance Management

The Staff Governance Committee considered a paper ‘Absence Management,’ presented by Ms Linda Donaldson, Director of HR and Mrs Robertson, HR Manager.

The report showed an absence rate of 6.94%, which was an increase of 0.86% from December 2018. It was noted that the year to date absence figure remained at 6.94%

The absence breakdown by Units of management was highlighted as follows:-

- **Acute overall** 5.89%
- **Community Services overall** 5.93%
- **Corporate overall** 4.64%

The national average was 6.17% in January and increase from 5.54% in December 2018. 19 of the 22 mainland boards had seen an increase in absence rates in January 2019.

Mrs Robertson highlighted the absence figures by Directorate, the monthly comparators, sickness absence monitoring trajectory, national comparators, and the management of long term absence, as detailed in the paper.

Ms Donaldson advised that following the first meeting of the Health and Wellbeing Absence Management Programme Board areas for improvement had been identified, these were highlighted as:-

- Financial Wellbeing
- MSK Issues and prevention
- Diarrhoea and Vomiting message
- Impact of 12 hour shifts
- Demographic review
- Benefits of drop in Physio sessions
- Exit and return to work interviews
- Mid life interviews
- Dedicated team for disciplinary process
- Training for Managers
- Keep Well Strategy
A programme of further meetings had been identified and presentation on long and short term absences and associated reasons had been scheduled for the Forth Valley NHS Board Seminar on 16 April 2019.

Absence Clinics, a log of alternative employment options, reasons for absence and making contact with other NHS Boards and local authorities on their approach to attendance management were also highlighted.

The Staff Governance Committee were given an assurance that work continued with managers and staff side on areas of challenge and to ensuring those on long term sick were back at work timeously.

The Staff Governance Committee:-

• noted the contents of the paper

5.2 Staff Governance Update

The Staff Governance Committee considered a paper ‘Staff Governance Update,’ presented by Ms Linda Davidson, Associate Director of HR and Mrs Linda Robertson, HR Manager.

Mrs Robertson advised that the following policies were being reviewed by the NHS Forth Valley HR Policy Steering Group:-

• Staff Screening during Healthcare Associated Incidents
• Term Time (part of the Flexible Working Policy)

Mrs Robertson highlighted the ‘Once for Scotland’ engagement events and follow up events and advised that there would be a one month consultation period on the core policies that were being reviewed. These were highlighted as:-

• Attendance Management
• Capability
• Conduct
• Grievance
• Bullying and Harassment
• Whistleblowing
• Dignity at Work

It had been suggested that to ensure full engagement in the consultation process NHHS Forth Valley would hold a world cafe style event.

Initial discussions had been held between NHS Forth Valley and Falkirk Council Employment Training Unit on how both organisations could work together to deliver adult work placements, further development of Project Search, and also Prince’s Trust. Clackmannanshire and Stirling Councils would be included in any joint projects.

Attendance at local careers events by HR colleagues, the Workforce Development Fund, staff governance monitoring framework 2018/19 and the Stonewall Workplace Equality Index were highlighted as detailed in the paper.

The Staff Governance Committee:-

• noted the paper
5.3 Workforce Information and Metrics

The Staff Governance Committee received a presentation on ‘Pentana Performance,’ presented by Ms Laura Henderson, Performance Management Officer.

Ms Davidson introduced the presentation. Ms Davidson had been asked by Ms Donaldson, Director of HR, to develop a ‘dashboard’ for human resources which would enable reporting of performance across the organisation. The reporting areas were highlighted as follows:

- Absence
- Employee Relations
- Bank/Agancy Staff
- Turas
- iMatter
- Fixed Term Contracts
- Reasons for Leave
  - Maternity
  - Paternity
  - Annual

Pentana Performance is a cloud based system which can be accessed via the internet. It is Forth Valley wide, including Integration Joint Boards. It contains no patient identifiable information and works on a hierarchy system allowing granular ward/department level data up to Executive level information.

There are over 30,000 individual performance indicators set up on the system to provide layers of information required for the HR portal data set up.

Pentana performance allows the visualisation of performance against targets and performs data analysis on KPI’s to quickly identify risks using the RAG system.

The dashboards, charts and management reporting functionality visually compares trend analysis data for performance indicators against specified time periods. They provide single page displays of the most important information and results are presented in visually engaging reports.

The Staff Governance Committee discussed including workforce information, occupational health, iMatter and complaints into the dashboard.

The Staff Governance committee were very supportive of the work to date and it was suggested that Dr McClung and Mr Rennie piloted the system.

5.4 Workforce Overview and Progress against Our People Strategy

The Staff Governance Committee received a presentation ‘Workforce Update,’ presented by Ms Linda Donaldson, Director of HR.

The following were highlighted from the presentation:-

- Our People Strategy 2018 – 2021
- Health and Wellbeing
  - Wellbeing Improvement Programme
  - Partnership Absence Clinics
  - Policy Work
  - Flu Uptake
  - Keep Well
• Positive and Values Based Culture
  o We will continuously improve equality, diversity and inclusion for our people.
  o Improve staff experience, engagement and involvement
• Fit for Future Leadership
  o We will continue to embed leadership and management behaviours which are both
    values based and integral to organisational peak performance and continuous
    professional development, providing opportunities at all levels of the organisation
• Recruitment and Retention
  o A key focus will be to ensure that we attract and retain the highest quality people to work
    within NHS Forth Valley
• Key Performance Indicators
  o Investment in our people is an investment in patient care and in our communities
  o Supporting a capable workforce is our priority
• Employee Engagement Index
• iMatter Questionnaires/Action Plans
  o iMatter Questionnaires out on 24th June 2019, Team Reports will be published
    on 29th July 2019
  o iMatter Action Plans to be recorded on iMatter by 21st October 2019
  o Anniversary Cycle 26th May 2020
• Transforming our Workforce
  o Investment in our people is an investment in patient care and in our communities
  o Supporting a capable workforce is our priority
• Working with our Partners
  o Working with our partners in Local Authority and the Third Sector, we will continue to
    look at the skill available to deliver services to our local communities
• Health and Social Care Staff Experience Report 2018

Ms Donaldson provided the Staff Governance Committee with an assurance that progress was
being made against the priorities identified in NHS Forth Valley’s Our People Strategy 2018 – 2021.

The Staff Governance Committee:-

• noted the presentation

5.5 Health and Social Care Staff Experience Report

Consideration was given to a paper ‘Health and Social Care Staff Experience Report 2018,’
presented by Ms Linda Donaldson, Director of HR.

Ms Donaldson reported on the progress with the Health and Social Care Experience. It was noted
that the number of action plans agreed in 2018 was 83% which was higher than the national
average of 56%. It was noted that the Employee Engagement Index had remained the same at 75.

Ms Donaldson advised that due to the ongoing organisational change within NHS Forth Valley the
second whole board run of iMatter, which would include the Clackmannanshire and Stirling Health
and Social Care Partnership had been postponed to May 2019.

There was a discussion on the questions and the need for clarity around definition of senior
management within the organisation and the need for quality conversations with staff in advance of
the next round of iMatter.

The Staff Governance Committee:-

• noted the paper
5.6 Update on Organisational Development Priorities, including Learning, Education and Training

The Staff Governance Committee considered a paper ‘Update on Organisational Development Priorities, including Learning, Education and Training,’ presented by Mrs Margaret Kerr, Head of OD.

Mrs Kerr advised that work was ongoing with the Investors in People (IIP) Assessor and NHS Forth Valley IIP Leads to discuss progress with regards to our indicated areas of improvement in our IIP Report for 2018/19 and on plans to achieve IIP at Platinum level and the next steps in relation to IIYP

She further advised that it had been agreed to include all Junior Doctors in Training in iMatter from 2019, Dentists in Training will follow at a later date.

There is a requirement for NHS Boards to participate in a test of change to map the link between eESS Core HR data and the updating of team information on iMatter and NHS Forth Valley have been asked to participate as an Exemplar Board.

