FORTH VALLEY NHS BOARD

There will be a meeting of Forth Valley NHS Board in the Boardroom, NHS Headquarters, Carseview House, Castle Business Park, FK9 4SW on Tuesday 26 November 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 24 September 2019 For Approval

4. Matters Arising from the Minutes Seek Assurance

5. Patient/Staff Story

6. BETTER HEALTH

6.1 Winter Plan For Approval
   (Paper presented by Dr Graham Foster, Director of Public Health
   And Strategic Planning) 10 minutes

6.2 NHS Forth Valley Major Incident Plan For Approval
   (Paper presented by Dr Graham Foster, Director of Public Health
   And Strategic Planning) 15 minutes

7. BETTER CARE

7.1 Executive Performance Report Seek Assurance
   (Paper presented by Professor Angela Wallace, Nurse Director) 15 minutes

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

7.3 ‘We Care’ - Nursing and Midwifery Annual Report 2018 – 2019 Seek Assurance
   (Paper presented by Professor Angela Wallace, Nurse Director) 15 minutes

8. BETTER VALUE

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

8.2 Elective Care Development Programme Update Seek Assurance
   (Paper presented by Mr Scott Urquhart, Director of Finance
   and Ms Gillian Morton, Programme Manager) 15 minutes

8.3 Corporate Programme Management Office Update Seek Assurance
   (Presentation provided by Ms Gillian Morton, Programme Director) 15 minutes
8.4 Strategic Deployment Matrix Update  
(Paper presented by Professor Angela Wallace, Nurse Director)  
Seek Assurance  
10 minutes

9. BETTER STAFF WELLBEING

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

10. BETTER GOVERNANCE

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

10.2 Governance Committee Minutes  
10.2.1 Performance and Resources Committee: 27 August 2019  
(Minute presented by Mr John Ford, Chair)  
Seek Assurance

10.2.2 Staff Governance Committee: 20 September 2019  
(Draft minute presented by Dr Michele McClung, Chair)  
Seek Assurance

10.2.3 Clinical Governance Committee: 11 October 2019  
(Draft minute presented by Mrs Julia Swan, Chair)  
Seek Assurance

10.2.4 Audit Committee: 8 October 2019  
(Draft minute presented by Councillor Les Sharp, Chair)  
Seek Assurance

10.2.5 Endowment Committee: 8 October 2019  
(Draft minute presented by Councillor Les Sharp, Chair)  
Seek Assurance

10.3 Advisory Committee Minute  
10.3.1 Area Clinical Forum: 18 July 2019  
(Minute presented by Dr James King)  
Seek Assurance

10.4 Integration Joint Boards  
10.4.1 Clackmannanshire and Stirling IJB: 17 July 2019  
Seek Assurance

11. ANY OTHER COMPETENT BUSINESS

11.1 Emerging Topics - Closed Session
Item 3 - Draft Minute of the Forth Valley NHS Board Meeting Held on Tuesday 24 September 2019 at 9am, in the NHS Forth Valley Headquarters, Carseview House, Castle Business Park, Stirling.

Present

Mr Alex Linkston (Chair)  Mrs Cathie Cowan
Mrs Julia Swan  Mr John Ford
Dr Michele McClung  Mr Stephen McAllister
Mr Allan Rennie  Councillor Allyson Black
Councillor Susan McGill  Councillor Les Sharp
Mr Robert Clark  Mr Andrew Murray
Dr Graham Foster  Mr Scott Urquhart
Professor Angela Wallace

In Attendance

Miss Linda Donaldson, Director of HR
Mrs Elsbeth Campbell, Head of Communications
Ms Kerry Mackenzie, Head of Performance
Mrs Sonia Kavanagh, Corporate Governance Manager (minute)

1. APOLOGIES FOR ABSENCE

Apologies for absence were intimated on behalf of Dr James King.

2. DECLARATION(S) OF INTEREST(S)

Councillor Black declared an interest in Item 12.1 and would excuse herself at the end of the open session.

3. MINUTE OF FORTH VALLEY NHS BOARD MEETING HELD ON 6 AUGUST 2019

The minute of the Forth Valley NHS Board meeting held on 6 August 2019 was approved as a correct record.

4. MATTERS ARISING FROM THE MINUTE

There were no matters arising from the minute.

5. PATIENTS/STAFF STORY

Professor Angela Wallace introduced a short film which highlighted the positive impact of organ donation from the recipients’ perspective. Three dialysis patients shared their stories about how the ‘gift’ of an organ had transformed their lives and their gratitude to those families who had agreed for the donation to take place. Although a change to the legislation was due in 2020, with the introduction of an opt-out system of donation, the need to raise awareness about the importance of sharing your organ donation decision with your family was noted.

Mr Rennie introduced Mrs Jane Hall who was the Donor Family representative on the Organ Donation Committee, of which he was Chair. Mrs Hall described her own organ donation journey from a family’s perspective and how knowing her husband’s wishes had given her and
her son the strength to cope at an emotional and difficult time to ask that he be considered for organ donation.

Mr Linkston:
- thanked Mrs Hall for sharing her inspirational story and acknowledged the importance of people having meaningful conversations with their families regarding organ donation and supporting their wishes
- NHS Board members noted the powerful stories shared and the positive outcomes and improved quality of life for those who received organs

The NHS Board noted Ms Cassidy’s attendance and agreed to take items 10.2.1 at this point in the agenda, this was acknowledged

10.2.1 Falkirk HSCP Annual Performance Report 2018-19

The NHS Board considered a paper “Falkirk Health and Social Care Partnership (HSCP) Annual Performance Report’ provided by Ms Patricia Cassidy, Chief Officer.

Ms Cassidy provided an overview of progress made over the previous year including the development of new services to support adults with a learning disability, progress with localities and locality planning and the Health and Social Care Partnership’s (HSCP) overall performance against the national integration indicators.

NHS Board members noted that performance was variable across a number of indicators. Challenges remained in respect of Delayed Discharges and although performance had improved with packages of care performance had remained fairly static.

In response to a question from Mrs Swan regarding those people with serious addiction problems who may not be reached and supported, Ms Cassidy highlighted that as the Alcohol and Drug Partnership transferred to the HSCP to deliver services there would be an opportunity to further realise the benefit of integration and focus the activity accordingly.

Mrs Cowan welcomed the report and in thanking Ms Cassidy acknowledged the efforts to deliver improved outcomes for those functions and resources delegated to the IJB to direct. Clarity on the gaps in data was confirmed.

The NHS Board:
- Noted the publication of the Falkirk HSCP Annual Performance Report 2018-19

6. BETTER CARE

6.1 Preparation of the Forth Valley Health and Social Care Winter Plan 2019-202

The NHS Board considered a paper “Preparation of the Forth Valley Health and Social Care Winter Plan 2019-2020” provided by Mrs Andrea Fyfe, Director of Acute Services and Mrs Janette Fraser, Head of Planning.

Mrs Fraser outlined the process to prepare a draft Winter Plan 2019-20 led by the Winter Planning Steering Group. The drafting had been prepared in line with the guidance and self assessment reporting template published by the Scottish Government in September 2019. The final plan was due to be submitted by the end of October 2019, accompanied by a joint letter from the Chief Executive, IJB Chief Officers and Chairs of the NHS Board and IJBs confirming
that the plan had been developed in partnership in response to the self assessment and guidance.

It was noted that the Winter Planning Steering Group chaired by Andrea Fyfe had been established to ensure the health and social care arrangements for managing all year round capacity and flow was able to deal with the additional pressures during the winter period. Mrs Fyfe highlighted the current pressures on the acute site and the reliance on additional contingency beds to support flow. It was noted that members of the Winter Steering Group were responsible for their service areas and had agreed to deliver specific actions to ensure the Plan was fit for purpose.

Mrs Fyfe highlighted particular risks including the need for additional staff and funding to support the ongoing contingency arrangements and the financial implications due to the significantly reduced funding allocation from Scottish Government for winter 2019-2020. NHS Board members discussed the remit of the Steering Group and in particular the need for actions to be prioritised to ensure activity was focussed appropriately and best value was achieved. In response to a question from Mr Linkston regarding the reason for the reduced funding and whether there was potential for an additional allocation, Mr Urquhart advised that no specific reason had been provided and at present there was no expectation that there would be a further tranche of funding.

Further discussions took place in relation to investment in prevention and promoting the uptake of the flu vaccinations. It was noted that vaccinations for health and care staff in line with CMO guidance were due to be commenced through a drop in clinic approach.

Mrs Cowan acknowledged the work being progressed by the Group and asked if the draft Plan prepared by the Winter Plan Steering Group be circulated to NHS Board members prior to final submission – this was agreed.

Mr Linkston referred to adverse weather and the added pressure this creates whilst acknowledging the significant contribution from staff and the wider community during the previous winter who had worked collaboratively to ensure patients were safe and well cared for.

The NHS Board:
- Noted the assurance provided regarding progress being made by the Winter Planning Steering Group in developing the Forth Valley Health and Social Care Winter Plan 2019-20
- Delegated approval of the plan to the Chief Executive and Chair

7. BETTER CARE

7.1 Executive Performance Report

The NHS Board considered a paper “Executive Performance Report”, presented by Mrs Cathie Cowan, Chief Executive.

Mrs Cowan provided updates on particular performance deteriorations with regards to the eight key standards. Performance against the 62 day cancer target, 95% of patients urgently referred with a suspicion of cancer should be treated within 62 days by spring 2021, for July 2019 was 70.4% with 21 breaches. Although both the 12 week outpatient wait and 12 week Treatment Time Guarantee (TTG) showed deterioration in performance there was an improvement August 2018 to August 2019 and Mrs Cowan provided assurance that action plans per speciality were in place to support improvement.
With regards to the Psychological Therapies and CAMHS positions, despite a fluctuating/deteriorating performance, an improving position over the previous 12 months was highlighted. It was noted that a detailed update provided by Ms Jennifer Borthwick, Head of Psychological Services, and Ms Jacqueline Sproule, Service Manager CAMHS regarding the staffing and data issues had been considered by the Performance and Resources Committee in August 2019.

The NHS Board discussed the challenges regarding funding and staffing and the potential opportunities for alternative approaches to support children in Tiers 1 and 2 of the CAMHS 4 tiered model. Dr Foster reminded the NHS Board of the range of local activity underway with mental health being a strategic priority within the Health Improvement Strategy. This included the work to deliver free Mental Health First Aid training across local schools and colleges, mindfulness sessions and Growth Mindset Resilience training in schools; as well as the Social Influence programme which aimed to address substance misuse and risk behaviours by helping young people to balance their understanding of their own beliefs and behaviours against those of their peers. Further discussion also took place in relation to the wider impact of poverty and deprivation on mental health, alcohol and drug misuse and suicide rates.

Mrs Cowan noted the challenging position and increasing demand across Scotland in relation to A&E waits over 4 hours. She highlighted the particular impact of delayed discharges on capacity and boarding levels within Forth Valley Royal Hospital and across the wider system. Delays were creating an ongoing need for additional contingency beds to support flow which was contributing to the set aside budget overspend.

Miss Donaldson provided a brief update on the work of the Health and Wellbeing Absence Management Programme Board to reduce sickness absence, noting that a presentation on the outcomes from this would be considered at a future Performance and Resources Committee meeting. Mr Murray reported on the significant decrease in the Stroke Care Bundle performance. He explained the complexities of the individual elements involved in the Bundle and highlighted that a deep dive into this was due to be taken by the Clinical Governance Committee at their October meeting.

In response to a question from Mr Rennie regarding the potential correlation between absence figures and performance with the key standards, Mrs Cowan noted that although there were capacity challenges, evidence based work would be required to establish the root causes and whether absence was a factor. This would be undertaken with results presented to a future Performance and Resources Committee for more detailed consideration. Mrs Cowan suggested that it might be more helpful to have this update alongside the work being led by the Health and Wellbeing Absence Management Programme Board.

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

7.2 Healthcare Associated Infection Report

The NHS Board considered a paper “Healthcare Associated Infection Report” presented by Professor Angela Wallace, Nurse Director.

Professor Wallace provided an update on the current status of Healthcare Associated Infections (HAI), noting that Staphylococcus Aureus Bacteraemia (SABs) and Clostridium Difficile Infection (CDI) remained within normal control limits. However, Device Associated Bacteraemia (DABs) had exceeded control limits due to hospital acquired Hickman line infections. Professor Wallace provided assurance that the pathway of patients with Hickman lines continued to be reviewed to ensure appropriate line management advice and education was provided. One breast surgery and one caesarean site infections were also noted for August.
The overall estate and cleaning compliance remained positive with a number of superficial maintenance repairs highlighted to Serco and Estates colleagues.

The NHS Board:
  - Noted the assurance provided

7.3 Programme Management Office Update

The NHS Board considered a paper “Programme Management Office Update” presented by Ms Gillian Morton, Programme Director.

Ms Morton detailed the progress with the Corporate Programme Management Office (CPMO) and how it would be developed further to assist and drive the development and delivery of the NHS Board’s ambitious change programme.

Ms Morton provided a brief outline of the purpose and approach taken with the CPMO and the functions it offered to manage relevant programmes and projects using a standardised approach to achieve the NHS strategic goals and IJB directions. New ways of working would be developed, improving processes and ensuring system wide collaboration. Key programmes of work for 2019/202, which aligned to the Financial 5 Year Plan, were highlighted and details of the assigned Senior Responsible Officer and scope of work involved were provided.

Mr Urquhart advised that a key part of the Financial Strategy for the long term was to reduce waste and unwanted variation and ultimately deliver better value. He noted that prescribing as a Forth Valley wide programme was a particular area of opportunity which would also assist with the current budget overspends reported by the IJBs. The NHS Board discussed the positive use of CPMO and how it could streamline projects to deliver timely results. Mrs Cowan in this regard highlighted the elective care programme and progress being achieved. She noted that further key performance measurements regarding CPMO performance would be provided to a future meeting.

The NHS Board:
  - Noted the assurance provided regarding the progress made to now expand the Corporate Programme Management Office

8. BETTER VALUE

8.1 Finance Report

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

Mr Urquhart provided a summary of the financial position for NHS Forth Valley to 31 August 2019, with a year to date overspend against budget of £0.981m.

A comprehensive review of financial projections had taken place with service and budget managers, along with the identification of all non-recurring opportunities including those on the balance sheet. Areas of confirmed risk would continue to be closely monitored and a number of actions were underway including review of supplementary staffing requirements and discretionary spend including contingency bed areas.

Mr Urquhart advised that the current financial forecast remained broadly in line with the position projected in the NHS Board’s 2019/20 financial plan. He highlighted four key areas of risk to the position which were ongoing delivery of savings requirements, expenditure trends over the
winter period associated with capacity pressures, finalisation of risk share arrangements with both IJBs, and confirmation of anticipated capital proceeds and specific Scottish Government funding allocations.

Discussion took place regarding the projected overspend in Acute services and the work led by Mrs Andrea Fyfe, Director of Acute Services to support sustainable recurring balance. This included improved clinical and financial engagement and progressing a number of work streams to deliver efficiencies and recurrent cost improvement.

The NHS Board:
- Noted a revenue overspend of £0.981m to 31 August 2019
- Noted a balanced capital position to 31 August 2019
- Noted a savings requirement in 2019/20 of £19.2m, of which £17.6m had been identified to date
- Noted the key financial risks outlined in section 6 of the report

8.2 Elective Care Development Programme Update

The NHS Board considered a paper “Elective Care Development Programme Update” provided by Mr Scott Urquhart, Director of Finance and Ms Gillian Morton, Programme Director.

Ms Gillian Morton introduced Mrs Janette Fraser, Head of Planning who provided the update on the Elective Care Development Programme. Mrs Fraser summarised the current timeline and progress with the Elective Care Development Programme, to create and deliver additional capacity for elective care. This included the collaborative arrangements with the Golden Jubilee National Hospital to commission surgery for NHS Scotland patients in 2 phases, the retrofit of a laminar flow system in Theatre 16, at the request of the Scottish Government, and workforce implications due to the recruitment required to deliver the additional elective capacity.

It was noted that the original plan to provide the required additional inpatient beds involved a number of complex internal moves and redesign of existing spaces. As the timeframes involved would extend beyond the target date of April 2020, alternative options had been considered. Following a cost comparison review it was possible to build an extension using a modular construction method within the same capital expenditure as the original plan. Indicative illustrations of the modular ward and its proposed location were provided in appendix 1 and Mrs Fraser noted that Forth Health had met with Falkirk Council Planning Department and submitted initial drawings.

The NHS Board:
- Noted the progress with delivering the Elective Care Development Programme as part of the NHS Board’s Corporate Programme Management Office portfolio

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

9. BETTER WORKFORCE

9.1 Themes from Staff Conference

The NHS Board received a verbal update on “Themes from Staff Conference” provided by Miss Linda Donaldson, HR Director.
Miss Donaldson advised that the Staff Conference with the theme ‘Starts with Us, Building a Positive Future’ had been held on 30 August 2019. This had been well received by staff and sessions included Realistic Medicine, Well Being and the Talent Management approach.

Initial feedback from the event was very positive with those participating appreciating the focus on collaborative relationships, trust and acts kindness and compassion. Feedback would be shared with the Staff Governance Committee and inform future programmes of work e.g. realistic medicine and value adding activities.

The NHS Board:
- Noted the update provided and a ongoing work under the auspices of the Staff Governance Committee

9.2 Workforce Projections and Plan 2019-20

The NHS Board considered a paper “Workforce Projections and Plan 2019-20” provided by Miss Linda Donaldson, HR Director.

The Workforce Plan closely aligned with NHS Forth Valley’s Annual Delivery Plan 2019/2020 and was fundamental to ensure the workforce was right, with the appropriate skills, values, behaviours and knowledge to deliver services and provide quality care which met both the current needs as well as future demand.

Miss Donaldson noted that the Workforce Plan had been shared with Staff Side representatives and approved by the Chief Executive, Director of Nursing and Employee Director (on behalf of the Area Partnership Forum). Workforce Projections had been submitted to the Scottish Government as required in June 2019 and these were included at annex B.

The NHS Board discussed the implications of the workforce challenges and whether there were national plans to address. Miss Donaldson highlighted that a national plan was expected, noting the clear focus on under 25s and the investment required in young people. Dr Foster highlighted that NHS Forth Valley was a Corporate Parent and enquired about the possibility to involve looked after children within the Modern Apprentice scheme, Miss Donaldson confirmed this would be promoted.

Mr Linkston highlighted the recently published Audit Scotland report ‘NHS workforce planning – part 2, the clinical workforce in general practice’ and the challenges in primary care. Miss Donaldson noted that this was due to be considered in further detail at the Staff Governance Committee meeting in December 2019. The need to respond to the shifting expectation of the public and address the challenges in primary care was discussed with alternative approaches required to balance the pressures in unscheduled care including out of hours and GP recruitment.

The NHS Board:
- Noted the NHS Forth Valley Workforce Plan 2019-20

10. BETTER GOVERNANCE

10.1 Governance Committee Minutes

10.1.1 Performance and Resources Committee: 25 June 2019

Mr Ford noted the previous discussions earlier in the agenda regarding CAMHS and Psychological Therapies performance and highlighted the informative presentations which had been considered to understand the current challenges in further detail. The key findings from the Internal Audit report — Internal Control Evaluation 2018/19 had also been considered and the Performance and
Resources Committee were content for the actions to be reviewed by the Audit Committee.

The NHS Board noted the assurance provided through the summary paper and minute of the Performance and Resources Committee meeting held on 25 June 2019.

10.1.2 Clinical Governance Committee: 16 August 2019

Mrs Swan highlighted the useful presentation provided by Mr Preiss, Consultant Trauma and Orthopaedics. Details of the positive improvements and innovations had been provided as well as highlighting the importance of both IJBs in their strategic planning role for unscheduled care to reduce the current capacity bed challenges in the Orthopaedic Service.

She noted the valuable contribution and assurance provided by deep dives which enabled members to understand the process in more detail and the issues and actions required/taken to address them.

The NHS Board noted the assurance provided through the summary paper and draft minute of the Clinical Governance Committee meeting held on 16 August 2019.

10.1.3 Audit Committee: 7 and 18 June 2019

Councillor Sharp highlighted in particular the special Audit Committee meeting held on 18 June which provided the opportunity for all Board members to discuss two particular Internal Audit reports.

The NHS Board noted the assurance provided through the summary paper and draft minutes of the Audit Committee meetings held on 7 and 18 June 2019.

10.2 Integration Joint Boards

10.2.2 Clackmannanshire and Stirling HSCP Annual Performance Report 2018-2019

The NHS Board noted the published Annual Performance Report 2018-2019 for Clackmannanshire and Stirling HSCP.

10.2.3 Falkirk IJB Minute: 7 June 2019

The NHS Board noted the minute of the Falkirk IJB meeting held on 7 June 2019.

11. SCHEDULE OF MEETINGS 2020

The NHS Board noted the schedule of meetings for 2020.

As previously noted Councillor Black had declared an interest and withdrew from the meeting at this point in the agenda.
12. ANY OTHER COMPETENT BUSINESS

12.1 Emerging Topics – Closed Session

The NHS Board considered a report regarding three of NHS Forth Valley’s four Board managed (2C) practices, provided by Dr Stuart Cumming, Associate Medical Director for Primary Care. It was noted that papers had been presented to the Senior Leadership Team in June and September 2019. At the September meeting it had been agreed that a paper updating both IJBs on the process underway be developed and Dr Cumming had agreed to take this forward.

The NHS Board:

- Noted the expressions of interest received to date
- Agreed to advertise the relevant practices and begin the formal tender process
- Delegated the development of a tender document to enable submission of business cases to the Chief Executive to oversee
- Delegated the development of a mechanism to agree local weighting of criteria to support the selection of a preferred applicant(s) to the Chief Executive to oversee

There being no further competent business the Chairman closed the meeting at 12.25pm
6.1 Forth Valley Winter Plan 2019-20

For Approval

Executive Sponsor: Dr Graham Foster, Director of Strategic Planning and Public Health

Author: Mrs Janette Fraser, Head of Planning

Executive Summary

The Winter Plan sets out how health and social care partners, notably the three Local Authorities, Scottish Ambulance Services (SAS), NHS24 and NHS Forth Valley in collaboration with the Integration Authorities and third sector in the Forth Valley area are preparing for the additional peaks in demand all year round and specifically for winter 2019-20.

Recommendation

The Forth Valley NHS Board is asked to:

- Note that approval of the plan is required from NHS Board and Integration Joint Board Chairs, the NHS Board Chief Executive and the Chief Officers prior to submission
- Approve the Draft Winter Plan on behalf of NHS Forth Valley

Key Issues to be Considered

Guidance and a self assessment reporting template were published by the Scottish Government in September 2019 to provide direction and support to Boards and Local Authorities. In addition the funding allocation to the Health Board and Integration Joint Boards was advised which should be specifically targeted on:

- Reducing attendances wherever possible by managing care closer to home, preferably at home.
- Managing/Avoiding admission wherever possible with services developed to provide care at home across 7 days
- Reducing Length of Stay
- Focus on flow through acute care
- Workforce

Following a Winter Plan Launch Event in August, a Winter Plan Steering Group was established, supported by a Winter Working Group. A process to identify potential priorities for Winter 2019-20 and associated benefits was agreed. The Winter Steering Group is supported by a Working Group with input from Planning, Unscheduled Care Improvement team an operational managers. The Steering Group and Working Group will continue to meet throughout winter in order to continuously adapt arrangements in response to the additional demands of the winter period.

The main focus of the Winter Plan deals with the period from November 2019 to March 2020 and with specific reference to the detailed arrangements for the festive holiday fortnight, in December and January.
Contingency arrangements and effective management of unscheduled and planned care activity is required within and out with the winter period. The Plan sets out how health and social care partners, notably the three Local Authorities, Scottish Ambulance Services (SAS), NHS24 and NHS Forth Valley in collaboration with the Integration Authorities and third sector in the Forth Valley area are preparing for the additional peaks in demand all year round and specifically for winter 2019-20. Whilst winter is traditionally a busy period for health and social care services, it is also a time when there can be sudden and unpredictable increases in demand. Therefore, the Plan is supported by enhanced services for winter and contingency plans for unexpected events, which have been tested in conjunction with partner organisations and can be instituted at any time, not just during the winter.

The Plan refers to specific actions that are required in the winter period to ensure that the care of people is not affected by the additional public holidays over the festive period and to ensure that we are well prepared for the flu virus and respiratory conditions, which are more prevalent in the winter period.

It is the joint responsibility of the Integration Joint Boards for Falkirk and Clackmannanshire and Stirling, along with the NHS Forth Valley Board, to ensure that robust arrangements are in place for the winter, including the festive period. This is essential in order to ensure that inappropriate admissions to the acute hospital are avoided and that patients are discharged home or closer to home, in a safe and timely manner, with the appropriate health and social care support. Responsibility for delivering the winter arrangements sits with the Executive and operational leads. The Unscheduled Care Programme Board, chaired by the Medical Director, brings together the operational leads notably the Chief Officers, the Director of Acute Services and other key stakeholders supported by the Winter Steering and Operational Groups to deliver the agreed winter arrangements set out within this Plan.

The Winter Plan sets out:
- Actions to strengthen capacity across Social Care, Primary and Community Care and Acute Services.
- A balanced approach to admissions and discharges, with the aim of reducing avoidable delays, maintaining services and delivering treatment time guarantees.
- Plans for creating additional capacity.
- Plans to maintain the elective treatment programme.
- Arrangements to ensure staff capacity is in place over the festive period.

In addition to planning for the pressures of winter, the health and social care partners also work with the local population to promote initiatives that reduce ill health and ensure that individuals know the best place to seek health advice and treatment.

A first draft of the Plan was submitted to the Scottish Government in September. Following feedback on the draft plan and an announcement of additional funding the timeline for submission was extended. Winter funding to Forth Valley is noted as £521,184.

Financial Implications

Scottish Government has allocated £521,184 to Forth Valley for winter 2019-20.

Last winter, two allocations were made; an initial allocation of £509,419 followed by a further allocation of £300,000. However in winter 2018-19 the additional associated expenditure exceeded the allocations from Scottish Government and was in the region of £1.26m.

In order to respond to the additional impact of winter on health and social services and also continue to maintain and improve performance across key indicators, the level of funding allocated for winter 2019-20 to date indicates a shortfall.
**Workforce Implications**

Additional staff will be required to support the winter priorities outlined. Relevant services have submitted proposed additional staffing needs alongside the expected impact and benefits of the additional staff on managing demand and capacity.

**Risk Assessment**

Winter is associated with increased demand, impacting on capacity and flow across the health and social care system. Actions are embedded within the Plan to mitigate risks where possible. The Winter Steering Group and Working Group will continue to meet throughout winter in order to continuously adapt arrangements in response to the additional demands of the winter period.

Note the financial risk previously highlighted.

**Relevance to Strategic Priorities**

This Plan will support the maintenance of capacity and flow, and associated targets. It focuses on Person centred care, Self management and Prevention.

**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 as this is fundamental to the development of the Plan.

**Consultation Process**

The Winter Plan 2019-20 has been produced in collaboration with many stakeholders. Membership is detailed in Appendix 1 of the Plan.
Forth Valley - Winter Plan
2019 - 2020
Contents

Executive Summary ........................................................................................................ 3

1 Introduction .............................................................................................................. 6

2 Lessons Learned from 2018-19 ............................................................................... 9

3 Analysis of Activity, Capacity and Demand .............................................................. 12

4 Improving Service Delivery - Initiatives in Place and Actions for 2018-19 .............. 22
   4.1 Preventing Admissions and Supporting Discharge .......................................... 22
   4.2 Specific Arrangements for the Festive Period .................................................. 31
   4.3 Preventing and Responding to Surges in Demand .......................................... 34
   4.4 Specific Arrangements for Primary Care ........................................................ 36

5 Managing the Impact of Infectious Diseases.......................................................... 38
   5.1 Managing Norovirus ......................................................................................... 39
   5.2 Seasonal Flu .................................................................................................... 40
   5.3 Respiratory Care .............................................................................................. 44

6 Resilience .............................................................................................................. 46

7 Communications .................................................................................................... 49

8 Resources .............................................................................................................. 50

9 Information Management and Performance Reporting .......................................... 56

Glossary
Executive Summary

The health and social care system experiences peaks in other seasons, not just the winter months. Therefore, contingency arrangements and effective management of unscheduled and planned care activity is required within and out with the winter period. This plan sets out how health and social care partners, notably the three Local Authorities, Scottish Ambulance Services (SAS), NHS24 and NHS Forth Valley in collaboration with the Integration Authorities and third sector in the Forth Valley area are preparing for the additional peaks in demand all year round and specifically for winter 2019-20. Whilst winter is traditionally a busy period for health and social care services, it is also a time when there can be sudden and unpredictable increases in demand. Therefore, this Winter Plan is supported by enhanced services for winter and contingency plans for unexpected events, which have been tested in conjunction with partner organisations and can be instituted at any time, not just during the winter.

The plan also refers to specific actions that are required in the winter period to ensure that the care of people is not affected by the additional public holidays over the festive period and to ensure that we are well prepared for the flu virus and respiratory conditions, which are more prevalent in the winter period.

It is the joint responsibility of the Integration Joint Boards for Falkirk and Clackmannanshire and Stirling, along with the NHS Forth Valley Board, to ensure that robust arrangements are in place for the winter, including the festive period. This is essential in order to ensure that inappropriate admissions to the acute hospital are avoided and that patients are discharged home or closer to home, in a safe and timely manner, with the appropriate health and social care support. Responsibility for delivering the winter arrangements sits with the Executive and operational leads. The Unscheduled Care Programme Board, chaired by the Medical Director, brings together the operational leads notably the Chief Officers, the Director of Acute Services and other key stakeholders supported by the Winter Steering and Operational Groups to deliver the agreed winter arrangements set out within this Plan.

The Winter Plan 2019-20 has been produced in collaboration with many stakeholders and the membership of the Winter Planning Steering Group is set out in Appendix 1.

The Winter Plan sets out in summary:

- Actions to strengthen capacity across Social Care, Primary and Community Care and Acute Services.
- A balanced approach to admissions and discharges, with the aim of reducing avoidable delays, maintaining services and delivering treatment time guarantees.
- Plans for creating additional capacity.
- Plans to maintain the elective treatment programme.
- Arrangements to ensure staff capacity is in place over the festive period.

In addition to planning for the pressures of winter, the health and social care partners also work with the local population to promote initiatives that reduce ill health and ensure that individuals know the best place to seek health advice and treatment.
Communications activities are and will continue to be undertaken locally and these are linked to the national NHS ‘Be Healthwise This Winter’ campaign. This will cover a wide range of issues including local pharmacy services, GP opening times and self-care for common winter ailments such as colds and coughs.

Examples from Winter Communications Campaign

2018-19
# Summary of Key Actions for Winter 2019-20

| **Discharges** | Identifying priority patients for discharge every day in every ward.  
Daily dynamic discharge.  
Discharge hub.  
Home First test of change (Falkirk HSCP). |
|----------------|-----------------------------------------------------------------------------------|
| **Community Care Services** | Enhanced community based nursing and AHP services and enhanced access to social care packages.  
Festive arrangements for Primary Care Services e.g. repeat prescriptions |
| **Winter Contingency Arrangements** | Winter Contingency arrangements for additional community hospital and intermediate care capacity – open additional beds in Ludgate House and Summerfield House (AHP resource).  
Falkirk Community Hospital is a secondary contingency resource, funding to be identified. |
| **Workforce** | Winter staffing plans across health and social care for winter and for the festive period, including out of hours rotas to support escalation arrangements. |
| **Festive Plan** | Forth Valley wide comprehensive Health and Social Care Festive Plan. |
| **Coordinating Capacity and Flow** | Enhanced existing huddles and system wide meetings for the winter period including Winter Red Alert Service Manager meeting, when necessary.  
Fast track AHP services.  
Control Room established with live access to capacity, demand and flow data and access to Systemwatch information. |
<p>| <strong>Emergency Department</strong> | Additional ED Capacity for winter. |</p>
<table>
<thead>
<tr>
<th>Point of Care Testing</th>
<th>Point of care testing for flu and updated flu protocol and pathway.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Respiratory Care</td>
<td>Enhanced arrangements for winter including winter extension of community based support to 7 days.</td>
</tr>
<tr>
<td>Frailty at the Front Door</td>
<td>Enhanced frailty at the front door provision.</td>
</tr>
<tr>
<td>Adverse Weather</td>
<td>Enhanced arrangements for accessing 4x4 vehicles for staff and patient transport, including those owned by staff.</td>
</tr>
</tbody>
</table>

1 Introduction

1.1 Background

Service arrangements for all year round capacity and flow management are being augmented to deal with the additional pressures placed on services during the winter period. Consistent with the Cabinet Secretary’s letter “Preparing for Winter 2019-20”, the Forth Valley health and social care partners have produced this Winter Plan for 2019-20.

During the winter period, a number of pressures will be prevalent which will have an impact on our ability to manage demand and capacity, although these pressures can also be experienced at other times of the year. These include:

- Increased demand for unscheduled care, including increased ED presentations
- Higher rate of admissions to hospital and higher lengths of stay due to increases in acuity
- More patients waiting to be discharged from hospital and requiring subsequent care packages to support discharge
- Decreased workforce resilience (festive holidays and sickness absence)
- Requirement to continue to deliver the elective programme at a time when demand and LOS is increasing (e.g. acuity of presentations)
- Need to provide additional health and social care capacity in acute hospital and community settings to respond reliably and consistently to increased presentations at e.g. ED and in Acute Assessment Units

The Cabinet Secretary’s letter identifies a number of requirements, which are to be included in Winter Plans, namely:

- **Reducing attendances** wherever possible by managing care closer to home, preferably at home.
  - With services focussed on assessment and care closer to home. e.g.
    - Managing long term conditions to avoid unnecessary exacerbation
- Step up facilities for assessment, reablement and rehabilitation
- Minor Illness, injury and ambulatory care services
- Professional to professional referral services
- Redirection and effective sign-posting to minimise unnecessary activity in ED
- Supporting Out of Hours services to minimise pressure on them and to avoid closures of OOH centres, maintain home visits by OOH

- **Managing / Avoiding admission** wherever possible.

  With services developed to provide care at home across 7 days, e.g.
  - Rapid response teams
  - Hospital at home services or virtual community wards
  - Specialty review at rapid access clinics
  - Simple and single point of access for social care
  - Assess to admit
  - Improving opportunities to speed up admission for those patients who most require hospital care

- **Reducing Length of Stay**
  - Reduction in delayed discharges
  - Reduction in cause of delays highlighted in Day of Care Surveys
  - Discharge to assess
  - Access to intermediate care services
  - Provide rehabilitation at home or in the community rather than hospital

- **Focus on flow through acute care**
  - Local improvement trajectories for weekend discharge rates to be agreed by the end of November
  - Earlier in the day discharges, against local improvement trajectories
  - Safe-guarding of the minor flow stream by allocating sufficient protected capacity to enable 100% compliance to be achieved
  - Improving flow through ED across both admitted and non-admitted pathways to reduce time in department and optimise flow

- **Workforce**
  - It is essential that the appropriate levels of staffing are in place across the whole system to facilitate efficient and effective patient care, to ensure consistent discharge during weekends and the holiday periods
  - This will require sufficient senior medical and other clinical staff cover to facilitate decision-making, social work teams to undertake assessments and pharmacists to prepare timely discharge medications
  - In addition, adequate festive staffing cover across acute, primary and social care setting, including:
    - Pharmacists (acute and community)
    - AHPs
    - Social Care Staff
    - Senior Decision Makers
    - Porters
  - NHS24 and SAS to maintain flow across Health & Social Care boundaries

NHS Boards and Councils are asked to consider measures to incentivise independent and voluntary sector providers to arrange immediate packages of care, during the whole festive period.
The Scottish Government expects all NHS Boards to address the following priority areas in the Winter Plan:

- Resilience
- Unscheduled / Elective Care
- Out of Hours
- Norovirus
- Seasonal Flu
- Respiratory Pathway
- Key Partners / Services

1.2 Purpose and Scope

This Plan focuses on the period from November 2019 to March 2020 highlighting in particular, arrangements for the festive holiday periods in December and January. However, it should also be noted that many of the arrangements described in this plan to deal with peaks in demand and associated capacity are applicable all year round, which are the focus of the Unscheduled Care Programme Board whose membership includes Chief Officers and/or their deputies.

This plan represents a whole-system approach, incorporating local contingency plans and ensuring formal links with the plans of key stakeholders including the directions set out by the Integration Joint Boards, NHS Board, Local Authorities, Scottish Ambulance Service, NHS 24, the Third and Independent sectors (including Serco).

1.3 Governance

This Plan takes account of the national guidance and has been developed with the support of lead managers and clinicians from NHS Forth Valley and the two Health and Social Care Partnerships, supported by the Forth Valley Unscheduled Care Programme Board. A Winter Steering Group has been established, with representation from senior clinical and managerial leads with representation from across the whole health and care system. Each member has operational management and/or leadership roles for aspects of the winter plan. The Winter Steering Group is supported by a working group.

These arrangements, alongside progress made with delivering the areas of change and improvement are summarised in this plan. The arrangements will be monitored throughout the winter period, in order to respond in a timely way to variations as necessary. Therefore the Steering Group will continue to meet monthly during the winter period. Escalation arrangements are in place, with daily or more frequent teleconferences scheduled as appropriate.