Preparation is underway to develop a strategic, integrated and structured approach to Talent Management and Succession Planning within NHS Forth Valley. This will take cognisance of existing National Talent Management Provision including Leading for the Future and Project Lift and will be aligned to the strategic priorities: 20/20 Workforce Vision and NHS Forth Valley Our People Strategy.

Turas Training, Mandatory Training and Medical Workforce revalidation were highlighted. It was noted that a plan was in place to ensure increased uptake with mandatory training.

The Staff Governance Committee:-

- Noted the contents of the paper and requested further updates on these issues and other areas at future meetings.

5.7 NHS Forth Valley Equality and Diversity Monitoring Report

Consideration was given to a paper ‘Workforce Diversity Monitoring Report Quarter 3 2018 – 19,’ presented by Ms Linda Donaldson, Director of HR.

Ms Donaldson highlighted a range of data collected from our workforce as detailed in the paper and advised that a reminder would be issued to staff to update their record on eESS.

The Staff Governance Committee noted the:-

- content of this report
- that the Workforce information report will be produced on a quarterly basis with the next report covering the period from 1st January to 31st March 2019.

7. STAFF GOVERNANCE COMMITTEE STRATEGIES AND OBJECTIVES

7.1 Staff Governance Committee Annual Report 2018/19

Consideration was given to a paper ‘Staff Governance Committee Annual Report’, presented by Dr Michele McClung, Chair of the Committee

The Staff Governance Committee approved the NHS Forth Valley Staff Governance Annual Report 2018–2019 noting the changes to be made to the attendance list for the meeting held on 22 March 2019.
Action Attendance List and agenda items to be updated for the March 2019 meeting

8. REPORTS FROM COMMITTEES

8.1 Health and Safety Committee – 20 November 2018

The Staff Governance Committee noted the minutes of the Health and Safety Committee held on 20 November 2018.

8.2 Facilities Partnership Forum – 8 November 2018

The Staff Governance Committee noted the minutes of the Facilities Partnership Forum held on 8 November 2018.

9. TERMS AND CONDITIONS

- SPPA Pensions Circular
- STAC(TCS04)2018 – Review of Qualified Band 6 Health Visitor Post
- PCS(AFC)2019/1 - Pay &Conditions For NHS Staff covered by the Agenda For Change Agreement
- PCS(SDIA)2019/1 - Scottish Distant Islands Allowance

The Staff Governance Committee:-
- noted all of the documents.

10. ANY OTHER COMPETENT BUSINESS

There being no other business the Chair closed the meeting at 11.30am.

11. DATE OF NEXT MEETING

The Staff Governance Committee will meet again as scheduled on Friday 17 May 2018 at 9.00am in the Board Room, Forth Valley NHS Board Headquarters, Carseview House, Castle Business Park, and Stirling.

Agenda items and papers to Marian Smith (mariansmith@nhs.net) by 8 May 2019
10.6.1 Area Clinical Forum – 17 January 2019
For Assurance

Chair: Dr James King

Key points to note from meeting

- **Item 1 – Transforming Nurses Roles**

  A presentation was received detailing the work to transform the Advance Nursing Practitioners (ANPs) role. This was a key driver of the Ritchie Out of Hours review – ‘Pulling together: transforming urgent care for the people of Scotland’ and the recommendations to improve services and ensure they were sustainable and able to meet future demand.

  There are four pillars of practice for ANPs; Clinical practice, Leadership, Facilitation of learning and Evidence research and development, with clear lines of responsibility and accountability leading through the professional nursing line up to the Director of Nursing.

- **Item 6 – Community Pharmacy Hours**

  Following discussion at the Area Pharmaceutical Committee meeting in December 2018, the ACF considered and approved the proposal to introduce new model hours for Community Pharmacies to meet the current healthcare provision requirement.
Minute of the Area Clinical Forum meeting held on Thursday 17 January 2019 at 6.15pm in the Boardroom, NHS Headquarters, Carseview House, Castle Business Park, Stirling, FK9 4SW.

Present:  
James King, GP (Chair)  
Tendai Ndoro, Optomitrist, (Area Optical Committee)  
Kirstin Cassells (Area Pharmaceutical Committee)  
Alison McMullan (Psychological Area Committee)  

In Attendance:  
Rachel Vickers (Psychological Area Committee)  
Sarah Smith, Corporate Services Assistant/PA (Minute Taker)  

1. “Transforming Nurses Roles”

The Area Clinical Forum received a Presentation “Advanced Nurse Practitioners in NHS Forth Valley” led by Dr Sharon Oswald, Lead for Advanced Nursing Practice.

The Presentation covered the following areas:

- Key driver of the Ritchie Report
- The response submitted by Chief Nursing Officer’s Directorate/Scottish Executive Nurse Directors/Royal College of Nursing
- Establishment of a workforce with the right skills, values and behaviours
- Purpose of advanced practice
- Work undertaken with Phase 1
- Clear definition of the role of an Advanced Nurse Practitioner
- Core Competencies
- Clinical Supervision for Trainees “ANP Triangle of Capability”
- Accountability and Responsibility, noting advanced practice was not recognised by the NMC, however competence remained embedded within the NMC code.
- Professional structure for ANPs employed by NHS Forth Valley
- Description of the four pillars of practice within the national definition
- Positive numbers of ANPs within NHS Forth Valley throughout a wide range of areas.

In response to a question around finance, challenge was highlighted around the multiplicity of funding streams. It was however noted that the Scottish Government had requested that Scotland employ 500 new ANPs within 5 years. It was anticipated that funding would continue to ensure this was achieved.

The ACF thanked Dr Sharon Oswald for her attendance and a full and detailed presentation.

2. Welcome and Apologies

Dr King welcomed everyone to the Committee and apologies were noted on behalf of Bette Locke; Elizabeth Kilgour; Andrew Murray; Tanya Somerville and Dawn Gleeson.

Dr King took the opportunity to thank all who attended and assisted in the visit on 17 December 2019.
3. **Minutes of Area Clinical Forum 15 November 2018**

The minute of the meeting held on 15 November 2018 was approved as an accurate record.

*Post meeting note: Bette Locke provided clarity to the paragraph around good conversation training.*

4. **Minutes of Reporting Groups**

The presented minutes were noted by the Committee.

5. **Annual Report 2018/19**

The ACF Annual Report for 2018/19 was presented to the Committee by Dr James King and a brief background was provided noting the report would be presented to the NHS Board.

It was confirmed that the attendance should be amended to reflect that Dr Rachel Vickers was present at the meeting in September 2018.

Subject to the above amendment, the Annual Report was approved.

6. **Community Pharmacy Hours**

The ACF considered a paper “Community Pharmacy Hours” presented by Kirstin Cassells.

A brief background was provided, noting that Community Pharmacy hours were historic and based on a Shopkeepers Act. However due to the changing role and potential risk around a lack of Community Pharmacy availability at weekends, it was proposed that new model hours be introduced.

Detail was provided around the hours, which would enable a ½ day closure, but required opening on Saturday from 9 am to 5 pm. This had been approved at the Area Pharmaceutical Committee meeting in December 2018. Kirsten Cassells highlighted the good attendance at the meeting and appropriate representation from key areas.

Requests for closure could still be made to the Area Pharmaceutical Committee, however a supporting Business case would be required. To provide assurance, the NHS Board would be informed of any closures.

It was confirmed that model hours would be applicable for new requests only.

Advice had been sought from Central Legal Office and notification would be made to Scottish Ministers.

The Forum approved the decision to introduce model hours within Community Pharmacy. Kirstin Cassells advised she would advise the Contract Manager and seek clarification around potential next steps, such as presentation to the Performance and Resources Committee.

7. **Items for Future Agenda**

- **Staff Wellbeing** - This would be added to a future agenda
- **Formal Evaluation of Pharmacy 1st** - This would be added to the Agenda in May 2019.
• **Terms of Reference** - A request would be made for Committees to submit their ToR to the next meeting.

  **Action:** Minute Taker  
  21.3.19

It was agreed an email would be sent to the committee requesting Agenda items.

  **Action:** Minute Taker  
  21.3.19

A formal invitation would be extended to the Chief Executive to attend a future meeting to provide feedback on the Ministerial Visit and her views on changes she saw within Forth Valley.

  **Action:** Minute Taker  
  21.3.19

8. **AOCB**

   Kirstin Cassells sought clarity around the role of Management Representative on Committees. It was agreed that this was a useful role and did enable wider progression of issues. Challenge however was highlighted as few Committees had anyone appointed to this role. It was agreed this would remain on the Terms of Reference for the APC and a fuller discussion could take place at the next meeting.

8. **Date of next meeting**

   The next full meeting of the Area Clinical Forum would take place on Thursday 21 March 2019 at 6.15 p.m. within the Boardroom, Carseview.

   There being no other competent business, the Chair closed the meeting at 7.10 p.m.
10.7.1 Directions from Integration Joint Boards
For Noting

Executive Sponsor: Mr Scott Urquhart, Director of Finance

Executive Summary
To present the Clackmannanshire and Stirling IJB Directions to Forth Valley NHS Board for 2019/20.

Recommendation:
The Forth Valley NHS Board is asked to: -
  • Note the Direction from Clackmannanshire and Stirling Integration Joint Board
  • Note the position in relation to the Falkirk Integrated Joint Board

Key Issues to be Considered:
As per the Integration Schemes for both Partnerships, para 4.1; ‘The Integration Joint Board shall be responsible for carrying out the Integration Functions but shall do so by directing one or both parties to carry out each Integration Function having had due regard for the Strategic Plan’. The attached documents form said Directions from April 2019 onwards.

Falkirk IJB had approved a set of opening Directions at the special meeting on 28 March 2019, amendments are required and these are due to be considered and approved at the IJB meeting due to take place on 7 June 2019.

Financial Implications
Budget confirmed within the letter and subject to previous discussion and approval.

Workforce Implications
No additional implications.

Risk Assessment
Risk Registers in place across relevant parties identifying and mitigating risk.

Relevance to Strategic Priorities
Core to the strategic priorities of Forth Valley NHS Board and both Integration Joint Boards.

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

Further to an evaluation it is noted that:
□ Paper is not relevant to Equality and Diversity

Consultation Process
Clackmannanshire and Stirling IJB approved the Directions on 27 March 2019
Dear Mrs Cowan

Initial Direction from the Clackmannanshire & Stirling Integration Joint Board for 2019/2020 Service Delivery and Discharge of Statutory Functions

Please find attached initial direction to NHS Forth Valley, which was approved by the Integration Joint Board at its meeting on 27 March 2019.

If you have any queries regarding this correspondence, please do not hesitate to get in touch with me.

Yours sincerely

Ewan Murray
Chief Finance Officer
Clackmannanshire & Stirling Health & Social Care Partnership
DIRECTIONS FROM CLACKMANNANSHIRE & STIRLING INTEGRATION JOINT BOARD (the "IJB") TO
NHS FORTH VALLEY HEALTH BOARD (the "CONSTITUENT AUTHORITY")
ISSUED UNDER 26(1) OF THE PUBLIC BODIES (JOINT WORKING) (SCOTLAND) ACT 2014

<table>
<thead>
<tr>
<th>Direction Number (status – current, superseded or revoked)</th>
<th>Statutory Function(s) to which Direction relates</th>
<th>Any limitation/ caveat specific to Function(s)</th>
<th>Substance of Direction</th>
<th>Budget or reference to where Budget outlined</th>
</tr>
</thead>
</table>

All Directions listed below are subject to the following:

1. They shall be discharged within the budget prescribed. The prescribed budget shall be used by the Constituent Authority to discharge the statutory function and deliver services within scope of these Directions;
2. They shall be discharged in a manner consistent with:
   - the IJB’s Strategic Plan approved on 27 March 2019
   - the Integration Delivery Principles; and
   - the National Health & Wellbeing Outcomes.
3. They shall continue to be discharged, and relevant services shall continue to be delivered, by the Constituent Authority as they were immediately prior to 1 April 2016, subject to any subsequent decision by the IJB which has otherwise directed how that function should be discharged by the Constituent Authority (strategic decisions as to the discharge of any of the functions within these Directions require to be referred to the IJB for a decision prior to implementation); and
4. Any future Direction by the IJB to the Constituent Authority.

| 19/20 – [NHSFV] – 1 (Current) | Per Annex 1 Part 1 of Integration Scheme | Budget Prescribed | Continuation of Delegated Functions & Services per Annex 1 Part 1 and 2 of Integration Scheme | Payment £112.197m Set Aside Budget for Large Hospital Services £20.934m Partnership Funding £2.224m Social Care Funding £0.128m |
Dear Fiona

The NHS Forth Valley Performance and Resources Committee, on behalf of the NHS Board, considered and endorsed the Falkirk Integration Joint Board Strategic Plan 2019-2022 at a recent meeting. I was asked to share the comments made and in this regard it was noted that the Strategic Plan outlined the priorities and commitments for improving outcomes for people living in the Falkirk area, associated with the delivery of adult health and social care services, over the next 3 years.

The Committee recognised that whilst this was a high level plan, it set direction for the Council and NHS Chief Executives to support their Chief Officer working in the health and care partnership space to deliver improved outcomes for the designated adult population described within the Strategic Plan.

The Committee noted that the Council (Social Care) and NHS (Health) Partnership’s performance against the national outcome standards was static. It was therefore agreed that it was important to highlight performance to the Integration Joint Board and to seek direction to improve performance against the national outcome standards over the next 3 years.

In relation to the discharge of patients from hospital, the IJB is invited to instruct the Council and NHS Chief Officer to develop and agree a Plan that reduces the number of people delayed awaiting discharge with immediate effect. The urgency is associated with the NHS elective care centre development that is due to become operational in November 2019. The Centre is intended to improve elective waiting times and access to inpatient beds for people living in Falkirk, a delay will impact on people waiting to access surgery.

Communication and in particular informing, involving and inviting people to share their feedback was felt to be limited. In going forward it was asked to append the communication and engagement plan that supported the consultation process that underpinned the Plan’s development.

It was also noted that the Falkirk Health and Social Care Partnership Financial Plan and associated Risk Assessments were not included with the Strategic Plan and therefore full endorsement could not be given for the Strategic Plan without sight of these important documents. I look forward to your response to the points raised to enable me to inform the NHS Board.

Yours sincerely

Cathie Cowan
Chief Executive
FALKIRK INTEGRATION JOINT BOARD

Minute of Meeting of the Falkirk Integration Joint Board held in Committee Suites, Municipal Buildings, Falkirk on Friday 1 February 2019 at 9:30am

Voting Members: Julia Swan (Chair)
Allyson Black (Vice Chair)
Alex Linkston
Cecil Meiklejohn
Fiona Collie

Non-voting Members: Patricia Cassidy, Chief Officer
Amanda Templeman, Chief Finance Officer
Cathie Cowan, Chief Executive, NHS Forth Valley
Kenneth Lawrie, Chief Executive, Falkirk Council
Sara Lacey, Chief Social Work Officer, Falkirk Council
Robert Clark, NHS Forth Valley Staff Representative
Roger Ridley, substitute Council Staff Representative
Margo Biggs, Service User Representative
Jen Kerr, Third Sector Interface
Morven Mack, Carers Representative
Angela Wallace, Nursing Representative
Andrew Murray, Medical Representative
David Herron, GP Representative

In Attendance: Suzanne Thomson, Programme Manager
Joe McElholm, Head of Social Work Adult Services
Kathy O'Neill, General Manager
Linda Donaldson, Director of HR (IJB281)
Viv Meldrum, Lead Analyst for Performance (IJB284)
Philip Morgan-Klein, Service Manager (IJB284)
Kenny Gillespie, Head of Housing (IJB 279)
Karen Strang Housing Strategy and Development Co-ordinator, IJB 279)
Marian Smith, PA to Director of HR (Minute)

IJB275. APOLOGIES

Apologies for absence were intimated on behalf of Michele McClung and Matt McGregor.