Notably the Chairs of the NHS Board and Integration Joint Boards, the NHS Board Chief Executive and the Chief Officers have approved this Plan in line with the national guidance.
1.4 Main Areas

The main areas included in this plan are described in detail in the following sections:

- Lessons Learned from 2018-19
- Analysis of Activity, Capacity and Demand
- Improving Service Delivery - Initiatives in Place and Actions for 2019-20 (including improving discharge, preventing admissions, elective care flow and arrangements for the festive period, responding to surges in demand, Primary Care Out of Hours)
- Managing the Impact of Infectious Diseases
- Resilience
- Communications
- Resources
- Information Management and Performance Reporting

2 Lessons Learned from 2018-19

A winter debrief was undertaken in February 2019 with input from a wide range of stakeholders and a summary of the learning from winter 2018-19 was prepared and submitted to the Scottish Government in April 2019. The winter debrief highlighted a number of key actions and learning points.

2.1 Top five Areas for Learning for 2019-20

1. Importance of engaging service and clinical leads at the earliest opportunity in order to ensure that the winter plan and associated actions are owned and delivered, and that clear prioritisation is in place for optimising the use of resources. In response we have established a system wide Steering Group and set out a clear process for identifying actions to improve capacity and flow, including establishing the expected benefits of each action and a process for prioritising and resourcing these.

2. Engage with 3rd sector providers at the earliest opportunity in order to take advantage of additional support for winter.

3. Continue to target winter resources towards discharges, including those at weekends and public holidays, with a continued focus on actions to reduce the impact of delayed discharges. In response, the Plan identifies actions to deliver improvements in discharge.

4. Review underway to inform the use of all acute (emergency and elective) beds (exc. mental health, gynaecology, obstetrics and paediatrics) at Forth Valley Royal Hospital in order optimise capacity and flow, all year round.

5. Continue to explore every opportunity to increase flu vaccination uptake and ensure that changes in the delivery of vaccination services in Primary Care do not have a negative impact in uptake by adults. GPs practices will continue to provide flu
immunisation for older adults and vulnerable groups this winter, in order to maintain the access and uptake, whilst the future delivery model is determined.

Many of the processes and activities identified above and in the sections below, have been incorporated in the all year round approaches to the management of unscheduled care, with the additional focus during the winter period on increasing capacity, including workforce, the flu programme and raising awareness (being prepared for winter) with patients and the wider public.

2.2 Co-ordination

- Working group met monthly from August with representation from key health and social care service leads, including SAS
- Dynamic action plan updated and refreshed continuously
- Clear ownership of winter actions by service leads
- Aligned specific winter actions to existing programmes of work relating to unscheduled care and the winter plan enhanced as part of all year round arrangements
- Agreed process for prioritising allocation of winter funding
- Importance of winter plan ownership by service leads

2.3 Improving Discharge

- Weekend Discharge target and trajectory agreed with winter plan leads
- Monitoring put in place throughout the weekly winter report
- Winter funding targeted at areas for improvement over 7 days e.g. enhanced respiratory nursing team, weekend physiotherapy enhancement, discharge to assess and care at home, Red Cross discharge service, Hospice at Home, contingency beds
- Discharge hub enhanced and focus on delayed discharges, with dedicated senior leadership
- Resilience over Public Holidays’ recommendations implemented
- During January to March, the weekend discharge target met or exceeded on 65% of weekends and on the remaining 35% of weekends, weekend discharges were below the target

2.4 Demand and Capacity

- Detailed data and analysis of demand and capacity were used to inform the winter plan, agree key actions and to prioritise allocation of resources i.e. the national allocation and local resources
- These were also aligned to the health and social care partnership unscheduled care datasets and the data used to inform the work of the Unscheduled Care Programme Board and Six Essential Actions Programme
- Monitoring is in place using existing datasets and the winter weekly monitoring report
- Improved access to real time information for operational leads
• Review of existing data sources and data sets to ensure these continue to provide the information required to plan for winter and to manage activity throughout the winter period

2.5 Elective Care

• Plans were in place to maximise elective activity and protect day surgery capacity and FV delivery significant improvement in relation to waiting times targets during the winter period
• Whilst winter contingency beds were identified and opened during peak periods, boarding of unscheduled care patients in elective wards continued throughout winter
• Review continues to determine use of all acute inpatient beds (see reference above)

2.6 Escalation Plans

• Escalation plans were refreshed for winter
• Winter plan exercise tested the plan and further improvements and additions made following the exercise
• All partners clear about their responsibilities
• Review timing of exercise to ensure sufficient time for updating winter arrangements

2.7 Norovirus and Seasonal Influenza

• Plans agreed for influenza and norovirus in acute and community settings
• Near patient testing for flu at the front door implemented
• Continue to review and revise plans for influenza and norovirus to meet requirements from best evidence and intelligence

2.8 Flu Vaccination

• Uptake consistent with previous years’ performance
• Vaccination nurses worked in partnership with Occupational Health to offer greater flexibility for staff vaccination
• Vaccination FAQs prepared
• Communications campaign
• Opportunities to incentivise staff were explored but could not be delivered
• Continue to explore every opportunity to increase uptake and ensure that changes in the delivery of vaccination services in Primary Care do not have a negative impact in uptake by adults
3 Analysis of Activity, Capacity and Demand

NHS Forth Valley has completed a detailed analysis of activity, capacity and demand across the care system in Forth Valley. This has enabled analysis of the possible impact on care services and identification of options for managing surges in demand across the festive period, and potential increases in activity due to other issues, such as increases in respiratory illness or severe weather. The key findings are summarised below.

3.1 Demographic Change

NHS Forth Valley is anticipating increases in demand due to the changing demographics, which include a growth in the older age groups and increasing numbers of people with co-morbidities. In addition, the Emergency Department (ED) has experienced increased demand from adults and pre-5 groups. The NHS Forth Valley Healthcare Strategy and Annual Operational Plan (AOP) seek to address this growth in demand by changing the model of care to focus care in community settings and away from acute inpatient care. During last winter, Stirling Community Hospital was replaced with the Stirling Health and Care Village, which offers a new model of care for NHS patients with on site registered social work Intermediate Beds, to support a ‘right care, right place’ model of care. There is intended to improve delayed discharge trends, admission to care homes and the need for additional contingency beds.

3.2 Impact of Frailty on bed occupancy

Services in NHS Forth Valley continue to experience the impact of an increasing level of general frailty in the local population. The Winter Plan notes a number of actions which seek to improve the experience of care of people with frailty, by providing care in the ‘right place’. However last winter, the impact of frailty and other unscheduled admissions, meant that around 40 planned contingency beds were required in the peak winter period.

3.3 Seasonal Variation and Impact of the Festive Break

In order to plan effectively for capacity over the festive and post-festive period it is important to have a good understanding of likely demand. Whilst levels of demand can appear to vary considerably from day to day, the overall pattern of demand is reasonably consistent, with predictable maximum and minimum levels of attendances and admissions.

3.4 Actual Attendances at Accident & Emergency and Minor Injuries Unit

Although background demographics show an ageing and increasingly frail population, the actual level of hospital attendances at MIU (Minor Injuries Unit) and Emergency Department in the months of December and January, between 2011-12 and 2014-15 was stable and largely predictable. However, since 2015-16 attendances in the winter period over 2018-19 have risen by 10.7% to 13,860.
Table 1 – ED and MIU Attendances

<table>
<thead>
<tr>
<th>ED and MIU Attendances</th>
<th>2015-16</th>
<th>2016-17</th>
<th>2017-18</th>
<th>2018-19</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total in December and January</td>
<td>12,511</td>
<td>12,367</td>
<td>13,290</td>
<td>13,860</td>
</tr>
<tr>
<td>Average total per day</td>
<td>202</td>
<td>199</td>
<td>214</td>
<td>224</td>
</tr>
<tr>
<td>MIU Average per day</td>
<td>36</td>
<td>34</td>
<td>45</td>
<td>48</td>
</tr>
<tr>
<td>ED Average per day</td>
<td>166</td>
<td>165</td>
<td>169</td>
<td>176</td>
</tr>
</tbody>
</table>

The average number of ED attendances in December and January 2018-19 rose to 224 attendances per day although the actual numbers on any given day have varied considerably. The first week in January is traditionally one of busiest weeks of the year for ED. MIU attendances also increased with an average of 48 per day last winter. This was consistent with the experiences in the rest of Scotland, with increased ED attendances in younger and middle aged adults.

Both Christmas Day and Hogmanay tend to be the quietest days of the year in both MIU and ED. For MIU, attendances fell to the lowest levels on New Years’ day.

Figure 1 Average emergency attendances

In line with national analysis, data available for the Forth Valley area shows that in the first week in January, there is typically a “post-festive” period surge in ED and MIU attendances of between 10 and 15%. Christmas Day (-25%) and New Years day (-5%), typically show a marked decrease in activity.

3.4.1 Winter weekly monitoring analysis

Since winter 2015-16, a number of key indicators are monitored on a weekly basis, all year round, to inform operational management and local work to implement improvement actions. Most of these have been replaced by separate individual reports.
Over the summer of 2019-20 an operations room (Ops Room) was opened. The Ops Room visually tracks and reports on attendance and flow from the Front Door to discharge. The introduction of the ED Dashboard and TrakCare patient activity screens allows the monitoring of admissions, discharges and bed availability. It is now possible to identify situations where intervention is required prospectively, working to achieve compliance against the Emergency Access 4 Hour Standard as well as manage emergency admissions, bed occupancy and availability, establishing how best to deploy resources.

3.5 Hospital Admissions Data

3.5.1 Day of Care Audit Analysis

Since December 2015 a fortnightly day of care audit has been undertaken and will continue (now monthly) into the coming winter. In addition, since the start of 2018 a community hospital Day of Care Audit has been carried out. Analysis of admissions from this audit shows the percentage of patients who do not meet criteria to be in the acute hospital against the Bed Occupancy observed at the time of audit.

Figure 2 Day of Care Survey – % of patients not meeting acute hospital criteria and FVRH bed occupancy

Bed occupancy in the acute hospital remains persistently at or over 95%, highlighting the need for contingency beds most of the time. This has a significant impact on the NHS Board across a number of measures including person centred safe and cost effective care. Overspend in the set aside budget is predominately a result of over capacity on the Forth Valley Royal Hospital site.

Over capacity results in ‘boarding’ of patients goes against our ‘right care’ right place’ model of care and has consequences notably in length of stay and staffing costs.
During the winter of 2018-19 the number of patients boarded increased to 3.1% from 1.9% the previous year.

**Figure 3. Percentage of patients who were boarded outwith their admission specialty**

The following chart highlights the top five reasons for delays, which account for 76% of delays.

**Figure 4 Day of Care Survey – top reasons for delay**

Analysis of admissions and bed occupancy from the surveys has enabled targeted improvements to be made. Actions taken in Forth Valley in response to the Day of Care Survey include:

- Introduction of regular review by senior multidisciplinary team of patients with 14 day or more length of stay.
• Weekly multi-agency review of delayed patient discharges in both acute and community settings
• Standard Operating Procedures in place for following referrals with clearer criteria including for transfer:
  o Ageing & Health
  o Community hospital
  o Stirling Health and Care Village (rehabilitation units)
  o Package of care
  o Physiotherapy
  o Occupational Therapy
  o Dietetics
• Development of an integrated discharge service across Partnerships with Local Authorities included in daily face-to-face and/or virtual meetings
• Daily Dynamic Discharge Board Rounds/Huddles on all Surgical, Medical and Ageing & Health wards on acute site and twice weekly Board Huddles in community hospitals
• AHP ‘Ready to Go’ test of change carried out

Day of Care surveys in Community Hospitals being developed in line with the National Day of Care surveys to create a greater understanding of systems and any potential barriers to patient flow.

3.5.2 Delayed Discharges over December and January in the last three years

At the census point taken in January 2019 there were 58 delayed discharges recorded for the whole of Forth Valley. This is consistent with the monthly average for the calendar year 2019 to date. The average number for 2017-18 per month was 54 risen from 45 2016-17.

Occupied Bed Days attributed to delayed discharges have risen from a monthly average of 809 in winter 2017-18 to 1609 2018-19. The monthly average as at the census point August 2019 is 1528 bed days. This has a significant impact on capacity and flow, particularly on the acute site, for both unscheduled and planned elective care.

However, there are a number of initiatives, which are underway designed with the purpose of preventing patients becoming delayed in their discharge.

• Review of patients with Length of stay over 14 days in 4 wards in FVRH. This allows a senior discussion around any barriers to discharge with HSCPs colleagues
• Home 1st test of change in 3 wards in FVRH - Falkirk HSCP social care staff are present in FVRH and attend Daily Delayed Discharge meetings, providing early sight of patients ready for discharge with a home 1st approach
• Dynamic Daily Discharge meetings on all wards in FVRH
• Development of an Integrated Discharge Service to include health and social care teams, AHPs and SAS. Ongoing work and development of Day of Care Surveys, will be shared and discussed with our health staff and social care teams operating in the HSCPs
Figure 5 – Delayed Discharges FV Total Bed Days Occupied

Discharges are constrained by the availability of a range of community based options including intermediate care beds, step up: step down, care and care homes as well as care package availability in the community at a person’s home.

3.5.3 Bed Occupancy

Delayed discharges are a major contributor to bed occupancy. Patient flow from ED into downstream wards is dependent on efficient discharging of patients, working towards lowering the average length of stay and reducing the percentage occupancy.

See figure below for an analysis of activity in the acute hospital wards (medical/surgical/W&C) over the last 2 winter periods:

Figure 6 Percentage bed occupancy last 2 years
Most days the hospital is running with a high occupancy level, often in excess of 95% except for a large dip over Christmas. Winter contingency beds need to be created each year to add additional capacity. Bed modelling helps predict the size of the contingency capacity required.

### 3.5.4 Systemwatch

Systemwatch is being used this winter, and a sample of the report which will be provided weekly is below. This will provide a weekly summary of trends from the weekly Systemwatch dashboard and will be sent to operational managers. In addition, it is intended to display relevant Systemwatch information on the screens in the acute hospital control centre and to present this at appropriate site and flow meetings.

*Figure 7 Systemwatch weekly summary report*
3.5.5 Winter Flu

Information from Systemwatch and other data sources will be accessed in order to identify if levels of influenza in Primary Care and other care settings locally and nationally are indicating a potential or actual increase above normal levels, which may require a response from partners.

3.5.6 Unscheduled Care Programme Board

The Winter Plan Steering Group reports to the Unscheduled Care (USC) Programme Board. The Programme Board reports to the Senior Leadership Team chaired by the NHS Chief Executive.
4 Improving Service Delivery - Initiatives in Place and Actions for 2018-19

This section of the Forth Valley Health and Social Care Winter Plan presents the main focus of planning for peaks in demand and activity, including the winter planning period for 2019-20 and also indicates how the Cabinet Secretary’s letter ‘Preparing for Winter 2019-20’ will be addressed.

The key actions identified, will be delivered by health and social care services working in partnership and will involve close collaboration with the Scottish Ambulance Service, NHS 24 and the Third and Independent sectors. A Winter Plan Steering Group is in place, chaired by the Acute Services Director and reporting to the Unscheduled Care Programme Board. A Winter Working Group supports the Steering Group. The Steering Group has a dynamic winter action plan which is being reviewed and updated frequently in the period leading to and during winter. This Winter Plan identifies the main themes and key actions in the dynamic action plan.

The actions for Winter 2019-20 are summarised under the following areas of activity:

- Preventing admissions and supporting discharge
- Specific arrangements for the festive period
- Preventing and responding to surges in demand
- Specific arrangements for GP Out of Hours

As with last winter, in order to learn fully from our experiences this winter, and to prepare for winter 2020-21, it is proposed to hold a winter plan debrief session and produce a winter report early in 2020.

4.1 Preventing Admissions and Supporting Discharge

If admission and discharge rates are maintained at normal levels over Christmas and New Year, this reduces the potential for post-festive pressures. These pressures are particularly acute in the first week in January due to the combination of increased emergency demand, urgent elective activity and clearing any post-festive build-up. The main areas that have been identified for improvement are:

- The risk of patients being delayed on their pathway
- Discharges at weekends and bank holidays
- Optimising care in Community and Primary Care Settings
- Safe and effective admission/discharge continues in the lead-up to and over the festive period and also into January

The majority of the actions summarised below are reviewed regularly by the Unscheduled Care Programme Board.
### 4.1.1 Supporting Discharge

Reducing the numbers of patients delayed in their discharge from hospital and their length of stay in hospital, is a key priority for health and social care in Forth Valley and the Scottish Government. Reducing delays not only helps patients who benefit from getting home or to a more appropriate, more homely setting as soon as possible, it is also essential to maintain flow through the health and social care system.

#### What we are doing

<table>
<thead>
<tr>
<th>Coordinating Capacity and Flow</th>
<th>Multiple daily capacity huddles involving senior leaders and the duty manager take place, treating the winter period as a red alert every day, supported by escalation to a daily senior leaders’ check in teleconference, from December.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Coordinating Capacity and Flow</td>
<td>As part of the Daily Dynamic Discharge (DDD) Check, Chase and Challenge Forth Valley are now working with the discharge service, health and social care colleagues and AHP who now attend the daily MDT board round to support discharge.</td>
</tr>
<tr>
<td>Coordinating Capacity and Flow</td>
<td>Continue with the monthly day of care audits in both acute and community hospital setting to identify patients who are potentially delayed in accessing the most appropriate place of care and use the results for improvement with health and social care colleagues working within each of the Partnerships.</td>
</tr>
<tr>
<td>Coordinating Capacity and Flow</td>
<td>New template for daily huddle meetings has been developed. The template is populated with information pulled from Trakcare such as planned discharge date and responding to delayed discharges. This will allow the huddle meeting to be more focused on patient safety.</td>
</tr>
<tr>
<td>Coordinating Capacity and Flow</td>
<td>Flexibility with the discharge lounge over winter, to open earlier in the day or later in the day if required.</td>
</tr>
<tr>
<td>Coordinating Capacity and Flow</td>
<td>Development of an integrated discharge service to include: NHS and social care teams from each of the Partnerships, 3rd sector, and transport colleagues.</td>
</tr>
<tr>
<td>Coordinating Capacity and Flow</td>
<td>Delayed Discharge meetings to include health and care staff working in each of the partnerships, this way of working is intended to escalate complex cases.</td>
</tr>
<tr>
<td>Coordinating Capacity and Flow</td>
<td>Daily multi-agency huddles are in place to consider the impact of patient needs, staffing needs, bed capacity and safety issues. All wards and departments are represented, including SAS and NHS and social care staff from each of the Partnerships.</td>
</tr>
<tr>
<td>Coordinating Capacity and Flow</td>
<td>Every downstream ward has a board round Monday – Friday at 9am. Further consideration is being given to add a golden hour to these rounds. The golden hour has potential to add targeted senior decision maker to the board rounds.</td>
</tr>
<tr>
<td>Coordinating Capacity and Flow</td>
<td>Reinforce clinical decision making and roles, in particular Clinical Directors, ward based Consultants, Charge Nurses and Advanced Professional Practitioners, and staff (NHS and social care) working within each of the Partnerships) to ensure patient flow is optimised across extended hours and weekends.</td>
</tr>
<tr>
<td>Coordinating Capacity and Flow</td>
<td>Arrangements for accessing social care packages at the weekend, through the Discharge Hub are in place in order to improve weekend discharge rates.</td>
</tr>
<tr>
<td>Coordinating Capacity and Flow</td>
<td>Optimising use of the FVRH discharge hub, which is in place over 7 days, in order to facilitate the discharge of patients.</td>
</tr>
<tr>
<td>Coordinating Capacity and Flow</td>
<td>SAS liaison officer also provides support in FVRH to enable early discharge. Any expected changes in demand should be understood as soon as possible to enable the SAS to redirect resources appropriately.</td>
</tr>
<tr>
<td>Coordinating Capacity and Flow</td>
<td>Wards will optimise transfers to community hospitals earlier in the day to support flow.</td>
</tr>
<tr>
<td>Coordinating Capacity and Flow</td>
<td>Review of patients with a length of stay greater than 14 days in all downstream wards in FVRH. This allows a senior discussion around any barriers to discharge with social care staff from each of the Partnerships.</td>
</tr>
<tr>
<td>Coordinating Capacity and Flow</td>
<td>Home 1st test of change in designated wards in FVRH is underway. Health and social care staff from the Falkirk Partnership are present in FVRH and attend Daily Dynamic Discharge meetings, providing early sight of patients ready for discharge with a home 1st approach.</td>
</tr>
<tr>
<td>Delayed Discharges</td>
<td>Make progress with reducing the number of delayed discharges and the bed days associated with delayed discharges, by 1 December 2019.</td>
</tr>
<tr>
<td>Frailty</td>
<td>Continue to develop a consistent approach to frailty screening and geriatric assessment at the front door. The frailty pathway is in place and a comprehensive geriatric assessment process has been evaluated, including pathways for admission, discharge and discharge to assess. Work is underway to enhance support for the frailty model at the front</td>
</tr>
<tr>
<td>Section</td>
<td>Description</td>
</tr>
<tr>
<td>----------------------------------------------</td>
<td>---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------</td>
</tr>
<tr>
<td><strong>Intermediate Care</strong></td>
<td>Review and redesign of intermediate care and re-ablement pathways, and commissioning of homecare services.</td>
</tr>
<tr>
<td><strong>Community Based Services</strong></td>
<td>Continued development in the Enhanced Community Team (Closer to Home) Service to further support and develop prevention of admission pathways by providing a robust 7 day service. (see section 4.1.2)</td>
</tr>
<tr>
<td><strong>Community Based Services</strong></td>
<td>Clearer focus on and improvements in Adults with Incapacity and Guardianship process, in order to reduce the impact on delays in discharge.</td>
</tr>
<tr>
<td><strong>Community Based Services</strong></td>
<td>Ongoing implementation of Anticipatory Care Planning and Falls prevention strategies.</td>
</tr>
<tr>
<td><strong>Community Based Services</strong></td>
<td>There are a number of actions for winter planned to support discharge including increased home care provision in the 3 council areas and additional AHPs. The Partnerships are working to enhance the availability and access to care at home, discharge to assess and re-ablement care.</td>
</tr>
<tr>
<td><strong>Improvement Programmes</strong></td>
<td>Renewed focus on the Unscheduled Care Programme Management Office (PMO) to use a robust project management approach and embedding changes in practice. Programme Manager, Clinical Director and Improvement Support in place, along with a comprehensive suite of ‘whole system’ improvement projects – this in support of our agreed ‘Getting Forthright’ programme led by the Unscheduled Care Programme Board.</td>
</tr>
<tr>
<td><strong>Improvement Programmes</strong></td>
<td>Following a challenging winter in 2018-19, recovery of unscheduled care performance has been difficult and there are issues with poor flow, poor patient experiences and a pressurised environment for staff. In order to address this, the Getting Forthright Transformational Improvement Approach has commenced and expects to deliver improvements in capacity and flow, reduce delays and variability and improve patient experience across the health and social care system. The Programme was launched in September 2018 for a 18 month period, but with a focus on improvement pre-winter.</td>
</tr>
<tr>
<td><strong>Improvement Programmes</strong></td>
<td>A focus on improvement in discharge planning is being enabled by Daily Dynamic Discharge, which has been extended to the Community Hospitals in addition to acute wards. New metrics have been introduced for the acute wards.</td>
</tr>
</tbody>
</table>

Door to further improve the coordinated response to frailty and strengthen links between secondary, primary and social care to ensure all care options are considered.
<table>
<thead>
<tr>
<th>Improvement Programmes</th>
<th>Criteria led discharge is being implemented to enable an improvement in the numbers of patients discharged at the weekend. This will be supported by a Friday afternoon handover to the weekend team.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Improvement Programmes</td>
<td>Continue to maximise the benefits of the HEPMA prescribing system in supporting earlier in the day discharges and improving the flow of unscheduled care patients ready for discharge. Improving the spread of discharges across the working day, including more earlier in the day discharges, should improve the ability of pharmacy to dispense discharge prescriptions within the agreed turnaround times. The current arrangements can cause peaks in demand in the early afternoon, which the pharmacy does not always have the capacity to meet fully within the agreed turnaround times for discharges.</td>
</tr>
<tr>
<td>Improvement Programmes</td>
<td>Further work is required to understand the system challenges which impact on the ability to discharge at weekends and these need to be considered e.g. access to investigations.</td>
</tr>
<tr>
<td>Improvement Programmes</td>
<td>Role out of the ‘carer aware project’ to support successful discharge, with carers integral to discharge planning.</td>
</tr>
<tr>
<td>Discharge Trajectories</td>
<td>Focus on increasing the number of discharges which take place at weekends in order to improve patient flow over 7 days and improving the number of patients able to be discharged earlier in the day. This is supported by weekend planning meetings in ward areas and designated Senior Charge Nurses with the remit of aiding patient flow, with additional targeted work in areas where there is scope for further improvement.</td>
</tr>
<tr>
<td>Discharge Trajectories</td>
<td>Continue to undertake the day of care acute survey in the acute hospital and community hospitals (monthly), to identify patients who are potentially delayed in accessing the most appropriate place of care or discharge home and use the results for continuous improvement, to ensure that no inpatients have a length of stay greater than 14 days.</td>
</tr>
</tbody>
</table>

4.1.2 Preventing Admissions

**What we are doing**

<table>
<thead>
<tr>
<th>Front Door</th>
<th>The Fast Track AHP service supports the ED and assessment units in order to assess patients with an identified change in their functional status or ability to cope at home and supports those who are suitable, either avoiding admission or enabling early discharge home.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Community Based Care</td>
<td>Review patients most at risk of admission, ensuring clear arrangements including Anticipatory Care Plans are in place and refer unwell patients proactively to the Enhanced Community Team (Closer to Home). (See</td>
</tr>
</tbody>
</table>
### 4.1.1 Community Based Care

Continue to promote the use of the single consistent Anticipatory Care Plan for patients with complex or multiple long term conditions and those with palliative or end of life needs, enabling more effective planning ahead, working in partnership with GPs and the third sector.

### Falls

Reduce the number of people who fall and are uninjured, conveyed by Scottish Ambulance Service to Forth Valley ED, by increasing the uptake of community-based services. Provide awareness sessions for SAS staff on existing/updated pathway, explore the options for a single point of contact, review patient journeys and demonstrate alternatives to hospital admission. Measures being used include the number of SAS staff who have received awareness sessions, the number of referrals to other community services from the SAS and the number of conveyances / admissions avoided.

### Scottish Ambulance

The Scottish Ambulance Service has Specialist Paramedics available in Forth Valley. They have enhanced capabilities in urgent and emergency care and can assess and treat patients with acute and long-term conditions or injuries, including, where possible, discharging patients at home. A further specialist paramedic resource is in place in Killin which works very closely with the local GP practice.

### IV Antibiotic Service

An outpatient IV antibiotic service has been established at FVRH, in order to avoid unnecessary admissions to provide IV antibiotic therapy where this can be delivered effectively as an outpatient. The IV services will be in place throughout the winter period and will operate a weekend service on the festive public holidays, as a minimum.

### 4.1.3 Improving Patient Flow

**What we are doing**

<table>
<thead>
<tr>
<th>Improvement Programmes</th>
<th>Getting Forthright Transformational Improvement Approach (see section 4.1.2)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Coordinating Capacity and Flow</td>
<td>Clear escalating plan in place to manage severe capacity pressures, recognising that managing patient safety at times of increased escalation. It clarifies the responsibilities of key staff when the Board experiences capacity pressures and the co-ordinated approach required acute site-wide, NHS Forth Valley system-wide.</td>
</tr>
<tr>
<td>Coordinating Capacity and Flow</td>
<td>Standard Operating procedures and criteria are in place for boarding in acute inpatient ward areas.</td>
</tr>
<tr>
<td><strong>Coordinating Capacity and Flow</strong></td>
<td>The flow managers work within the new operation centre. The aim of the operations centre is to facilitate data driven decisions and provide situational awareness in relation to whole system capacity and flow, emergency department activity, hospital occupancy levels (both acute and community), ambulance arrival status, patient tracking, care opinion and safety information, triggering immediate action and informed decision making to ensure safe and effective operational management is achieved.</td>
</tr>
<tr>
<td>---</td>
<td>---</td>
</tr>
<tr>
<td><strong>Coordinating Capacity and Flow</strong></td>
<td>Everyday a priority patient is identified to be the first discharge the following day - this patient will have IDL, medicines, home situation and access agreed, transport ready and if possible have transfer to the discharge lounge in place. This not only helps with the busy morning routine in the ward the following day but also supports the movement of patients into wards earlier in the day.</td>
</tr>
<tr>
<td><strong>Coordinating Capacity and Flow</strong></td>
<td>Standard Operating procedures and criteria are in place for pathways including e.g. referrals to Community Hospitals, REACH, and Short-term assessment.</td>
</tr>
<tr>
<td><strong>Coordinating Capacity and Flow</strong></td>
<td>Updated escalation plan to support winter 2019-20 arrangements as set out in this Plan.</td>
</tr>
<tr>
<td><strong>Coordinating Capacity and Flow</strong></td>
<td>Continue to apply the NHS Forth Valley policy in order to minimise Boarding and the impact of boarding on inpatients and ensure patients who require to board have appropriate follow up and review, including timely ward rounds. Arrangements are being put in place to add resource and capacity over winter to provide an overview of these patients and resolve challenges around boarding and weekend discharges.</td>
</tr>
<tr>
<td><strong>Intermediate Care</strong></td>
<td>Intermediate care services are in place in both Health and Social Care Partnership areas and clear pathways support referral and awareness of how to access these. Use of the referral pathways and facilities require to be optimized.</td>
</tr>
<tr>
<td><strong>Intermediate Care</strong></td>
<td>Proposals have been prepared by Falkirk HSCP and Clackmannanshire &amp; Stirling HSCP for allocating intermediate care capacity for winter contingency purposes, these are supported i.e. Ludgate House beds and Summerford House AHP support. The impact and benefits are being worked through with partners and the Winter Planning Steering Group.</td>
</tr>
<tr>
<td><strong>Winter Flu</strong></td>
<td>Last winter, Near Patient Testing for Flu was undertaken using a testing algorithm and pathway. A modified Flu protocol and robust pathways have been prepared for this winter for testing and for follow up treatment if appropriate, discharge or admission. This has been prepared by the Infection Control Team, Microbiology department and</td>
</tr>
</tbody>
</table>
### 4.1.4 Emergency Department Effectiveness

#### What we are doing

<table>
<thead>
<tr>
<th>Improvement Programmes</th>
<th>ED Performance</th>
<th>ED Performance</th>
<th>ED Performance</th>
<th>Public Communication</th>
</tr>
</thead>
<tbody>
<tr>
<td>The “Six Essential Actions” Action Plan has been refreshed, covering a range of unscheduled care actions including actions associated with ED Performance, and a project management approach have been embedded in practice. Current areas of improvement activity related to ED include:</td>
<td>The ED Deep Dive review provided a detailed analysis of the reasons for sub-optimal performance in the Emergency Department and downstream flow. Improvement programme work is using the learning from this analysis to focus on delivering redesign including separating the minors flow at the ED from the other flows, initially on the acute hospital site.</td>
<td>The ForthRight Transformational Improvement Approach also seeks to reduce variability on ED and attain the 4 hours from arrival to admission, discharge or transfer for treatment (95% with stretch 98%).</td>
<td>Decision matrix to relieve emergency department overcrowding has been developed as part of the Forth Right Approach.</td>
<td>The Board promotes the web based “Know Who To Turn To” information which aims to ensure that the range of alternatives to ED are well understood and communicated widely, supported by external communications and media initiatives. Information on where to attend with eye problems has been included on the web site. We will continue to promote and reinforce the use of the Minor Injuries Unit in Stirling.</td>
</tr>
<tr>
<td><strong>Communication</strong></td>
<td>allows patients access to treatment for UTI’s, Skin Conditions, Impetigo, Bacterial Conjunctivitis, Vaginal thrush and Skin Infections from a community pharmacy.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>--------------------</td>
<td>--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Primary Care Out of Hours</strong></td>
<td>The Forth Valley Primary Care Out of Hours Service was reviewed in 2018/19 and work continues to deliver a multi-disciplinary service model.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>GP Referrals</strong></td>
<td>Work is progressing with the SAS to smooth the arrival times for GP referrals.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>GP Referrals</strong></td>
<td>A model is being implemented across front-door areas allowing for patients from ED and GP referrals to be allocated to either ambulatory (CAU) or inpatient (AAU) assessment areas directly.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Surgical Assessment</strong></td>
<td>A Surgical Assessment Unit has been established in place in order to improve the flow of acute surgical patients who require assessment, then either admission or discharge.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Emergency Pathways</strong></td>
<td>Work has taken place within the ED to ensure specific pathways are in place for orthopaedics and mental health, which has helped to improve the flow of patients with these conditions.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Call Handling</strong></td>
<td>A dedicated 24 hour flow call handling number is in place. There are Senior Clinical Nurse Co-ordinators in place to ensure patients in ED and the Assessment Units are discharged or transferred promptly to their next stage of care. This supports flow across the front door and within the wider FVRH site.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Information for ED Team</strong></td>
<td>Daily information is provided on capacity and flow to support the clinical teams including real time information on patient status and electronic 2 hourly reporting, providing a clear picture in ED on presentations, wait for first assessment, downstream bed availability and community hospital bed availability.</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Four Hour ED Trajectory**
Almost all actions and interventions are to support improvement in performance as a whole system and specifically improving performance in line with the four hour access standard. However, it is anticipated that those actions to develop and protect the Minors Service on FVRH site will have the most significant impact on reducing Time To First Assessment and improvement in compliance with the four hour access standard. Given this, the trajectory for this work will be as the four hour standard trajectory in this year’s annual operational plan.
4.2 Specific Arrangements for the Festive Period

We have focused our festive period activity on addressing the issues identified earlier in this plan and which are also described in the NHS Forth Valley AOP and Health and Social Care Partnership Delivery Plans and in the Scottish Government Winter Planning Guidance. The intention is to build on work already underway in the move towards developing seven day working for critical services. In addition to the measures described in other sections of the plan regarding discharges from hospital, every effort will be made to discharge patients proactively in the days prior to the public holidays at Christmas and New Year.

The Public Holiday Review Report acknowledged the importance of improving resilience and sustainability of health and social care services over public holiday periods. The Forth Valley Winter Plan recognises these issues, and in particular the need to ensure that there is sufficient staff availability across a wide range of services on and after public holidays, and seeks to provide assurance that staff will be deployed appropriately and that business as usual is maintained as far as practicable, linked to NHS and social care workforce plans and escalation arrangements.

The key messages in the Public Holiday review are echoed in the arrangements for winter in Forth Valley:

- Promote community pharmacies to support self care and access medicines urgently (promoted to staff and patients in FV, through Internet/Intranet, social media and the media)
• NHS24 support for self management and directing to the right care
• Local integrated crisis services for people with mental health difficulties (24/7 services for advice, support and crises in place)
• Ensure sufficient levels and numbers of senior decision makers from all sectors are duty rostered at same time (Acute rotas, ED, Assessment units, Golden Hour, Huddles, Ward Rounds) for Social Care and NHS community teams
• Timely and continuous access to local infrastructure services within hospitals (in place)
• Proactive discharge planning before public holidays (in place)
• Timely and clear social care support arrangements (e.g. Huddles, Discharge Planning, Discharge Hub).
• Enhance staff uptake of seasonal flu vaccination and population uptake (mobile clinics, myth busting, Communications, social media)
• Timely, integrated health and social care urgent care resilience plans (daily Red Alert meetings, huddles, data, escalation arrangements)
• Partnership and professional organisations fully engaged in design and delivery of planned workforce changes (staff governance arrangements)

4.2.1 Workforce Capacity Plans and Rotas for Winter and the Festive Period

It is possible to predict levels of festive and post-festive demand based on previous experience. This then enables health and social care in Forth Valley to plan appropriate staffing levels for the festive period, in addition to ensuring staffing levels are appropriate for the winter period.

Agreeing rotas and staffing levels for health and social care services early increases the time to ensure that allocation of holidays is managed optimally to maintain adequate cover at peak time and if necessary, to recruit and train any additional staff. We require workforce capacity plans & rotas for the winter/festive period to be agreed and in place before the end November 2019 in all relevant departments across health and social care, and it is expected that departments and services will liaise regarding mutual arrangements.

The Forth Valley Winter Health and Social Care Winter Planning Group are ensuring that the appropriate levels of staffing are in place across the whole system, for the entire festive period to deliver effective and efficient patient care. There will be an emphasis on ensuring that on all days over the Christmas and New Year fortnight there will be focus and drive on maximising the number of discharges on each day, and progressing the planned discharges for future days, in particular momentum will be maintained on the two Fridays post the public holidays.

The method employed to ensure appropriate staffing levels is to request all relevant Health and Social Care departments to populate a standard festive period rota. This rota will then be reviewed by the Winter Planning Steering Group and feedback will be given to any areas where staffing is a concern with a request to implement remedial actions. The festive rotas are to be provided by mid-November.
As part of the communications package on Winter Planning, staff are being informed of the expectation that robust staff cover must be in place over the festive period for all stages of the patient journey.