IJB276. DECLARATIONS OF INTEREST

There were no declarations of interest noted.
IJB277. MINUTE OF THE INTEGRATION JOINT BOARD MEETINGS

Decision
1. The minute of the meeting of the Special Integration Joint Board held on 21 November 2018 was approved.
2. The minute of the meeting of the Integration Joint Board held on 7 December 2018 was approved

IJB278. ACTION LOG

The Integration Joint Board considered the ‘Action Log’, presented by the Chair and noted the updates provided.

Councillor Collie highlighted the previous commitment regarding updates on the development of the Community Hospital and planning for intermediate care. Mrs Cowan noted the discussions on the site were still at early stages and suggested if there was an urgency to progress this development that the Council may want to make separate decisions about the capital investment and plans for the intermediate care facility. Ms Cassidy noted the intermediate care facility will remain on the action log.

IJB279. HOUSING CONTRIBUTION AND STRATEGIC HOUSING INVESTMENT PLAN

The Integration Joint Board received a presentation on ‘Housing Contribution Statement, Strategic Housing Investment Plan’ provided by Mr Kenny Gillespie, Head of Housing.

Mr Gillespie outlined the ongoing work regarding the Housing Contribution Statement and how this linked with the Strategic Housing Investment Plan (SHIP) for new affordable housing.

Details of the long term solutions being developed in discussion with the health and social care partnership were provided and the need for outcomes based evidence to measure the effectiveness of these interventions. Mr Gillespie noted that 90% of Falkirk Council new build properties would be accessible or adaptable to meet peoples’ needs and maximise properties and their use.

The IJB thanked Mr Gillespie for the informative and interesting presentation. The proactive approach was noted and the necessary involvement of all partners to realise the opportunities both with alternative housing and technology to meet future needs.

Mrs Swan noted that an urgent item would be taken at this point in the agenda from Mrs Cathie Cowan.

IJB280 UNSCHEDULED CARE – TAILORED SUPPORT

The Integration Joint Board received a presentation on ‘Unscheduled Care – Tailored Support’, presented by Mrs Cathie Cowan, Chief Executive.

Mrs Cowan advised that she had received confirmation that NHS Forth Valley had been escalated to Level 3 of the NHS Board Performance Framework by the Scottish Government on 14 December 2018. The escalation reflected the fluctuating whole
system performance in Unscheduled Care e.g. 4 hour access standard, minor injury management and delayed discharge numbers and the significant variation from plan, the risks that materialised and the need for tailored support.

Mrs Cowan referred to the Scottish Government policy direction notably the agreed six essential actions to improve Unscheduled Care and in particular she highlighted the work relating to the essential action for clinically focused and empowered hospital management. The tailored support invited and supported by her included Peer and interim Site Director capacity and external support provided by the North of England Commissioning Support (NECS). Mrs Cowan confirmed she had met NECS representatives in mid January 2019 and agreement was reached to support a system wide improvement plan at pace that built on improvements being made and/or implemented.

Mrs Cowan confirmed the Recovery Plan was based on work developed and agreed by staff/partners under the auspices of the Unscheduled Care Programme Board which was launched in September 2019. The Plan was referred to as ‘Getting ForthRight’ which was an ambitious Forth wide improvement plan with 5 workstreams, notably: Community and Whole System, Emergency Department, Receiving Units, Downstream Wards and Specialty Pathways. Mrs Cowan referred to the frailty pathway led by Dr Copeland and Dr Williams to demonstrate progress being made, she added this was an exemplar for other Boards/Partnerships. Partners (and both IJBs would be provided with assurance) would be involved in developing a consistent operating model that had robust measures including escalation to support person centred and safe care. In summing up Mrs Cowan hoped the IJBs in their oversight role would be assured by the work underway to improve performance. Regular updates will be provided to the IJB.

Decision
The Integration Joint Board:-

1. Noted the update provided and the work underway to implement Government policy direction and improvement to deliver the 4 hour access standard as part of a wider whole system improvement plan

IJB281. CHIEF OFFICER REPORT

The Integration Joint Board considered a paper ‘Chief Officer Report’, presented by Ms Patricia Cassidy, Chief Officer.

Ms Cassidy highlighted the joint development of a Memorandum of Understanding (MoU) between Scotland's Integration Joint Boards and Independent Hospices. It was anticipated that the MoU would cover a two year period from 1 April 2019.

The Care Inspectorate had visited Summerford House in December 2018 with the report published on 7 January 2019. In response to the issues highlighted by the Inspector immediate action had been taken, with changes to the management team to enhance capacity for improvement and support to staff to respond to and achieve the areas for improvement. The service was continuing to work closely with the inspectorate to ensure timely improvement.

The inspection had highlighted the need for wider analysis of quality assurance capacity and practice. In response to Mr Linkston’s request for assurance it was confirmed that progress reports on the improvement plan would be submitted to the Clinical and Care Governance Committee and then the IJB.
Work was continuing with the Health and Social Care Partnership Strategic Plan. The online consultation was now open and key groups would receive presentations on the proposed plan. A staff brief had been circulated with staff encouraged to provide feedback. The final draft of the Strategic Plan would be presented to the Integration Joint Board in April 2019.

Work also continued to prepare the Carers Strategy. Carers Sessions had taken place in January 2019 with a further opportunity for carers to contribute at the Carers Forum scheduled for 20 February 2019. There was also a six week public consultation which would run until the beginning of March 2019.

The Scottish Information Commissioner had written to the Chief Officer setting out the requirement to update the IJB Model Publication Scheme. The requirements as set out in the letter had been met and the updated IJB Model Publication Scheme had been published.

The recent report by the Royal College of Physicians of Edinburgh, the review of progress with Integration and Social Care and EU Exit were also highlighted.

**Decision**

The Integration Joint Board:-

1. **Noted that assurance on progress with the Summerford House Care Inspectorate improvement plan would be reported to the IJB Clinical and Care Governance Committee**

2. **Noted that the requirements set out by the Scottish Information Commissioner have been met and the updated IJB Model Publication Scheme has now been published**

3. **Noted that the Chief Officer would work with NHS Forth Valley and Falkirk Council colleagues to seek assurances that the necessary arrangements were in place for the continued delivery of health and social care services.**

**IJB282. INTEGRATED STRUCTURES**

The Integration Joint Board considered a paper “Integrated Structure – Update”, presented by Ms Cathie Cowan, Chief Executive, Mr Kenneth Lawrie, Chief Executive and Ms Patricia Cassidy, Chief Officer.

Mrs Cowan and Mr Lawrie noted the significant work and collaborative approach to complete the remaining work in relation to the outstanding issues following the meeting in October 2018; to invest in an integrated structure that supported the IJB’s planning and commissioning responsibilities and the Council and Health Board’s responsibilities, through the HSCP, for service delivery that collectively improved outcomes for the IJB’s adult population.

It was noted that the Chief Officer was implementing a three team locality model that would enable professionals and practitioners from across different sectors to work together around the needs of people, their families and their communities to improve outcomes and performance.

As reported previously it was proposed to transfer in-scope functions, notably:

- district nurses, allied health professionals and two community hospitals (previously referred to as phase 1 delegation)
- Co-ordinated or hosting services discussed in November – e.g. health promotion which would be coordinated on behalf of the other Partnership, as detailed in the paper
• remaining in-scope services planned and commissioned by the IJBs for their defined populations as discussed would be operationally managed by the NHS (e.g. primary care). It had been agreed that these services would be reviewed in 12 months. Noting that this may occur before this date if services and structures were stable

A Shadow Management Team led by the Chief Officer had been established to progress the development of the management structure with workshops held with staff to inform future arrangements, supported by HR.

Meetings had been held with the Chief Executives and Heads of HR to accelerate the integrated structure. The agreed structure was detailed in Appendix 6 and 7 of the paper.

Both Chief Executives in agreeing the integrated structure had confirmed that future staffing should be within budget. To assist this, the Chief Officer and respective Heads of HR would develop an appropriate process for posts to be filled by employees from the in-scope services who met the requirements of the job description with external advertising taking place where necessary.

Discussions on the proposed way forward would be shared with the Joint Staff Form and reported to Council and Health Board employment/negotiating forums. A development programme supported by Council and Health Board HR teams would be put in place to assist individuals and teams coming together into a new integrated management structure.

Following the co-ordination workshop in November 2018 further work was required to agree principles for coordinating Forth Valley wide services. IJBs would continue to be responsible for the planning and commissioning for their defined populations health and wellbeing.

The timeline and communication plan were highlighted in Appendix 8 and 9 of the paper with the anticipated completion date of winter 2019 for Phase 1. It was noted that a winter deadline was worst case scenario with an earlier resolution supported by the Council’s and Health Board’s HR teams.

Both Chief Executives provided assurance that they would continue to support integration and delivery of the associated benefits to be realised.

Mrs Cowan, Mr Lawrie and Mrs Cassidy and the Board noted their thanks to all staff involved for their contribution to reaching this point and the significant progress made.

Decision

The Integration Joint Board:–

1. Approved Appendix 2 and endorsed Appendices 1, 3 and 4 as the agreed approach to the outstanding issue of governance and role of the Chief Officer
2. Noted the progress made and level of engagement made by the Shadow Management Team as outlined in section 5 of the report
3. Endorsed the proposed Integrated Management Structure at Appendices 6 and 7
4. Noted the further work to be concluded to complete the delegated management to the Chief Officer and to implement the integrated management structure as set out in paragraphs 5.20 to 5.28
5. Noted that a transformation programme team would be set up to support the services which would require programme management and planning support and an experienced service lead
6. Noted the structure would be reviewed to include the transfer of management capacity for Phases 2 and 3 once the details were shared and agreed with both IJBs. A further report on progress would be submitted to the IJB when this work was completed.

IJB283. FINANCIAL REPORT

The Integration Joint Board considered a paper ‘Financial Report’, presented Ms Amanda Templeman, Chief Finance Officer.

Ms Templeman reported that the projected outturn for 2018/19 highlighted an overspend of £2.692m, of which £1.314m related to the Set Aside budget. It was noted that the risk for the Set Aside budget remained with Forth Valley NHS Board and it was assumed that the NHS Board would address the pressures in this element of the budget.

Ms Templeman summarised the main pressures with the budgets related to additional spend within community hospitals (winter beds), bank and agency staff within the Community Services Directorate, prescribing, primary medical services and the nursing budget within the set aside budget.

With regards to budgets delegated to Falkirk Council the adult social care budget (excluding non housing revenue account and capital) a risk of overspend had previously been highlighted and this risk had increased mainly due to external provision of home care hours, staffing issues within residential care homes and non delivery of some savings.

Although there was agreement, in principle, to adopt a risk sharing agreement for 2018/19, discussions were ongoing between Falkirk Council and NHS Forth Valley.

Ms Templeman highlighted the projected spend against available Leadership Funds for 2018/19 as detailed in the paper. The Leadership Team had agreed to match fund a project to progress a programme of Community Led Support which would be delivered by the National Development Team for Inclusion. This had been match funded by the Scottish Government. A presentation on this work would be provided to the Strategic Planning Group in March 2019 and further information would then be presented to the IJB.

Previous finance reports had proposed that Directions were updated throughout the year and included in the regular financial position reports for approval. Updated Directions were detailed in appendices 5 and 6 of the paper. At this point the Direction reflected the amendments as a result of changes to funding.

Indicative allocations for local government and NHS Boards had been announced and work was ongoing to progress the 2019/20 budget. However, some uncertainties existed in both arms of the budget and there was a risk that a balanced budget would not be set by 31 March 2019. It was anticipated that there would be clarity over the financial settlements from the statutory partners and work would continue to improve the current position.

The IJB discussed the issue of longer term financial planning and fundamental change in planning and delivery of services to produce efficiencies.

Mr Linkston sought assurance on work to support long term financial planning and losing alignment to organisational budgets.
Decision

The Integration Joint Board:-

- Noted the contents of the report
- Noted the projected overspend of £2.692m for the Partnership, of which £2.504m relates to Health Services and £0.188m to housing adaptation work.
- Noted the ongoing discussions regarding the Risk Sharing Agreement for 2018/19.
- Noted the progress on the development of the 2019/20 IJB budget.

IJB284. PARTNERSHIP FUNDING

The Integration Joint Board considered a paper ‘Partnership Funding’, presented by Ms Amanda Templeman, Chief Finance Officer.

Ms Templeman provided a performance overview of the Partnership Funded initiatives.

Diagnosis and treatment of Alcohol Related Brain Injury (ARBI) was a Forth Valley strategic priority. Following the first year of operation additional resource was required to support Consultant time for diagnosis and Occupational Therapy time to support recovery within the community. It was proposed that the additional resource may come from the Alcohol and Drugs Partnership (ADP) and this would need to be finalised urgently as the service was currently not operational. A report would be presented to a future meeting confirming the outcome of these discussions.

Ms Templeman outlined the range of community based work being progressed including Community Link Workers, as set out within the Primary Care Development Plan and Community Led Support, recently supported by the Leadership Fund to facilitate asset based assessment and support approaches. As this was a new and fairly complex area a development session with the Strategic Planning Group had been scheduled for March 2019. The outputs from this session would be reported at a future meeting.

Decision

The Integration Joint Board:-

- Noted that discussions regarding the establishment of the Forth Valley ARBI service are ongoing and endorse that this should be concluded as a matter of urgency
- Noted the additional information provided about community development activity and that a workshop will be held in March 2019 with the Strategic Planning Group, regarding proposed strands of community work
- Noted the further initiative reviews set out within section 6
- Agreed that funding for Food Buddies is not continued beyond March 2019

IJB285. PERFORMANCE REPORT

The Integration Joint Board considered a paper 'Performance Report', presented by Ms Patricia Cassidy, Chief Officer.
Ms Cassidy introduced the report to be presented by Ms O’Neill and Mr McElholm which provided a comprehensive review of national performance indicators based on 2017/18 data giving a year on year comparison against the baseline year 2015/16. Performance for the financial year 2017/18 would be fully updated at the end of quarter 1, 2019/20.

Mrs O’Neill advised that work was progressing with the Falkirk Performance and Measurement Group to develop a more structured and themed timetable for performance reporting. The report would be aligned to the Scottish Government’s publications to avoid reporting differences or discrepant data. The revised report would be presented to a future IJB meeting. Mr Linkston sought clarity on the timescale for this to be delivered.

The IJB discussed the need to link performance to the new strategic plan and align with the IJB strategic objectives and workforce priorities. This included understanding the performance indicators and how the information could be used, reporting on performance by locality and the interventions required to support improvement. Mrs Cowan highlighted the unscheduled care actions and how the 4 hour access standard was reliant on the Council’s contribution to the 6 essential actions referred to in her presentation.

Decision

The Integration Joint Board:-

- Noted the content of the performance report
- Noted that appropriate management actions continue to be taken to address the issues identified through these performance reports.

IJB286 UNSCHEDULED CARE PROGRAMME AND DELAYED DISCHARGE

The Integration Joint Board considered a paper 'Unscheduled Care Programme and Delayed Discharge, presented by Mr Andrew Murray, Medical Director

Mr Murray referred to Mrs Cowan’s presentation at the beginning of the meeting and the selected Key Performance Indicators (KPIs) on unscheduled care performance.