What we are doing

| Staffing Plans | Each clinical and social care service including the Scottish Ambulance Service, Third Sector and Independent Sectors in the Forth Valley area will have staffing plans in place, including rotas, by mid-November 2019 to ensure appropriate capacity during winter and also over the festive. This will provide sufficient time for the Steering Group to review staffing across all services and for any concerns to be addressed. Staffing plans for each service must include sufficient service provision in health and social care to maintain discharges at a suitable level during the festive period, particularly over the two 2-day public holidays. |
| Contingency Beds | Detailed staffing requirements are being identified for the potential contingency beds and associated costs. This includes recruiting locum medical cover for the additional work associated with increased admissions, boarding and discharges, nursing staff, AHPS for the community and acute beds, along with associated support staff. |
| Community health services | The additional staffing requirements identified include enhancing community and specialist teams, to enable more patients to remain at home or to be supported following discharge during the winter period. |
| Social Care | The three Local Authorities will ensure that their social care services plan their staffing resources during the predicted periods of high demand, alongside the NHS workforce, to meet additional requirements for assessment and social care. |
| Managing Leave | Ensure health and social care staff annual leave is managed effectively over the festive period to minimise the impact of leave on service capacity. All services must be committed to staffing rotas appropriately to ensure that a shortfall in one area does not impact on the ability of another service to function or impinge on any service’s ability to provide appropriate care. |
| Staffing Levels | Ensure that Estates and Facilities staff, and SERCO, have adequate staffing in place and robust, rehearsed, escalation plans in place to meet demand. |
| Optimise Care | Review arrangements in Community Hospitals to ensure every bed can provide a level of rehabilitation - “every bed is a rehabilitation bed”. |
| Festive Plan | Forth Valley Multi-agency Festive Plan will include availability and scope of service, contact details and access arrangements for all services for the festive fortnight. |
It is expected that all services will be providing normal services on all weekdays in the festive fortnight except on the four public holidays, when provision is made for appropriate access to enable urgent and unscheduled care services, to function fully and to be able to maintain flow through acute services.

| Festive Plan | Review the capacity of the staff bank against the known and likely demands, and recruit additional staff as necessary, to staff planned contingency beds and address any gaps, including highly specialist areas such as ED, ITU and Theatres. |
| Festive Plan | Refresh generic staff pool for winter, optimising the matching of applicants to vacancies. |
| Primary Care | Notify partners (Out of Hours, NHS 24, Substance misuse service etc.) via the Primary Care Contracts Team and corporate communications, of the Community Pharmacy opening arrangements on public holidays. |
| Primary Care | Provide Community dental services over the festive period and circulate details via corporate communications. |

4.3 Preventing and Responding to Surges in Demand

It is possible to identify periods of festive and post-festive demand based on previous experience. It is therefore possible to plan for increased demand for care packages, ambulance transfers, nursing home placements, social work assessments etc. based on historical data and to ensure that services are suitably prepared to provide additional activity in the post-festive surge period and all year round. The main areas covered are:

- Actions to maintain elective capacity
- Strategies for additional winter beds and surge capacity
4.3.1 Actions to Sustain Elective Capacity

What we are doing

| Day Surgery | The majority of elective surgery in Forth Valley is undertaken as a day case or 23 hour surgery and there are no plans to reduce the volume of day and 23 hours surgery over the winter period, except for the 4 public holiday dates. |
| Festive Period | During the festive fortnight and the first 2 weeks in January, the Surgical Directorate will prioritise surgery for cancer patients and other emergency related elective surgical work, in addition to day and 23 hour surgery. |

4.3.2 Strategies for Additional Winter Beds and Surge Capacity

Whilst it is possible to predict patterns of activity to an extent, it is also important to have access to additional contingency capacity should this be required due to unpredictable or unforeseen circumstance such as outbreaks, fire or flood. The actions described in the previous sections are focussed on improving the timing and rate of discharges, reducing the numbers of patients delayed in their discharged and the associated bed days, reducing unnecessary admissions and improving the flow of patients, and therefore should reduce the need to access the additional winter beds which have been identified.

What we are doing

| Contingency Beds | Using capacity modeling which takes into account the requirements for unscheduled care and the elective programme, the projected need for some additional winter contingency beds has been identified. This should be partly mitigated by the actions outlined for improving discharge and reducing admissions. The Winter Steering Group has considered detailed proposals for the use of and access to contingency beds in the community hospitals and intermediate care places for winter. |
| Contingency Beds | A clear process will be in place to monitor the use of any contingency beds, devolved to the Unscheduled Care Programme Board and Winter Working Group and to ensure that any contingency beds are closed by 31 March 2020. |
| Staffing | Ensure rotas for the post festive period, for health and social care staff, are arranged to reflect anticipated demand and balance staff leave appropriately. |
### Intermediate Care

A proposal will be considered by the Winter Steering Group to support additional contingency beds at Falkirk Community Hospital if required. Contingency beds in Ludgate House and Summerford House have been supported.

### Managing Capacity and Flow

Ensure that Forth Valley Boarding Strategy is used to minimise boarding and in particular, transfers at night.

---

#### 4.4 Specific Arrangements for Primary Care

GP surgeries will close for the two 2-day public holidays in December and January. Practices will be open as usual on the Mondays, Tuesdays and Fridays of both weeks.

Primary Care Out of Hours Services remain a critical element in the overall approach to managing winter demand pressures particularly over weekend periods and public holidays. This continues to be a challenge for services locally and nationally because of ongoing medical staffing problems related significantly to the very negative Treasury pension and taxation issues in Primary Care (NHS wide), recent changes in policy will address this.

In response to challenges in 2018 using primary care transformation funding we implemented a plan to deliver a sustainable multi-disciplinary model of out of hours care. This involved looking to both recruit and retain Advanced Nurse Practitioners as well as integrating mental health ANPs and SAS practitioners to our service. This process has been very successful in that we have shifted our workforce make up from 7.5% ANP to 50% ANP. As a consequence we have increased our salaried workforce to 60% from 30%. In terms of numbers, we recruited and have retained 5 WTE ANPs from the initial recruitment 18 months ago. These staff are now fully integrated into our service.

We now have full cover for mental health calls provided by mental health ANPs working on the Forth Valley Royal Hospital site. This has removed a significant burden of work from primary care services.

We have in the last 12 months piloted successfully the integration of SAS advanced and speciality practitioners to our service and with the support of a Scottish Government initiative NHS Forth Valley has employed GP trainers and engaged GP trainees at the end of their training to continue their employment.

All of the above changes have been with the aim to both improve the culture and environment of OOH working which can be both challenging and isolating and to provide a more robust and increased workforce to meet service demand.

We are therefore in a better position this year to ensure that local people can continue to access primary care out of hours services throughout the winter period.
What we are doing

<table>
<thead>
<tr>
<th>New Models of OOH Care</th>
<th>The establishment and retention of an ANP workforce has meant that we have greater shift coverage across all winter shifts including those weekends over the festive period and the public holidays. We have supported this by giving salaried staff some flexibility of shifts over the festive period to ensure they continue to provide their salaried hours at a time of high service demand but in a way that also gives them some free time over the festive period.</th>
</tr>
</thead>
<tbody>
<tr>
<td>New Models of OOH Care</td>
<td>Through 2019 we have been challenged to maintain services across our 3 centres based at Forth Valley Royal Hospital, Stirling Care Village and Clackmannanshire Community Hospital. We are committed to this because we feel it not only ensures equitable access for all patients across Forth Valley but also allows our service to work most efficiently. At present we are looking to maintain all 3 centres across the 4 public holidays however it is probable that we will consolidate to 2 centres on 25th Dec and 1st January because of reduced staffing availability and predicted reduced demand on those dates. Stirling Care Village and Forth Valley Royal Hospital sites are operational through the whole OOH period, Clackmannanshire County Hospital is operational 1800-2400 on weekdays and 0800-2000 at weekends and on public holidays.</td>
</tr>
<tr>
<td>New Models of OOH Care</td>
<td>Mental Health ANPs are now fully integrated within our service. This means that all urgent mental health calls are dealt with directly by these practitioners. This removes a significant work pressure when our service is at its most stretched on public holidays and ensures more effective patient care.</td>
</tr>
<tr>
<td>New Models of OOH Care</td>
<td>SAS practitioners have been integrated into our service which has helped develop their skills in dealing with primary care problems and allowed them to operate more independently. It has also improved our joint working as has our urgent telephone advice service we provide for the SAS locally. This means SAS practitioners looking for advice aimed at providing another mode of care for patients other than transferring them to hospital phone into our central hub to record the call. They are then provided advice within 15 minutes aimed at either keeping the patient at home, arranging for them to be seen by the OOH service or arranging the patient’s direct admission thus reducing the burden on the local ED department.</td>
</tr>
<tr>
<td>Workforce</td>
<td>Sessional shifts were agreed at an earlier stage than in previous years to try and ensure we had an earlier predictor of shift fill. We will now be focusing our efforts on filling these shifts through direct contact of OOH practitioners currently working within the service but also engagement with day time GPs who have previously helped at</td>
</tr>
</tbody>
</table>
Festive periods.

**Festive Rates**

Escalation of sessional rates for medical staff for the festive period were agreed and cover the weekends before, during and after the festive period to take into account the predicted increased demand over the festive period. They were the same as rates for 2018 and were made in respect of the difficulty in filling certain shifts and the need to ensure that the days of predicted increased demand were well serviced.

**Communication Work**

We are aware from recent public holidays that we need to help ensure that the local population are more aware of GP opening times over the festive period and that of their local pharmacies particularly for those on medication provided through dosette boxes. We will look to communicate with comm staff, primary care and pharmacy about improving this process. This is particularly with regard to ensuring that patients are aware that their GP practice is open on the Fridays after Christmas and New Year.

**Collaborative working**

There are existing working relationships between the primary care out of hours service and the MIU at Stirling Care Village and the ED department at Forth Valley Royal Hospital. This is aimed at ensuring that patients are seen in the most appropriate environment and often involves transfer of patients presenting at MIU and ED to the out of hours service. At times this cannot be achieved because of workload within the OOH service. We will ensure that there is clear communication between the out of hours service and ED and MIU about our capacity to share this workload.

**Festive Plan**

Details of the staffing arrangements for the festive fortnight will be confirmed and included in the Forth Valley Multi-agency Festive Plan.

5 Managing the Impact of Infectious Diseases

The impact of influenza and respiratory illness had a significant impact on the delivery of care services in Forth Valley and across the whole of Scotland during the winter of 2018-19, with additional activity relating flu experienced by primary, community and acute services from early December 2018. As well as these two areas of action highlighted by the Scottish Government there is a continued emphasis on the potential impact of Norovirus and the contribution of infection control in maintaining service provision during the winter months.

The following areas describe how we will manage these issues in Forth Valley:

- Managing Norovirus
- Seasonal Flu
- Respiratory Care
5.1 Managing Norovirus

NHS Forth Valley has extensive infection control arrangements in place, which were reviewed following the publication of the Vale of Leven report. There have been no significant changes from the Health Protection Scotland (HPS) guidance published in 2014. It is recognised that ward closures would have a major impact across the service. The Public Health team provide ongoing advice to Care homes and schools including an annual reminder before the typical norovirus season.

A range of well-tested actions are already in place, including:

- All patients with symptoms of diarrhoea and vomiting are isolated promptly and reviewed by the Infection Prevention & Control Team
- An Integrated Care Pathway for Enteric Illness including Clostridium Difficile is available to ensure all patients with symptoms of diarrhoea and vomiting are managed appropriately
- There is a robust ward / clinical area visit programme for the Infection Prevention & Control Team (IPCT) to ensure that the IPCT are available for all staff
- Outbreak folders are in place in all wards providing Infection Control Information relating to outbreaks including norovirus
- Information providing useful Infection Control Information is provided on the intranet to all staff
- The IPCT are involved in the daily hospital safety brief
- An on call doctor (microbiologist) is available 24/7 for IPCT advice
- Systems in place for a holding statement/advice for a norovirus outbreak
- Closely monitored hand hygiene measures are in place for all visitors to wards and clinical areas
What we are doing

| Surveillance | As part of the annual norovirus campaign, close monitoring of national norovirus surveillance rates will ensure NHS Forth will have timely notice of the start of the norovirus season. |
| Staff Awareness | Norovirus awareness sessions to all ward staff will commence 4-6 weeks prior to the anticipated season start. |
| Festive Plan | Cover for the new year bank holiday by IPCT staff (via the on-call microbiologist) will ensure the necessary support to ward staff in the event of an outbreak. |

5.2 Seasonal Flu

In Forth Valley, we will continue to review our Pandemic Influenza planning processes in conjunction with our East of Scotland Resilience Partners.

NHS Forth Valley has performed consistently well in terms of vaccination rates for identified at risk groups in national guidance.

The table below provides data on the flu immunisation uptake for specific groups in winter 2018-19 and the national targets for uptake which have been agreed for winter 2019-20.

Table 2 – Flu vaccination uptake 2018-19

<table>
<thead>
<tr>
<th>Age Group</th>
<th>Actual Uptake 2018-19</th>
<th>Uptake Target for 2019-20</th>
<th>Scottish Average Uptake</th>
</tr>
</thead>
<tbody>
<tr>
<td>Under 65 at risk group</td>
<td>44.8%</td>
<td>75%</td>
<td>42.4%</td>
</tr>
<tr>
<td>Over 65</td>
<td>76.2%</td>
<td>75%</td>
<td>73.7%</td>
</tr>
<tr>
<td>NHS Staff</td>
<td>43.6%</td>
<td>60%</td>
<td>51.2%</td>
</tr>
<tr>
<td>School Programme</td>
<td>75.7%</td>
<td>75%</td>
<td>72.9%</td>
</tr>
<tr>
<td>Pre-school Programme</td>
<td>63.6%</td>
<td>75%</td>
<td>55.7%</td>
</tr>
</tbody>
</table>

The Scottish Government has set an aspirational target of 60% for staff immunisation for 2019/20. NHS Forth Valley’s target is to vaccinate at least 50% of NHS staff.

Staff Immunisation Programme

The NHS Forth Valley Staff Flu Immunisation Programme for winter 2018-19 immunised a total of 3,389 people, of which 2,845 were NHS Forth Valley staff. Including staff immunised in Primary Care, there was a slight increase in the total figure
immunised in 2018 (43.6%) compared to 2017 (39%). Monitoring of progress with the NHS staff vaccination programme is in place, including reporting to the Winter Planning Steering Group, with information provided by staff group and by Directorate. The three Local Authorities have put in place arrangements to vaccinate social care staff and monitor uptake.

Given the variety and diversity of work sites and roles, there is a mixed approach available to make it as easy as possible for staff to access the flu vaccine, if they wish to be immunised.

The 2019/20 immunisation programme includes:

- Drop in flu clinics available at the Occupational Health Department on the second floor of Forth Valley Royal Hospital
- A number of outreach clinics have been arranged at community hospitals
- There are also plans to organise a number of roving vaccination clinics

Local communications are in place to support the launch of the new National Flu Vaccination Campaign ‘Trust the Facts’. This includes digital adverts and animations, graphics for the key target groups and a new healthcare toolkit (see section 7 – Communications for more information).

**Seasonal Influenza Prediction 2019-20**

The severity and likely impact of this coming influenza season is general based on the current influenza activity in Australia. The season in Australia is relatively early, activity peaking between July – October. Based on the number of reported consultations for influenza like illnesses this year, it is predicted to be worse than the 2017 season. See graph below:

*Figure 8 Seasonal Flu Prediction*

Source: ASPREN and VicSPIN

Seasonal Influenza Prediction 2019-20

The severity and likely impact of this coming influenza season is general based on the current influenza activity in Australia. The season in Australia is relatively early, activity peaking between July – October. Based on the number of reported consultations for influenza like illnesses this year, it is predicted to be worse than the 2017 season. See graph below:

*Figure 8 Seasonal Flu Prediction*

Source: ASPREN and VicSPIN

Seasonal Influenza Prediction 2019-20

The severity and likely impact of this coming influenza season is general based on the current influenza activity in Australia. The season in Australia is relatively early, activity peaking between July – October. Based on the number of reported consultations for influenza like illnesses this year, it is predicted to be worse than the 2017 season. See graph below:

*Figure 8 Seasonal Flu Prediction*

Source: ASPREN and VicSPIN

Seasonal Influenza Prediction 2019-20

The severity and likely impact of this coming influenza season is general based on the current influenza activity in Australia. The season in Australia is relatively early, activity peaking between July – October. Based on the number of reported consultations for influenza like illnesses this year, it is predicted to be worse than the 2017 season. See graph below:

*Figure 8 Seasonal Flu Prediction*

Source: ASPREN and VicSPIN

Seasonal Influenza Prediction 2019-20
If this season is predicted correctly, it is vital that NHSFV implements a robust process for influenza testing. Timely installation of the analyser has been prioritised to enable safe and effective protocols to be established. An electronic link up to iLab would enable a more streamlined approach to laboratory reporting and Infection Prevention & Control Team (IPCT) management and would be more cost effective in terms of manpower. The appointment of a designated Lead with responsibility for overseeing the use of the analyser is required to provide complete assurance and confidence in the testing process and the results produced.

Learning from previous winters has indentified that the most efficient and appropriate methodology is to locate the analyser to a controlled environment, at the hospital front door and testing performed by trained staff.

**Diagnosing Flu and Managing Patients**

In winter 2018-19 the near patient testing analyser was procured on a rental basis and installed in AAU. Patient testing was performed by trained ward staff. Positive results enabled the Infection Prevention and Control Team to review each patient ensuring appropriate patient management. A daily influenza report produced by the IPCT was sent to all relevant stakeholders to provide updates of the inpatient population with influenza.

*Table 3 Diagnosing Flu*

<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>1.</td>
<td>The clinical staff will request the test electronically (order comms).</td>
</tr>
<tr>
<td>2.</td>
<td>The test itself will be run by a dedicated member of staff (during the day) or Staff Nurse overnight. The result will be manually recorded.</td>
</tr>
<tr>
<td>3.</td>
<td>The sheet of results will be emailed to the lab daily. This process will be audited by the Infection Control Team.</td>
</tr>
<tr>
<td>4.</td>
<td>The results will be manually entered into the LIMS by the lab staff. This result will be available to HPS via ECOSS.</td>
</tr>
<tr>
<td>What we are doing</td>
<td></td>
</tr>
<tr>
<td>------------------------</td>
<td>----------------------------------------------------------------------------------------------------------</td>
</tr>
<tr>
<td><strong>Flu Testing</strong></td>
<td>Install a Point of Care testing machine in the Acute Assessment Unit.</td>
</tr>
<tr>
<td><strong>Flu Testing</strong></td>
<td>Updating the Flu testing guidance and algorithm is underway. A short life working group has been established to take this work forward.</td>
</tr>
<tr>
<td><strong>Flu Data</strong></td>
<td>Implement arrangements for recording test results and including these in Laboratory Information System.</td>
</tr>
<tr>
<td><strong>Vaccination Programme</strong></td>
<td>Implement Seasonal Flu Vaccination Programme for all identified groups.</td>
</tr>
<tr>
<td><strong>Vaccination Programme</strong></td>
<td>All GPs within Forth Valley will continue to deliver the Seasonal flu program to over 65s those in ‘at risk’ groups and pre-school children.</td>
</tr>
<tr>
<td><strong>Vaccination Programme</strong></td>
<td>The Immunisation Team will deliver the seasonal flu vaccine to Primary School aged children.</td>
</tr>
<tr>
<td><strong>Vaccination Programme</strong></td>
<td>The Immunisation Team will be available to provide targeted vaccination sessions to Care Homes or other high risk settings if required.</td>
</tr>
<tr>
<td><strong>Vaccination Programme</strong></td>
<td>Encourage at risk individuals and unpaid carers to be vaccinated for Flu.</td>
</tr>
<tr>
<td><strong>Vaccination Programme</strong></td>
<td>Encourage pregnant women to be vaccinated for Flu by enabling midwives to offer the vaccine in clinics.</td>
</tr>
<tr>
<td><strong>Vaccination Programme</strong></td>
<td>Provide a roving vaccination programme for staff in addition to fixed and open sessions in a variety of locations.</td>
</tr>
<tr>
<td><strong>Vaccine Uptake</strong></td>
<td>Aim for at least 60% of NHS Forth Valley staff to be vaccinated for Flu.</td>
</tr>
<tr>
<td><strong>Vaccine Uptake</strong></td>
<td>Ensure timely submission and analysis of relevant vaccine uptake data on the following:</td>
</tr>
<tr>
<td></td>
<td>- NHS FV staff</td>
</tr>
<tr>
<td></td>
<td>- Local authority partners’ staff</td>
</tr>
<tr>
<td></td>
<td>- Uptake from primary care on at risk groups and pre-school children</td>
</tr>
<tr>
<td></td>
<td>- Immunisation Team school programmes</td>
</tr>
<tr>
<td></td>
<td>- Care home staff</td>
</tr>
<tr>
<td><strong>Antivirals</strong></td>
<td>Antiviral prescribing will be recommended on advice from Chief Medical Officer.</td>
</tr>
<tr>
<td><strong>Intelligence</strong></td>
<td>HPS weekly updates are widely circulated within NHS Forth Valley.</td>
</tr>
<tr>
<td><strong>Exercise</strong></td>
<td>Participate in national pandemic influenza exercises.</td>
</tr>
</tbody>
</table>
5.3 Respiratory Care

COPD is major cause of morbidity and mortality in Forth Valley. The winter period has a significant seasonal impact on people with COPD and the services that support them. People with COPD are likely to experience more frequent and more severe exacerbations during the winter and this can have a significant effect on their lives. Approximately 1000 FV residents are admitted to FVRH each year with an acute exacerbation of their COPD. The ageing population has led to a 10% increase in COPD admissions over the last 10 years. This is likely to increase by 30% between 2018 and 2034. We need to focus on minimising the impact of winter on people with COPD, by reducing acute exacerbations and helping to keep people in good health at home where possible.

NHS Forth Valley provides a comprehensive service for people with respiratory conditions, including COPD and asthma. Specialist services are provided by a dedicated multi-disciplinary team, including respiratory physicians and respiratory nurse specialists and allied healthcare professionals. The service profile includes outpatient clinics, a dedicated inpatient ward (B12) for people with more severe respiratory conditions, access to the pulmonary function laboratory at FVRH, pulmonary rehabilitation and the national home oxygen service.

The specialist respiratory team has traditionally provided community outreach services to help support people with COPD in their homes (approximately 800 visits per year) and avoid unnecessary hospital admissions. The specialist respiratory team also provides an early supported discharge process for those admitted with an exacerbation of COPD to minimise hospital stays (supports approximately 70 patients per year). COPD discharge checklist stickers help to ensure that discharges are well planned.

Respiratory 7 day service for patients with COPD pilot 2018/19

Last winter, a 6 month pilot of the provision of a 7 day respiratory nursing service for patients with COPD was funded from Winter monies. This required an extra 1 x WTE, band 6 to join the respiratory nursing team on a 6 month secondment which would enable a 7 day service and also to work in collaboration with the enhanced care team in the community. The aim was to reduce hospital admission and reduce length of bed days and to operate more efficiently.

Results

- February 2018-July 2018, 297 patients were seen by the respiratory specialist nurses with an average length of stay of 5.5 days
- February 2019-July 2019, 396 patients seen during 6 month pilot with an average length of stay of 4.7 days
- The 6 month pilot demonstrated a reduction in bed days by 0.8 with 396 patients seen given total bed days saved 316 at a minimum of £400 per bed day =
minimum £126,720 savings over 6 months minus cost of band 6 and weekend work of respiratory nurses

- According to local figures/BTS/RCP/ERS there are 900 COPD patients per annum admitted to FVRH therefore 450 COPD patients in 6 months

- 396 patients seen during 6 month pilot so 88% of patients admitted to hospital were seen by a respiratory nurse specialist compared to 297 patients seen the previous year with 66% of patients seen by a respiratory nurse specialist

- 99 more patients were seen during the pilot with 50% of these patients having a length of stay of 0-1 day and 33% of these patients having a 0 length of stay.

- Data was also collected with the amount of patients discharged to the Enhanced Care Team in the community which was a total of 7. The work with the enhanced care team will be re-evaluated.

Primary care teams provide general respiratory care across FV. The criteria for referral to the specialist respiratory service are included in the FV COPD guidelines (2017), which are published on the FV intranet. Educational sessions for primary care clinicians are held and focus on the diagnosis and management of COPD, exacerbations, asthma, drug formulary for therapies and pulmonary fibrosis. Local pharmacies provide with antibiotics and steroids to appropriate COPD patients, who have hand held COPD records and when they have a COPD exacerbation.

The respiratory team also supports people with palliative and end of life care needs. The team works closely with specialist palliative care teams in hospital and in the community, including the Strathcarron Hospice Community Nursing service.

Dolby Vivisol has robust winter contingency plans in place to support people in the community who rely on home oxygen services. The FV Enhanced Care Team (Closer to Home) and FV OOHs services have rapid access to oxygen concentrators and nebulisers.

Monitoring arrangements are in place to monitor the impact on people with respiratory conditions (to include ED (Emergency Department) attendance, emergency admission or re-admission and LOS).

NHS Forth Valley has a specific plan of care for infants under 3 years of age who are admitted to Children’s Ward with symptoms of respiratory illness. Strict infection control measures are in place.
What are we doing

| Rapid Access | Proposed pilot a rapid access pathway at FVRH to ensure that people with an established diagnosis of COPD who are having an exacerbation are fast-tracked to the respiratory assessment area on the respiratory inpatient ward. |
| Community Outreach | Specialist respiratory nurses will work in conjunction with the Enhanced Community Team to provide early supported discharge for people with COPD on a 7 day basis. |
| Pathways | Promote links with the FV Enhanced Care Team (Closer to Home) to continue to review and streamline local pathways (minimise duplication) that will help to prevent admissions and support discharge for people with and established diagnosis of COPD. |
| Pathways | Working with the SAS and FV Enhanced Care Team (Closer to Home to agree and implement local pathways that will help to prevent admissions for patients with and established diagnosis of COPD. |
| Personal Responsibility | Ensuring that high-risk people with COPD are offered smoking cessation services where appropriate. |
| Rehabilitation | Implementing an extended programme of tele-rehabilitation in Clackmannanshire and Stirling for COPD patients (high risk/ high resource users). |
| Supported Self Care | Proposed implementation of the FLORENCE app and software for all high-risk COPD patients. |
| Carers | Ensure that the carers of people with COPD are given a full carers assessment in advance of the winter period. |

6 Resilience

NHS Forth Valley, Clackmannanshire, Stirling and Falkirk IJB Councils and our Multi-Agency Resilience Partners have a range of plans in place for dealing with major incidents, severe weather, surges in demand and subsequent impact on capacity throughout the system. The following plans and processes are in existence for dealing with major disruption to service provision:

- Forth Valley Major Incident Plan
- Severe Weather Activation, Response and Recovery Framework
- Site and service level Business Continuity arrangements
- NHS Forth Valley Pandemic Influenza Plan
• Festive Period Operational Plan
• Early email notification for key services in relation to potential periods of Severe Weather Warnings

These plans include details of critical service provision, staff, equipment and services that can be temporarily suspended to allow resources to be targeted to essential areas.

We also have a number of multiagency continuity plans in existence with our East of Scotland Regional Resilience Partners and Forth Valley Local Resilience Partners (FVLRP) including:

• Response and Escalation Plans (Contingency, Severe Weather etc)
• Pandemic Influenza Response Arrangements
• Third Sector - Single Point of Contact via local authorities
• Major Incident Control Centre (MACC) facilities if required

The plans, activation, response and recovery arrangements are reviewed and exercised on a regular basis including debrief reports following incidents and lessons identified are incorporated.

A pandemic occurs when a new flu strain emerges to which we do not have any effective vaccine and there is a low level of population immunity. These circumstances would be an international public health emergency and be managed as such using our pandemic and major emergency plans. For the forthcoming winter season, 2019-20 there is currently no suggestion of new flu strain and we have supplies of an effective vaccine against currently circulating flu strains, which we are distributing widely in the usual way. Whilst there may be additional pressures in a severe winter flu season effective control measures and plans are therefore in place and are described below.

The guidance this year has identified that escalation plans and business continuity arrangements should be tested with partners.

We will also deliver targeted training to groups such as community based staff and participate in multiagency exercises to test business continuity and response arrangements.

NHS Forth Valley continues to model the impact on capacity and flow throughout the whole system and identify solutions to address surge and capacity issues on a multi-agency basis.
### What we are doing

<table>
<thead>
<tr>
<th>Winter Contingency Plans</th>
<th>Additional contingency measures have been identified to maintain services in the short term should these be required including additional bed capacity and care packages.</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Review surge and capacity arrangements based on the outcomes from the Local Winter Planning / Emergency Planning Exercise and identify further actions, on a multiagency basis, to address winter pressures.</td>
</tr>
<tr>
<td>Resilience Plans</td>
<td>Complete review of Business Continuity, Major Incident and response arrangements and rollout revised activation and response arrangements for services.</td>
</tr>
<tr>
<td>Partnership Exercises</td>
<td>Participate in the East of Scotland Regional Resilience Partnership multiagency exercise (14&lt;sup&gt;th&lt;/sup&gt; November 2019) to test our multiagency preparedness for winter.</td>
</tr>
<tr>
<td></td>
<td>Hold health &amp; social care exercises to test business continuity arrangements and Business Continuity Plans.</td>
</tr>
<tr>
<td>Severe Weather</td>
<td>Continue effective partnership working with Falkirk, Stirling and Clackmannanshire Councils to ensure appropriate additional measures are in place for example gritting of priority sites etc.</td>
</tr>
<tr>
<td></td>
<td>Additional capacity identified through membership of the Tayforth Machinery Ring i.e access to 4x4 vehicles with driver, access to plant, equipment and resources during periods of adverse weather conditions or disruption.</td>
</tr>
<tr>
<td></td>
<td>Severe weather theory sessions for staff driving during the winter will be delivered.</td>
</tr>
</tbody>
</table>
7 Communications
The Key communications aims are to:
•

•

•

•

•
•

7.1

Ensure the general public are aware of local health service
arrangements and throughout the winter period, including
the festive public holidays, and know where to turn to for
health service information and advice
Increase awareness of alternatives to the Emergency
Department for minor, non-urgent illnesses and injuries
and encourage local people to make use of local services
including MIU, GP, pharmacy (pharmacy first) and
opticians
Raise awareness of the new flu campaign and encourage
children aged between 2 and 11 years of age, people in
the eligible groups and local healthcare staff to take up the
offer of a free flu vaccination
Ensure national winter campaigns, key messages and
services (including NHS 24 and NHS Inform) are promoted
effectively across Forth Valley and supported by relevant
local information and advice
Ensure staff are informed about preparations for winter
including arrangements for staff flu vaccinations, local
service arrangements and advice for patients
Effectively manage the response to increased media
interest over the winter period and provide reassurance
that appropriate plans and contingency arrangements are
in place to manage demand throughout the winter period
Key Actions

A wide range of communication activities will be undertaken to provide advice and
information to local people across Forth Valley on how to stay well this winter and
highlight the range of services and support available. This will include:
What we are doing
Flu Vaccination

Mental Health

Develop local communications to support the launch of the new
national flu vaccination campaign ‘ Trust the facts’ on Ist October
2019. This includes new digital ads and animations, graphics for 4
of the key target groups and a new healthcare worker toolkit. These
resources will be used internally and externally (including social
media and information screens at FVRH and MIU) to promote flu
vaccination to encourage wider take up and challenge some of the
common myths and misconceptions.
Promote the ‘Meet the Mental Health Experts’ video produced by
West of Scotland Communications leads to signpost people to
sources of information and support – including mental health
guidance on NHS Inform.
Forth Valley Winter Plan 2019-2020

Page 49 of 60


| **Winter Health Campaign** | Work with NHS 24 to support the national launch of the ‘Be Health-Wise This Winter’ campaign (end Nov 2019).  
Arrange media briefings and interviews with NHS Forth Valley staff to provide local health information and advice.  
Develop online resources to promote local services and highlight key health messages throughout the winter period including:-  
• Creating a winter zone on the NHS Forth Valley website with links to relevant national and local health information and advice, including NHS Inform, local councils and Police Scotland  
• Provide winter health and information for parents of children at local schools and arrange for distribution via council education departments (by end Nov)  
• Producing a special winter e-bulletin which will be emailed to our Public Involvement Network, local employers, voluntary organisations (via CVS), carers centres, Forth Valley College and Stirling University key stakeholders, PPP and council colleagues and shared on social media  
• Promoting the Pharmacy First scheme – including the new 'Meet the Experts' Pharmacy video and highlight pharmacy opening times on social media over the festive period  
• Promoting the GP and MIU at Stirling Health and Care Village including any changes to opening times and last appointment. Remind GPs, pharmacists and prison staff of what can and can’t be treated at MIU to reduce inappropriate attendances/referrals  
• Sharing NHS 24’s Guide to Services and new local guide to GP services to help direct local patients to the most appropriate services throughout the winter period  
• Reviewing and updating information screens at Forth Valley Royal Hospital and MIU with winter information including new flu vaccination campaign visuals  
• Produce simple winter flyer for health visitors, district nurses, care homes and social care staff so they can advise patients and their families on services and support over the winter period |

### 8 Resources

The majority of resources to support services over the winter period are based on existing arrangements including core service funding, augmented by elements of national funding.
An allocation of £521,184 has been made by Scottish Government to support winter arrangements in the Forth Valley area for 2019-20. This will be put towards the priority areas identified by the health and social care partners, including supporting staff groups to enable discharges, supporting community based care and to enable short term bridging arrangements for patients in the community or discharged home, who are awaiting new or enhanced care packages. Contingency intermediate care beds in Ludgate house and Summerford House (AHP resource) will open in December.

The Winter Steering Group has undertaken a prioritisation process and the priorities categorised as immediate, for implementation or pending, for future consideration should appropriate resources be identified. In addition, potential contingency community hospital beds has been identified and further work is progressing to identify how these would be used optimally to deliver the ‘right care in the right place’ to reduce unnecessary admissions and achieve more timely discharge. However, accessing contingency beds in community hospital would represent a significant financial challenge and add to the overspend in the acute set aside budget.

Each of the priorities submitted for Winter 2019-20 was required to provide a sound evidence base and to have identified clear and measurable benefits, which will be monitored during the winter period. The Winter Working Group has put in place monitoring arrangements and will report on progress with each of the funded priorities, against the expected benefits to the Winter Steering Group. The Winter Plan will be evaluated and reviewed at the Winter Debrief Event which will take place in April 2020, in order capture lessons learned and plan for Winter 2020-21.

It should be noted that the additional cost of winter actions in 2018-19, including the use of winter NHS contingency beds was £1.26M and the Winter Steering Group does not anticipate that the additional demand experienced in recent winter periods will be significantly different in winter 2019-20.

8.1 Immediate Priorities – Scottish Government Funding

The priorities noted below have been prioritised as “immediate for implementation”, to be funded from the Scottish Government allocation. The priorities and the expected benefits are outlined briefly on pages 55 and 56.
The costs of the immediate priorities agreed by the Winter Planning Steering Group are summarised below.

<table>
<thead>
<tr>
<th>Priority</th>
<th>Cost</th>
</tr>
</thead>
<tbody>
<tr>
<td>Influenza near patient testing analyser #</td>
<td>£78,336 analyser</td>
</tr>
<tr>
<td></td>
<td>Up to £73,089 for staff</td>
</tr>
<tr>
<td>Influenza vaccine uptake in secondary care</td>
<td>£2,800</td>
</tr>
<tr>
<td>MSK in emergency department</td>
<td>£15,000</td>
</tr>
<tr>
<td>Extend IV OPAT service</td>
<td>£45,000</td>
</tr>
<tr>
<td>Community Nursing ECT</td>
<td>£64,000</td>
</tr>
<tr>
<td>ECT - Cardiology</td>
<td>£6,536</td>
</tr>
<tr>
<td>Respiratory 7 day service for COPD patients</td>
<td>£30,000</td>
</tr>
<tr>
<td>AHP rehab support workers for Ageing &amp; Health</td>
<td>£32,255</td>
</tr>
<tr>
<td>Middle grade cover for medical boarders</td>
<td>£177,000</td>
</tr>
<tr>
<td>Intermediate Care beds: Ludgate House (3 beds) and Summerford House (10 beds /AHP rehabilitation support)</td>
<td>£100,000</td>
</tr>
<tr>
<td>Frailty at front door ~</td>
<td>£51,949</td>
</tr>
<tr>
<td><strong>TOTAL with all “near patient testing” staff funded</strong></td>
<td><strong>£675,965</strong></td>
</tr>
<tr>
<td><strong>TOTAL without “near patient testing staff funded”</strong></td>
<td><strong>£602,876</strong></td>
</tr>
</tbody>
</table>

# the staffing costs associated with influenza near testing are under review, following assessment of the service model and therefore this is a provisional figure.
~ staffing costs for AHP included but final cost for nursing staff to be provided

### 8.2 Pending Priorities for Future Consideration

A number of potential priorities were considered by the Winter Steering Group. Whilst these offered further opportunities to put in place service and capacity improvements for Winter, with limited funding available, these have been categorised as “pending for future consideration” should further resources for winter be identified.

### 8.3 Contingency Community Hospital

The potential use of winter contingency beds has been identified in Falkirk Community Hospital. The Winter Steering Group considered how contingency beds could be used to optimise capacity and patient experience and considered escalation arrangements to identify when it would be necessary to access any additional contingency beds. They
also considered the availability and use of contingency beds in winter 2018-19 and bed modelling information.