As highlighted under IJB280, the NHS Board’s Unscheduled Care Programme Board members would receive tailored support to deliver the unscheduled care improvements as described under the auspices of the six essential actions as outlined by Mrs Cowan in her earlier presentation. Bed occupancy remained high and work to reduce delayed discharges was a key part of the tailored support improvement plan.

Mr Murray advised that he had commissioned the Red Cross to provide a service to support hospital discharge.

Mr Murray advised that this report complimented the performance report and focussed on three of the six Key Performance Indicators that were reported to the IJB.

The IJB discussed the delayed discharge performance which remained static and improvement actions, noting that a development session was scheduled for 1 March 2019 to discuss the revised action plan.
The report provided assurance to the IJB of the ongoing work which was supported by the Unscheduled Care Programme Board to deliver the Government’s unscheduled care 6 essential actions policy direction.

The role of the IJB was discussed in relation to unscheduled care escalation and the IJB’s planning, commissioning and delivery oversight role and how it would receive assurance on performance. Following a lengthy discussion it was proposed that the Interim Site Director be invited to the development session in March 2019.

Decision

The Integration Joint Board:-

- Noted the current position of the KPIs and the improvement work ongoing
- Noted specifically the IJB Development session on Unscheduled Care and Delayed Discharge which would be held on 1 March 2019 and would provide an opportunity for more detailed exploration.

IJB287. COMMUNITY FALLS IMPROVEMENT WORK - UPDATE

The Integration Joint Board considered a paper ‘Community Falls Improvement Work – Update’, presented by Professor Angela Wallace, Director of Nursing.

Professor Wallace provided a brief update on the current falls activity within Forth Valley. The Forth Valley Bone Health and Falls Strategy was due to be updated and it had been agreed to refresh this once the National Falls Strategy by the Scottish Government was published.

Professor Wallace highlighted the impact of falls on older people and the increased likelihood of harm. She provided details of the ongoing work to reduce the number of inpatient falls, the community falls pathway and the falls clinic. The Falls Implementation Group was also highlighted, this was a multi agency group who used improvement methodology to improve the experience and outcomes for people who had fallen or were at risk of falling.

Decision

The Integration Joint Board:-

- Noted the current status of multiagency falls work in Forth Valley and the continuation of workstreams
- Noted the refresh of Forth Valley Falls work would be completed in line with the National Falls Strategy when it was published later in 2019.

MINUTES OF COMMITTEES AND GROUPS

IJB288. MINUTE OF THE AUDIT COMMITTEE MEETING HELD ON 25 SEPTEMBER 2018

Decision

The Integration Joint Board:-

1. Noted the minute of the Audit Committee meeting held on 25 September 2018.
Decision
The Integration Joint Board:-

1. Noted the minute of the Clinical and Care Governance Committee meeting held on 2 October 2018.

Decision
The Integration Joint Board:-

1. Noted the minute of the Strategic Planning Group meeting held on 10 August 2018

Decision

The Integration Joint Board:-

1. Noted the minute of the Joint Staff Forum held on 24 October 2018.
Minute of the Clackmannanshire & Stirling Integration Joint Board meeting held on Wednesday 28 November 2018, at 2.00pm, in Boardroom, Forth Valley College, Alloa Campus.

John Ford (Chair) welcomed all members to the meeting.

The Chair welcomed new members Helen Macguire (Service User) and Janine Rennie (Third Sector) to their first meeting.

It was noted that there were two exempt items on the agenda and members of the public and non Board members would be asked to leave for these items.

Present:

VOTING MEMBERS
John Ford, (Chair), NHS Forth Valley  
Councillor Les Sharp (Vice Chair), Clackmannanshire Council  
Councillor Dave Clark, Clackmannanshire Council  
Dr Graham Foster, Executive Board Member, NHS Forth Valley  
Councillor Graham Houston, Stirling Council  
Alex Linkston, NHS Forth Valley  
Councillor Bill Mason, Clackmannanshire Council  
Councillor Susan McGill, Stirling Council

VOTING MEMBERS - SUBSTITUTES
Councillor Jim Thomson, Stirling Council (for Councillor Scott Farmer)

NON-VOTING MEMBERS
Robert Clark, Employee Director, NHS Forth Valley  
Anthea Coulter, Business Manager, Clackmannanshire Third Sector Interface  
Helen Macguire, Service User Representative, Clackmannanshire  
Morag Mason, Service User Representative, Stirling  
Natalie Masterson, Third Sector Representative, Stirling  
Paul Mooney, Third Sector Representative, Clackmannanshire  
Elizabeth Ramsay, Unpaid Carers Representative, Clackmannanshire  
Janine Rennie, Third Sector Representative, Stirling  
Abigail Robertson, Joint Trade Union Committee Representative for Stirling  
Pamela Robertson, Chair, Joint Staff Forum  
Marie Valente, Chief Social Work Officer, Stirling Council and Social Work Advisor to the Integration Joint Board  
Professor Angela Wallace, Director of Nursing, NHS Forth Valley  
Dr Scott Williams, NHS Forth Valley

In Attendance:
Carol Beattie, Interim Chief Executive, Stirling Council  
Nikki Bridle, Chief Executive, Clackmannanshire Council  
Caroline Cherry, Locality Manager – Stirling City Locality, Clackmannanshire & Stirling HSCP  
Susan Fair, Business Support Officer, (Minute Taker)  
Carol Johnson, Performance & Quality Assurance Manager, Clackmannanshire & Stirling HSCP
Vivienne Meldrum, Performance Management, NHS Forth Valley
Ewan Murray, Chief Finance Officer, Clackmannanshire & Stirling HSCP
Kathy O’Neill, General Manager, Community Services Directorate, NHS Forth Valley
Jim Robb, Service Manager (MH/LD), Clackmannanshire & Stirling HSCP
Shiona Strachan, Chief Officer, Clackmannanshire & Stirling HSCP
Lindsay Thomson, Standards Officer, Integration Joint Board
Janice Young, Interim Programme Manager, Integration Joint Board

Presenting Papers
Ian Aitken, General Manager, NHS Forth Valley
Caroline Cherry, Locality Manager – Stirling City Locality, Clackmannanshire & Stirling HSCP
Deirdre Coyle, Head of Information Governance, NHS Forth Valley

Members of the Public
Margaret Williamson

Members of the Press
None

1. APOLOGIES FOR ABSENCE

Apologies for absence were intimated on behalf of:
Cathie Cowan, Chief Executive, NHS Forth Valley
Councillor Scott Farmer, Stirling Council
Dr Andrew Murray, Medical Director, NHS Forth Valley

2. NOTIFICATION OF SUBSTITUTES

The following substitutes were noted:
Councillor Jim Thomson for Councillor Scott Farmer, Stirling

3. DECLARATION(S) OF INTEREST

None.

4. URGENT BUSINESS BROUGHT FORWARD BY CHAIRPERSON

There was no urgent business brought forward.

5. MINUTES OF MEETING HELD ON 26 SEPTEMBER 2018

5.1 Pending the following minor amendments, the minute of the meeting held on 26 September 2018 was approved as an accurate record.

6. MATTERS ARISING

6.1 Doune Health Centre

Kathy O'Neill advised that work to replace the current premises was progressing to plan. A community meeting would be held on 5 December 2018, including a Q&A session, and plans available to view for members of the community. It was anticipated that the project would be completed by the end of the summer 2019.

7. FINANCE

7.1 BUDGET UPDATE

Ewan Murray gave a presentation to the Board covering:
- Financial and Economic Outlook;
- Medium Term Financial Framework for Health and Social Care;
- Sizing the Financial Challenge for the Health and Social Care Partnership;
- Developing options to address the challenge; and
- The recent Audit Scotland report on Integration Progress.

Members noted that the position continued to be challenging, and further updates would be made at the Budget Sessions planned for 19 December 2018 and 23 January 2019, with full opportunity for detailed discussion. Copies of the presentation would be circulated to members.

7.2 FINANCIAL REPORT

Ewan Murray presented this paper. The purpose of this paper was to advise the Integration Joint Board of the projected financial position across the Partnership and associated financial issues. The projected overspend for financial year 2018/19 was £2.733m. Delivery of savings in relation to the additional budget recovery measures was likely to be limited. The reasons for this were set out in Section 9 of this report. This report would be supplemented by a budget update presentation including reference to the Scottish Government Medium Term Financial Framework for Health and Social Care published in October 2018. In terms of national context, the Quarter 1 returns to the Health and Sport Committee illustrated a significant issue with the achievability of savings and efficiency programmes across Health and Social Care Partnerships with this being the biggest financial challenge being experienced in 2018/19. Partnerships are required to submit Quarter 2 returns by 3 December.

The Integration Joint Board:
• Considered and approved the recommendations from the Partnership Funding Review Group as detailed in Section 10 and Appendix I to this report.

• Agreed that resolution is sought on the basis which 2018/19 financial risk will be dealt with as part of the December Budget Seminar.

• Approved the proposed approach and process for 2019/20 Budget Setting.

• Approved the recommendation for the Chief Officer and Chief Finance Officer to agree specific proposals for public consultation on budget proposals with the Chair, Vice Chair and Chair of the Finance Committee and for such consultation to take place during February 2019.

• Noted the projected overspend of £2.733m for the year based on financial performance for the year to date and other best information currently available.

• Noted that this position would be used as the basis for the partnerships quarterly financial return to the Health and Sport Committee.

• Noted the significant variances and financial pressures across the partnership budget.

• Noted the update on budget recovery measures and savings and efficiency programme.

Projects Reviews and Recommendations:

The Integration Joint Board:

Enhanced Community Team

• Supported funding to the Enhanced Community Team, including Healthcare Support Workers, on the basis of ongoing review and refinement of the model.

Advice Line For You (ALFY)

• Ceased funding to Advice Line For You (ALFY) on 31 March 2019. Falkirk Integration Joint Board agreed on this approach at their meeting in September 2018.

Night Nursing

• Supported funding to Night Nursing service, subject to the establishment of robust performance reporting. Noted that there was an opportunity to support this service through Out Of Hours funding (recurrent funding) which would enable a reduction through Integrated Care Funding.

Rapid Access Frailty Clinic (RAFC)
• Supported funding of the Rapid Access Frailty Clinic, based on a 3 day clinic format rather than a 5 day clinic format, and subject to ongoing work to link with the Closer to Home service and working to become more community facing.

Alcohol Related Brain Injury (ARBI) Case Management

• Supported funding to the Alcohol Related Brain Injury Case Management service, subject to the establishment of performance reporting.

8. PERFORMANCE REPORT

8.1 PERFORMANCE REPORT

Janice Young and Ian Aitken presented this paper, accompanied by a short presentation by Ian Aitken which focused on the work taking place on unscheduled care. As set out in the approved Performance Management Framework, the Integration Joint Board has a responsibility to ensure effective monitoring and reporting on the delivery of services and relevant targets and measures included in the Integration Functions, and as set out in the Strategic Plan. The approach to performance reporting and management continued to develop across the Partnership.

The Integration Joint Board:

• Noted the content of the performance report.

• Noted that appropriate management actions continued to be taken to address the issues identified through these performance reports.

8.2 JOINT INSPECTION [ADULTS] THE EFFECTIVENESS OF STRATEGIC PLANNING IN THE CLACKMANNANSHIRE & STIRLING PARTNERSHIP

Shiona Strachan presented this paper. This report outlined the outcome of the Joint Inspection [Adults] of the effectiveness of the arrangements for strategic planning in this Health and Social Care Partnership and presented the draft improvement actions for the approval of the Integration Joint Board.

The Integration Joint Board:

• Considered and approved the draft improvement actions, which were subject to agreement with the Lead Inspector [appendix 1].

• Approved the proposal to hold a hosted seminar in March 2019 to review the actions required to deliver the improvement recommendations arising from the Joint Inspection and delivery of the Strategic Commissioning Plan.

• Noted the content of the Joint Inspection [Adults] report (appendix 2).

9. TRANSFORMING CARE AND STRATEGIC PLANNING

9.1 DRAFT STRATEGIC COMMISSIONING PLAN 2019-2022
Janice Young presented this paper. The purpose of the report was to update the Integration Joint Board on the progress made by the Strategic Planning Group in developing a draft Strategic Commissioning Plan for 2019-2022 for further consultation and engagement from December 2018 to February 2019. The paper provided information on the key delivery priorities identified to date, and the plan to engage with stakeholders in order to further explore and refine these. The Strategic Plan 2016-19 set out the 8 delivery priorities which the 2019 – 2022 Strategic Commissioning Plan will further develop aligned to medium term financial planning and service delivery plans and enacted through an enhanced approach to Directions.

The Integration Joint Board:

- Approved the high level delivery priorities identified within this paper to support the final stage development of the draft Strategic Commissioning Plan for 2019-2022.

- Approved the approach for consultation and engagement which would enable further refinement of the Plan while ensuring that it reflects the priorities of all stakeholders.

- Noted that the draft delivery priorities were drawn from the refreshed Strategic Needs Assessment considered by the Board in September 2018.

- Noted that work would continue to further refine the Strategic Needs Assessment which will be brought back to the Board for full approval alongside the draft Strategic Commissioning Plan and the medium term Financial Plan in March 2019.

9.2 DIRECTIONS: INTEGRATION JOINT BOARD TO CONSTITUENT AUTHORITIES

Ewan Murray, presented this paper. The report examined the role of formal Directions in the integration framework and considered the Clackmannanshire & Stirling Integration Joint Board’s (IJB) approach to Directions to date, and suggested how the IJB could develop that approach for 2019 and beyond.

The Integration Joint Board:

- Approved the development of the Integration Joint Board’s approach to Directions from 2019 onwards, subject to any comments the Board wished to make as to that approach and to the publication of any further statutory guidance.

- Approved the development of an operating procedure for Directions and task the Board’s Audit committee with:
  - scrutiny of the operating procedure as part of ongoing review of the governance frameworks; and
  - maintenance and overview of a log of Directions on behalf of the Board.

- Noted the terms of the report, including the key role of Directions as outlined.

9.3 CHIEF OFFICER REPORT

Shiona Strachan presented this paper. The paper provided a summary of the work being taken forward within the Health and Social Care Partnership and raised
awareness of any regional, national or UK wide issues which may have implications for the Partnership.

The Integration Joint Board:

Partnership

- Noted the recommendation that, following the publication of the National Review and with reference to the Partnership’s own Strategic Inspection (Adults), work was undertaken to review the Integration Scheme over 2019/20. [section 9]

- Noted the use of the visual identity and ongoing development of the webpages. [section 7.1.4]

- Noted the new format for papers. [section 7.1.4]

- Noted the planned further discussion with iHUB in respect of the development programme with a focus on implementation of the Strategic Commissioning Plan; meeting the improvement actions arising from the Joint Inspection and development support to both the Board and the Strategic Planning Group. [section 7.1.4]

- Noted that the requirement for the interim arrangements for the Chief Social Work Officer advisor to the Integration Joint Board were to be agreed by the constituent partners and the Board [section 8]

- Noted the resignation of the unpaid carer representative for Stirling and the requirement to nominate another Board member. [section 8.3]

- Noted the delegation of social care services in Stirling on 30 September in line with previous reports to this Board. [section 10.2]

- Noted the continued work taking place led by NHS Forth Valley in respect of delegation of services and hosting arrangements. [section 10.5]

- Noted the supported work shop scheduled for 26 November 2018 to discuss the Forth Valley wide hosting arrangements and the need to conclude this following the hosting agreement, including the support services requirement. [section 10.3]