It should also be noted that a funding source is not identified for the cost of the contingency community hospital beds, which would be in the region of £398,000. Given there is no funding to plan for contingency beds, staffing will not be realised and if opened on an ad hoc basis this will be a significant cost.
<table>
<thead>
<tr>
<th>Title</th>
<th>Benefit description</th>
<th>Benefit expected outcome</th>
<th>Benefit measurement criteria</th>
<th>Resources</th>
<th>Accountability</th>
<th>Timescale</th>
</tr>
</thead>
</table>
| Influenza near patient testing analyser | Installation of a near patient testing analyser (LIAT analyser) for the early diagnosis of Influenza A, B and RSV within receiving area of FVRH. | • Rapid diagnosis of infection  
• Rapid patient management  
• Appropriate treatment  
• Potential to discharge patients more rapidly  
• Improved patient flow | • Reduction of Influenza transmission to patients in downstream wards  
• Minimise ward outbreaks/ward closures | £78,336 inc VAT plus up to £73,089 for 24/7 band 2 cover | Jonathan Horwood / Donna Clark | Nov 19 - Mar 20 |
| Specialist Musculoskeletal Physiotherapy resource in FVRH’s Emergency Department | Improve patient flow and patient experience of MSK patients within ED | MSK patients seen within target times for ED | The following will be measured  
• Number of patients assessed  
• Length of episode in ED  
• Patient outcome  
• Care opinion to measure patient experience | £15k | Caroline Brown, AHP Coordinator | Mid Dec 19- end Mar 20 |
| Expand the IV OPAT service | Reduce length of Stay | Increase the capacity of the OPAT service  
Reduce Length of stay  
Support care closer to home | OPAT has a detailed patient database | £45K | Day Medicine Lead Nurse | Dec 19 - Mar 20 |
| Enhanced Community Team including Night nursing | Enhanced community team to prevent unnecessary hospital admission and facilitate timely step across and step down discharges | Reduce admissions, facilitate step across and step down discharges | Measure before and after staff in place | £64K | Diane Sharp | Dec 19 - Mar 20 |
| Cardiology ECT Service | Enhance care for patients admitted to FVRH at weekends with a diagnosis of heart failure or suspected heart failure during the Winter | support an earlier discharge for the patients and reduce delayed discharges | • The intervention including no. of assessments/no. of assessments resulting in the patient being discharged.  
• The number of patients who reviewed IV diuretics in CDU.  
• The number of echocardiograms done | £6,536 | Catherine Mondo | Dec 19 - Mar 20 |
<table>
<thead>
<tr>
<th>Title</th>
<th>Benefit description</th>
<th>Benefit expected outcome</th>
<th>Benefit measurement criteria</th>
<th>Resources</th>
<th>Accountability</th>
<th>Timescale</th>
</tr>
</thead>
<tbody>
<tr>
<td>Respiratory 7 day Service</td>
<td>Respiratory nursing data comparing a 7 day service to a Monday-Thursday service for patients admitted to hospital with an exacerbation of Chronic Obstructive Pulmonary Disease (COPD)</td>
<td>Reduce the length of stay with early supported discharges and reduce delay in COPD patient discharges and therefore improve patient flow.</td>
<td>Performance can be compared to annualised figures from previously non-supported years, as baseline.</td>
<td>£30K</td>
<td>Melanie Cross / Arlian Mallis</td>
<td>Dec 19 - Mar 20</td>
</tr>
<tr>
<td>AHP rehabilitation support workers for ageing and health</td>
<td>Reduced length of stay</td>
<td>Improve patient flow</td>
<td>Evidence of increased physical activity through step counters. AHP Ready to Go.</td>
<td>£32,255</td>
<td>Rosina McGuire and Dawn Gleeson</td>
<td>Dec 19 - Mar 20</td>
</tr>
</tbody>
</table>
| Medical cover for boarders                      | Middle grade cover (and ideally consultant cover) for medical boarders                                                                                                                                                  | • Reduced LoS  
• Greater bed availability  
• Daily medical review  
• Improved patient experience | LoS during summer months will be compared with LoS when the dedicated boarding team are in post                                                                                                                         | £177K     | Allan Bridges             | Dec 19 - Mar 20 |
| Frailty at front door model                     | Enhanced support for the frailty model at the front door – a multi component intervention                                                                                                                                | • Reduction of admissions of frail patients  
• Reduction in length of stay  
• Increased bed capacity  
• Improved patient flow  
• A clearly defined pathway for people with frailty with initiation of early CGA  
• Improved patient experience.  
• Improved staff experience. | Performance will be reviewed at weekly frailty improvement meetings and measured about baseline data which is current provided by quality improvement and ISD. | £114,123  | Claire Copeland / Patrick Rafferty / Shiona Hogg | Dec 19 - Mar 20 |
9 Information Management and Performance Reporting

High quality management information is a core part of winter planning to ensure effective analysis, provide the ability to monitor winter capacity, identify and predict activity pressures and manage overall performance. Performance Management is also a critical component of the Winter Plan in order to ensure that efforts are targeted effectively and that the intended outcomes are achieved.

The Unscheduled Care Programme Board will oversee delivery of the Winter Plan, reporting to the Performance and Resources Committee and the NHS Board and with performance reporting to the two Integration Joint Boards.

For each of the areas of change and improvement prioritised for winter 2019-20 a set of metrics will be agreed to enable benefits realisation to be tracked and evidenced.

What we are doing

<p>| Discharges | Monitor Predicted Discharge Dates (PDDs) comparing daily PDDs with actual discharges, each day for each acute wards, including discharges before noon and at weekends and % discharges which are criteria led on bank holidays. PDD report is incorporated within the weekly monitoring report. |
| Discharges | Monitor earlier in the day and weekend discharges against trajectory, once trajectories have been finalised and approved. |
| National Reporting | Monitor winter activity in order to demonstrate data collection and analysis is in line with national requirements. |
| Delayed Discharges | Continue to review and improve delayed discharge reporting to ensure that this supports daily decision making including information on the reasons for the delay. |
| Winter Dataset | Weekly monitoring report collates key information to support analysis of winter activity and local responses, has been updated and revised. |
| Systemwatch | Weekly Systemwatch report to prepared and issued within Forth Valley. In addition, Systemwatch information will be displayed in the acute hospital Control Room and presented to appropriate site and flow meetings. |
| Bed Prediction Model | Continue to review and update the Bed Prediction Model and refine as required, and predict medical ward bed occupancy weekly, based on bed modelling and historical trends, including scheduled and unscheduled care. |</p>
<table>
<thead>
<tr>
<th><strong>IHO data</strong></th>
<th>Continue to ensure use of emerging IHO data to inform ongoing requirements, this includes analysis of bed occupancy within medical wards, presented in the weekly monitoring report.</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Day of Care Survey</strong></td>
<td>Undertake, analyse and respond to the monthly Day of Care Survey and audit.</td>
</tr>
<tr>
<td><strong>Partnership Reports</strong></td>
<td>Produce in collaboration with local authorities, reports for IJBs including trends and information on care packages and intermediate care beds and the six MSG action</td>
</tr>
<tr>
<td><strong>Reporting</strong></td>
<td>Link Six Essential Action reports and Scottish Government reporting to ensure consistency.</td>
</tr>
<tr>
<td>Abbr.</td>
<td>Definition</td>
</tr>
<tr>
<td>-------</td>
<td>------------------------------------------------</td>
</tr>
<tr>
<td>AAU</td>
<td>Acute Assessment Unit</td>
</tr>
<tr>
<td>AHP</td>
<td>Allied Health Professionals</td>
</tr>
<tr>
<td>CAU</td>
<td>Clinical Assessment Unit</td>
</tr>
<tr>
<td>COPD</td>
<td>Chronic Obstructive Pulmonary Disease</td>
</tr>
<tr>
<td>DDD</td>
<td>Daily Dynamic Discharge</td>
</tr>
<tr>
<td>DOC</td>
<td>Day of Care</td>
</tr>
<tr>
<td>ECDC</td>
<td>European Centre for Disease Prevention and Control</td>
</tr>
<tr>
<td>ECT</td>
<td>Enhanced Care Team</td>
</tr>
<tr>
<td>ED</td>
<td>Emergency Department</td>
</tr>
<tr>
<td>FAQ</td>
<td>Frequently Asked Questions</td>
</tr>
<tr>
<td>FVRH</td>
<td>Forth Valley Royal Hospital</td>
</tr>
<tr>
<td>HEPMA</td>
<td>Hospital Electronic Prescribing and Medicines Administration</td>
</tr>
<tr>
<td>HSCP</td>
<td>Health and Social Care Partnership</td>
</tr>
<tr>
<td>IPCT</td>
<td>Infection and Prevention Control Team</td>
</tr>
<tr>
<td>LOS</td>
<td>Length of Stay</td>
</tr>
<tr>
<td>MACC</td>
<td>Major Incident Control Centre</td>
</tr>
<tr>
<td>MECS</td>
<td>Mobile Emergency Care Service</td>
</tr>
<tr>
<td>MIU</td>
<td>Minor Injuries Unit</td>
</tr>
<tr>
<td>MSG</td>
<td>Ministerial Strategic Group</td>
</tr>
<tr>
<td>NHS</td>
<td>National Health Service</td>
</tr>
<tr>
<td>OOH</td>
<td>Out of Hours</td>
</tr>
<tr>
<td>PMO</td>
<td>Programme Management Office</td>
</tr>
<tr>
<td>RSV</td>
<td>Respiratory Syncytial Virus</td>
</tr>
<tr>
<td>SAS</td>
<td>Scottish Ambulance Service</td>
</tr>
<tr>
<td>SOP</td>
<td>Standard operating Procedure</td>
</tr>
<tr>
<td>USC</td>
<td>Unscheduled Care</td>
</tr>
</tbody>
</table>
Appendix 1 – Winter Steering Group Membership

Andrea Fyfe (Chair)
Andrew Murray
Patrick Rafferty
Deirdre Anderson
Phyllis Wilkieson
Dr Dan Beckett
Linda Donaldson
Dr Claire Copeland
Lorraine Paterson
Jason Graham
Pauline Donnelly
Arlian Mallis
Diane Sharp
Paul Raynor (SAS)
Jim McSpurren (SAS)
Jude Rooney
Donna Clark
Fiona McIntyre
Louise Boyle
Rosina McGuire
Dawn Gleeson
Sara Else
Mel Cross
Claudine MacMurdo
Florence Miller
Murdoch Wilson
Janette Fraser
Samantha Johnston
Jonathan Horwood
Janett Sneddon
Avril Bruce
Hilary Nelson (RCN)
Annmarie Connelly
Dr Allan Bridges
Shiona Hogg
Viv Meldrum
Deirdre Gallie
Robert Stevenson
Alison Howitt
Fiona Struthers
Louise Boyle
Liz Macleod
Elsbeth Campbell
Mel Cross
Martin Shiels
Wendy Hamilton
Maxine Michie
Executive Summary

The NHS Forth Valley (NHSFV) Major Emergency Plan (MEP) and associated Action Cards have had major revision due to changes in legislation, statutory guidance and proposed organisational changes.

Changes reflect NHSFV Management Structures in FVRH, establishment of a Primary Care, Mental Health and Prison Services Directorate and the development of new management structures and services being delivered by Falkirk, and Clackmannanshire and Stirling Health and Social Care Partnerships.

The Scottish Government has now published ‘Major Incidents with Mass Casualties’ guidance. This includes specific guidance on the role of Health and Social Care Partnerships.

The new plan includes learning from recent Major Infrastructure Failure incidents and roll out of the new Business Continuity Management approach including the development of Site based Incident arrangements for Level 2 Business Continuity, review of Control Room facilities, training and familiarisation of staff in incident processes.

The Board version of the plan is a strategic, public facing document and does not include the individual action cards and detailed information about how the activation, response and recovery processes will be delivered during an incident. This detail is currently being revised and will be shared with key participants for further discussion and comment before publication and implementation January 2019. As with previous versions participants are signposted to an appropriate action card for the role they will be expected to deliver during a major incident.

Revisions to the Major Incident Arrangements

The key changes take account of actions that are being taken forward over the next six months, and are flexible to allow for amendments to take place as the care system evolves locally. The key areas are summarised below:

- Renaming of document from “Major Emergency Plan” to “Major Incident Plan” to reflect current guidance.
- Updated section on legislation and guidance
- Clarification of roles, responsibilities and inclusion of Major Incident with Mass Casualties information.
- Refreshed sections on Response - Activation, Recovery Arrangements, Communications, Risk Management, Business Continuity and Training and Exercise Requirements

Recommendations:
That Forth Valley Health Board is asked to:
   1. Approve the new Forth Valley Major Incident Plan
   2. Note that the Forth Valley Major Incident Plan will become operational on Friday 31st January 2020 to allow for necessary training and familiarisation of the new plan and processes.

Key Issues to be Considered:

- Statutory requirement to deliver Major Incident Management arrangements
- Emerging organisational re-structure including clinical, management and leadership roles
- Significant and anticipated turnover in staff, that previously held, or currently hold new leadership roles in Incident Management Teams.
- Publication of new national guidance on Major Incidents with Mass Casualties including the role of Health and Social Care Partnerships
- Anticipated release of national guidance on key topics such as, Mass Fatalities, Pandemic Influenza and CBRN etc
- Establishment of new Incident Management arrangements and facilities

Financial Implications

The revision of the MEP, associated training and awareness and provision of Major Incident Room provision should be carried out within existing Emergency Planning and Response Team’s budget.

Workforce Implications

Staff will require adequate time to become familiar with the roles within the Major Incident Management Team, and other key emerging incident management roles.

Risk Assessment

A number of high level risks have been identified including:

- The current FVM MEP does not reflect the emerging organisational structure.
- Staff in new roles, within the management structure, require training in emergency and incident procedures and situation awareness of incident management and facilities.
- NHSFV requires to train and develop staff emerging from organisational changes and arrangements; especially when taking on new roles and responsibilities.
- Operational responsibility for a number of critical services that have a role in incident management either have or are in the process of transferring to Health and Social Care Partnership.
- The roles of Primary Care, Mental Health and Prisons Directorate and Health & Social Care Partnerships - (Community based services) in incident management require clarification and agreement in relation to the changes underway.

Relevance to Strategic Priorities

- Continued delivery of NHSFV’s statutory role as a Category 1 Responder in emergency planning and resilience arrangements.
- Ensure services are in place to meet health service commitments in supporting response to major incidents
- Partnership working and delivery of a workforce trained and exercised for any future major incidents

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**

NHS FV Emergency Planning and Resilience Group (formerly Civil Contingencies Tactical Group)

NHSFV Acute Major Emergency Planning Group
NHS FORTH VALLEY

MAJOR INCIDENT PLAN

IF A MAJOR INCIDENT HAS BEEN DECLARED
DO NOT READ THIS PLAN NOW BUT
REFER TO YOUR ACTION CARD
APPENDICES IN THE OPERATIONAL SECTION

Date of First Issue  Nov 2019
Approved          DD / MM / YYYY
Current Issue Date 15/ 11 / 2019
Review Date 15/ 11 / 2020
Version 1.3 (Final Draft)
EQIA
Author / Contact NHS Forth Valley Emergency Planning & Resilience Team
Group Committee – NHS Forth Valley Emergency Planning & Resilience Group
Final Approval    NHS Board

This document can, on request, be made available in alternative formats
## CONSULTATION AND CHANGE RECORD

<table>
<thead>
<tr>
<th>Date</th>
<th>Author</th>
<th>Change</th>
<th>Version</th>
</tr>
</thead>
<tbody>
<tr>
<td>14 Aug 19</td>
<td>RLS</td>
<td>Renaming Major Incident Plan and including SG definitions on Incidence levels to reflect national guidance and Major Incident with Mass Causalities Guidance.</td>
<td>1.1</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Reorganised to reflect different levels of Incident Management Teams and expected role of Health and Social Care Partnerships and Primary Care, Mental and Prison Services Directorate in response arrangements.</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>Incorporated issues in relation to Training, merging Business Continuity/Infrastructure Failure with Major Incident Response and Recovery requirements.</td>
<td></td>
</tr>
<tr>
<td>14 Aug 19</td>
<td>PJ</td>
<td>Revised tactical and operational activation and response procedures, adapted action cards to reflect new roles, organisational structures and physical layout of buildings, creation of Incident Management packs</td>
<td>1.2</td>
</tr>
<tr>
<td>Oct 2019</td>
<td>RS/PJ/JA</td>
<td>Changes incorporated following stakeholder process and exercise held on 31 October 2019 including education training requirements, Board risk and governance and emerging HSCP structures.</td>
<td>1.3</td>
</tr>
</tbody>
</table>
Contents

Foreword 5

Section 1: Major Incident Plan - Context 6
   Introduction 6
   Aim 6
   Purpose 6
   Scope 6
   Legislation, Statutory Requirements and Guidance 6
   Definitions of a Major Incident 7

Section 2: Roles and Responsibilities 9
   Command, Control and Coordination (C3) 9
   Incident Management Teams 11
   Incident Management Team Roles 12
   Major Incident with Mass Casualties 14

Section 3: Response Framework - Plan Activation 15
   Declaring a Major Incident 15
   Activation Procedures 15
   Clinical Care 17
   Definitive Care Phase (In Patient Phase) 18
   Major Incident Information Centre 18
   Standing Down a Major Incident 18

Section 4: Recovery Arrangements 20
   Resumption of Business as Usual 20
   Support & Welfare 20
   Incident De-brief and Report Process 21
   Staff De-brief 21
   Formal Investigations 21
   Recovery Framework 21

Section 5: Communications 22
   Responsibilities 22
   Preparation 22
   Response 23
   Internal communications 23
   Recovery 24

Section 6: Risk Management 25
   Emergency Planning and Resilience Risk Process 26
   Community Risk Register 26

Section 7: Business Continuity 27
   Overview of Business Continuity Process 27

Section 8: Training and Exercise Requirements 30
   Training and Exercises 31
   Annual Training Programme 31
   Training Audit 31
Foreword

This Major Incident Plan outlines how NHS Forth Valley will respond to a major incident including those with mass casualties and contributes to the overarching coordinated multi-agency response by Resilience Partnerships.

Emergencies such as, information technology failures, severe weather, terrorism, emerging infectious diseases or industrial accidents are amongst the greatest challenges faced by the NHS. Emergencies of this type can be unprecedented in scale and nature and require an effective, rehearsed and coordinated response.

This Major Incident Plan and associated Action Cards has, been produced following the publication of national guidance for Major Incident with Mass Casualties (May 2019) and the establishment of new to reflect the new NHS Forth Valley management structures and the role of Health and Social Care Partnerships.

The successful implementation of this Major Incident Plan requires commitment from well trained staff at all levels. Each individual who may be involved has an obligation to ensure they are aware of and understand their role in the NHS Forth Valley response to a Major Incident.

This plan will be regularly monitored to ensure that its objectives are achieved and will be revised in the light of any legislative or organisational changes.

Dr Graham Foster
Director of Public Health and Strategic Planning
Section 1: Major Incident Plan - Context

Introduction

NHS Forth Valley has the responsibility to meet the health care needs of the people of Forth Valley and this includes those needs which are not possible to predict in detail or which arise or change unexpectedly. A major incident does not remove this statutory duty, but its fulfilment may require sudden alterations as to how, where and when the diagnoses, treatment, comfort and care of patients is carried out.

It is not possible to predict the exact form and nature of a future emergency, nor the amount of time available to prepare for it. Any part of NHS Forth Valley might need to contribute to the activation, response, recovery elements of a Major Incident and therefore must prepare accordingly. Planning and managing the incident response must be regarded as integral to the organisational resilience of every care service provided in Forth Valley.

Emergency planning and resilience should enable organisations to respond, be proactive, relevant, organised and well managed from the outset of the incident to form a single integrated approach in dealing with an emergency situation from the onset of the incident to recovery.

Aim

The aim of this plan is to ensure that essential health and social care needs are met effectively when normal services become overloaded, restricted or non-operational for whatever reason.

Purpose

The purpose of this plan is to ensure sufficient staff and resources are coordinated and deployed for response and recovery to a major incident or to support other NHS Boards if required.

Scope

Regardless of the nature or circumstances of the emergency, NHS Forth Valley and local partners must be prepared to:

- deal with the influx of new patients whose number, condition and location precludes treatment under normal routine arrangements;
- take steps to safeguard the health of the population from the adverse effects of the emergency;
- continue to provide treatment and care for existing patients; and
- manage and co-ordinate the response for a Major Incident with Mass Casualties to a single or multi-site location in Scotland

Legislation, Statutory Requirements and Guidance

Emergency planning and resilience requirements are set out in accordance with Scottish Government and UK Government legislation and guidelines, including the following:
• Civil Contingencies Act 2004 (Contingency Planning) (Scotland) Amendment Regulations 2013 (https://www.readyscotland.org/ready-government/legislation/)
• NHS Scotland, Major Incident with Mass Casualties (May 2019) (available from Emergency Planning & Resilience Team)

Definitions of a Major Incident

In Preparing for Emergencies, Guidance for Health Boards in Scotland (2013) a major incident is defined as:

“Any occurrence that presents serious threat to the health of the community, disruption to the service or causes (or is likely to cause) such numbers or types of casualties as to require special arrangements to be implemented by one or more territorial and/or special health boards simultaneously or in support of each other. It requires considerable resources and strategic input as it potentially threatens the survival of an organisation.”

The definitions used to describe the different levels of an incident and expected response are summarised in fig. 1 below are based on the Scottish Government Guidance, Major Incident reporting requirements and are used to discriminate between what are considered “routine” emergencies and those which require special action.
### Fig. 1 Incident scale, impact, response and reporting action and timeframe for notifying Scottish Government

<table>
<thead>
<tr>
<th>Level</th>
<th>Scale</th>
<th>Impact</th>
<th>Response</th>
<th>Reporting action and timeframe for notifying SGHRU</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Minor – local</td>
<td>Low. Business continuity issues - impact is localised.</td>
<td>Can be managed by the Department/Hospital within BAU capabilities and BCP's</td>
<td>No reporting required</td>
</tr>
</tbody>
</table>
| 2     | Medium | Moderate. Larger business continuity issues such as local IT outages, major infrastructure damage, larger Road Traffic Collisions, and other issues impacting on a larger part of the hospital; has led to or likely to lead to suspension or delay to healthcare services; contained to one hospital site. | Dependent on location and scope of incident  
- Forth Valley Royal Hospital IMT to be established  
- Health and Social Care Partnership/Community IMT to be established | Submit SitRep to SGHRU within 3 hours. |
| 3     | Significant (Major Incident) | Impact on the whole Board and service provision / performance, as well as neighbouring NHS Boards. Loss of critical services and functionality. Normal functions interrupted /suspended. No workaround exists. | IMT/ C3 set up at Hospital and/or Board Level.  
Possible regional and national co-ordination established. | Immediate by phone followed by SitRep within 2 hours |
| 4     | Major (Major Incident – Mass Casualties) | The specific functionality is mission critical to the business and the situation is considered an emergency. Severe weather affecting the whole or part of Scotland, terrorist incidents, any incidents/accidents which cause mass casualties, major business continuity issues such as pan-Scotland IT outages. | Requires Board C3 group to be set up. Potentially an SHG would be established.  
Regional and national co-ordination in place. | Immediate by phone, followed by SitRep within 2 hours |

Source: amended from Major Incident with Mass Casualties, NHS Scotland, May 2019
Section 2: Roles and Responsibilities

Organisations in Forth Valley may be expected to participate in a number of different groups operating at Strategic (Gold), Tactical (Silver) and Operational (Bronze) levels. While the nature of the incident will determine the requirements of the response it may require that a number of groups are established covering these areas of activity. Again dependent on the type of incident these groups may also reflect the multiagency response and recovery activity required. The national and local framework is summarised in fig 2 below.

The different groups that may be required and summary of the requirements at Strategic, Tactical and Operational level are described in Fig. 3.

Command, Control and Coordination (C3)

Forth Valley NHS Board is responsible for the NHS Forth Valley response to major incidents, which may occur in its area.

The NHS Board, operational Directorates and the two Health and Social Care Partnerships within Forth Valley are responsible for the operational delivery of health and social care services. They have a duty to plan to overcome the effects of any emergency, which might threaten the continuance or alteration of these services.

Whilst detailed operational emergency planning is delegated to individual services, Forth Valley NHS Board maintains this strategic plan in respect of the response to a major incident. These procedures outline the following:

- Roles, responsibilities and tasks to be undertaken by the Board and Forth Valley Royal Hospital as the designated receiving hospital, both generally and under specific circumstances during a major incident including the roles of the Major Incident Management Team based in Forth Valley Royal Hospital and Senior Leadership Incident Team.
- Arrangements for the control and co-ordination of community services response and the procedures to be used for community health services including those provided by the Health and Social Care Partnerships and the Primary Care, Mental Health and Prison Services Directorate.
**Fig 3. Incident Management Levels, Groups and Role**

<table>
<thead>
<tr>
<th>Levels</th>
<th>Examples of Groups/Teams</th>
<th>Role (examples)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Operational (Bronze) Level</td>
<td>Forth Valley Royal Hospital (FVRH) i.e Emergency Department, Surgical, X-ray etc. Community Nursing, Social Care Teams Primary Care Teams</td>
<td>This level is usually the first to be activated as they respond to events at the operational level as they unfold. The Operational (Bronze) level of command refers to those who provide the immediate “hands on – boots on the ground” response to the incident, carrying out specific operational tasks in delivering services</td>
</tr>
<tr>
<td>Tactical (Silver) Level</td>
<td>Major Incident Management Team Community Incident Management Team Forth Valley Local Resilience Partnership (Multi Agency Coordination Centre) Scientific, Technical Advice Cell</td>
<td>The Tactical (Silver) role are those who are in charge of managing the incident as part of the Hospital Major Incident Management Team. They are responsible for making tactical decisions to the major incident, determining operational priorities, allocating staff and physical resources and developing a tactical plan to implement the agreed strategy. This team will be established to oversee the overall clinical and management response to the Incident. This is essential to ensure a consistent and co-ordinated response within an ethical framework across the entire areas affected. They provide the pivotal link between Strategic (Gold) and Operational (Bronze) levels. Tactical command should oversee, but not be directly involved in, providing any operational response at the Operational (Bronze) level. Similarly the Major Incident Team Manager will be pivotal to Strategic (Gold) level, as and when required.</td>
</tr>
<tr>
<td>Strategic (Gold) Level</td>
<td>Senior Leadership Incident Management Team Strategic Health Group/ Health information Cell (Major Incident with Mass Casualties)</td>
<td>The Strategic (Gold) Command level is responsible for determining the overall management, policy and strategy for the incident whilst maintaining normal services at an appropriate level this would be a two way communication between the tactical and strategic level. They should ensure appropriate resources are made available to enable and manage the response to a Major Incident with Mass Casualties i.e. Managing the delivery of the Strategic Health Group, Health Information Cell etc. Additionally they will identify the longer term implications and determine plans for the return to normality once the incident is brought under control or is deemed to be complete.</td>
</tr>
</tbody>
</table>
Incident Management Teams

The roles of the Incident Management Teams that co-ordinate and deliver the response are summarised below with more detailed operation guidance situated in the associated appendices:

- **Major Incident Management Team**: The Team is based in Forth Valley Royal Hospital has overall responsibility for co-ordinating the acute hospital major incident response arrangements and tactical response to a major incident. Dependant on the nature of the incident this may involve additional support from the following Incident Teams:

- **Community Incident Management Team (CIMT)**: Will provide operational/tactical lead for the Health and Social Care Partnerships during an incident based in the community and may be required to support the response to a major incident out with their area covering Forth Valley or another Board area or Local Authority area. Lead responsibility for deploying community resources for example managing community based resources, manage care of patients in the community, reducing the need for admission to hospital, facilitate discharge from the hospital sector, provide staff to support Rest and Recovery Centres etc.

- **Senior Leadership Incident Team**: The purpose of the Senior Leadership Incident Team is to provide a focus for the strategic leadership of the NHS Forth Valley response to a major incident. This would include the role and duties described in delivering the co-ordination and management of a ‘Major Incident with Mass Casualties’ In this respect the role of the Senior Leadership Incident Team will include the following:
  - facilitate all external offers of assistance
  - provide a focal point for procuring whatever type of support may be required
  - maintain links with the Scottish Government, other NHS Boards, Emergency Services, Local Authorities and other Agencies as required
  - advise on any Public Health issues which arise from the circumstances of the emergency
  - co-ordinate VIP visits in liaison with the Scottish Government
  - leadership roles for Major Incident with Mass Casualties (see below)

- **Resilience Partnership (Multiagency Group)**: In the event of a multi-agency major incident it is critical that NHS Forth Valley planning is co-ordinated on a multiagency basis with that of the Emergency Services, Local Authorities, voluntary services and other agencies at local level in order to maximise the effect of the response to the major incident. This includes ensuring that issues impacting on health and social care services are addressed and resources are adequately deployed to support the overall response. This will involve having the right partners round the table at the right time. This group is usually chaired by Police Scotland.

- **Strategic Health Group (Major Incidents – Mass Casualties)**: NHS Forth Valley will be required to establish a Strategic Health Group if local capacity is exceeded or another Board Chief Executive asks for additional support when resources in their area cannot cope with the incident. This group would be expected to co-ordinate the response over a number of Board areas and potentially involve a number of different Chief Executives and services.
Incident Management Team Roles

Dependent of the nature and scale of the incident there may be a requirement for direct liaison with the Teams identified above to participate or respond to requests from the Major Incident Management Team for additional resources or support to manage the incident.

There may also be a requirement to support requests for additional support from Boards or Health and Social Care Partnerships out with the Forth Valley area resulting in the need to either deploy staff to other Board or Local authority areas to receive patients in order to free up resources or create local capacity in other Board areas to cope with the incident.

In order to ensure a co-ordinated and appropriate response, a Major Incident Management Team will be formed, see Fig 4 below. Dependant on the nature of the incident the most appropriate available member of staff will take up each role until relieved.

Communications with the Scottish Government, NHS Scotland Chief Operating Officer, NHS Scotland Resilience Team, other Boards, plus the overall co-ordination of the Major Incident Management Team will be led by the Major Incident Team Manager or their deputy.

Fig 3 Major Incident Management Team Roles

Each of the Incident Management Teams has a core complement of staff that are required to deliver an effective response. In the case of the Major Incident Management Team the core team roles and responsibilities are summarised in Fig 4 below. In the case of a Major Incident being declared, with FVRH designated as the receiving hospital, there are around 50 other roles who may be involved on co-ordinating different aspects of the response including delivery of clinical care.
**Fig 4 Major Incident Management Team – Core Roles and Responsibilities**

<table>
<thead>
<tr>
<th>Action Card No</th>
<th>Major Incident Management Team Role</th>
<th>Role Assigned to:</th>
<th>Responsibilities</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Major Incident Management Team Manager</td>
<td>Executive On Call or Deputy (Senior Site Manager)</td>
<td>Overall leadership, control of incident response &amp; management of Major Incident Management Team</td>
</tr>
<tr>
<td>2</td>
<td>Senior Manager</td>
<td>Site Manager / Service Manager / Senior Manager on-call</td>
<td>Has responsibility, together with other members of the Major Incident Management Team for controlling and co-ordinating the hospital’s response.</td>
</tr>
<tr>
<td>3</td>
<td>Hospital Medical Coordinator</td>
<td>Associate Medical Directors or On Call Consultant Geriatrician or On Call Consultant Physician</td>
<td>Overall responsibility for clinical co-ordination of incident response</td>
</tr>
<tr>
<td>4</td>
<td>Senior Nurse</td>
<td>Executive Nurse Director or Associate Director of Nursing or Head of Nursing (Medical / Surgical)</td>
<td>Overall co-ordination of Nursing provision</td>
</tr>
<tr>
<td>5</td>
<td>Serco Duty Manager (Soft &amp; Hard Facilities)</td>
<td>Serco Manager</td>
<td>Responsible for provision of Facilities / non-clinical Services</td>
</tr>
<tr>
<td>6</td>
<td>Major Incident Management Team Support Officer</td>
<td>Senior Admin/ Emergency Planning &amp; Resilience Team</td>
<td>Co-ordination of control room</td>
</tr>
<tr>
<td>7</td>
<td>Loggist</td>
<td>Suitably trained member of staff</td>
<td>Recording of events and accurate notes of actions.</td>
</tr>
</tbody>
</table>

For full list of key roles for major incident management in Forth Valley Royal Hospital (see Operational Section)

**Action Cards**

Action Cards have been written for all key roles and are available on the Intranet. Hard copies should be available in departments to be used by staff as an aide memoir or checklist of things that need to be done. Although each incident will require a flexible response, the use of these cards helps to reduce the likelihood of something inadvertently being missed during the pressure of a major incident.
Major Incident with Mass Casualties

The characteristics that distinguish a major incident with mass casualties from a more typical major incident are scale, there may be multiple sites, casualty numbers that exceed a Health Boards capacity. Responding effectively to Mass Casualty Incident(s) requires an integrated approach to service delivery by one or more Health Board(s) working in tandem and in partnership.

By distributing casualties to suitable facilities across Scotland (and potentially the UK) it is possible to work within the capacity of each responding service and ensure that all casualties get the best possible care rather than attempting to manage a response through over stretched local staff and facilities.

The framework provides information to enable NHS Health Boards and Health & Social Care Partnerships, with other responders, to combine their capabilities while allowing each hospital's major incident plan to address internal capacity, staffing and resources which is predicated on each Health Board having in place:

- a Major Incident Plan that is scalable and tested through periodic exercising;
- escalation plans;
- an up-to-date record of their capabilities;
- a mutual aid agreement with relevant partners; and
- Command, Control and Coordination (C3) at Board level and a coordination facility with major (receiving) acute hospitals.

The national Major Incident with Mass Casualties Framework is included in the Operational Section.
Section 3: Response Framework - Plan Activation

The purpose of this section is to provide a summary of the steps which are set out in detail in the operational section and describes how Forth Valley will deploy staff and resources to manage a major incident. This may require support from other NHS Boards. The approach adopted in Forth Valley follows Integrated Emergency Management principles and provides a framework based on the following four phases:

- Declaration
- Reception
- Definitive Care
- Recovery

Declaring a Major Incident

Initial information about an occurrence that may constitute a major incident can originate from many sources however; it is most likely that such information will be received from the Scottish Ambulance Service, Police Scotland, Scottish Fire and Rescue Service or through the Resilience Partnership activation process. This information is normally received direct from the Scottish Ambulance Service via the Emergency Department (Senior Emergency Physician / Senior Emergency Nurse), who will determine the level of the incident and initiate the activation process.

Following an at-the-scene assessment of the (casualty) impact of the incident, Scottish Ambulance Service may declare one of the following (bearing in mind it may not be known initially if there are multiple attack sites):

- A ‘Major Incident Standby; or Declared
- A ‘Major Incident with Mass Casualties’

Activation Procedures

The Scottish Ambulance Service notifies the Senior Emergency Department Physician of a Major Incident (MI) (Standby, Declared or Major Incident with Mass Casualties) and provides a METHANE update (Fig 5.).

As soon as MI notification is received this will be assessed by the Senior Emergency Physician/ Senior Emergency Department Nurse who considers the hospitals current status and the number and type of casualties to be received and will instruct the Forth Valley Royal Hospital Switchboard Team to initiate the appropriate call out i.e. “standby”, “declared” etc.

When an alert is raised, the Major Incident Plan will be activated for Standby or Declared depending on the decision made by the Emergency Department. Forth Valley Royal Hospital would become the designated receiving hospital, or be asked to receive casualties as part of a mass casualty response.
At this point the Major Incident Management Team should be established.

When information is received from an external agency declaring a major incident which requires the hospital to activate Major Incident Declared status, key personnel and departments at Forth Valley Royal Hospital (as the designated receiving hospital) will be fully mobilised in order to receive casualties from a major incident.

The Major Incident Management Team will decide if there is also a need for additional off duty staff to be contacted and asked to report to their usual base. Each person in the Team will access their Action Card and follow the Standby or Declared instructions as listed. The Major Incident Team Manager or deputy will lead the hospital response and agree the actions required.
**Actions for Major Incident - Declared**

The switchboard at Forth Valley Royal Hospital will play a key part in the plan activation. A formal Telephonist Log has been prepared for **Declared**, listing key personnel, and this list must be followed with identified staff or their deputies contacted to respond.

Following declaration of a Mass Casualty Incident, the affected NHS Board Chief Executive or nominated deputy will inform the NHS Scotland Chief Executive Officer in Scottish Government of their intention to convene a Strategic Health Group (SHG) to agree the NHS Scotland wide strategy for managing the response to the incident and formalise mutual aid arrangements. Action Cards and full guidance are available from the Emergency Planning and Resilience Team.

**Reception Phase**

This is the period during which casualties arrive at the hospital and receive initial triage, assessment and emergency treatment.

The Emergency Department has predetermined areas already signposted for a major incident for the different triage categories of incoming patients. Before this happens, in order to clear space for the incoming casualties, nursing and medical staff must ensure that all 'non-incident' patients currently in the department are dealt with quickly and appropriately. Minor cases should be advised to see their GP, attend the Minor Injuries Unit at Stirling Health and Care Village or be given an appointment for example Out of Hours GP. More serious cases should be reviewed by a consultant to limit unnecessary admissions.

Other key areas of the hospital such as Critical Care and Theatres will be alerted, prepared and each duty manager will make an assessment of their current status and capacity to respond to the incident. Where required, the options to create additional resources for example Intensive Care beds, should be considered.

The number of available beds within the hospital should be assessed, taking into account the number of staffed beds and the number that could be opened if additional staff became available. Medical and Nursing staff should appraise the current workload and determine if there are any patients suitable for immediate discharge or transfer to less intensive clinical care areas. This information must be fed back through the reporting hierarchy to the Major Incident Management Team.

**Clinical Care**

The Senior Emergency Department Physician will co-ordinate clinical care during the incident’s reception phase. Casualties will be triaged as they arrive in the Emergency Department, further assessed and provided with emergency treatment (as appropriate). Some patients will be admitted for further definitive care although many will be discharged directly from the Emergency Department (via discharge area).

A senior doctor or senior nurse with relevant triage experience will be designated as Triage Officer and charged with the medical supervision of casualty reception and assessment. They will retain close links with the Senior Emergency Department Physician.
On occasion casualties might well have left the site of the emergency prior to the establishment of fully organised site medical facilities. It is therefore important that every casualty is assessed on arrival at the hospital and given an individual triage priority category, even if they have been previously triaged at the scene. This assessment will also effectively update any priority classification given as a result of triage at the site or while on route to the hospital.

Triage categories will reflect the urgency for intervention, be it resuscitation, surgery or transfer.

In addition, patients not in involved in the incident may present to the Emergency Department. Once the major incident plan is activated, all patients will be treated as though they were part of the major incident. They will receive major incident documentation and follow the same casualty flow as if they were from the incident itself.

**Definitive Care Phase (In Patient Phase)**

This phase is where the casualties with minor injuries have been seen and discharged during the Reception Phase and only those requiring in-patient care remain. The critically ill will require admission for life saving surgery or intensive care immediately, while those less severe injuries may need to wait and be prioritised for treatment.

The co-ordination of casualty flow is as important during this phase as during the reception phase.

**Major Incident Information Centre**

The hospital will hold a central register of patient details and locations. The Major Incident Information Centre will be established at the Main Reception Desk in the Foyer (Forth Valley Royal Hospital), and will be operated by members of the Medical Records Staff who provide an initial point of contact for members of the public, especially relatives and friends, who have arrived at the hospital seeking information on possible casualties. Friends and Family Enquiry forms are stored in the Hospital Control Room to record information on possible casualties.

It is very important that NHS Forth Valley does not release incorrect or unverified information. All media enquires must go through NHS Forth Valley Communications department.

Direct all enquiries about casualties known to have died to the Police Liaison Officer.

**Standing Down a Major Incident**

Not all Major Incident Standbys escalate to “Incident Declared” and may be stood-down. It is easier to stand-down resources / staff from a major incident ‘Declared’ than trying to escalate during an incident. Stand down at the incident site may be declared by:

- Scottish Ambulance Service
- Police Scotland
- Scottish Fire and Rescue Service
The Ambulance Service on scene, where applicable, determines the medical response stand down at the site and a message to the hospital will indicate ‘scene has stood down’, this indicates that no more casualties will be brought to hospital by Scottish Ambulance Service. However, self presenters that left the scene may still present to the nearest hospital.

On receipt of a formal message, the person acting as the Major Incident Team Manager, in liaison with the Major Incident Management Team, will take the decision to ‘Stand Down’ the Hospital. It is only the Major Incident Team Manager who has the authority to stand-down the hospital response.

Once stood-down, each member of the Major Incident Management Team will ensure that the services they are responsible for are notified directly.

Some areas may be stood down before others once their part in the major incident is over for example the Emergency Department. Leads in each area should ensure all Major Incident paperwork is complete and correct. Medical Records will work in the recovery phase to collate and process all information from major incident paperwork.
Section 4: Recovery Arrangements

Resumption of Business as Usual

Major Incidents can lead to a period of significant protracted disruption of day-to-day workings within the hospital. It is very likely that the elective work of the hospital will be disrupted with admissions having to be rescheduled. Business Continuity Plans will be followed to resume normal activity within an agreed timeframe.

An estimate therefore should be made of the duration of the disruption. This may then be used to formulate a timetable to restore the hospital to normal activity. Clinicians and managers will meet to decide on the priorities for cancelled procedures. The plan should take account of:

- Staffing levels.
- The need for further surgical procedures.
- The number of beds occupied by major incident patients.
- The number of Intensive Care beds occupied by major incident patients.
- Equipment re-supply.
- Resource implications.

Once an appraisal has been completed, a recovery plan will be agreed by the Chief Executive and additional resources deployed if required.

If ‘Business as Usual’ is seriously disrupted formal procedures may have to be put in place to manage any capacity issues (until the situation is resolved) for example Mutual Aid from other Health Boards, suspension of Treatment Time Guarantees etc.

Good, effective communication is key to ensuring the public are aware of the situation and information about rearranging early admissions will help reduce complaints from patients.

Support & Welfare

During a Major Incident Senior Managers need to ensure staff have breaks to help ensure that they are not overly fatigued. After the incident, managers should remind staff that the Occupational Health service is available for support with any issues of stress or trauma. Managers should contact the Occupational Health Service to ensure that they are aware of the situation and to make any appropriate referrals and signposting to appropriate services.

Following a major incident there may be a need to assess the need for post-traumatic counselling for casualties, relatives and staff. This will involve a wide range of agencies and Occupational Health Services within NHS Forth Valley.
Incident De-brief and Report Process

The NHS Forth Valley structured de-brief process should be used after every major incident and the outcomes assessed by the Forth Valley Royal Hospital Major Emergency Planning Group prior to reporting to the NHS Forth Valley Emergency Planning & Resilience Group. This provides an opportunity to assess and improve future practice. The de-brief process will involve all those services involved in the response.

Engaging with other agencies involved in the incident for example Scottish Ambulance Service will allow exchange of any learning points and lessons learned.

The de-brief process should be ‘blame free’ and carried out in an open environment. Participants should identify any error or failures that could improve the response during future incidents. A reporting mechanism is in place for NHS Boards with the Scottish Government NHS Resilience Forum following significant incidents.

Staff De-brief

Staff debriefing is essential, with operational issues (especially at the end of each shift / end of incident), the plan itself, and the physical and emotional need of staff and patients being addressed where appropriate.

Formal Investigations

In the aftermath of any major incident, especially where large-scale casualties are involved, there will be a requirement for investigations to be carried out to determine the cause and examine the circumstances. Such investigations are likely to be conducted by the Police on behalf of the Procurator Fiscal, or another statutory body may be required to examine the facts and report the outcome.

It is possible that any investigation could result in a Fatal Accident Inquiry/Public Inquiry where evidence may be required from those involved in the response, or who have responsibility for planning a response, not least those with management and executive authority.

To assist in any subsequent inquiry NHS Forth Valley must be alert to the need for NHS personnel to give evidence and must ensure that all Personal and Incident Log sheets, records of decisions/events and other relevant material are preserved.

Recovery Framework

A Recovery Template has been developed to assist getting back to ‘Business as Usual’ and is available in the Operational Section.
Section 5: Communications

Liaising with the media during an emergency is a resource-intensive operation. It requires those involved to have the necessary skills and training to cope with a surge of repeated requests for information, especially in the early stages of a major incident. Effective handling of the media will affect how the emergency and the response to it are reported and that, in turn, can enhance the effectiveness of that response, both immediately and in the longer term.

Responsibilities

NHS Forth Valley designates a Lead Communications Officer who participates in the multi-agency strategic communications group formed to deal with the incident.

All media contact will be co-ordinated via the NHS Forth Valley Communications Team who will work with the Major Incident Management Team and relevant partner agencies to manage the media response.

If the incident covers more than one NHS Board area or involves organisations in the East of Scotland Regional Resilience Partnership (RRP) or appropriate representatives from its Local Resilience Partnerships (LRPs) organisations in Fife, Forth Valley and Lothian and Borders would form a Public Communications Group (PCG), if required, to respond to a significant incident. In most major incidents or emergency situations the lead agency would be Police Scotland who would take responsibility for the overall co-ordination. However, there may also be emergency situations when local councils, health or veterinary officials or the Maritime and Coastguard Agency may assume the lead role.

The senior media officer of the lead responder organisation becomes the Lead Media Officer and will remain so until the RRP decides otherwise. The Lead Media Officer will alert the media officers of all RRP organisations as quickly as possible. A PCG can be called by any agency involved in the incident if they feel that multi-agency support and co-ordination is required, however once set up the Lead Media Officer should take the role of the chair.

Under no circumstances should any other member of staff provide information or comments to the media without prior discussion with the Lead Communications Officer.

Preparation

A number of key steps have been taken to ensure organisational capability is in place to support the response and recovery during a major incident including:

- Agreeing and publicising an incident-related #hashtag which can be used as a single authoritative source
- Agreeing retweeting arrangements to maximise coverage
- Jointly communicating key messages
- Correcting misinformation
- The Preparing Scotland document - ‘Warning and Informing – Using Social Media in Emergencies’ provides further advice and guidance.
- Senior staff who would be supported to act as spokespersons during an incident
• On call communications officers who would provide advice and support as part of Incident Management response mechanisms (they can be contacted via the switchboard at Forth Valley Royal Hospital on 01324 566000)
• Use of NHS 24 emergency helplines and its social media outlets, where appropriate, to keep the public informed.
• Guidance on the actions to be taken during the various phases during and after an emergency has occurred which takes account of lessons learned from previous emergencies and exercises.
• Access to suitably equipped space for use as a media centre in the event of an emergency

The ability to access social media 24/7 to release timely and accurate information for staff, patients and the general public during a large-scale emergency, the LCO is neither expected nor likely to be able to handle the volume of social media traffic in isolation. They should therefore make arrangements for effective partnership working. This could include:

Response

In relation to the response phase, the key communication priorities are to:
• Provide relevant information to warn, inform, advise and reassure the public
• Monitor media coverage and public perception of the incident to address any concerns or inaccuracies
• Coordinate and manage all media requests for information – seeking assistance and support from communications leads in partner organisations, where appropriate in line with the East of Scotland RRP Public Communications Group Response Plan
• Organise media briefings, where required, providing advice and support to key spokespeople who are being interviewed
• Coordinate information for internal communications
• Brief and update partner organisations, including the Scottish Government Health Media Team - sharing key messages and statements to ensure a coordinated and consistent approach

Under no circumstances should any other member of staff provide information or comments to the media without the prior approval of the Lead Communications Officer.

Patient confidentiality and staff’s right to privacy must be respected at all times during an emergency situation. No information about particular patients being treated should be released without first checking with the consultant responsible and interviews or photographs will not be permitted without the consent of the patient concerned.

Internal communications

Internal communications are also important during a major incident. Any major incident will have an impact on the local community in which staff live and they will have an obvious need to be informed. While staff will get updates from external communications channels, including local and social media, it is good practice to disseminate regular updates, including key messages and reassurance, to staff through internal communications channels including the staff intranet and email.
VIP Visits

VIPs or other high profile individuals and/or senior officials may request to visit the site of a major incident and hospitals involved in the response to it. NHS Forth Valley’s Communications Department would liaise with other organisations, as required, to coordinate arrangements for any visits.

Recovery

It is likely that a major incident could run on for some weeks or months. While local authorities lead during the recovery phase, it may be necessary for further health information, advice and updates to be provided by NHS Boards as part of a process of public reassurance. This may have resource implications however NHS 24 may have a role in assisting the Health Board by acting as a point of contact for disseminating information or providing helpline support. Information and advice can also be provided on NHS and council websites to improve access.

Details of the process for contacting NHS 24 to set up help lines and provide information updates on NHS Inform are set out in the Operational Section.

Overall recovery process are provide in the Recovery Template in the Operational Section.
Section 6: Risk Management

Most major incidents may occur with little or no warning and their nature and type are wide and varied. Forth Valley NHS Board has regard to all potential emergency situations, which may occur in its area and therefore plans accordingly.

Emergency Planning and Business Continuity are an integral part of the risk management strategy and the Board has in place in this Major Incident Plan supported by a number of specific Emergency and Business Continuity Plans which cover responses to particular threats. In addition all of our teams and services have business continuity plans in place to reduce any disruption to services in the event of incident.

The Director of Public Health is the nominated Executive Director for managing the principal risks relating to business continuity, emergency planning and service recovery. However all staff have a responsibility for identifying risks, mitigation actions and when to escalate if it impacts on the wider organization. The overall framework for identifying and managing risk is summarized in fig. 6 below.

Fig 6 NHS Forth Valley Risk Management Framework

This is a process that ensures 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. Assessment and improvement/mitigation would then be monitored through inclusion in the Corporate Risk Register. The natures of risks that may need to be escalated include:

- 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

**Emergency Planning and Resilience Risk Process**

This process is completed on an annual basis using risks identified in NHS Risk Register and lessons learned from incidents, exercises, issues highlighted in the Scottish Risk Register, and local Resilience Partnership Risk Reviews.

Risks are also escalated when required to the appropriate group for consideration for example the Senior Leadership Team.

**Community Risk Register**

Assessments of national risks which may directly affect the Board’s ability to maintain an effective healthcare service are reviewed on a regular basis through a multiagency Risk Assessment process led by the East of Scotland Regional Resilience Partnership. These risks are then incorporated into the national Scottish Risk Register.

Risks are also evaluated on a Forth Valley wide basis through the Forth Valley Local Resilience Partnership and incorporated in to the Emergency Planning and Resilience Annual Plan. In this respect the following list must not be considered definitive, but identifies the special risks, which may be associated with the Forth Valley area such as:

- major business continuity failures
- severe weather incidents; including flooding
- acts of terrorism
- major fires or explosions
- major motorway or road incident
- major rail incident
- major outbreak of a communicable disease
- major prison incident
- chemical pollution to air or water supplies
- incidents arising at mass gathering events
- major hazardous industrial accident
- pipeline incident
- an air crash
- maritime incident

The Risks and actions, required to mitigate them are incorporate into the Emergency Planning and Resilience Annual Work Plan. Information about current risk registers in relation to emergency planning and business continuity are available from the Emergency Planning and Resilience Team.
Section 7: Business Continuity

Business Continuity Management (BCM) is an essential activity in establishing an organisation’s resilience by enabling it to anticipate, prepare for, respond to and recover from disruptions and to have a clear understanding of dependencies with other organisations. Health Boards designated as category 1 and 2 responders must have robust up-to-date BCM plans to help maintain their key functions if there is a major incident or disruption.

Business Continuity Management Plans are documented procedures, which guide organisations to respond, recover, resume, and restore to a pre-determined level of operation following a disruption.

NHS Forth Valley is expected to be working towards the same standard as described in ISO 22301 and uses the following Business Impact Assessment matrix to define what services are designated as being Essential, High Priority, Medium Priority and Low Priority based on how soon they need to be provided after a disruption (Fig 7).

Fig 7 Framework used to identify the urgency of each activity by assessing the impact over time caused by any potential or actual disruption to this activity

<table>
<thead>
<tr>
<th>Class 0</th>
<th>Class A</th>
<th>Class B</th>
<th>Class C</th>
</tr>
</thead>
<tbody>
<tr>
<td>ESSENTIAL Activities</td>
<td>HIGH PRIORITY Activities</td>
<td>MEDIUM PRIORITY Activities</td>
<td>LOW PRIORITY Activities</td>
</tr>
<tr>
<td>MPTD: 0-4 hrs</td>
<td>MPTD: 24hrs</td>
<td>MPTD: 48hrs</td>
<td>MPTD: 72hrs+</td>
</tr>
</tbody>
</table>

The NHS Forth Valley, Business Continuity Management process is a holistic approach utilising the steps summarised below.

Overview of Business Continuity Process

A Business Impact Assessment is required for all functions within NHS Forth Valley. A site based approach has been undertaken to ensure integrated models of care delivery are included within Business Continuity planning arrangements for responding to and resolving Business Continuity/Infrastructure Failure issues. The key elements of the site based approach are summarised below:

1. Complete a Business Impact Assessment for all NHS Forth Valley services to establish what services are essential, etc as per fig 7 for example Stirling Health & Care Village site comprises of 6 separate buildings the MIU, The Bellfield, The
Resource Centre, Estates block, Scottish Ambulance Service workshops, OPD/admin block. All services delivered within each block, including integrated services will complete a Business Impact Assessment to identify prioritised activities.

2. Site specific Business Continuity Plan for each site, or if required relevant building. A Business Continuity Plan shall comprise of the following elements:
   a. Site risk assessment
   b. Key building information
   c. Internal plan activation triggers
   d. Plan activation & escalation
   e. Plan activation key on call contacts
   f. List of all services operating from the site
   g. Identification of critical IT/servers on site
   h. Space availability
   i. Reporting & debriefing instructions
   j. The site (allocated) single point of contact action card
   k. Sign off by all site tenants
   l. Annex Fire evacuation procedures
   m. Annex Lock down procedures
   n. Annex Incident Impact Assessment forms
   o. Site Incident Management meeting agenda

3. Each department will utilise information from the Business Impact Assessment, and action cards developed specifically for their department for instructing staff to perform priority actions within specified time period ie, actions in the first 4 hours etc.

4. Activation procedures for incident escalation (see Fig 7) which is aligned to predetermined Incident category levels as provided by Scottish Government Health Resilience Unit.

5. Each hospital will be required to provide an Identified Incident Management Team to respond to infrastructure failure incidents

6. Exercise the plans to ensure effectiveness of arrangements and provide staff BC awareness.

7. Audit & review process to include key suppliers BC arrangements to ensure lessons are learned and improvements to the BCMS are maintained.

8. The NHS Forth Valley Response Framework for Business Continuity/Infrastructure Failure is integrated in to the Major Incident Response Framework with Level 3 triggering the Major Incident Management Team (see the Flowchart in Fig 8 over leaf)
Disruptive Incident/Infrastructure failure

Advise your Service Mgr & FM Provider

Determine Level of Incident

Level 1 Minor (Local)
Routine building issues e.g. power loss, IT outage, normally dealt with as BAU

Level 2 Medium
Potential loss of critical service/activity protracted disruption requires support & coordination to recover

Level 3 Significant/Major
Loss of critical activities/services which is expected to be protracted and may cause risk to patient and staff

Within normal working hours
- Service Manager call out FVRH Incident Management Team (IMT)

Out of hours
Discuss with on call Exec service manager calls NHSFV Switchboard 01324566000 request they call

Activated Infrastructure failure IMT attends Seminar room 6 at FVRH Major IMT

If level 3 is activated ensure a level 2 IMT is set up at site location of incident to support & coordinate

IMT level 2 roles
- Mobilise additional exec on call
- FM provider
- Department lead/ mgr
- Comms (remote)
- It (remote)

Infrastructure failure IMT Roles
- Incident manager (exec on call)
- Service manager or deputy
- On call Serco, Forth Health, NHS Estates
- Nursing on call
- Medical Coordinator
- NHSFV IT on call
- Support officer
- Loggist

Contact via FVRH switchboard 01324566000 senior on Call Manager, discuss with Exec NHS FV Manager
Discuss with Chief Exec/Chief Officer if NHS MIP is to be implemented

Yes

Senior On Call will inform FVRH switchboard 01324566000 To activate Major infrastructure failure IMT at seminar room 6 at FVRH

FVRH Major IMT

No

NHS FV Senior Leadership Incident Team (SLIT) if

Fig 8 Forth Valley Royal Hospital Business Continuity/Infrastructure Failure Incident Response Framework (each hospital site and service is expected to have a process in place)
Section 8: Training and Exercise Requirements

NHS Forth Valley has a duty under the Civil Contingencies Act 2004 that category 1 Responders adequately train staff who are expected to take part in a response to an emergency, whether this occurs from an external source affecting the health organisation or from within the organisation itself.

A key duty of that role is to ensure that a mandatory training programme is established and will ensure the organisation can meet its role in relation to Emergency Planning and Business Continuity as described in the NHS Scotland Resilience, Preparing for Emergencies, Guidance for Health Boards in Scotland.

Effective training of staff to prepare for their role in incidents covers a wide area and will consist of awareness training; familiarisation training; through to skills training, which will require a competence based approach. Overall, organisations have to ensure that:

- Our staff possess the appropriate skills and knowledge to perform the tasks expected of them in an incident.
- All staff, particularly new members, are familiar with special equipment or systems employed in their response work area.
- The level of staff training and preparedness is evaluated through an appropriate mechanism, for example exercises.
- Assessing training needs as part of an ongoing cycle of audit of emergency preparedness and response.
- Identify training needs, organisational strengths and weaknesses and equipment deficiencies.
- Exercise new additions or alterations to the emergency plan.
- Demonstrate, both internally and externally, commitment of the organisation to quality assurance of its emergency preparedness.

For example:

- Understand their individual roles plus those of colleagues, and how they relate to each other in emergency situations.
- Understand their organisation’s emergency plans, systems and procedures.
- With regard to incident management, be aware of their operational working environment.
- Be competent in the use of equipment and of its location.
- Be aware of preparatory actions to be carried out in line with action cards.
- Utilise lessons identified and cases of best practise from previous incident debriefs and exercise reports.
Training and Exercises

NHS Forth Valley should ensure that emergency and resilience plans are exercised regularly. This includes some aspects of the plans more frequently should staff, organisational or other changes make it necessary, and to validate major changes they make to their emergency plans. Liaison between NHS and other authorities on exercise planning should be maintained, and opportunities taken to meet NHS exercise requirements through participation in multi-agency exercises, such as Councils and Resilience Partnerships.

Staff involved in major incident exercises should have received adequate training before taking part to ensure that maximum benefit is obtained from such an event.

As with major emergencies, major incident exercises should be subjected to formal debriefing with lessons learned being identified, and appropriate amendments to plans made.

Annual Training Programme

NHS Forth Valley Emergency Planning and Resilience Team provides a training programme addressing aspects of emergency preparedness. The current training schedule is summarised in Fig 9, and provides a summary of posts and staff groups within NHS Forth Valley that require specific Emergency Planning (EP), Business Continuity Management (BCM) and Resilience training linked to their appointment or expected role in a critical or major incident.

The model outlined is generic and it is recognised that titles and the allotted responsibilities to those titles will vary however the Emergency Planning and Resilience Team will be able to advise on the most appropriate sessions for staff to attend where this happens. More specific training not identified in this table may be needed for certain staff to fulfil their responsibilities at a local level.

Training Audit

A training log is maintained identifying those who have been trained, including their evaluation of the training provided for the purpose of monitoring the effectiveness of the training packages and their delivery. The evaluations will be reviewed by the FV Emergency Planning and Resilience Group.

As part of NHS Forth Valley's annual review of plans or more frequently when service based changes have an impact on their particular response, the training needs of staff should feature and be assessed and where required changes to the training incorporated in to future programmes. The Forth Valley Emergency Planning and Resilience Group will receive regular reports on the effectiveness of the annual training programme and make recommendations on any additional requirements.
### Fig. 9 Emergency Planning and Resilience Training Programme Summary Matrix

<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Staff Roles and Groups</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>1 All Staff</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2 Chief Executive</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></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>3 On Call Directors/ Health and Social Care Chief Officers</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>4 Lead Clinicians</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>5 Hospital Senior Managers</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>6 Community Senior Managers</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>7 CPHM (On Call)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>8 Clerical and Admin-Support Staff</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>9 A/E Staff</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>10 CPHM</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>11 Communication Leads</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>12 Primary Care Clinicians, Community Nursing Staff/ Health Visitors</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>14 Communication Team</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>15 Major Incident Management Team</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>16 Senior Leadership Incident Team</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>17 Community Incident Management Team</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>18 Emergency Planning and Resilience Team</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Detailed Incident Management Team Packs, Operational Response Arrangements, Action Cards and Supplementary Information is provided in the following Appendices – Contact the Emergency Planning and Resilience Team for access.
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

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. Local trajectories linked to finance are highlighted in the Annual Operational Plan 2019/2020 which was presented to the NHS Board in August 2019.

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.

Additionally, other significant aspects of performance are considered within the report at Section 2, Key Performance Issues.

Recent changes in inpatient recording and processes have directly impacted upon our ability to accurately report some aspects of elective and emergency activity. Measures are in place to address this issue, with monitoring reports in place, and to validate data going forward. Data in respect of outpatient returns, readmissions, long term conditions and emergency bed days is therefore only complete to March/ April 2019.

The current position in respect of Annual Operational Plan trajectories is noted in table 1.
Table 1: Trajectories - Eight Key Standards

<table>
<thead>
<tr>
<th>Eight Key Standards</th>
<th>Oct-19 Trajectory</th>
<th>Dec-19 Trajectory</th>
<th>Mar-20 Trajectory</th>
<th>Mar-21 Trajectory</th>
<th>SG Trajectory</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Seen &lt;= target</td>
<td>Number seen</td>
<td>Trajectory</td>
<td>Target</td>
<td></td>
</tr>
<tr>
<td>Cancer 62 day target</td>
<td>-</td>
<td>63</td>
<td>73</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td></td>
<td>90.6%</td>
<td>86.3%</td>
<td>90.9%</td>
<td>91.8%</td>
<td>95%</td>
</tr>
<tr>
<td>Cancer 31 day target</td>
<td>-</td>
<td>82</td>
<td>82</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td></td>
<td>95%</td>
<td>100%</td>
<td>95%</td>
<td>95%</td>
<td>95%</td>
</tr>
<tr>
<td>12 week outpatient wait</td>
<td>Trajectory</td>
<td>Actual &gt; 12 wks</td>
<td>Number on list</td>
<td>Trajectory</td>
<td>Number on list</td>
</tr>
<tr>
<td>Number over 12 weeks</td>
<td>2017</td>
<td>2999</td>
<td>15567</td>
<td>1750</td>
<td>1250</td>
</tr>
<tr>
<td>% waiting less than 12 weeks</td>
<td>85%</td>
<td>80.7%</td>
<td>-</td>
<td>-</td>
<td>95%</td>
</tr>
<tr>
<td>Diagnostic 42 day wait</td>
<td>Trajectory</td>
<td>Actual &gt; 42 days</td>
<td>Number on list</td>
<td>Trajectory</td>
<td>Number on list</td>
</tr>
<tr>
<td>Number waiting beyond 42 days - Imaging</td>
<td>0</td>
<td>6</td>
<td>2311</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Percentage waiting less than 42 days - Imaging</td>
<td>100%</td>
<td>99.7%</td>
<td>100%</td>
<td>100%</td>
<td>100%</td>
</tr>
<tr>
<td>Number waiting beyond 42 days - Endoscopy</td>
<td>12</td>
<td>18</td>
<td>253</td>
<td>8</td>
<td>0</td>
</tr>
<tr>
<td>Percentage waiting less than 42 days - Endoscopy</td>
<td>-</td>
<td>93.0%</td>
<td>-</td>
<td>100%</td>
<td>100%</td>
</tr>
<tr>
<td>12 week treatment time guarantee</td>
<td>Trajectory</td>
<td>Actual &lt; 18 wks</td>
<td>Total treated</td>
<td>Trajectory</td>
<td>Total treated</td>
</tr>
<tr>
<td>Number &gt; 12 weeks - ongoing waits</td>
<td>915</td>
<td>837</td>
<td>2841</td>
<td>850</td>
<td>750</td>
</tr>
<tr>
<td>Percentage waiting &lt; 12 weeks</td>
<td>75%</td>
<td>71.0%</td>
<td>-</td>
<td>-</td>
<td>100%</td>
</tr>
<tr>
<td>Mental Health</td>
<td>Trajectory</td>
<td>Psychological Therapies</td>
<td>Actual &lt; 18 wks</td>
<td>Trajectory</td>
<td>Number treated</td>
</tr>
<tr>
<td>Access to Child and Adolescent Mental Health Services</td>
<td>-</td>
<td>81</td>
<td>155</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td>50%</td>
<td>52.2%</td>
<td>50%</td>
<td>65%</td>
<td>90%</td>
<td>90%</td>
</tr>
<tr>
<td>92%</td>
<td>60.8%</td>
<td>92%</td>
<td>92%</td>
<td>90%</td>
<td>90%</td>
</tr>
<tr>
<td>Unscheduled Care</td>
<td>Trajectory</td>
<td>Number over 4 hrs</td>
<td>Total attend</td>
<td>Trajectory</td>
<td>Total attend</td>
</tr>
<tr>
<td>Emergency Department</td>
<td>98.0%</td>
<td>88.4%</td>
<td>93.2%</td>
<td>95.0%</td>
<td>95.0%</td>
</tr>
</tbody>
</table>

Cancer data are in relation to the September 2019 position

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

Risks are detailed within the Corporate Risk Register noting control measures/mitigation and progress updates. Key relevant risks are noted as:

- Risk 2 - 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
- Risk 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

Relevance to Strategic Priorities

The Annual Delivery Plan is the performance contract between NHS Forth Valley and the Scottish Government which reaffirms the commitment to implement our long term vision as set out in our Healthcare Strategy – Shaping the Future. The Plan provides an overview in relation to Improving Health whilst reducing health inequalities, Improving Care, Providing Safe Care - Healthcare Acquired Infections, Working in Partnership, Developing our Workforce and Financial Plans. Focus
remains on the core standards in relation to; cancer waiting times, Treatment Time Guarantee, outpatients, diagnostics, mental health and A&E 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>7</td>
<td>2</td>
<td>5</td>
<td>3</td>
<td>17</td>
</tr>
<tr>
<td></td>
<td>Safe</td>
<td>0</td>
<td>0</td>
<td>3</td>
<td>8</td>
<td>11</td>
</tr>
<tr>
<td><strong>Better Health</strong></td>
<td>Person Centred</td>
<td>4</td>
<td>2</td>
<td>4</td>
<td>2</td>
<td>12</td>
</tr>
<tr>
<td></td>
<td>Equitable</td>
<td>0</td>
<td>1</td>
<td>4</td>
<td>3</td>
<td>8</td>
</tr>
<tr>
<td><strong>Better Value</strong></td>
<td>Effective &amp; Efficient</td>
<td>2</td>
<td>4</td>
<td>4</td>
<td>2</td>
<td>12</td>
</tr>
<tr>
<td><strong>TOTAL</strong></td>
<td></td>
<td>13</td>
<td>9</td>
<td>20</td>
<td>18</td>
<td>60</td>
</tr>
</tbody>
</table>

Of the 42 measurable targets with a RAG status within the Balanced Scorecard, 20 are currently Green, 9 are Amber, and 13 areas are detailed as Red. A further 18 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 September 2019 position in respect of the 62-day cancer target is that 86.3% of patients urgently referred with a suspicion of cancer were treated within 62 days or less. This is a marked improvement from 81.2% September 2018 and in-month from 81.4% in August 2019. The percentage compliance for Scotland in September 2019 was 83.7%.

  In terms of the 31-day target, the position is that 100% of patients were treated within 31 days of decision to treat in September 2019.

- **12 week outpatient wait**
  No patient should wait longer than 12 weeks from referral to a first outpatient appointment. At the end of October 2019 the total number of patients waiting for an outpatient appointment that exceeded the 12 week waiting time standard was 2999 against an indicative milestone of 2017; 982 more than target. A small in-month increase is noted in the number waiting beyond 12 weeks however there is an improving position over the period October 2018 to October 2019. A decrease or improvement of 935 patients waiting beyond 12 weeks is noted comparing October 2018 with October 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. 283 patients were treated in October 2019 with a wait longer than 12 weeks, an increase or deterioration of 62 from October 2018 with the percentage compliance 67%.

  In respect of on-going waits, there has been an in-month decrease in the number of patients waiting beyond 12 weeks with 837 at the end of October 2019 against an indicative milestone of 915; 78 better than target. This is a decrease or improvement of 271 from October 2018. Of note is a 32% decrease in the number of patients with an on-going wait October 2018 to October 2019.

- **Access to Psychological Therapies**
  90% target in respect of 18 weeks referral to treatment for Psychological Therapies. 52.2% of patients were treated within 18 weeks of referral. Despite a fluctuating performance, an improving position over the period October 2018 to October 2019 in respect of access to psychological therapies is noted. Performance continues to be challenging with the position over the period highlighting that an average of 61% of patients were treated within 18 weeks of referral per month.

- **Child & Adolescent Mental Health Services**
  90% target in respect of 18 weeks referral to treatment for Child & Adolescent Mental Health Services. During October 2019 compliance with the 18 Week Referral to Treatment target in respect of Child & Adolescent Mental Health Services was 60.8%. Following a period of sustained improvement September 2018 to June 2019 there has been a dip in performance July to October.
2019. The position over the period highlights that an average of 82% 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 October 2019 was 88.4%; MIU 99.4%, ED 84.7%. In October 2019, a total of 898 patients waited longer than the 4 hour target across both the ED and Minor Injuries Unit (MIU); with 31 waits longer than eight hours and 2 waits longer than 12

- **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 September 2019 sickness absence position is reported as 5.49%, with Scotland noted as 5.24%. The 12 month rolling average for the period October 2018 to September 2019 show that NHS Forth Valley remains behind the Scottish average; Forth Valley 5.92%, Scotland 5.44%.

- **Stroke Care Bundle**
  80% of patients admitted to hospital with a diagnosis of stroke should receive the appropriate elements of the stroke care bundle. The position in September 2019 is that 55.0% of all patients admitted to hospital with a diagnosis of stroke received the appropriate elements of the bundle. In terms of numbers, 22 out of 40 patients received the appropriate elements of the bundle within the standard.

  The main factors impacting on this performance are the percentage of patients receiving swallow screening within 4 hours noted as 77.5% and brain scanning within 12 hours noted as 80%. Admission to stroke unit was 93.3% and aspirin administration 89.7%.

- **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 October 2019 census position for delays over 14 days is 38 against a zero standard. Inclusion of waits less than 2 weeks plus 26 code 9 exemptions brings the total delays to 86 at the census.

  The number of bed days occupied by delayed discharges at the October 2019 census was 1914, a decrease of 357 from October 2018. Local authority breakdown for October 2019 is noted as Clackmannanshire zero, Falkirk 1273 and Stirling 482. There were 159 bed days occupied by delayed discharges for local authorities’ out with Forth Valley. There is an increasing or worsening trend November to October 2018/19 compared with 2017/18 with a 30% increase in the average number of occupied bed days.

- **Healthcare Associated Infection**
  Detail in respect of Healthcare Associated Infections has been amended within the balanced scorecard in line with changes to reporting of Staphylococcus aureus bacteraemia and Clostridioides difficile infection data by Health Protection Scotland (HPS). Reporting distinguishes between healthcare and community associated infections with changes made to the standardised denominator data bringing reporting in line with other countries.

  New Standards and Indicators in respect of Healthcare Associated Infections and Antibiotic Use have been approved by the Cabinet Secretary for Health and Sport. They build on work by expert groups such as Health Protection Scotland and the Scottish Antimicrobial Prescribing Group. The standards and indicators are at a Scotland level with percentage reductions measured against individual NHS Scotland Boards’ current levels, rather than taking a ‘best in class’ approach as previously, with local targets to be agreed. It has been acknowledged that Boards may need time to develop and test effective interventions to support implementation of these standards and indicators.
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

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. A number of high level trajectories are in place in respect of outpatient and inpatient appointments and day cases. NHS Forth Valley has agreed local trajectories to March 2020 which are reflected in the Annual Operational Plan. In addition, consideration has been given to our indicative plans in respect of cancer, elective care, unscheduled care and mental health outlining trajectories for financial year 2020/2021. These will be the basis for discussion with the Scottish Government in relation to plans going forward.

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.