- Noted the development of the first level integrated senior management structure [section 10.6]

- Noted the risks associated with the interim arrangements and wider changes within the constituent authorities. [section 10]

- Noted the need to ensure that as delegation progresses, the management structure be reviewed to ensure it is fit for purpose. [section10.6]

- Noted the Alcohol and Drugs Partnership Plan and implementation update would be submitted to the Board for approval in the March 2019 meeting. [section 11]
- Noted the continued delay to the Equalities Mainstreaming Progress Report and steps being taken to address this. [section 12]

- Noted the delivery of the development session on the equalities and consultation duties to the Board as part of the development programme for 2018/19. [section 12]

- Noted that a full end of year report on the Transforming Care programme would be provided to the Board in March 2019 in preparation for the agreement and implementation of the next Strategic Commissioning Plan. [section 13]

- Noted the retirement of Celia Gray, Chief Social Work Officer, Clackmannanshire Council and social work and social care advisor to the Board. [section 8.1]

- Recorded the Board’s formal ‘thank you’ to Celia. [section 8.3]

**National**

- Noted the content of the recent report from Audit Scotland. [section 14]

- Noted that it was recommended that the findings of the Audit Scotland report, the outcome of the national review and the Partnership’s own Joint Inspection should be used as a foundation for local improvement actions. [section 14].

9.4 INTERMEDIATE CARE IMPLEMENTATION PLAN

Janice Young presented this paper. This paper had been prepared to provide the Integration Joint Board with an update on work being progressed in the re-design of intermediate care services across the Partnership, including bed based and reablement services.

**The Integration Joint Board:**

- Approved the draft Implementation Plan and further development of this to fully integrate intermediate care services across the Partnership with the view that the full plan comes back to the Board in March 2019.

- Noted the progress in reviewing the Partnership’s intermediate care services, supported by the Improvement Service (i-Hub) of Healthcare Improvement Scotland.

9.5 CARERS ACT: CARERS STRATEGY AND SHORT BREAK SERVICES STATEMENT

Caroline Cherry presented this paper. The paper provided the Board with a draft of both the Carers Strategy and the Short Breaks Statement for approval, and publication of the Short Break Statement in time for the statutory deadline.

**The Integration Joint Board:**
• Approved the Carers Strategy and Short Break Services Statement, acknowledging that some changes may be made to each document in terms of the addition of case studies, other consultation responses, and other minor amendments.

The Board agreed to delegate powers to Elizabeth Ramsay, Caroline Cherry and Robert Stevenson in relation to clarification of terminology within the Strategy and Short Break Statement.

9.6 STIRLING HEALTH & CARE VILLAGE

Caroline Cherry presented this paper. The report was intended to update the IJB on a significant milestone - the completion of the two main construction phases at the Health & Care Village and to highlight that a full suite of care services were now being provided to the public from these new facilities. While there was further site work over the year ahead to demolish the existing Community Hospital site, creation of further car parking and construction of a Scottish Ambulance Service workshop building, the landmark of moving into the Belfield Centre signals a major milestone, moving the project into an operational phase.

The Integration Joint Board:

• Noted the completion of the two main construction phases at the Stirling Health & Care Village (the GP & Minor Injuries Centre and the Belfield Centre). There would be a third and final construction phase completed by October 2019 (Scottish Ambulance Service workshop, car parking, and demolition of redundant buildings).

• Noted that a very positive ‘step change’ in the quality of care experienced by the people is underway and that this has been enabled by the opening of the new buildings and associated changes in how care is delivered.

• Noted that delivery of the Stirling Health & Care Village marks the achievement of one of the eight priorities identified within the 2016-2019 Clackmannanshire & Stirling Health & Social Care Partnership Strategic Plan.

• Noted the scale of the achievements to date and recognised the contributions made by colleagues working throughout all of the organisations involved in this project.

• Noted that a formal opening for the Stirling Health and Care Village would take place in early 2019.

• Noted that colleagues from the project partners would convene a Debrief and Lessons Learned workshop. The learning distilled from this workshop would be shared to help ensure that the Partnership’s capacity to deliver further complex integrated projects in the future was maximised.
10. **GOVERNANCE**

10.1 **RECORDS MANAGEMENT PLAN**

Shiona Strachan presented this paper and thanked Deirdre Coyle for her work in this area. The paper outlined the actions required of the Integration Joint Board to comply with the Public Records (Scotland) Act 2011 and how a Records Management Plan would be developed in readiness for submission to the Keeper of Records by 28th February 2019 as instructed. It was notable that in the creation of Integration Joint Boards in line with the Public Bodies (Joint Working) (Scotland) Act 2014, new records were required for strategic commissioning and decision making processes. The Partnership had established record keeping systems for Integration Joint Board records, with NHS Forth Valley leading on this on behalf of the IJB. Robust protocols were in place for this, but there was now a requirement to develop these into a full Records Management Plan proving compliance with the Public Records (Scotland) Act 2011. The Keeper of Records had written to the Chief Officer to request submission of the Records Management Plan for Integration Joint Board records by 28th February 2019.

The Integration Joint Board:

- Approved the development of a Records Management Plan for submission with the timescale set by the Keeper of Records, and delegate authority to the Chief Officer to approve this within this timescale.

11. **FOR NOTING**

11.1 **FORTH VALLEY AREA HEALTH AND SOCIAL CARE PARTNERSHIP’S WINTER PLAN 2018-2019**

The Winter Plan summarised how NHS Forth Valley, Clackmannanshire and Stirling Health and Social Care Partnership and Falkirk Health and Social Care Partnership had prepared for Winter 2018-19 and outlined specific actions which would be taken to respond to the additional demands of winter and the festive period.

The Integration Joint Board:

- Noted that approval of the Winter Plan 2018-19 was delegated to the Chief Officer and IJB Chair.


11.2 **MINUTES**

a) **CLINICAL & CARE GOVERNANCE GROUP – 280218**

b) **STRATEGIC PLANNING GROUP – 270218; 160518; 300818**

c) **JOINT STAFF FORUM – 030918**

The Integration Joint Board:

- Noted the content of items 11.2a through 11.2c.
12. **EXEMPT ITEMS**

Under section 50A(4) of the Local Government (Scotland) Act 1973, the public were excluded from the meeting for this item on the grounds that it involved the likely disclosure of exempt information.

**E12.1 INTERIM CHIEF OFFICER’S APPOINTMENT**

The Integration Joint Board:

- Noted the content of the paper presented.

**E12.2 LARGE SCALE INVESTIGATION – CARE AT HOME**

The Integration Joint Board:

- Noted the verbal report given by Caroline Cherry.

13. **ANY OTHER COMPETENT BUSINESS**

13.1 **RECRUITMENT PANEL FOR CHIEF OFFICER POST**

Each partner was required to submit a nomination for the interview panel to Susan Fair (HealthandSocialCarePartnership@clacks.gov.uk) by close of business on 6 December 2018. It was noted that the Chair, John Ford, would represent the NHS.

13.2 **RETIREDLS**

The Chair noted Celia Gray's retirement from the post of Head of Social Services, Chief Social Work Officer, Clackmannanshire Council, and on behalf of the Board thanked her for her service and contribution to the Integration Joint Board.

The Chair further noted that this was the last meeting for Shiona Strachan, Chief Officer, Health and Social Care Partnership, pending her imminent retirement. On behalf of the Board the Chair thanked Shiona for her contribution and dedication to the Integration Joint Board, and acknowledged the significant achievements made in the last three years during her time as Chief Officer.

14. **DATE OF NEXT MEETING**

Wednesday 27 March 2019, Boardroom, Forth Valley College, Stirling Campus

12.00pm – 12.30pm  Lunch
12.30pm – 1.45pm  Development Session: Strategic Commissioning Plan and Budget – Medium Term Financial Plan
2.00pm – 4.00pm  Integration Joint Board Meeting