![Diagram]

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 October 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 3: Scorecard Key**

<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 Scottish Government Indicator – Delivery Plan</td>
<td>RED</td>
<td>Outwith 5% of meeting trajectory ▲ Improvement in period</td>
</tr>
<tr>
<td>LKPI Local Key Performance Indicator</td>
<td>AMBER</td>
<td>Within 5% of meeting trajectory ◄► Position maintained</td>
</tr>
<tr>
<td>NR National Requirement</td>
<td>GREEN</td>
<td>Meeting or exceeding trajectory ▼ Deterioration in period</td>
</tr>
<tr>
<td></td>
<td>GREY</td>
<td>No trajectory to measure performance against — No comparative data</td>
</tr>
</tbody>
</table>

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

### Better Care: Improving the patient experience of care, including quality and satisfaction

### Timely

<table>
<thead>
<tr>
<th>Ref</th>
<th>Type</th>
<th>Measure</th>
<th>As at</th>
<th>Target</th>
<th>2019/20</th>
<th>2018/19</th>
<th>Scotland</th>
<th>Status</th>
<th>Direction of travel</th>
<th>Exception Report</th>
</tr>
</thead>
<tbody>
<tr>
<td>1 SG</td>
<td>Cancer</td>
<td>Cancer 62 day target</td>
<td>September</td>
<td>95%</td>
<td>96.3%</td>
<td>81.2%</td>
<td>83.7%</td>
<td>Red ▲</td>
<td>Page 13</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>Cancer 31 day target</td>
<td>September</td>
<td>95%</td>
<td>100.0%</td>
<td>94.1%</td>
<td>96.5%</td>
<td>Green ▲</td>
<td>-</td>
<td></td>
</tr>
<tr>
<td>2 SG</td>
<td>12 Week Outpatient wait</td>
<td>Number waiting over 12 weeks</td>
<td>October</td>
<td>0</td>
<td>2999</td>
<td>3934</td>
<td>-</td>
<td>Red ▲</td>
<td>Page 16</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>Percentage waiting less than 12 weeks</td>
<td>October</td>
<td>95%</td>
<td>80.7%</td>
<td>75.4%</td>
<td>73.5%</td>
<td>- ▲</td>
<td>-</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>Return Outpatient Waits</td>
<td>April</td>
<td>Reduction</td>
<td>9264</td>
<td>10130</td>
<td>-</td>
<td>Grey ▲</td>
<td>-</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>Longest overdue wait (weeks)</td>
<td>April</td>
<td>Reduction</td>
<td>143</td>
<td>114</td>
<td>-</td>
<td>- ▼</td>
<td>-</td>
<td></td>
</tr>
<tr>
<td>3 SG</td>
<td>Diagnostic 42 day wait</td>
<td>Percentage waiting less than 42 days - Imaging</td>
<td>October</td>
<td>100%</td>
<td>99.7%</td>
<td>100%</td>
<td>84.7%</td>
<td>Amber ▼</td>
<td>-</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>Percentage waiting less than 42 days - Endoscopy</td>
<td>October</td>
<td>100%</td>
<td>93.0%</td>
<td>87.0%</td>
<td>67.0%</td>
<td>Amber ▲</td>
<td>-</td>
<td></td>
</tr>
<tr>
<td>4 LKPI</td>
<td>Endoscopy Surveillance</td>
<td>Total number waiting beyond surveillance date</td>
<td>October</td>
<td>Reduction</td>
<td>556</td>
<td>483</td>
<td>-</td>
<td>Grey ▼</td>
<td>-</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>Number waiting up to 12 weeks beyond surveillance date</td>
<td>October</td>
<td>Reduction</td>
<td>351</td>
<td>321</td>
<td>-</td>
<td>- ▼</td>
<td>-</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>Number waiting 26 weeks beyond surveillance date</td>
<td>October</td>
<td>Reduction</td>
<td>66</td>
<td>14</td>
<td>-</td>
<td>- ▼</td>
<td>-</td>
<td></td>
</tr>
<tr>
<td>5 SG</td>
<td>12 Week Treatment Time Guarantee</td>
<td>Number &gt;12 wks - Completed Waits</td>
<td>October</td>
<td>0</td>
<td>283</td>
<td>221</td>
<td>-</td>
<td>Red ▼</td>
<td>Page 18</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>% Compliance with 12 wks TTG Standard</td>
<td>October</td>
<td>100%</td>
<td>67%</td>
<td>61%</td>
<td>73.8%</td>
<td>- ▲</td>
<td>-</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>Number &gt;12 wks - Ongoing Waits</td>
<td>October</td>
<td>0</td>
<td>837</td>
<td>1168</td>
<td>-</td>
<td>- ▲</td>
<td>-</td>
<td></td>
</tr>
<tr>
<td>6 SG</td>
<td>Mental Health</td>
<td>Psychological Therapies</td>
<td>October</td>
<td>90%</td>
<td>52.2%</td>
<td>59.2%</td>
<td>79.3%</td>
<td>Red ▼</td>
<td>Page 20</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>Access to Child &amp; Adolescent Mental Health Services</td>
<td>October</td>
<td>90%</td>
<td>60.8%</td>
<td>80.5%</td>
<td>66.9%</td>
<td>Red ▼</td>
<td>Page 22</td>
<td></td>
</tr>
<tr>
<td>7 SG</td>
<td>Unscheduled Care</td>
<td>Emergency Department</td>
<td>October</td>
<td>95%</td>
<td>84.7%</td>
<td>78.1%</td>
<td>67.6%</td>
<td>Red ▲</td>
<td>-</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>Minor Injuries Unit</td>
<td>October</td>
<td>95%</td>
<td>99.4%</td>
<td>98.8%</td>
<td>-</td>
<td>- ▲</td>
<td>-</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>NHS Forth Valley Overall</td>
<td>October</td>
<td>95%</td>
<td>88.4%</td>
<td>83.2%</td>
<td>89.3%</td>
<td>- ▲</td>
<td>-</td>
<td></td>
</tr>
<tr>
<td>8 SG</td>
<td>18 week Referral to Treatment</td>
<td>September</td>
<td>90%</td>
<td>76.1%</td>
<td>82.3%</td>
<td>76.9%</td>
<td>Red ▼</td>
<td>-</td>
<td></td>
<td></td>
</tr>
<tr>
<td>9 NR</td>
<td>Unavailability</td>
<td>Outpatient</td>
<td>October</td>
<td>Monitor</td>
<td>0.6%</td>
<td>1.2%</td>
<td>2.3%</td>
<td>Green ▲</td>
<td>-</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>Inpatient</td>
<td>October</td>
<td>Monitor</td>
<td>6.7%</td>
<td>6.3%</td>
<td>8.0%</td>
<td>Green ▼</td>
<td>-</td>
<td></td>
</tr>
<tr>
<td>10 LKPI</td>
<td>Substance Misuse</td>
<td>Alcohol &amp; Drug partnership (ADP)</td>
<td>September</td>
<td>90%</td>
<td>97.9%</td>
<td>99.1%</td>
<td>93.2%</td>
<td>Green ▼</td>
<td>3 wks treatment w/all</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>Prisons</td>
<td>September</td>
<td>90%</td>
<td>99.2%</td>
<td>100.0%</td>
<td>94.4%</td>
<td>- ▲</td>
<td>-</td>
<td></td>
</tr>
<tr>
<td>11 LKPI</td>
<td>IVF Treatment within 12 months</td>
<td>September</td>
<td>90%</td>
<td>100%</td>
<td>100%</td>
<td>100%</td>
<td>Green ▲►</td>
<td>-</td>
<td></td>
<td></td>
</tr>
<tr>
<td>12 LKPI</td>
<td>MSK waits - number over 12 weeks</td>
<td>October</td>
<td>Reduction</td>
<td>140</td>
<td>818</td>
<td>-</td>
<td>Grey ▲</td>
<td>-</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Recent changes in inpatient recording and processes have directly impacted upon our ability to accurately report return outpatient waits. Measures are in place to address this issue, with monitoring reports in place, and to validate data going forward.
<table>
<thead>
<tr>
<th>Ref</th>
<th>Type</th>
<th>Measure</th>
<th>As at</th>
<th>Target</th>
<th>2019/20</th>
<th>2018/19</th>
<th>Scotland</th>
<th>Status</th>
<th>Direction of travel</th>
<th>Exception Report</th>
</tr>
</thead>
<tbody>
<tr>
<td>13</td>
<td>NR</td>
<td>Hospital standardised mortality ratio</td>
<td>June</td>
<td>&lt;1.0</td>
<td>1.02</td>
<td>-</td>
<td>1.0%</td>
<td>Green</td>
<td>▶►</td>
<td>November 2019 publication. Within limits</td>
</tr>
<tr>
<td>14</td>
<td>NR</td>
<td>Staphylococcus Aureus Bacteraemia (SAB) Infections - Quarterly publication</td>
<td>June</td>
<td>Reduction 17.2</td>
<td>9.6</td>
<td>16.6</td>
<td>Grey</td>
<td>▼</td>
<td>October publication. Year end comparison to previous year - Not significant. Awaiting revised target for Forth Valley</td>
<td></td>
</tr>
<tr>
<td>15</td>
<td>NR</td>
<td>Clostridioides Infections (CDI)</td>
<td>June</td>
<td>Reduction 13.5</td>
<td>10.8</td>
<td>12.1</td>
<td>Grey</td>
<td>▼</td>
<td>October publication. Year end comparison to previous year - Not significant. Awaiting revised target for Forth Valley</td>
<td></td>
</tr>
<tr>
<td>16</td>
<td>NR</td>
<td>Community Hospital Hand Hygiene</td>
<td>October</td>
<td>95%</td>
<td>100.0%</td>
<td>100%</td>
<td>-</td>
<td>Green</td>
<td>▶►</td>
<td>-</td>
</tr>
<tr>
<td>17</td>
<td>NR</td>
<td>Acute Hospital Hand Hygiene</td>
<td>October</td>
<td>95%</td>
<td>97.4%</td>
<td>97.1%</td>
<td>-</td>
<td>Green</td>
<td>▲</td>
<td>-</td>
</tr>
</tbody>
</table>

The 10 patient safety essentials previously highlighted within the Scorecard will be reported through the Clinical Governance route with reporting to the NHS Board through the minute of Clinical Governance Committee.

18 | LKPI | Readmissions                                                   | April   | Reduction 25 | 33 | - | Grey | ▲ | Recent changes in inpatient recording and processes have directly impacted upon our ability to accurately report readmissions. Measures are in place to address this issue, with monitoring reports in place, and to validate data going forward. | - | - |

18 | LKPI | Readmissions                                                   | April   | Reduction 37 | 53 | - | Grey | ▲ | - | - |

18 | LKPI | Readmissions                                                   | April   | Reduction 46 | 49 | - | Grey | ▲ | - | - |

18 | LKPI | Readmissions                                                   | April   | Reduction 93 | 116 | - | Grey | ▲ | - | - |
Better Health: Improving the health of populations

Person Centred

<table>
<thead>
<tr>
<th>Ref</th>
<th>Type</th>
<th>Measure</th>
<th>As at</th>
<th>Target</th>
<th>2019/20</th>
<th>2018/19</th>
<th>Scotland</th>
<th>Status</th>
<th>Direction of travel</th>
<th>Exception Report</th>
</tr>
</thead>
<tbody>
<tr>
<td>19</td>
<td>LKPI</td>
<td>Clinical quality indicators</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>Falls</td>
<td>October</td>
<td>95%</td>
<td>95.7%</td>
<td>95.5%</td>
<td>-</td>
<td>Green</td>
<td>▲</td>
<td>4 clinical areas requiring improvement around documentation of nutrition assessment. Practice Development Unit supporting these wards with this work.</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Pressure Area Care</td>
<td>October</td>
<td>95%</td>
<td>88.9%</td>
<td>94.6%</td>
<td>-</td>
<td>Amber</td>
<td>▼</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>Food, Fluid and Nutrition</td>
<td>October</td>
<td>95%</td>
<td>95.1%</td>
<td>94.5%</td>
<td>-</td>
<td>Green</td>
<td>▲</td>
<td></td>
</tr>
<tr>
<td>20</td>
<td>LKPI</td>
<td>Attendance Management</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Page 26</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Sickness Absence Rate</td>
<td>September</td>
<td>6%</td>
<td>5.49%</td>
<td>5.26%</td>
<td>5.24%</td>
<td>Red</td>
<td>▼</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>Short Term Reduction</td>
<td>September</td>
<td>1.84%</td>
<td>1.96%</td>
<td>-</td>
<td>Grey</td>
<td>▲</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>Long Term Reduction</td>
<td>September</td>
<td>3.42%</td>
<td>3.29%</td>
<td>-</td>
<td>Grey</td>
<td>▼</td>
<td></td>
<td></td>
</tr>
<tr>
<td>21</td>
<td>NR</td>
<td>Stroke Care Bundle</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Page 28</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Admission to stroke unit</td>
<td>September</td>
<td>90%</td>
<td>93.3%</td>
<td>78.0%</td>
<td>89.0%</td>
<td>Green</td>
<td>▲</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>Swallow Screening</td>
<td>September</td>
<td>100%</td>
<td>77.5%</td>
<td>93.2%</td>
<td>88.6%</td>
<td>Red</td>
<td>▼</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>Aspirin administration</td>
<td>September</td>
<td>95%</td>
<td>89.7%</td>
<td>92.0%</td>
<td>94.4%</td>
<td>Amber</td>
<td>▼</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>Brain scan within 12 hours</td>
<td>September</td>
<td>90%</td>
<td>80.0%</td>
<td>80.0%</td>
<td>88.2%</td>
<td>Red</td>
<td>◄►</td>
<td></td>
</tr>
<tr>
<td>22</td>
<td>LKPI</td>
<td>Complaints</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>Forth Valley Response rate within 20 days</td>
<td>September</td>
<td>80%</td>
<td>90.1%</td>
<td>88.2%</td>
<td>-</td>
<td>Green</td>
<td>▲</td>
<td>Year to date position at September is 87.3%. A full update &quot;NHS Forth Valley Complaints and Feedback Performance Report&quot; is regularly presented to Clinical Governance Committee reviewing the 9 key performance indicators</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Stage 1 response rate within 5 days</td>
<td>September</td>
<td>-</td>
<td>83.7%</td>
<td>94.4%</td>
<td>-</td>
<td>-</td>
<td>▼</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>Stage 2 response rate within 20 days</td>
<td>September</td>
<td>-</td>
<td>74.6%</td>
<td>72.7%</td>
<td>-</td>
<td>-</td>
<td>▲</td>
<td></td>
</tr>
</tbody>
</table>
### Equitable

<table>
<thead>
<tr>
<th>Ref</th>
<th>Type</th>
<th>Measure</th>
<th>As at</th>
<th>Target</th>
<th>2019/20</th>
<th>2018/19</th>
<th>Scotland</th>
<th>Status</th>
<th>Direction of travel</th>
<th>Exception Report</th>
</tr>
</thead>
<tbody>
<tr>
<td>23</td>
<td>LKPI</td>
<td>Suicide rate per 100,000 population</td>
<td>December</td>
<td>Reduction</td>
<td>15.7</td>
<td>16.2</td>
<td>13.4</td>
<td>Green</td>
<td>▲</td>
<td>July 2019 publication for 5 years 2014-2018</td>
</tr>
<tr>
<td>24</td>
<td>LDP</td>
<td>Smoking cessation - 12 week qts 40 per cent deprived SIMD areas</td>
<td>October</td>
<td>347 year</td>
<td>113</td>
<td>127</td>
<td>-</td>
<td>Green</td>
<td>▼</td>
<td>357 Full year.2019/19. Quarter 1 2019/20 complete Oct 2019</td>
</tr>
<tr>
<td>25</td>
<td>LDP</td>
<td>Alcohol brief intervention</td>
<td>September</td>
<td>3410 year</td>
<td>5039</td>
<td>2964</td>
<td>-</td>
<td>Green</td>
<td>▲</td>
<td>Year to date position - quarters 1 &amp; 2 completed</td>
</tr>
<tr>
<td>27</td>
<td>LKPI</td>
<td>Child Dental Health</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>30</td>
<td>LKPI</td>
<td>Child Dental Health</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### Better Value:
Reducing the per capita cost of health care.

### Efficient and Effective

<table>
<thead>
<tr>
<th>Ref</th>
<th>Type</th>
<th>Measure</th>
<th>As at</th>
<th>Target</th>
<th>2019/20</th>
<th>2018/19</th>
<th>Scotland</th>
<th>Status</th>
<th>Direction of travel</th>
<th>Exception Report</th>
</tr>
</thead>
<tbody>
<tr>
<td>30</td>
<td>LKPI</td>
<td>Finance</td>
<td>YTD Revenue position</td>
<td>October</td>
<td>Breakeven</td>
<td>-£0.943m</td>
<td>-£0.888m</td>
<td>-</td>
<td>Amber</td>
<td>▼</td>
</tr>
<tr>
<td>31</td>
<td>LKPI</td>
<td>Reduction in Primary Care Prescribing cost per patient</td>
<td>August</td>
<td>&lt; Scotland</td>
<td>£207.52</td>
<td>£206.48</td>
<td>£204.87</td>
<td>Amber</td>
<td>▼</td>
<td></td>
</tr>
<tr>
<td>32</td>
<td>LKPI</td>
<td>Delayed Discharge</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Page 31</td>
</tr>
<tr>
<td>33</td>
<td>LKPI</td>
<td>A&amp;E attendance per 100,000 of population</td>
<td>October</td>
<td>Reduction</td>
<td>1902</td>
<td>1764</td>
<td>2248</td>
<td>Amber</td>
<td>▼</td>
<td></td>
</tr>
<tr>
<td>34</td>
<td>LKPI</td>
<td>Long Term Conditions - number of bed days per 100,000 population</td>
<td>April</td>
<td>Reduction</td>
<td>4,999</td>
<td>6469</td>
<td>-</td>
<td>Green</td>
<td>▲ **</td>
<td></td>
</tr>
<tr>
<td>35</td>
<td>LKPI</td>
<td>Anticipatory Care Plans</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>36</td>
<td>LKPI</td>
<td>Outpatient 'Did Not Attends' DNA</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>37</td>
<td>LKPI</td>
<td>Emergency Bed Days Patients 75+ rate per 1,000 population</td>
<td>April</td>
<td>Reduction</td>
<td>4,033</td>
<td>4,727</td>
<td>-</td>
<td>Green</td>
<td>▲ **</td>
<td></td>
</tr>
</tbody>
</table>

**Recent changes in inpatient recording and processes have directly impacted upon our ability to accurately report Long Term Conditions and Emergency Bed Days. Measures are in place to address this issue, with monitoring reports in place, and to validate data going forward.
PERFORMANCE EXCEPTION REPORTS

(For those measures rated as Red)
Cancer 62-day target:

Proportion of patients urgently referred with a suspicion of cancer treated within 62 days or less - 95% target

Current Performance:

86.3% of patients urgently referred with a suspicion of cancer were treated within 62 days or less in September 2019

Scotland Performance:

83.7% of patients urgently referred with a suspicion of cancer were treated within 62 days or less in September 2019

Lead:

Mrs Andrea Fyfe, Director of Acute Services

Supporting Graphs:

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

**Quarterly Position**

- 62 day position
- Target

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

**September 2018 - September 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 September 2019 highlights that 79.3% of patients with a suspicion of cancer were treated within 62 days with the Scotland position to the end of September 2019 noted as 82.5%. This figure is currently provisional.

The national commitment is to achieve 95% by spring 2021 with this reflected in the Annual Operational
Plan 2019/2020. The September 2019 position in respect of the 62-day cancer target is that 86.3% of patients urgently referred with a suspicion of cancer were treated within 62 days or less. This is a marked improvement from 81.2% September 2018 and in-month from 81.4% in August 2019. The percentage compliance for Scotland in September 2019 was 83.7%.

A significant number of patients continue to be tracked on the 62 day pathway with the current position approximately 1500 patients however this can vary significantly. It is noted that the number of confirmed cancer cases has remained relatively stable across all specialties.

In terms of the 31-day target, the position is that 100% of patients were treated within 31 days of decision to treat in September 2019 with the Scotland position 96.5%.

Key issues and actions to address performance

Patients that waited longer than the 62 day target in September were on the Head & Neck, Lung, Upper Gastrointestinal and Urology pathways. As previously indicated, percentages will vary each month depending on overall number of confirmed and treated cases each month.

An action plan was initiated to inform improvement work using the ‘Effective Cancer Access Performance Management Framework’ following a visit from Scottish Government representatives. This work was formalised following a visit in December 2018 by Margaret Kelly on behalf of the government. Feedback has led to improvements in monitoring and escalation processes 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.

Funding has been received to support implementation/ introduction of:

- **qFIT symptomatic**
  Symptomatic qFIT test involving a number of specific blood tests, known as a colorectal bundle, in the initial assessment of patients with new bowel symptoms, will result in a reduction to the overall referrals into the colorectal service. This will release capacity for colonoscopy to be targeted to the patient with the greatest need and reduce the risk of potential harm, through unnecessary undertaking of an invasive examination.
  This is on track for implementation in January 2020.

- **Band 6 Urology Oncology Nurse**
  Plan to redesign delivery of review of return patients currently being seen by Oncologists. The numbers are unclear however estimated projection is to release upwards of 40% of activity to be realigned to meeting requirement for increased new slots for Oncology.
  Out for recruitment in September 2019 with an anticipated appointment in place by the year end.

- **Diagnostics – endoscopy (colorectal)**
  Additional pre-assessment and validation of patients. Numbers cannot be defined until redesign work is undertaken. The impact in terms of numbers is unclear as activity will be realigned to release Nurse Endoscopist capacity to deliver other areas of the pathway; this will release Consultant time to increase number of colonoscopies undertaken.
  Initial work commencing October 2019 with goal to deliver by the end of March 2020.

Work in respect of an App to support Urology is on-going in terms of bids for funding. If funding is approved via the West of Scotland Cancer Area Network the return patient pathway for oncology will be redesigned enabling more new patients to be seen with reduction in waits anticipated.

A new Clinical Nurse Specialist for Uro-oncology has been advertised which will support specialty specific redesign work. In addition, MRI has been introduced prior to biopsy for prostate patients with the expectation that once the backlog has been cleared, the number of biopsies required will be reduced improving waiting times for this element of the pathway.
The redesign of the pre-assessment arrangements for bowel screening patients will support a reduction in the waiting time for colonoscopy. Funding has been received however this was below the original request. The process of redesign has been initiated to identify what is feasible within the funding envelope.

Discussion in respect of further improvement work will be held with the Cancer Advisory Network.

NHS Forth Valley is undertaking work to understand local processes and their impact to support improvement plans in respect of the Annual Operation Plan 2020/2021.

Trajectories have been agreed to return the position in respect of the 62-day target to 95% by March 2021 however the changes required need to be embedded.
Ref No: 2

12 week outpatient waits:

- The number of patients waiting longer than 12 weeks from referral to a first outpatient appointment
- 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%.

Current Performance

- 2806 patients were waiting longer than 12 weeks at the end of October 2019
- 80.7% of patients were waiting less than 12 weeks at the end of October 2019

Scotland Performance

- 73.5% of patients across Scotland were waiting less than 12 weeks at June 2019

Lead: Mrs Andrea Fyfe, Director of Acute Services

Supporting Graphs

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

*October 2018 to October 2019*

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

*October 2018 to October 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 October 2019 the total number of patients waiting for an outpatient appointment that exceeded the 12 week waiting time standard was 2999 against an indicative milestone of 2017; 982 more than target.
A small in-month increase is noted in the number waiting beyond 12 weeks however there is an improving position over the period October 2018 to October 2019. A decrease or improvement of 935 patients waiting beyond 12 weeks is noted comparing October 2018 with October 2019.

80.7% of outpatients were waiting less than 12 weeks at the end of October 2019 with graph 4 highlighting an improving trend October 2018 to October 2019. The Scotland position is highlighted as 73.5%.

The majority of long waiting outpatients remain within the specialties of Orthopaedics, General Surgery, Rheumatology, Neurology and Urology.

Outpatient unavailability within Forth Valley is 0.6% of the total waiting list with the Scotland position 2.3%. The October outpatient DNA rate for new patients within Forth Valley is 8.6%. This is higher than the Scotland average position of 8.4%. The position continues to be monitored. The provisional Forth Valley rate for return outpatients is 7.5% with no Scotland wide DNA rate published for return outpatients.

**Key issues and actions to address performance**

85% of outpatients should be waiting less than 12 weeks to be seen by October 2019, with trajectories agreed to March 2020 as part of the Annual Operational Plan.

The agreed target for March 2020 is 1250 patients with an on-going wait beyond 12 weeks. The quarterly milestone for September 2019 of 2150 patients waiting longer than 12 weeks was not achieved with the actual number of patients waiting, 2806; 656 patients more than planned. The agreed milestone for the quarter ending December is 1750.

Specialty level action plans are in place to support an improvement in the number of patients waiting beyond 12 weeks for a first outpatient appointment however challenges remain.

- Changes in pension and tax rules are limiting consultant availability to provide additional sessions.
- Capacity planning into the next financial year has highlighted that the medical on-call rota has had an impact on medical physician availability to carry out elective outpatient sessions.
- Vacancies and recruitment challenges along with unplanned leave continue to reduce the available funded capacity within a number of services.

High level actions continue in respect of maximising outpatient activity:

- 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.
- Return appointment demand is being included in annual plans.

The Performance & Resources Committee received a comprehensive update in respect of Scheduled Care in October with a further updated planned for April 2020.
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:
- 849 patients waited longer than 12 weeks from July to September 2019 – 66% compliance (provisional position)
- 283 patients waited longer than 12 weeks in October 2019 – 67% compliance
- 837 patients were waiting over 12 weeks the end of October 2019

Scotland Performance:
72.5% compliance with the 12 week TTG in the period April to June 2019

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**
October 2018 to October 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 July to September 2019, management information shows 849 patients waited longer than the 12 week Treatment Time Guarantee; 66% compliance against the target. The Scotland compliance
is noted as 73.8% in the period April to June 2019. Graph 5 highlights a levelling off of the trend in terms of the number of patients that waited beyond the 12 week guarantee for treatment September 2017 to September 2019.

283 patients were treated in October 2019 with a wait longer than 12 weeks, an increase or deterioration of 62 from October 2018 with the percentage compliance 67%.

There has been an in month decrease in the number of patients waiting beyond 12 weeks with 837 at the end of October 2019 against an indicative milestone of 915; 78 better than target. This is a decrease or improvement of 271 from October 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 1015 patients waiting beyond 12 weeks each month. Of note is a 32% decrease in the number of patients with an on-going wait October 2018 to October 2019.

The majority of long waiting patients remain within Orthopaedics, General Surgery and ENT.

NHS Forth Valley inpatient unavailability in October 2019 was 6.7% of the total waiting list size.

**Key issues and actions to address performance**

75% of inpatients/daycases (eligible under the treatment time guarantee) will wait less than 12 weeks to be treated by October 2019 with trajectories agreed to March 2020 as part of the Annual Operational Plan.

The agreed target for March 2020 is 750 patients with an on-going beyond 12 weeks. The quarterly milestone for September 2019 was 945 patients waiting longer than 12 weeks against a plan of 965. The agreed milestone for the quarter ending December is 850.

A detailed specialty level action plan is in place to support improvement in waiting times. The plan is monitored on an on-going basis and reported to the Scheduled Care Programme Board. In addition, a number of broad actions continue in respect of supporting improvements in outpatient waiting times.

- 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 with capacity reviewed on a daily basis to ensure every available theatre space is utilised.
- Work is ongoing with the clinical and booking staff to improve processes in respect of admitting patients in order of priority then date order.
- A working group to address communication with patients is in place with the intention to support a reduction in DNAs and cancellation on the day of appointment.
- Orthopaedics and General Surgery are in the process of referring 200 patients to the private sector for ‘see and treatment’ appointments. It is estimated that 40% of the Orthopaedic patients and 30% of the General Surgery patients will require surgery.
- A fortnightly, executive led, delivery focused group has been established and due to meet, for the first time, on 22 November.
- Focus on transforming services via redesign, transformation and innovation will be required to support delivery of the 2021 targets and to ensure sustainability. A waiting times strategy is under development in support.

Of note is the changes to pension tax laws that have had an impact on the availability of consultants for additional theatre sessions at weekends. In addition, vacancies and recruitment challenges along with unplanned leave continue to have an impact on delivering the available funded capacity within a number of services.

The Performance & Resources Committee received a comprehensive update in respect of Scheduled Care in October with a further updated planned for April 2020.
Ref No: 6  
Mental Health – Psychological Therapies:  
Delivery of 18 weeks referral to treatment for Psychological Therapies - 90% target  

<table>
<thead>
<tr>
<th>Measure</th>
</tr>
</thead>
</table>
| Current Performance | 52.2% of patients were treated with 18 weeks of referral in October 2019  
Scotland Performance | 79.4% of patients were treated with 18 weeks of referral  
Lead | Mrs Gillian Morton, General Manager  

Supporting Graphs  

**GRAPH 7: Access to Psychological Therapies**  
**October 2018 - October 2019**  

**Commentary**  
The Psychological Therapies RTT position in October 2019 is highlighted as 52.2% of patients treated within 18 weeks of referral. Despite a fluctuating performance, graph 7 highlights an improving position over the period October 2018 to October 2019 in respect of access to psychological therapies. Performance remains challenging however the Annual Operational Plan trajectory of 50% at September 2019 has been achieved. The position over the period highlights that an average of 61% of patients were treated within 18 weeks of referral per month.  

The position across Scotland is that 79.3% of patients were treated within 18 weeks of referral.  

Data completion issues aligned to the migration to TrakCare are improving however the October figures still require to be considered with caution.  

**Key issues and actions to address performance**  
- New investment was agreed by the NHS Board in January in order to recruit clinical staff. Recruitment has been successful however not all staff have commenced.  
- Some posts have been recruited internally, therefore creating vacancies elsewhere in the service along with a number of staff recruited taking opportunities closer to home as they arise. Recruitment therefore on-going.  
- It should be noted that when new staff start there is usually a short term larger increase in the number of new patients, who are from the end of the waiting list and therefore over 18 weeks. This is clinically appropriate and reduces the overall length of wait however it will result in a temporary reduction in RTT performance. Conversely, some of the therapeutic groups run by
the service have average waiting times of less than 18 weeks. Therefore in a month where a new group commences, due to the volume of patients seen within the group, the RTT for that month is likely to temporarily improve.

- Work focusing on improving the quality of referrals continues. Training in psychological readiness and what to include in a good referral was given to GPs and Primary Care Mental Health Nurses at a Create session.

- The Psychological Therapies Team continues to work closely with health promotion to ensure ongoing provision of stress control groups. In addition the team continues to build a personalised approach to care through ongoing service user engagement.

- The revised pathway for people requiring psychological intervention as the result of trauma is now fully implemented in the Falkirk area. Initial evaluation led to some revisions of the pathway, and this is currently being evaluated again prior to extending the pathway into the north of the area (anticipated to take place in early 2020, depending on the results of the next stage of evaluation).

- All teams within the service have identified a staff wellbeing lead, who recently received training from HIS around QI methodology. They are using this knowledge to support their teams to develop, implement and evaluate action plans to improve staff wellbeing.

- Patient engagement work is ongoing, with ‘touring’ tools for gathering patient feedback currently being circulated around the main patient waiting areas used by the service.
During October 2019 compliance with the 18 Week Referral to Treatment target in respect of Child & Adolescent Mental Health Services is 60.8%. Following a period of sustained improvement September 2018 to June 2019 there has been a dip in performance July to October 2019. Graph 8 highlights the position October 2018 to October 2019 highlighting a deteriorating trend over the period. The position over the period highlights that an average of 82% of patients were treated within 18 weeks of referral per month.

The position across Scotland is that 66.9% of patients were treated within 18 weeks of referral.

Key issues and actions to address performance

- Staff Recruitment and Retention. Actively recruit to existing vacancies, retain and further develop existing staff to support NHS Boards commitment to succession planning.
- Recruitment is being prioritised and support continues to be provided by Human Resources and Finance. In the event we identify suitable candidates approval has been provided to go over establishment. We have also attempted to retain staff by offering promoted posts and initiatives like joining adult mental health colleagues in recruiting all students off the mental health nurses course, Stirling University. Although positive, these B5 staff will require some capacity to support upskilling and training but aim to provide succession planning.
- A pool of new staff is only available once a year in September/October.
- Thereafter we anticipate a more improved position in line with staff coming into post.

**ACTIONS**

- Although a more long term solution, work is ongoing to identify Third Sector Partners to support
the service. The aim would be to provide and support treatment to allow specialist clinical staff to focus on more complex assessments and treatment.

- There still remains no workaround to report the number of children in treatment to ISD. Work is ongoing and being prioritised. As a result the internal RTT and ISD RTT will be different for a period of time.
- Beating the Blues proposal is being progressed for young people presenting with low mood, anxiety and panic. The aim is to support 30-40 young people from the existing waiting list to access e-CBT, which is the approved evidence base for first presentation low mood, anxiety and panic. The longer term impact of this pathway is a reduction in referrals to CAMHS and GPs and referrers will be able to direct young people to an evidenced based intervention early in the problem cycle.
- Referrals indicating complex trauma and attachment: HoCP is undertaking a Test of Change to provide a matched care response for patients presenting with complex trauma
- Neurodevelopmental disorders (NDD): further Test of Change underway led by senior clinical psychologist aimed at reducing assessment pathway for those referred for NDD.

In addition the service intends to continue:

- Streamlining and improving the vetting processes: building on wider mapping and identification of universal supports as well as reviewing template letters to referrers
- Further Development of therapeutic group work: application made to Realistic Medicine Improvement Fund to expand the PDSA pilots of Safety and Stabilisation for Young people, Safety and Stabilisation for Parents/Carers, and offer an intensive group work programme for parents whose children experienced significant trauma.
- Prioritise improvement work with Children’s Services: Scottish Government has released funding for School Counsellors. The Service intends to prioritise a review of T2 pathways. If successful this has the potential to re-route 20-25% of current referrals but more importantly allows children to receive early intervention without the need to be referred to specialist child mental health services.
- All clinicians will continue to receive monthly caseload management to utilise all available capacity
- Move to direct booking system with NetCall for all new patients, which will assist us to control bookings more effectively and reduce new patient DNAs.
- Continue to reduce the number of children receiving care on an inpatient basis. Currently the Service has successfully reduced inpatient beds to 3 longstanding patients in Skye House and a 15 year old with Learning Disabilities in Loch View.
- Quality Improvement (Realistic Medicine Plan): CAMHS is taking forward a multi level quality improvement plan aimed at delivering a transformational change in how child mental health services are delivered. Much of this work is aimed at reducing the demand for CAMHS by building the capacity of universal children’s services.

The Performance & Resources Committee will receive an update in relation to performance and actions at the December 2019 meeting.
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 October 2019:
- 88.4% of patients waited less than 4 hours - Forth Valley total
- 84.7% of patients waited less than 4 hours - ED

Scotland Performance
In September 2019:
- 89.3% of patients waited less than 4 hours – Scotland total
- 87.6% of patients waited less than 4 hours – Scotland ED

Lead:
Mrs Andrea Fyfe, Director of Acute Services

Supporting Graphs

GRAPH 9: A&E waits 4 hour compliance
October 2018 - October 2019

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 October 2019 was 88.4%; MIU 99.4%, ED 84.7%.

In October 2019, a total of 898 patients waited longer than the 4 hour target across both the ED and Minor Injuries Unit (MIU); with 31 waits longer than eight hours and 2 waits longer than 12 hours.

The main reason for patients waiting beyond 4 hours remains ‘wait for first assessment’ with 667 patients. 64 patients breached due to ‘wait for bed’, ‘clinical reason’ accounted for 55 breaches and ‘wait for treatment to be completed’ accounted for 30 breaches.

An overall improving trend is noted however performance continues to fluctuate.

Table 4 highlights the breaches throughout the months of August 2019 to October 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 August 2019 to October 2019
Work continues to focus on all aspects of unscheduled care to support improvement in performance as a whole system.

Getting ForthRight, referencing the six essential actions, with monitoring of metrics for recovery of performance overseen by the Unscheduled Care Programme Board led by the Medical Director. Clinical Directors, Services Managers and Heads of Nursing leads supporting all workstreams. Key actions in line with the plan include:
- Development of the Medical Rota
- Job Planning
- Demand modelling for Urgent and Emergency Care
- Business case for the development of the Minors Service at FVRH and enhanced Minors service at Stirling Health and Care Village (both need capital and revenue investment)
- Bed modelling and review of specialty footprints
- Working with IJBs and Health and Social Care Partnerships to develop acute care services closer to home
- Continued development of Corporate Programme Management Office approach

Specific overarching actions to support improved flow are in relation to:
- Redirection
- Enhanced triage
- Development of discrete Minors service at FVRH
- Enhancement of Minors service at Stirling
- Implementation of new Business as Usual and Escalation operating procedure

A number of operational and process changes continue to take place to support improvement ii unscheduled care

Forth Valley Operations Centre in place enabling decisions to be informed and data driven, made at the right time to ensure safety and flow is maintained across the Forth Valley Royal Hospital and community sites

In relation to downstream wards work in relation to developing the Daily Dynamic Discharge continues with regular senior multi disciplinary team reviews of patients with length of stay over 14 day. An integrated integrated/multi-agency approach to discharge planning to be developed.
Ref No: 20  Attendance Management:

Measure  To reduce sickness absence to 4%

Current Performance  5.49% sickness absence rate at September 2019

Scotland Performance  5.24% sickness absence rate at September 2019

Lead: Miss Linda Donaldson, Director of Human Resources

Supporting Graphs

Commentary

The overall September 2019 sickness absence position is reported as 5.49%, with Scotland noted as 5.24%. Graph 10 highlights NHS Forth Valley absence September 2018 to September 2019, noting the position in September 2018 as 5.26%.

The 12 month rolling average for the period October 2018 to September 2019 show that NHS Forth Valley remains behind the Scottish average; Forth Valley 5.92%, Scotland 5.44%.

Long term absence has increased by 0.13% points to 3.42% in September 2019 from 3.29% in September 2018, with Short Term absence decreasing to 1.84% from 1.96% in September 2018.

‘Anxiety/Stress/Depression/Other Psychiatric illness’ remains the top single reason for sickness absence across NHS Forth Valley however the Human Resources team has detailed knowledge of all staff within this category to ensure that appropriate supports are in place.

To ensure on-going and appropriate scrutiny, the Staff Governance Committee receives 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 Absence Management Programme Board is working in support of the remit to, Improve wellbeing and achieve an absence rate 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; and, Achieve Healthy Working Lives Gold Award.

- Current work for the Programme Board includes:
  - Review of all long term sickness
  - Review of 12 hour shifts
  - Focused work on Nursing & Midwifery Unqualified Staff e.g. World Cafe Events
  - Demographic Review of staff.

- Work continues on a Temporary Placement Programme supporting members of staff to return to work who are ready for rehabilitation to work, but their own job cannot support the temporary adjustment required; awaiting Redeployment to another post; or are experiencing a temporary fixed term of incapacity.

- The Keep Well Team, in partnership with Occupational Health, is offering Keep Well assessments unqualified Nursing & Midwifery cohort of staff. Individuals are offered support and interventions specifically tailored to their needs with a 3 month follow-up.

- 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.

- A review of all existing workforce policies will be undertaken by the end of 2019 across NHS Scotland in support of the Once for Scotland Workforce model. The first policies to be reviewed are the core policies of Attendance Management, Capability, Conduct, Grievance, and, Bullying and Harassment, ensuring standardisation across Scotland.
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.

**Measure**
- **Current Performance**: 55.0% of patients admitted to hospital with a diagnosis of stroke received the appropriate elements of the stroke care bundle in September 2019.
- **Scotland Performance**: 70.4% of all patients admitted to hospital with a diagnosis of stroke received the appropriate elements of the stroke care bundle in September 2019.

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

**Supporting Graphs**

GRAPH 11: Stroke Care Bundle
September 2018 - September 2019

GRAPH 12: Stroke Care_Admission to Stroke Unit
September 2018 - September 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

Percentage compliance with the Stroke Care Bundle is highlighted in Graph 11. The position in September 2019 is that 55.0% of all patients admitted to hospital with a diagnosis of stroke received the appropriate elements of the bundle. In terms of numbers, 22 out of 40 patients received the appropriate elements of the bundle within the standard.

The main factors impacting on this performance are the percentage of patients receiving swallow...
screening within 4 hours and brain scanning within 12 hours, with both elements currently Red. Admission to stroke unit is noted as Green and aspirin administration is noted as Amber.

- Admission to Stroke Unit – 93.3%; 2 fails
- Swallow Screening – 77.5%; 9 fails
- Aspirin Administration – 89.7%; 3 fails
- Brain Scanning – 80.0%; 8 fails

Graph 12 highlights an overall improving position September 2018 to September 2019 in respect of admission to stroke unit on the day of admission, or the day following presentation at hospital. Following a marked dip in performance over the winter months the position has increased over the period to 93.3% in September. There remain challenges in achieving the Swallow screening standard. The status remains red with a shift in the trend to downwards. The position September 2018 to September 2019 is highlighted in graph 13.

The revised brain scanning standard of, 90% of patients to be scanned within 12 hours of arrival at first hospital, is highlighted in graph 14. This highlights a fluctuating but overall improving position with 80.0% of patients receiving a brain scan within 12 hours of arrival in September 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.

Challenges remain in respect of meeting the four key elements of the Stroke Care Bundle with fluctuation in performance. Work to raise awareness of protocols and to embed them as normal practice is on-going. It is noted that there is a need for all staff to be appropriately trained in respect of stroke care.

Performance against the admission to stroke unit standard fell over the winter months as a result of overall capacity within the hospital with a number of contingency areas in use. Capacity challenges remain within the hospital impacting on the admission to stroke unit target.

A daily stroke huddle is undertaken incorporating a review of the Emergency Department Information System. This ensures that the stroke team has an awareness of the people that require to be pulled to the stroke unit however freeing capacity can be challenging.

In October, the Clinical Governance Committee received a presentation from Mr Anthony Byrne, Ageing and Health Consultant which outlined a number of successes for the stroke service during the last year. Aspirin, carotid surgery and in-hours thrombolysis are all being delivered in a timely manner with a focus to ensure this continues. In addition, key challenges were described along with the impact on delivery of safe, timely stroke care. Clinical Governance Committee has asked that an action plan be drafted detailing and prioritising the requirements and improvements discussed for further discussion.

It remains that on some occasions ‘fails’ against the standards are appropriate particularly in terms of clinical care decisions as a result of the patients clinical condition e.g. when patients require palliative care.
### 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 October 2019 census:

- 38 patients were delayed in their discharge for more than 14 days
- 22 patients delayed less than 2 weeks
- 16 guardianship delays
- 10 code 9 delays
- 9 code 100 delays
- 1914 bed days were lost due to delays in discharge

### Scotland Performance

There is no Scotland comparison

### Lead

IJB Chief Officers

---

**Supporting Graphs**

**GRAPH 15: Delayed Discharges over 14 days**
**October 2018 to October 2019**

**GRAPH 16: Guardianship_Code 9_Code 100**
**October 2018 to October 2019**
The position for delays over 14 days at the October 2019 census is 38 against a zero standard. The local authority breakdown is Clackmannanshire no delays, Stirling 8 and Falkirk 27 delays. There were 3 delay noted for Local Authorities outwith Forth Valley. The inclusion of those waiting less than 2 weeks brings the total standard delays to 60.

There were 26 Code 9 exemptions, which include issues in respect of Guardianship, this brings the total delays for the October census to 86 in total; Forth Valley 81.

Guardianship and Code 9 breakdown is noted as:

- Clacks – 2
- Falkirk – 17
- Stirling – 5
- Outwith Forth Valley - 2

Additionally there were 9, 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 period of treatment and discharge planning such that their care needs can now be properly met in non-hospital setting e.g. Mental Health or Complex Clinical Care patients no longer requiring hospital 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 October 2019 census was 1914, a decrease of 357 from October 2018. Local authority breakdown for October 2019 is noted as Clackmannanshire zero, Falkirk 1273 and Stirling 482. There were 159 bed days occupied by delayed discharges for local authorities’ out with Forth Valley.

Graphs 17 highlight the position in respect of Bed Days Occupied per Local Authority. Of note is the volatility in relation to the number of bed days occupied by people delayed in their discharge with month on month variability. There is an increasing or worsening trend November to October 2018/19 compared with 2017/18 with a 30% increase in the average number of occupied bed days. There is however a 3% decrease October 2019 compared with October 2018 with an average of 1615 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.
- 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. Work is on-going to address and manage this issue.
- 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:

- Continued 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/ Community Hospital or in appropriate cases to care homes.
- On-going review of patients with a length of stay over 7 days with regular monitoring, analysis and improvement with escalation to help prevent extended delays.
- Multi Disciplinary Team 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.
- Within Falkirk, increased monitoring and scrutiny of delayed discharge performance via the weekly delayed discharge dashboard
- Dynamic Daily Discharge implemented in all wards and measuring impact on Length of Stay and time of discharge. This links to the Priority Patient initiative.
- 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.

There are a number of actions in early development stages but it is anticipated that these will impact on numbers of patients delayed in their discharge.

- Reviewing patients with length of stay over 14 days in FVRH allowing a senior multi disciplinary team discussion around any barriers to support discharges
- Home First - Falkirk HSCP Council colleagues are present in FVRH and attend Dynamic Daily Discharge meetings, providing early sight of patients ready for discharge with a Home First approach
- Dynamic Daily Discharge meetings on all wards in FVRH
- Development of an Integrated Discharge Service to include both HSCP integrated teams, Third Sector, Allied Health Professions and Transport
- Ongoing work and development of Day of Care Surveys
The Healthcare Associated Infection Reporting Template (HAIRT) is mandatory reporting tool for the Board to have oversight of the HAI targets (Staph aureus bacteraemias (SABs), Clostridioides difficile infections (CDIs), device associated bacteraemias (DABs), incidents and outbreaks and all HAI other activities across NHS Forth Valley.

Recommendation:
The NHS Board is asked to:
- Note the HAIRT report
- Note the performance in respect of the AOP Standards for SABs, DABs, CDIs
- Note the detailed activity in support of the prevention and control of Health Associated Infection

Key Issues to be Considered:
- SABS remain within normal control limits. There was one hospital acquired SAB in October.
- DABs remain within control limits. There were two hospital acquired DABs in October.
- CDIs remain within normal control limits. There was one hospital acquired CDI in October.
- There have been no deaths with MRSA or C.difficile reported on the death certificate.
- There was one C-section surgical site infection in October.
- New AOP targets set for 2019-2022 SABs and CDIs. E coli bacteraemia reduction has also been included in these new targets.
- The HAIRT report is currently undergoing a review and consultation process to improve its content and structure.

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
AOP Standards in respect of SABs, DABs & CDIs
- HAIRT report currently under review

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
Healthcare Associated Infection Reporting Template (HAIRT)

October 2019

NHS Forth Valley

Infection Prevention & Control Team
HAI Summary

The HAIRT Report is the national mandatory reporting tool and is presented bi-monthly to the NHS Board. This is a requirement by the Scottish Government HAI task Force and informs NHS Forth Valley (NHSFV) of activity and performance against Healthcare Associated Infection Standards and performance measures.

HAI SUMMARY FOR THIS MONTH
This section of the HAIRT Report focuses on NHSFV Board wide prevention and control activity and actions.

Key Infection Control Highlights (since last reporting period)
- Influenza rates is currently within seasonal norms both locally and nationally. Near patient testing for influenza is anticipated to commence in NHSFV by the end of November.
- Norovirus is currently within seasonal norms both locally and nationally.
- New processes established to feedback estate issues identified from the domestic monitoring audits to improve our estate scores.
- Hickman line working has now broadened its remit to encompass all central vascular access devices (CVAD). Hickman line infection numbers have appeared to have stabilised over the last couple of months and it is hoped that cases remain at this current level. Work from the group has seen increased attendance in CVAD training both from acute and community setting. In addition, work is underway to develop a FV wide CVAD diary to enable recording of line management activities in the community to provide more comprehensive intelligence to assist in overall line sepsis reduction.

Performance at a glance

<table>
<thead>
<tr>
<th></th>
<th>No of Cases</th>
<th>RAG status</th>
<th>National Data</th>
</tr>
</thead>
<tbody>
<tr>
<td>Staphylococcus aureus bacteraemia (SABs)</td>
<td>3</td>
<td></td>
<td>[Progress towards the AOP targets will be featured in the next report]</td>
</tr>
<tr>
<td>Clostridioides difficile infection (CDIs)</td>
<td>2</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Device associated bacteraemia (DABs)</td>
<td>8</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Hand Hygiene (SPSP)</td>
<td>99%</td>
<td></td>
<td></td>
</tr>
<tr>
<td>National Cleaning compliance (Board wide)</td>
<td>95%</td>
<td></td>
<td></td>
</tr>
<tr>
<td>National Estates compliance (Board wide)</td>
<td>94%</td>
<td></td>
<td>1x C-section</td>
</tr>
<tr>
<td>Surgical Site Infection Surveillance</td>
<td>1</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Key infection control challenges (relating to performance)
- There was one hospital acquired SAB and was related to a PVC infection in A31. Following investigations documentation relating to this PVC was inconsistent. An action plan was sent to the Senior Charge Nurse and Management.
- There was one hospital acquired CDI, however, the infection was not attributed to a specific ward due to multiple recent admissions to hospital.
- There were two hospital attributed DABs, one DAB was associated with a PVC (see SAB bullet above), the other was a Hickman line infection; documentation was fully completed and infection occurred following chemotherapy.

Key HAI related activities
- There were no outbreaks or incidence this month
- There were no MRSA or *C difficile* recorded deaths were reported this month
- New AOP targets have been set for 2019-2022 for SABs and CDIs. A new target has also been set for *E coli* bacteraemia (ECB) reduction for 2019-2022. These targets are slightly different from previous targets and reductions are specific to each board. Future reports will reflect these new targets and further details of the targets can be seen in this report
- The ward visit programme identified 307 non-compliances compared to last month of 260 non compliances.
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 – *Clostridioides* Infection
AOP – Annual Operational Plan
NES – National Education for Scotland
IPCT – Infection Prevention & Control Team
HEI – Healthcare Environment Inspectorate
SSI – Surgical Site Infection
SICPs – Standard Infection Control Precautions
PVC - Peripheral Vascular Catheter

Definitions used for *Staph aureus* and device associated bacteraemias

Definition of a bacteraemia

Bacteraemia is the presence of bacteria in the blood. Blood is normally a sterile environment, so the detection of bacteria in the blood (most commonly accomplished by blood cultures) is always abnormal. It is distinct from sepsis, which is the host response to the bacteria. Bacteria can enter the bloodstream as a severe complication of infections (like pneumonia or meningitis), during surgery, or due to invasive devices such as PVCs, Hickman lines, urinary catheters etc. Transient bacteraemia can result after dental procedures or even brushing of teeth although this poses little or no threat to the person in normal situations.

Bacteraemia can have several important health consequences. The immune response to the bacteria can cause sepsis and septic shock, which has a high mortality rate. Bacteria can also spread via the blood to other parts of the body (haematogenous spread), causing infections away from the original site of infection, such as endocarditis (infection of the heart valves) or osteomyelitis (infection of the bones). Treatment for bacteraemia is with antibiotics for many weeks in some circumstances, however cases such as *Staph aureus* bacteraemia usually 14 days of antibiotic therapy is required.

Cause definitions for *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 three month 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
HAI Surveillance

NHS FV has systems in place to monitor key targets and areas for delivery. Our surveillance and HAI systems and ways of working allow early detection and indication of areas of concern or deteriorating performance. The Infection Prevention & Control Team undertakes over 180 formal ward audits per month in addition to regular weekly ward visits by the Infection Control Nurse; infection investigation is also a significant function within the team as part of our AOP target reporting. This activity provides robust intelligence of how infection prevention is maintained across all areas in Forth Valley and is reported on a monthly basis to all appropriate stakeholders.

Staph aureus bacteraemias (SABs)

All blood cultures that grow bacteria are reported nationally and it was found that *Staph aureus* became the most common bacteria isolated from blood culture. As *Staph aureus* is an organism that is found commonly on skin it was assumed (nationally) the bacteraemias occurred via a device such as a peripheral vascular catheter (PVC) and as such a national reduction strategy was initiated and became part of the then HEAT targets in 2006. The target was a national reduction rather than a board specific reduction, however the latest target set for 2019-2022 are board specific, based on our current rates.

**NHS Forth Valley’s approach to SAB prevention and reduction**

All *Staph aureus* bacteraemia are monitored and reported by the IPCT. Investigations to the cause of infection consist of examining the patients notes, microbiology, biochemistry and haematology reports to identify potential causes of the infection; from this, in most cases, a provisional cause is identified, however this is discussed further with the clinical team responsible for the management of the patient to assist further with the investigation. Any issues identified during the investigations, such as incomplete bundle completion etc is highlighted at this time and where appropriate an IR1 is reported. Once a conclusion has been agreed, the investigations are presented to the Infection Control Doctor/Microbiologist for approval. The investigation is concluded with the IPCT reporting their findings to the clinical team and management.

This data is entered into the IPCT database collated, analysed and reported on a monthly basis. The analysis of the data enables the IPCT to identify trends in particular sources of infections, such as Hickman line infections etc and identifying areas requiring further support. The data also influences the direction of the HAI annual workplan.

**October 2019**

<table>
<thead>
<tr>
<th>Monthly Total</th>
<th>3</th>
</tr>
</thead>
<tbody>
<tr>
<td>Hospital</td>
<td>1</td>
</tr>
<tr>
<td>Healthcare</td>
<td>0</td>
</tr>
<tr>
<td>Community</td>
<td>2</td>
</tr>
<tr>
<td>Nursing Home</td>
<td>0</td>
</tr>
</tbody>
</table>

RAG Status - Green denotes monthly case numbers are less than the mean monthly SAB totals. Amber denotes when monthly case numbers are above the mean monthly SAB totals but less than two standard deviations from the mean. Red denotes monthly case numbers are above two standard deviations from the monthly mean.

Staph aureus bacteraemia total - April 19 to date – 51

**Comments:**

Case numbers remain within control limits, no concerns to raise.
Comments:
Case numbers remain within control limits, no concerns to raise.

### October Breakdown

<table>
<thead>
<tr>
<th>Source</th>
<th>No of Cases</th>
</tr>
</thead>
<tbody>
<tr>
<td>Community</td>
<td>2</td>
</tr>
<tr>
<td>PWID</td>
<td></td>
</tr>
<tr>
<td>Respiratory tract</td>
<td></td>
</tr>
<tr>
<td>Hospital</td>
<td>1</td>
</tr>
<tr>
<td>A31</td>
<td></td>
</tr>
<tr>
<td>PVC</td>
<td></td>
</tr>
<tr>
<td><strong>Grand Total</strong></td>
<td><strong>3</strong></td>
</tr>
</tbody>
</table>

Actions taken

**All SABs**

All SABs irrespective of their source are fully investigated and details of these investigations are fed back to all appropriate stakeholders including the Executive Team.

**Hospital SABs**

The hospital acquired SAB was related to a PVC infection in A31. Following investigations documentation relating to this PVC was inconsistent. Action plan was sent to the Senior Charge Nurse and Management. Case numbers for hospital acquired SABs remain within control limits for this month.

Ward specific graphs can be accessed using the following link:

Device Associated Bacteraemias (DABs)

In addition to the nationally set targets, infections from an invasive device caused by *Staph aureus* would be investigated fully and reported, any other organism causing the same infection was not mandated to report nationally or to be investigated. As a result of this, in 2014, the IPCT started reporting all bacteraemias attributed to an invasive device regardless of the bacterium causing the infection. Due to the importance and significance of this surveillance, it is now part of our local AOP.

### NHS Forth Valley’s approach to DAB prevention and reduction

**Hickman Line Infection Reduction Short Life Working Group**

Following the increase in line infections in January 2019, a short life working group was convened to review the pathway of patients with Hickman Lines looking at advice given to patients at insertion of the device, educational resources and review of the current organisational policy for line management. Reduction from healthcare sourced infections ie infections developing at home, are particularly challenging as there are limited controls how these lines are managed and are predominantly reliant on the patient themselves.

The working group has now broadened its remit to encompass all central vascular access devices (CVADs). Hickman line infection numbers have appeared to have stabilised over the last couple of months and it is hoped that cases remain at this current level. Work from the group has seen increased attendance in CVAD training both from acute and community setting. In addition, work is underway to develop a FV wide CVAD diary to enable recording of line management activities in the community to provide more comprehensive intelligence to assist in overall line sepsis reduction.

On a weekly basis the IPCT assess bundle compliance of three invasive devices (PVCs, urinary catheters, CVCs) as part of their ward visit programme and this is reported in the monthly Directorate Reports.

### October 2019

<table>
<thead>
<tr>
<th>Monthly Total</th>
<th>8</th>
</tr>
</thead>
<tbody>
<tr>
<td>Hospital</td>
<td>2</td>
</tr>
<tr>
<td>Healthcare</td>
<td>6</td>
</tr>
<tr>
<td>Nursing Home</td>
<td>0</td>
</tr>
</tbody>
</table>

**RAG Status** - Green denotes monthly case numbers are less than the mean monthly CDI totals. Amber denotes when monthly case numbers are above the monthly mean but less than two standard deviations from the monthly mean. Red denotes monthly case numbers are above two standard deviations from the monthly mean.

**Device associated bacteraemia total - April 19 to date - 60**

**Comments:**
Case numbers remain within control limits, no concerns to raise.
### October Breakdown

<table>
<thead>
<tr>
<th>Source</th>
<th>No of Cases</th>
</tr>
</thead>
<tbody>
<tr>
<td>Healthcare</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td>Urinary Catheter long term</td>
<td>4</td>
</tr>
<tr>
<td>Permacath</td>
<td>2</td>
</tr>
<tr>
<td>Hospital</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td>A12</td>
<td></td>
</tr>
<tr>
<td>Hickman</td>
<td>1</td>
</tr>
<tr>
<td>A31</td>
<td></td>
</tr>
<tr>
<td>PVC</td>
<td>1</td>
</tr>
<tr>
<td>Grand Total</td>
<td>8</td>
</tr>
</tbody>
</table>

### Action Taken

All DABs irrespective of their source are fully investigated and details of these investigations are fed back to all appropriate stakeholders including the Executive Team.

**Hospital DABs**
- One hospital DAB was related to a Hickman line infection. This was attributed to Ward A12. This patient had a previous DAB in August 2019. The other hospital DAB was attributed to a PVC as discussed in the SAB section above.

The graphs above provide an overview of the number of device associated bacteraemias, however, it doesn’t provide sufficient detail of the individual device and whether the number of infections have exceeded control limits. Below are graphs relevant to the identified devices for this month.

### Action Taken

**Urinary catheters – long term**

There were 4 healthcare acquired long term urinary catheters this month. This exceeded the control limits (see graph). Investigations did not identify any links or commonality between each case, nor were they associated with the same district nursing team/GP practice.

**Permacatheter**

Permacatheter related sepsis is not represented graphically due to the low number of cases. The IPCT will continue to monitor infection rates.

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/
**Clostridioides difficile infection (CDIs)**

Following the Vale of Leven outbreak in 2007 where 131 patients were infected with *C. difficile* resulting in 34 deaths, it became mandatory for all health boards to monitor, investigate and report all infections associated with *C. difficile*. NHSFV has met its targets over the years and has maintained a low rate of infection. Similar to the SAB target, the new target set for 2019-2022 is based on Forth Valley’s rate rather than an overall national rate.

*C. difficile* can be part of the normal gut flora and can occur when patients receive broad spectrum antibiotics which eliminate other gut flora allowing *C. difficile* to proliferate and cause infection. This is the predominant source of infection in Forth Valley. *C. difficile* in the environment can form resilient spores which enable the organism to survive in the environment for many months and poor environmental cleaning or poor hand hygiene can lead to the organism transferring to other patients leading to infection (as what happened in the Vale of Leven hospital). Another route of infection is when patient receive treatment to regulate stomach acid which affects the overall pH of the gut allowing the organism to proliferate and cause infection.

**Cause definitions for Clostridioides difficile infections**

- **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

**NHS Forth Valley’s approach to CDI prevention and reduction**

Similar to our SABs and DABs investigation, patient history is gathered including any antibiotics prescribed over the last few months. Discussion with the clinical teams and microbiologists assist in the determination and conclusion of the significance of the organism, as sometimes the organism isolated can be an incidental finding and not the cause of infection. Data is shared with the antimicrobial pharmacist and cases are discussed at the Antimicrobial Management Group to identify inappropriate antimicrobial prescribing.

| Monthly Total | 2 |
| Hospital      | 1 |
| Healthcare    | 1 |
| Community     | 0 |
| Nursing Home  | 0 |

**RAG Status** - Green denotes monthly case numbers are less than the mean monthly CDI totals. Amber denotes when monthly case numbers are above the monthly mean but less than two standard deviations from the monthly mean. Red denotes monthly case numbers are above two standard deviations from the monthly mean.

**Clostridioides difficile infection total - April 19 to date - 30**

**Comments:**
Case numbers remain within control limits, no concerns to raise.
Healthcare Associated Infection Reporting Template (HAIRT)

Case numbers remain within control limits, no concerns to raise.

<table>
<thead>
<tr>
<th>Source</th>
<th>No of Cases</th>
</tr>
</thead>
<tbody>
<tr>
<td>Hospital</td>
<td>1</td>
</tr>
<tr>
<td>No attributed ward</td>
<td></td>
</tr>
<tr>
<td>Healthcare</td>
<td>1</td>
</tr>
<tr>
<td>Grand Total</td>
<td>2</td>
</tr>
</tbody>
</table>

October Breakdown

Action Taken

Hospital CDIs
- The hospital acquired CDI was not attributed to a ward due to multiple recent admissions to hospital.

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/

New HAI AOP targets for 2019-2022

On the 10th October 2019, a letter was sent to all Health Board Chief Executives highlighting our new HAI targets. These targets are based on our (Forth Valley) current rates of infection and a percentage reduction has been set to be achieved by March 2022. This target is different from our previous targets and includes the reduction in hospital and healthcare acquired infections and does not include community acquired. *(note, community acquired infections are included in this report. The data will be adjusted in next and subsequent reports)*. Hospital and healthcare acquired infections are now classified as healthcare infections as it is perceived nationally that all hospital and healthcare infections are all reducible. For continuity, we will continue to report separately hospital and healthcare infections to maintain our quality and transparency in our data, however, the total number of infections will reflect on what we are reported nationally and in line with our set targets. In addition to SABs and CDIs targets, *Escherichia coli* bacteraemia (ECB) is now included in our targets.

The data is currently being reformatted to address these targets and will be included in future reports. Please see table below for our new targets:

<table>
<thead>
<tr>
<th>2018/19 Rate (base line) per 100,000 total bed days</th>
<th>No of cases (per annum)</th>
<th>Reduction %</th>
<th>Date for reduction</th>
<th>Target rate per 100,000 total bed days</th>
<th>Target cases per annum</th>
</tr>
</thead>
<tbody>
<tr>
<td>ECB</td>
<td>40.8</td>
<td>135</td>
<td>25</td>
<td>2022</td>
<td>30.6</td>
</tr>
<tr>
<td>SAB</td>
<td>16.6</td>
<td>55</td>
<td>10</td>
<td>2022</td>
<td>14.9</td>
</tr>
<tr>
<td>CDI</td>
<td>11.4</td>
<td>38</td>
<td>10</td>
<td>2022</td>
<td>10.3</td>
</tr>
</tbody>
</table>
Surgical Site Infection Surveillance (SSIS)

Surgical site infection surveillance is the monitoring and detection of infections associated with a surgical procedure. In Forth Valley, the procedures include, hip arthroplasty, Caesarean section, abdominal hysterectomy, major vascular surgery, large bowel, knee arthroplasty and breast surgeries. We monitor patients for 30 days post surgery including any microbiological investigations from the ward/GP for potential infections and also hospital readmissions relating to their surgery. Any infection associated with a surgical procedure is reported nationally to enable board to board comparison. NHS Forth Valley infection rates are comparable to national infection rates.

NHS Forth Valley's approach to SSI prevention and reduction

Surgical site infection criteria is determined using the European Centre for Disease Control (ECDC) definitions. Any infection identified is investigated fully and information gathered including the patients weight, duration of surgery, grade of surgeon, antibiotics given, theatre room, elective or emergency etc can provide additional intelligence in reduction strategies. The IPCT monitor closely infection rates and any increases of SSIs are reported to management and clinical teams to enable collaborative working to reduce infection rates.

### October Breakdown

<table>
<thead>
<tr>
<th>Procedure</th>
<th>Confirmed SSI</th>
</tr>
</thead>
<tbody>
<tr>
<td>Abdominal Hysterectomy (v)</td>
<td>0</td>
</tr>
<tr>
<td>Breast Surgery (v)</td>
<td>0</td>
</tr>
<tr>
<td>Caesarean Section (m)</td>
<td>1</td>
</tr>
<tr>
<td>Knee Arthroplasty (v)</td>
<td>0</td>
</tr>
<tr>
<td>Hip Arthroplasty (m)</td>
<td>0</td>
</tr>
<tr>
<td>Major Vascular Surgery (m)</td>
<td>0</td>
</tr>
<tr>
<td>Large Bowel Surgery (m)</td>
<td>0</td>
</tr>
</tbody>
</table>

### Caesarean Section

**Caesarean Section Total Numbers including SSIs rolling twelve months**

**Comments:** case numbers remain within control limits, no concerns to raise.

### Abdominal Hysterectomy

**Abdominal Hysterectomy Total Numbers including SSIs rolling twelve months**

**Comments:** case numbers remain within control limits, no concerns to raise.

### Hip Arthroplasty

**Hip Arthroplasty Total Numbers including SSIs rolling twelve months**

**Comments:** case numbers remain within control limits, no concerns to raise.

### Knee Arthroplasty

**Knee Arthroplasty Total Numbers including SSIs rolling twelve months**

### Breast Surgery

**Breast Surgery Total Numbers including SSIs rolling twelve months**
Ward Visit Programme

Below are tables and graphs detailing the non-compliances identified during the ward visits.

**October Breakdown**

<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Medical</td>
<td>2</td>
<td>1</td>
<td>26</td>
<td>88</td>
<td>68</td>
<td>20</td>
<td>8</td>
<td>213</td>
</tr>
<tr>
<td>Surgical</td>
<td>0</td>
<td>3</td>
<td>10</td>
<td>21</td>
<td>18</td>
<td>3</td>
<td>9</td>
<td>64</td>
</tr>
<tr>
<td>WC&amp;SH</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>3</td>
<td>1</td>
<td>0</td>
<td>0</td>
<td>4</td>
</tr>
<tr>
<td>CSD</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>12</td>
<td>14</td>
<td>0</td>
<td>0</td>
<td>26</td>
</tr>
<tr>
<td>Totals</td>
<td>2</td>
<td>4</td>
<td>36</td>
<td>124</td>
<td>101</td>
<td>23</td>
<td>17</td>
<td>307</td>
</tr>
</tbody>
</table>

**Action Taken**

There were 307 non-compliances reported this month from 181 audits performed, this is an increase compared last months of 261 reported from 185 audits performed. All non-compliances are reported to the nurse in charge and the line manager to enable appropriate action to be carried out.
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 month, there were no deaths where *Clostridioides difficile* or MRSA was recorded on the death certificate.
Estate and Cleaning Compliance (per hospital)

The data is collected through audit by the Domestic Services team using the Domestic Monitoring National Tool and areas chosen within each hospital is randomly selected by the audit tool. Any issues such as inadequate cleaning is scored appropriately and if the score is less than 80% then a re-audit is scheduled. Estates compliance is assessed whether the environment can be effectively cleaned; this can be a combination of minor non-compliances such as missing screwcaps, damaged sanitary sealant, scratches to woodwork etc. The results of these findings are shared with Serco/Estates for repair. Similar to the cleaning audit, scores below 80% triggers a re-audit.

Incidence/Outbreaks

Incidence and outbreaks across NHSFV are identified primarily through ICNet, microbiology or from the ward. ICNet is the IPCT data management system that automatically identifies clusters of infections and specific organisms such as MRSA, admission of patients with known infections etc to enable timely patient management to prevent any possible spread of infection. The identification of outbreaks is determined following discussion with the Microbiologist. In the event of a declared outbreak a Problem Assessment Group or Incident Management Team meeting is held with staff from the area concerned and actions are implemented to control further infection and transmission.

All outbreaks are notified to Health Protection Scotland and Scottish Government (see below for further details).

<table>
<thead>
<tr>
<th>Type of outbreak</th>
<th>Ward</th>
<th>No of patients affected</th>
<th>Summary of outbreak</th>
</tr>
</thead>
<tbody>
<tr>
<td>There were no incidents or outbreaks this month</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Healthcare Acquired Infection Incident Reporting Template (HAIIRT)

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.

- **HAIIT Green** – None reported this month
- **HAIIT Amber** – None reported this month
- **HAIIT Red** – None reported this month

Influenza preparedness

Two point of care analysers for influenza have been ordered in preparation for the coming influenza season. These will be situated in CAU as previous years and will have additional dedicated staff to carry out the tests to ensure consistency in test methodology and reporting. Training dates have been set and testing will begin in the first week of December.

Influenza rates both locally and nationally remain within expected norms for this time of year. The IPCT continues to monitor these rates on a weekly basis to enable timely warning to FV when influenza arrives.

SPSP Hand Hygiene Monitoring Compliance (%) Board wide

*Data taken from TCAB (self reported by ward staff)*

<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Board Total</td>
<td>97</td>
<td>97</td>
<td>97</td>
<td>98</td>
<td>97</td>
<td>98</td>
<td>98</td>
<td>98</td>
<td>98</td>
<td>99</td>
<td>99</td>
<td>99</td>
</tr>
</tbody>
</table>

In conclusion the NHS Board is asked to:

- Note the HAIRT report
- Note the performance in respect of the AOP Standards for SABs, DABs, CDIs
- Note the detailed activity in support of the prevention and control of Health Associated Infection
7.3 ‘We Care’ – Nursing and Midwifery Annual Report 2018-2019

For Assurance

Executive Sponsor: Professor Angela Wallace, Executive Nurse Director

Author: Executive Nurse Director, Deputy Nurse Director and Heads of Nursing & Midwifery

Executive Summary

The Nursing and Midwifery Annual Report 2018/19 highlights the achievements made in relation to the delivery of the Nursing and Midwifery Strategy “We Care”.

Recommendation:

The Forth Valley NHS Board is asked to: -

- Note the progress and contribution from nurses and midwives in NHS Forth Valley across the Health and Social Care system and the wider NHS in Scotland
- Note the annual report in respect to the delivery of the Nursing and Midwifery Strategy “We Care” 2016/19.

Annual Report 2018/19 Key Highlights

Nursing and Midwifery in Forth Valley continues to build on strong foundations of improving care and experience for those we serve and those in our care and services across Health and Social Care. This ethos and continuing focus of improvement and professional practice covers all fields of nursing and midwifery including:

- Nursing in the Community: District Nursing, Health Visiting, Practice Nursing and School Nursing
- Acute Specialist and General Nursing
- Midwifery
- Mental Health Nursing
- Prison Nursing
- Paediatrics and Neonatal Nursing

Nursing and Midwifery represents just over 51% (51.7%) of the working population in NHS Forth Valley, therefore capturing what is important to those who give care and what they need to support them to deliver the high quality, person centred and respectful care was and continues to be a key driver in the development of our strategy and the annual priority delivery plans.

These plans align, connect and seek to underpin and delivery across the Health and Social care systems key strategic ambitions and priorities:
"We Care" continues to be designed around the principle of forward accountability, capturing individual, team and organisational pledges to make good on our promises and commitments made for both patients and staff.

Our three pledges are to:

- Be better every day and promoting caring, safe and respectful care
- Be recognised locally and nationally for our culture of care that is driven excellence in practice and the development of nursing and midwifery services to be at the forefront of improving education and professionalism
- Be part of the NHS Forth Valley wider Health and Social Care system delivering our Shaping the Future strategy and continuing to Health and Social Care including progressing the actions to achieve 2020 vision.

The Nursing and Midwifery Annual Report 2018/19 captures some key highlights and progress in support of our priorities. It demonstrates how the pledges we have made continue to make an impact on both improving care and experience and developing our nurses and midwives. Transforming care, roles and skills to ensure our nurses and midwives face the future with confidence will remain a key priority.

Key achievements at a glance:

- In NHS Forth Valley Advanced Nurse Practitioners (ANPs) are clinical leaders with the freedom and authority to assess diagnosis and treat (including prescribing for) patients with complex multidimensional problems. This workforce is vastly expanding and provides a flexible and sustainable workforce to meet the needs of the local population and service demands.

- In NHS Forth Valley our Assuring Better Care (ABC) approach already established has been aligned with Excellence in Care and is driving quality improvement in Nursing and Midwifery to ensure person centred, high quality care.

- The cabinet secretary visited Forth Valley Royal on 2nd May 2019 to look at how NHS Forth Valley had embedded the principles of the Health and Care (Staffing) (Scotland) Act. Professor Angela Wallace, Rita Ciccu Moore, Deputy Nurse Director and 3 Senior Charge Nurses walked the Cabinet Secretary through a presentation on Safer Staffing and EIC. The presentation was received very well by the Cabinet Secretary.

- In NHS FV Learning Disability nurses continue to promote the profession as a positive career choice. The person centred, holistic approach adopted by RLDN’s leads to improved health outcomes and an enhanced experience for patients with learning disabilities, their families and carers. As we celebrate our centenary we also await the release of our UK LD nursing strategy, Sustaining the Commitment.

- In NHS Forth Valley as an Early Adapter Board for the Scottish Government initiative “Best Start” to improve maternity and neonatal care we are actively promoting a family centred approach to all midwifery care aiming to deliver as much care as possible within the community setting.

- Family Nurse Partnership offers invaluable support to first time teenage parents. In the last 12 months the team has continued to expand to offer a permanent service to all eligible clients now and in the future.

Conclusion

The annual report concludes our Nursing and Midwifery Strategy “We Care” 2016/2019 and we continue to plan and create our refreshed direction for the next three years.

The title of “We Care” will continue to be our strap line and this supports our ethos and fits well with the systems new direction. Furthermore it positions the professions to embrace the challenges and opportunities in the coming three years. Not only is our organisation transforming but we will realise the ambitions, locally and of the NHS in Scotland to deliver the Safe Staffing legislation. This legislation is designed to care equally for people who need our care and services and our staff alike.
Financial Implications
No financial implications.

Workforce Implications
Nursing Midwifery strategy and annual report supports NHS Forth Valley and wider systems workforce plans.

Risk Assessment
No risk assessment issues.

Relevance to Strategic Priorities
Supports across 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)
- [ ] Paper is not relevant to Equality and Diversity
- [x] Screening completed - no discrimination noted
- [ ] Full Equality Impact Assessment completed – report available on request.

Consultation Process
This report has been consulted by the Heads of Nursing & Midwifery, Corporate Nursing and Midwifery colleagues, and using a process where each individual field of Nursing and Midwifery developed their dedicated sections featured within the report.
Nursing and Midwifery Annual Report 2018/2019
Introduction

I am delighted to be able to share the continued progress that our nursing and midwifery staff have made in 2018/19.

This report forms our annual update against our previous strategy, which ran from 2017-2019, and I am proud of the work our nursing and midwifery staff and volunteers do to support our Forth Valley population to live longer healthier lives and when needed provide safe care across home and hospital settings. The report demonstrates our progress, achievements and our ambition for the future.

Corporate Priorities

<table>
<thead>
<tr>
<th>Plan for the future and improve the health and wellbeing of the people of Forth Valley whilst reducing health inequalities</th>
</tr>
</thead>
<tbody>
<tr>
<td>Improve the focus on safety and quality</td>
</tr>
<tr>
<td>Value and develop our people</td>
</tr>
<tr>
<td>Demonstrate best value using our resources</td>
</tr>
<tr>
<td>Promote and build integrated services locally and regionally</td>
</tr>
<tr>
<td>Demonstrate behaviours that nurture, and support transformational change across our health and care system</td>
</tr>
<tr>
<td>Personal objective to support or lead improvement within span of responsibility</td>
</tr>
</tbody>
</table>

As you read this report you will see how the nurses and midwives deliver evidence based practice and innovative approaches in enhancing patient care and experience embracing and championing change in support of the new direction across our Heath and Social Care system.

The report details a selection of key achievements that demonstrate we deliver against the pledges we have made and evidences our contribution across NHS Forth Valley Corporate priorities.

This report outlines some of our significant progress in transforming nursing and midwifery roles and models of care over the last year to ensure we meet the changing health and care needs and outcomes for the people of Forth Valley. At the heart of our approach to ensuring the delivery of safe, effective and person-centred care is being visible in our leadership as a senior nursing team – modelling the way at all times and ensuring we continue to uphold our values.

Deputy Director Ellen Hudson shared with us that in her view in her first year in post:

“There is a strong culture of a “can do” attitude as well as creativity, focussed on building improvement capacity and capability of our nursing and midwifery teams.”

Gillian Morton, Head of Midwifery explains:

“How we deliver healthcare continues to change rapidly. It is imperative that we keep at the forefront of our consciousness why we entered this incredible profession in the first place. Nurses and Midwives continue to be compassionate, ambitious and courageous each and every day. In the future we will create even more time, space and opportunities to ensure we utilise all our collective power to find creative solutions and implement change in the most positive way possible.

In closing I wish to thank all of our nurses, midwives and healthcare support workers who have work tirelessly to provide the highest quality of care, and for their openness, bravery and candour to learn and positively reflect what matters to people in the continuous improvements needed for everyone to know that “We Care”

Professor Angela Wallace, Executive nurse Director
## Contents

At a Glance .................................................................................................................. 5  
Delivery on our pledges......................................................................................... 6  
Transforming Nursing Roles............................................................................... 7  
In Primary Care ................................................................................................. 9  
Excellence in Care/ Health & Care Staffing .................................................. 10  
Person Centred Care ....................................................................................... 11  
In the Ward ......................................................................................................... 12  
Initiatives & Service Developments .......................................................... 13  
Women and Children ...................................................................................... 15  
Support & Development ................................................................................ 16  
Nursing & Midwifery Regulation ............................................................... 17  
Fitness to Practise .......................................................................................... 18  
Practice Education Support ......................................................................... 18  
Staff Awards / Posters / Publications ......................................................... 19
At a Glance

Registered Nurses
WTE 1895

Registered Midwives
WTE 139

Revalidation
Total 792

HCSW (Nursing)
WTE 765

HCSW (Midwifery)
WTE 29

Mentors (active)
Total 1424

Student Intake
Approx 900

Student in Practice
Approx 500

Non-Medical Prescribers
Acute & Community Settings Total 600+

Advanced Nurse Practitioners
Total 34

Advanced Nurse Practitioners
Trainees Total 49
Our Nursing & Midwifery Strategy “We Care” – Delivering on our Pledges:

The successes and solutions used address challenges to improve patient care. I commend this report to you and I am pleased to share our key achievements and delivery of our pledges for 2018-2019.

Some of our Key Achievements – at a glance

In NHS Forth Valley Advanced Nurse Practitioners (ANPs) are clinical leaders with the freedom and authority to assess diagnosis and treat (including prescribing for) patients with complex multidimensional problems. This workforce is vastly expanding and provides a flexible and sustainable workforce to meet the needs of the local population and service demands.

In NHS Forth Valley our Assuring Better Care (ABC) approach already established has been aligned with Excellence in Care and is driving quality improvement in Nursing and Midwifery to ensure person centred, high quality care.

The cabinet secretary visited Forth Valley Royal on 2nd May 2019 to look at how NHS Forth Valley had embedded the principles of the Health and Care (Staffing) (Scotland) Act. Professor Angela Wallace, Rita Ciccu Moore, Deputy Nurse Director and 3 Senior Charge Nurses walked the Cabinet Secretary through a presentation on Safer Staffing and EIC. The presentation was received very well by the Cabinet Secretary.

In NHS FV Learning Disability nurses continue to promote the profession as a positive career choice. The person centred, holistic approach adopted by RLDN’s leads to improved health outcomes and an enhanced experience for patients with learning disabilities, their families and carers. As we celebrate our centenary we also await the release of our UK LD nursing strategy, Sustaining the Commitment.

In NHS Forth Valley as an Early Adapter Board for the Scottish Government initiative “Best Start” To improve maternity and neonatal care we are actively promoting a family centred approach to all midwifery care aiming to deliver as much care as possible within the community setting.

Family Nurse Partnership offers invaluable support to first time teenage parents. In the last 12 months the team has continued to expand to offer a permanent service to all eligible clients now and in the future.
Transforming Nursing Roles

NHS Forth Valley have welcomed and embraced the national work on Transforming Nursing roles.

General Practice nurses provide a key role in the changes within primary care. In the last 12 months many GPN’s have been focusing supporting education and training for final year student nurses and newly qualified nurses. As a result more new graduates are being supported to enter and train as general practice nurses in Forth Valley than ever before.

In General Practice
In General practice nursing NHS Forth Valley received 20% of the national funding to training newly qualified nurses to become GPNs. In addition NHS Forth Valley placed third year student nurses in general practice in May 2019 for the first time in several years, with some going on to secure their first jobs in general practice. We are building on this and increasing our placements this year.

In School Nursing
The role of the School Nurse has been refocused as part of the CNO in Scotland’s Transforming Nursing Roles programme. School Nurses will now concentrate on ten priority areas:

- Emotional Health and Wellbeing
- Substance misuse
- Child protection

In order to achieve this in 2018 the Scottish Government announced an increase of 250 School Nurses that should be in post across Scotland by December 2022. In NHS Forth Valley we have been working to achieve this with 3 trainees currently completing their post graduate specialist practitioner qualification in School Nursing and due to qualify in January 2019.

• Domestic abuse
• Looked after children
• Homelessness
• Youth justice
• Young carers
• Transitions
• Sexual Health.

In Innovation in School Nursing continues as the team expands and evolves to meet the national transforming School Nursing agenda by December 2022. There are more qualified School Nurses now working in Forth Valley and we continue with high training numbers to ensure we can meet the needs of our children and young people.

In District Nursing
District Nursing has been part of the national Transforming Nursing Roles Programme with new vision and direction for District and wider community nursing teams.

It is a really exciting time to be working within community as we are gradually providing more complex, safe, care options for people in the comfort of their own homes that would have traditionally required hospital care. In order to meet the demands of an increasingly elderly population we have been looking at the national career development framework and expanding the training opportunities available. At present we have 7 trainees completing the post graduate specialist practitioner qualification in District Nurses within NHS Forth Valley. For existing qualified District Nurses this includes developing their skills in advance clinical examination and extended prescribing skills.

In District Nursing continues to provide the highest standards of care for all patients in their own homes and communities. This is highlighted by a staff nurse in District nursing winning the staff awards for care this year which is nominated by a patients family.
In Health Visiting
Health Visiting has undergone a national transformation over the last 5 years, in order to offer every family the opportunity to participate in the Universal Health Visiting pathway. This is a programme of home visits ranging from pregnancy to a child starting school.

To achieve this we have been required to increase the number of qualified health visitors working across Forth Valley. This has involved investing in the education of nurses to enable them to obtain the specialist qualification required to work as a Health Visitor. In 2018 we gave this opportunity to 12 nurses who have undertaken the one year post graduate educational programme and in 2019 we are supporting a further 13.

Health Visitors are keen to ensure families’ views are heard and the service develops to meet the needs of local families. For the first time in September 2018 local families were included in the recruitment and selection of health visitor trainees.

One of the Health Visiting team leaders completed the Queens Nursing Institute Scotland (QNIS) award in November 2018 with a second Health Visitor receiving this award in October 2019.

Family Nurse Partnership
The Family Nurse Partnership is a voluntary home visiting programme offered to all first time mums aged 19 years or under across NHS Forth Valley. Clients can enrol onto the programme from early pregnancy up until they are 28+6 weeks pregnant. Family Nurse’s help young people who are preparing to become parents and will also work with partners, family members or other people who the client may choose to have with her during the visit. The programme involves regular home visits by a specially trained Family Nurse from early pregnancy up until the child is 2 years old. When the child has their 2nd birthday their care is transferred to the Health Visitor attached to a GP practice.

The Family Nurse Partnership programme is underpinned by robust evidence based research and has been shown to make significant improvements for the health, social and educational outcomes for clients and their children.

Research has shown how important health in pregnancy and the positive relationship between a mother and her baby is for a child’s future health, happiness, relationships, and how well they do in school. Family Nurses provide their clients with information and support to make decisions which improve a child’s development, build positive relationships between a young parent and their baby, and others, help plan for the future and enable young people to make lifestyle choices which gives their child the best possible start in life. It has been widely recognised mums and (dads) who take part in the Family Nurse Partnership are more likely to achieve what they want for themselves and their children. We know dads are important to their babies, so we welcome dads or partners to join in during the home visit if the mum would like them to.

Family Nurse Partnership offers invaluable support to first time teenage parents. In the last 12 months the team has continued to expand to offer a permanent service to all eligible clients now and in the future.
In Primary Care

Primary Care is in the second year of a three year transformation programme with new services including ANP, Mental Health nurses, phlebotomy and physiotherapy being available in general practice with direct access for patients.

In Mental Health

Forth Valley Mental Health Services have been instrumental in the national development of a Mental Health Competency Framework which supports the training requirements for Mental Health ANPs. As a result of this and through funding from Scottish Government Adult Mental Health Services has seen the introduction of 10 trainee ANP posts within the Mental Health Acute Assessment and Treatment Service which provides a 24 hour emergency assessment service for those experiencing an acute episode of mental illness.

Primary Care Mental Health Nursing roles have also developed and have been introduced within local General Practices. These teams were recently selected as finalists in the Scottish Health Awards 2019.

Advanced Nurse Practitioners (ANPs)

Advanced Nurse Practitioners (ANPs) are experienced and highly educated Registered Nurses with advanced training and education who manage the complete clinical care for their patient, not solely any specific condition. Decisions are made using high level expert, knowledge and skills. This includes the authority to refer, admit and discharge within appropriate clinical areas.

There are already many ANPs in both acute care and primary care.

They provide, safe effective and person centred care. Our Mental Health team have taken on 10 trainee ANPs after a very successful ‘Mental Health Assessment and Treatment Service’ pilot.

As part of the primary care improvement plan, 18 trainee ANPs were employed in 2018 to work in GP practice and 6 in the GP out of hours service. They have been supported through a robust induction period. A further 8 trainee ANPs have also been employed in 2019 for GP practices and OOH.

Some of their work took them to be Nursing Times finalists where they were asked to provide a selfie....

And they have also won an NHS award........

In NHS Forth Valley Advanced Nurse Practitioners (ANPs) are clinical leaders with the freedom and authority to assess diagnosis and treat (including prescribing for) patients with complex multidimensional problems. This workforce is vastly expanding and provides a flexible and sustainable workforce to meet the needs of the local population and service demands.

Urgent Care

In support of delivery of the Primary Care Improvement Plan for NHS Forth Valley there are now three Care Home Nurse practitioners in the Falkirk team and additional hours being recruited to Clackmannanshire. These roles will now work towards advance nurse practitioner qualifications.

In NHS Forth Valley Advanced Nurse Practitioners (ANPs) are clinical leaders with the freedom and authority to assess diagnosis and treat (including prescribing for) patients with complex multidimensional problems. This workforce is vastly expanding and provides a flexible and sustainable workforce to meet the needs of the local population and service demands.
National

Excellence in Care
Excellence in Care is a national approach to assurance and improvement, using evidence based measures which captures the contribution of nurses and midwives. There are 4 key deliverables:

• A nationally agreed set of clearly defined key measures of high quality nursing and midwifery care

• Design of a local and national infrastructure, including an agreed national framework and dashboard

• A framework document that outlines key principles to NHS Boards and IJB’s on development and implementation of local care assurance systems

• A set of NHS Scotland record keeping standards

Clinical staff from NHS Forth Valley are involved in the national groups developing measures for all areas of nursing and midwifery and is a test site for many of these.

Excellence in Care mirrors closely the well established Assuring Better Care system in NHS Forth Valley of using data for improvement, and the use of the Nursing and Midwifery dashboard.

Local

Dashboard developments
The Nursing and Midwifery dashboard is a tool used by nursing and midwifery staff to have data presented in a structured way which allows staff to celebrate success, use data to drive improvement and compare themselves with similar areas.

Care Assurance Summary
In 2019, the Care Assurance process was reviewed and refreshed. The visits are led by a senior nurse, supported by a Senior Charge Nurse and member of Practice Development. Each in-patient area is visited 4 times a year and the visit consists of observations of care, environmental checks, documentation audit and the opportunity to speak to patients, carers and staff. The outcomes are given on the same day to the nurse in charge and are used to inform improvement plans. For adult, mental health and women and children there have been 57 visits this year, with many wards achieving above 90%.

Care assurance for community, prison healthcare and ambulatory areas are now being further developed and implemented soon.

In NHS Forth Valley, Excellence in Care is driving quality improvement in Nursing and Midwifery to ensure person centred, high quality care
Safe Staffing
Safer Staffing: Health and Care (Staffing) (Scotland) Act 2019
The Health and Care (Staffing) (Scotland) Act aims to equip boards, nurse leaders and service users with a mechanism for measuring and improving the impact of nursing and midwifery care across all of the nursing and midwifery families. The Act was passed on 2nd May 2019.

Acute Adult Mental Health Services has recently been successful in increasing its nursing workforce following the outcomes and recommendations through utilising national validated workforce tools.

The cabinet secretary visited Forth Valley Royal on the 2nd May 2019 to look at how NHS Forth Valley had embedded the principles of the Health and Care (Staffing) (Scotland) Act. Professor Angela Wallace, Rita Ciccu Moore, Deputy Nurse Director and 3 Senior Charge Nurses walked the Cabinet Secretary through a presentation on Safer Staffing and EIC. The presentation was received very well by the Cabinet Secretary.

Person Centred Care
Feedback
In NHS Forth Valley we rely on a number of methods to gather patient experience and feedback. These include, feedback cards, weekly inpatient surveys, the feedback is used to promote excellence in care and lead improvements to services.

Feedback is also gathered through our social media platforms, twitter (@nhsforthvalley), Facebook (www.facebook.com/nhsforthvalley), the NHS Forth Valley website (www.nhsforthvalley.com) Care Opinion (www.careopinion.org.uk/info/care-opinion-scotland)

Feedback Cards
Patient’s families and carers are invited to complete the feedback cards and information, during 2018/19. The postcards ask for information about their care experience, friendliness of the staff and how clean the area was. The graph below details the findings:

Examples of feedback
“Fantastic staff, excellent idea to have volunteers giving out tea and coffee in Mammogram area. The radiographer was very helpful and reassuring.”

“Absolutely fantastic care while my daughter was in the children’s ward last week staff always there to help a special mention to staff nurse Sharron and staff nurse Anna you both made my daughters stay a positive one under the circumstances you both were always patient helpful and caring towards her I can’t thank you both enough, two fantastic nurses”.}

<table>
<thead>
<tr>
<th>Feedback Themes</th>
<th>2018/19</th>
</tr>
</thead>
<tbody>
<tr>
<td>Excellent</td>
<td>500</td>
</tr>
<tr>
<td>Very Good</td>
<td>400</td>
</tr>
<tr>
<td>Good</td>
<td>300</td>
</tr>
<tr>
<td>Poor</td>
<td>200</td>
</tr>
<tr>
<td>Very Poor</td>
<td>100</td>
</tr>
</tbody>
</table>

![Feedback Chart](chart.png)

**How did we do?**
Let us know online at www.nhsforthvalley.com/feedback or by comment card given to staff or placed in a convenient box.
Stories
During 2018/2019 - 613 stories were told – this was a 41% increase in the number of stories posted over the same period 2017/2018.
The stories were read 68,464 times.
98 Members of staff within NHS Forth Valley are active responders to stories.

How are we using the stories – what’s changed?

• Review of patient letters to give better information to patients when attending urology appointments.
• Improve lighting in toilets within Day surgery.
• Bins within Intensive Care replaced with soft close lids.
• Signage improved around Stirling Care Village.
• Staff training to enhance the patients experience and communication.
• Improvement of DNACPR documentation.

In the ward
The listening tree
It is often difficult to gather meaningful patient opinion from our frail elderly patients, families are often involved in the Patient Questionnaires, but there are questions which they can’t answer.

Ward A32 has developed a different approach to gathering patient and family experience feedback.

In response to observational feedback the Listening Tree was created depicting a vine-type tree with the words ‘Caring, Listening, And Responding’. The tree is on the wall of the Interview Room. New patients and families are given an explanatory document inviting them to write their feedback on post-it notes provided in the Interview Room and place it on the tree. Staff appreciate the feedback, and so far there any concerns have been dealt with in conversations with families.

The communication corner
In response to the iMatter questionnaires this year, A32 are in the process of developing a communication corner. They have designated a corner of the treatment rooms where they hold

our daily patient safety brief and any tutorials or celebrations!

There are two separate ‘walls’.
One wall is to display professional communication such as ideas or solutions to problems or concerns, feedback to initiatives or changes within the ward.
The second wall is inspirational and positive in nature. Staff are invited to produce an inspirational quote each week, to display any excellent care or practise seen.
Learning Disabilities
The learning disability in-patient service has begun the process of Royal College of Psychiatry in-patient standards accreditation. This will be an ongoing piece of work over the next three years to gain accreditation status.

In September 2018 a learning disability epilepsy nurse joined us to work with the epilepsy specialist nurse at FVRH meeting the assessment and treatment needs of those with learning disability and epilepsy in Forth Valley.

The learning disabilities in-patient service (Loch View) had a very positive announced visit by the Mental Welfare Commission in January 2019. The commission highlighted many aspects of good practice within Loch View. Such as evidence of structured, person centred activity plans which offered opportunities to participate in a range of social and recreational activities. The physical environment was also highlighted as bright, clean and well maintained as well as homely despite being a hospital environment.

June 2018
Allison Ramsay, NHS Forth Valley’s former lead nurse for Learning Disability Services, was awarded an OBE for services to learning disability nursing in last year’s Queen’s Birthday Honours list. Allison, who has since retired, was overwhelmed when she heard about the award but was keen to point out that she saw it as recognition not only to her work to improve care for people with learning disabilities, but also to the many people who have worked with her and supported her during her 38 year career as a nurse.

The three learning disability community teams are now all fully integrated with a shared management and leadership structure of nurses and social workers.

The learning disability team are committed to addressing the recommendations from the two Scottish Government strategies; Keys to Life (2019) and Coming Home – A Report on Out-of-Area Placements and Delayed Discharge for People with learning disabilities and Complex Needs (2018) and have been working with our partners in developing an action plan to meet these recommendations.

Mental Health
Improving Observational Practice
The mental health in-patient areas: Acute Mental Health and Bellsdyke Hospital are participating in the national work to improve observational practice for patients being cared for within our mental health in-patient wards. As a result we have seen the introduction of the ‘floor nurse’ in Ward 3 FVRH. The role of the floor nurse is to ensure that there is a dedicated member of staff who is available and visible for all patients to access. Along with the introduction of the Floor Nurse we have introduced interactional checks.

The purpose of the interactional checks is to ensure that there is meaningful and regular dialogue with all patients on a minimum hourly basis. Each interaction allows the nurse to assess the well being of the patient and to pick up any deterioration in a timely manner so that therapeutic interventions can be offered before restrictive practices have to be considered.
Emotional Unstable Personality Disorder (EUPD)

Local Mental Health services have been instrumental in the development of a pathway which provides consistent evidence based practice across secondary care mental health services for people who have a diagnosis of EUPD. The pathway has strengthened the ability to formulate a diagnosis, identify and deliver evidenced based treatment and has produced a patient information booklet to support the pathway.

Activity Coordinator

The Acute Mental Health Unit obtained resources to introduce the newly developed Activity Coordinators role. Activity Coordinators provide therapeutic activity and interventions through individual and group work to both the Acute Adult and Older Adult Mental Health wards within FVRH. This service is provided 7 days per week ensuring that activities and interventions continue over the weekend.

Mental Health and Assessment Treatment Service (MHAATS)

Forth Valley saw the introduction of the newly established MHAATS this year. The service is a nurse led service and is delivered by trainee Advanced Nurse Practitioners and experienced charge nurses who deliver a 24 hour Mental Health Assessment Treatment Service to those experiencing an acute episode of mental health illness and are based within FVRH. The team are also piloting a telephone triage service to the local police. The service supports the police so that when they have contact with individuals who they believe may be experiencing a mental illness they can contact the service and have discussion around the appropriate route of care which supports direct access when appropriate and diverts patients away from inappropriate presentations within the emergency department. Ultimately this improves patient care.

Alcohol Related Brain Injury Service (ARBI)

Following a successful pilot of this service, the local IJB’s and Alcohol and Drug Partnership (ADP) have provided secure funding to allow implementation of a substantive service. The ARBI service aims to address a historical gap in service by accessing those who are often hard to reach and who have been described as a hidden population but who often present at A&E due to a physical related illness. The service provides a holistic assessment (physical and mental well being) for individuals who have a cognitive impairment due to prolonged alcohol use. The aim is then to provide treatment and care, education to support the reduction of alcohol intake and provide a person centred package of care that will improve the quality of life for these individuals and helps to reduce unplanned admissions/reduce presentation to the A&E department.

Development of a professional structure within Mental Health Service

There is now a dedicated Head of Nursing for Mental Health who will lead and develop the professional role for all nursing staff employed within Forth Valley’s Mental Health Services. The professional structure for Mental Health Services has developed over time and to date we have been successful in having designated Lead Nurse for CAMHS, Adult Mental Health, Behavioural Psychotherapy and have achieved the recent appointment of a Nurse Consultant for Alzheimer Scotland/Lead Nurse for Older Adult Mental Health Services. It is our aim to further develop the mental health professional leadership within Substance Misuse services and within Prison Healthcare.

Prison Healthcare

A review has been undertaken of the model of care within Forth Valley’s Prison healthcare. The aim of the review was to develop a model of care that meets the changing needs of healthcare within our Prisons in Forth Valley from a Mental Health, Primary Care, Learning Disability and Addictions perspective. In order to support the proposed model of care a review of the existing nursing workforce is being reviewed. This review will capture the required workforce establishment, training and development needs, recruitment and retention of staff and an increase in the opportunities for our pre-registration students.
Women and Children

Best Start

In line with the Scottish Government recommendations within The Best Start document, NHS Forth Valley as an early adopter board have identified key areas to develop within their service.

The Best Start vision is that all women are offered a truly family-centered, safe and compassionate approach to their care, recognising their own unique circumstances and preferences.

Partners and families are actively encouraged to become an integral part of all maternal & neonatal care.

Women to experience continuity of care, where services are redesigned using the best evidence available and multidisciplinary working evident with empathetic, skilled & well supported staff.

In NHS Forth Valley as an Early Adapter Board for the Scottish Government initiative “Best Start” we are actively promoting a family centred approach to all care aiming to deliver as much care as possible within the community setting

Achievements to date

• 3 Birth Venues available
  - Opened an Alongside Midwifery Unit (AMU). The AMU was officially opened in September 2018 by Jeane Freeman, Cabinet Secretary for Health and Sport. The AMU expands the choice of birthplace in NHS Forth Valley as previously the choices were birthing at home or in the obstetric led unit.
• 15% of Babies now born in the Alongside Midwifery Unit.
  - This Midwifery led service not only enables women to have a greater choice where they wish to birth, it also provides a more relaxing, homely environment which is known to have a positive effect on birth experiences. Work is ongoing to increase the number of women who utilise the AMU.
• 100% of child protection cases cared for by specialist team.
• The Willow Team have a much smaller caseload ratio to enable the team members to offer more time to patients who could benefit from more intensive midwifery support.
• 4 Community Hubs Identified
  - 4 community hubs have been identified within NHS Forth Valley, located at Stirling Community Hospital, Clackmannanshire Community Healthcare Centre, Falkirk Community Hospital and Forth Valley Royal Hospital. Patients can access care more locally both form their midwife and the wider team.
• 11 caseloding teams in operation
  - There are currently 11 teams trialling continuity of care models. Each case loading team consisting of up to 8 midwives. Meet the team sessions ensures that there are opportunities for midwives, women and their families to build strong relationships with midwives.
• 20% Reduction in babies admitted to NNU and 100% of all eligible TC babies have avoided a NNU admission.
  - Neonatal Transitional Care was fully implemented in December 2018 with both Maternity and Neonatal services working collaboratively to support parents and babies to stay together within the post natal ward setting and in doing so reduce the number of admissions to Neonatal Unit. Parents are supported to be the primary carers for their baby, improving attachment and bonding at the earliest and most important stage in a baby’s life.
• 100% of patient’s booking from June have a primary midwife
  - Each woman has a primary midwife who will provide the majority of her care during her pregnancy journey, supported by a buddy midwife.
**LBC Programme**
The Senior Charge Nurse / Team Leader (SCN/TL) is seen as the guardian of clinical standards and quality of care for patients and their families. NHS Scotland has been very clear around its support, aspiration and vision of the SCN role within Scotland today. The vision is of the SCN/TL as a strong leader who is the arbiter and guarantor of patient experience in clinical areas. It is clear that Leading Assuring Better Care is the ideal programme to support the SCN / TL role and development, to embrace the aspirations and deliverables of excellence in care which in turn provides safe, effective high quality care delivered in a way that is truly person centred.

Within NHS Forth Valley our Executive Nurse Director Professor Angela Wallace has had a key and influencing role in the development of Leading Assuring Better Care from its inception within NHS Scotland, and today Professor Wallace reaffirms her commitment to Leading Assuring Better Care by commissioning the development and giving support to this refreshed programme. This now includes elements to build QI skills and expertise of participants.

The aim for this programme is for the SCN / TL to enhance and develop exceptional leadership that enables the delivery of high quality person centred care for patients and families in our care. The SCN / TL in a key leadership role, to be able to understand and translate the meaning and intention of the 4 pillars of Leading Assuring Better Care.

**SCN/Team Lead Network**
The SCN/Team Lead Network is vital to support delivery of our Nursing & Midwifery Strategy “We Care.” This Network is designed to:

- Provide a forum for you to be updated on professional nursing issues both internal and national;
- To be the ‘go to’ place for senior nursing team to seek expert practitioner views from;
- Provide a means to share best practice & celebrate successes and
- Support your further development and leadership

**WoS Academy**
NHS Forth Valley is an integral part of the West of Scotland Advanced Practice Academy. The “Academy” approach is a network of support, learning and professional development for Advanced Practitioners across the health boards. The focus is on the clinical and professional requirements of these demanding roles and providing development and maintenance of competence and capability.
Mentoring and Supervision group
The academy seeks to optimise the mentoring and supervision approaches within the boards to share best practice, implement agreed approaches to supervision and allow peer review and support.

The Leadership Group
The group consists of identified individuals with responsibility for the professional development of Advanced Practice within the agreed Health Boards.

Research and Quality Improvement
A sub group generated in partnership with HEI colleagues recognises that ANPs are affecting patient and system outcomes. It is important therefore that ANPs are able to measure the impact of their care on patient outcomes, their professional impact as well as being able to demonstrate their effectiveness and contribution to health and care delivery. This group focuses on developing metrics to evaluate impact.

Shared learning Network/ CPD Events
The boards are committed to delivering one full day Continuous Professional Development day each 12-18 months. NHS Forth Valley hosted a successful event in March 2019 and will host again at nearing the end of 2020.

Staff Wellbeing
Over the last year the safe and efficient staffing group have been looking at ways to improve staff wellbeing. The theme of Nurses Day 2019 was Staff Wellbeing where various activities were set up for staff to sample such as exercise advice, cycle to work scheme. The day was very successful.

A pilot is being run by the Keep Well Team to help staff look after their own health this commenced with a cohort of our Nursing Assistants within NHSFV They are given access to individual health assessments such as blood pressure, cholesterol, any other risk factors and also your mental health wellbeing.

Nursing & Midwifery Regulation

Regulation
A new approach to making care better and safer
The Nursing and Midwifery Council (NMC) is the professional regulator of nurses and midwives. All registered nurses and midwives must uphold the standards and behaviours set out in the NMC Code of professional standards.

Revalidation
Revalidation is a requirement for nurses and midwives to remain on the register and to demonstrate fitness to practice. Life-long learning is a key element of Revalidation, a process which asks professionals to reflect on their practice and how The Code applies to their day to day work. Each year approximately 750 nurses and midwives from NHS Forth Valley successfully complete revalidation, Revalidation is a three yearly cycle and during 2018/19 our final cohort of staff completed the first cycle of the process.

In NHS Forth Valley we are supporting our nurses and midwives to be the best they can be by refreshing our approach to Fitness to Practice, introducing a regular revalidation newsletter, and providing a programme of education in partnership with the NMC and the University of Stirling.
Fitness to Practise
NMC employers pilot:
Throughout the year NHS Forth Valley has been working closely with the NMC to improve the investigation process that happens on the rare occasions when care goes wrong or falls short of people’s expectations. We have been part of an Employers Pilot, testing out new guidance and improvements to the way in which we can best safeguard the public and support staff during an investigation. We aim to promote a culture where professionals can be open and learn from mistakes and the public can feel that their concerns are listened to and addressed.

In July we hosted a learning event and invited the NMC Regulation Advisor for Scotland to meet with nurses and midwives and their managers to share our experiences of improving care and hear about the new NMC approach. Over 50 staff attended the sessions and the event was so successful that more are planned, including education sessions on Fitness to Practise provided in partnership with the University of Stirling.

Better and safer care for people is at the heart of our Nursing and Midwifery strategy. We look forward to continuing our close relationship with the NMC, supporting our nurses and midwives to provide care of the highest quality that is consistent, safe and delivered with kindness and understanding.

Practice Education Support

Local work in Care Homes supported by the Care Home Education Facilitator

Mentor / Student Support
Currently there are 17 care homes within Forth Valley who support student nurses from the University of Stirling.

Sign off mentors are in 8 care homes with 8 students being signed off in 2018 and currently 10 students on sign off placements in 2019.

Students
137 clinical areas in NHS Forth Valley across all services. At any one time these environments will provide learning experiences for approximately 6 midwifery, 420 adult, 110 mental health, 12 learning disability, and 6 child nursing undergraduate students as well as opportunities for post graduate students on programmes such as community public health nursing, school or district nursing. Within the last academic year 2018 – 2019 1424 mentors have supported approximately 800 nursing and midwifery students at various points in their 3 year programme to undertake practice learning experiences.

Every year final year students on undergraduate nursing programmes at the University of Stirling are asked to nominate exceptional mentors they have encountered in their 3 year programme along with members of the Practice Education Team. In November 2018 an event was held to celebrate the 157 mentors nominated, 11 of whom had been nominated on 5 or more occasions and 60 who had been nominated between 2 and 4 occasions.

A further event in held in July 2018 to promote and celebrate the quality improvement work that student nurses initiate in practice. 16 students shared this to an audience of 70 - 80 senior nurses, university nursing lecturers, mentors and students. The event allows the sharing of good practice across all services whilst raising the profile of quality improvement work.
Staff Awards – Recognising our People

All Award Winners 2018

Top Team Award
Ward A11

Unsung Hero Award
Douglas Smith, Nursing Assistant, Hope House, Bellsdyke

Outstanding Care Award
Louise Boyle, Community Staff Nurse – Bonnybridge Health Centre
Helping Patients with Dementia

An Initiative to improve the experience of patients with dementia who have to be admitted to hospital won the Acute Care Category at Scotland’s Dementia Awards. It aims to reduce the number of moves between wards and increase the number of transfers to the wards before 8.00pm. These changes have resulted in positive patient, carer and staff experiences by helping to reduce anxiety and confusion.

Neonatal Unit
1st Neonatal Unit in Scotland to achieve the Bliss certificate of improvement

Health Visitors
Health Visitor Team
Lead gained Queens Nurse award in 2018

Mental Health
Scottish Health Awards
Support Worker Award: Mental Health Unit Activity Co-ordinator

Integrated care: MHAATS (ANP’s and direct police access)

Care for MH: EUPD Pathway
Healthy lifestyles: Livilands Resource Centre
Lifestyles group

Top Team – Primary Care Mental Health Nurse’s Innovation: Decider Skills training

Mental Health Nursing Forum
Community Mental Health Nursing: MHAATS (ANP’s and direct police access)

Local awards
Top Team: Primary Care Mental Health Nurse’s Innovation: Decider Skills training

Inspiration award: (Substance Misuse Services)
Support Worker Award:

Livilands Mental Health Resource Centre
A team based at Livilands Mental Health Resource Centre in Stirling have received a practice in excellence award from the Mental Health Nursing Forum Scotland.
Posters

3 posters from the Department of Nursing were accepted for display at the 2019 NHS Scotland event. The posters showcased work undertaken within NHS Forth Valley to improve the care of people with cognitive impairment which included:

**Development of a new guidance document, risk assessment and care plan for people who are at risk of wanderwalking.** This resulted in increased awareness/understanding amongst staff as well as a reduction in the number of people reported missing from ward areas following implementation reducing risk of harm. This poster received a finalist award at the event.
Utilising the ‘stories with pictures’ elements of care opinion, supported by volunteers, to obtain accurate feedback regarding the hospital experience for people with dementia. This feedback was used to identify themes and prioritise areas for improvement which resulted in increased satisfaction levels within this group of patients.
Development of an outdoor project as a result of the feedback received through the ‘stories with pictures’. In collaboration with the forestry commission and carer centres, people with a cognitive impairment who were medically stable were supported to spend some time outdoors. At the same time their carer could obtain advice and signposting from the carer centre representative to increase confidence levels prior to discharge home.

Evaluation of promoting carers support and patient engagement through meaningful activities in Ward A11, Forth Valley Royal Hospital.
Authors: Yvonne Cairns, National Dementia Champion, Douglas High, Senior Charge Nurse, Rebecca Fowler - Ralston, Carers Training Coordinator, Gordon Harper, Community Ranger

Background
Care delivered in hospital should be person-centred and encompass the views of the patient and those who matter to them. The Carers Act places a duty of care on health boards to include and recognise the role unpaid carers play, that they are supported and able to access appropriate services. By having knowledge of services this can help build resilience which has positive benefits for both patient and carer helping them to live at home for longer. Evidence showed 30% of patients within Ward A11 described feelings of being bored and fed up when beginning to feel physically better. The Senior Charge Nurse worked alongside internal and external colleagues to devise a project offering something unique to the patient and their loved ones, whilst in the ward prior to discharge home. The project offered meaningful activity out-with the ward environment as well as formal support and signposting for the carer.

Aims
• Patients able to engage in a meaningful activity whilst in hospital
• Increased confidence and wellbeing for patients following time out of the ward
• Carers and patients feeling more confident and optimistic about future plans
• Carers accessing support they previously did not know about or were apprehensive about accessing
• Improved staff attitudes

Methodology
• Short life working group established
• Opportunities to leave the ward with the outdoors being utilised at times
• Patients medically fit identified at Multidisciplinary Team meeting
• offered the opportunity to engage in project
• Activity led by National Dementia Champion
• Carer centre representative spent time with carer
• Patient/carer feedback obtained
• Staff feedback obtained

*During the ward MDT meetings it was so refreshing to be highlighting patients that were well enough to be offered the chance to utilise the outdoors and participate in the project rather than a sole focus on medical needs* - Staff Nurse A11

Results
• 60% uptake from patients offered to engage (12/20 patients identified participated in 8 weeks, 10 carers)
• On leaving the ward environment individuals reminisced and talked about their lives, families and experiences
• Carers appeared more relaxed and reported increased confidence
• Carers offered registration with carers centre/ signposting to community based supports
• Staff attitudes improved, increased ward staff involvement using time to truly engage on a more person centred level
• Ward staff will continue weekly project

Conclusion
Overall, patients spoke more positively when given the opportunity to be away from the ward environment. Both patient and carer felt included and informed. Staff became more engaged when given the opportunity to be involved in a unique meaningful activity.

References
1. Care of Older People in Hospital Standards. Healthcare Improvement Scotland. NHS Scotland. 2015
2. Carers (Scotland) Act 2016
We Care

Nursing & Midwifery Strategy
2019 - 2021

Caring for the people of Forth Valley

---

NHS Forth Valley

Nursing & Midwifery Strategic Plan 2019 - 2020

We will

- Care for patients, their families and carers, and keep them at the centre of everything we do.
- Care for patients in an appropriate, clean and safe environment.
- Strive to keep patients free from avoidable harm, and where harm occurs, we will learn and improve our practice.
- Respect our patients, families, carers and colleagues, and treat them as we wish to be treated ourselves.
- Ensure that wasteful or harmful variation will be eradicated.

We Care

- Seek feedback from patients and carers, and act on what they are telling us.
- Create partnerships between ourselves, patients and their families.
- Respect individual needs and values demonstrating compassion, continuity, clear communication, and shared decision making.
- Continually develop and educate ourselves to deliver the best care we can.
- Provide the highest standards of quality and safety, with the person at the centre of all decisions.

Be better every day at promoting compassionate, safe, and respectful care.

Be recognised nationally for our culture of caring that is driving excellence in practice and the development of nurses and midwives to be at the forefront of improvement, education and professionalism.

Be part of the NHS Forth Valley and wider integration health and social care system delivering our Shaping the Future Healthcare Strategy and achieving the 2020 Vision.

Caring, Communication, Excellence, Respect, Professionalism, Commitment

---

NHS Forth Valley
FORTH VALLEY NHS BOARD
TUESDAY 26 NOVEMBER 2019

8.1 Finance Report
Seek Assurance

Executive Sponsor: Cathie Cowan Chief Executive

Author: Scott Urquhart, Director of Finance

Executive Summary
This report provides a summary of the financial position for NHS Forth Valley to 31st October 2019.

Recommendation:
The NHS Board is asked to approve: -
• The proposal on 2019/20 risk sharing arrangements for Falkirk Integration Joint Board.

The NHS Board is asked to note:
• A revenue overspend of £0.943m to 31st October 2019, with a projected year end outturn position of £2.400m overspend, subject to further non recurring options currently being finalised.
• A balanced capital position to 31st October 2019 and a projected break even position on capital at financial year end.
• A savings requirement in 2019/20 of £19.2m, of which £18.7m has been identified to date.
• Key financial risks outlined in section 6 of the report, particularly in relation to winter capacity pressures and high cost medicines.
• Planned work progressing on Set Aside arrangements (Appendix 5)

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 revenue and capital financial position for NHS Forth Valley for the seven month period to 31st October 2019.

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

Table 1: Revenue Financial Position as at 31st Oct 2019

<table>
<thead>
<tr>
<th>Budget Area</th>
<th>Annual Budget £m</th>
<th>Variance at 31 Oct 2019 £m</th>
<th>Forecast outturn at Oct 2019 £m</th>
</tr>
</thead>
<tbody>
<tr>
<td>NHS services (incl. Set Aside)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Clinical Services</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Acute Services</td>
<td>166.450</td>
<td>(3.868)</td>
<td>(6.837)</td>
</tr>
<tr>
<td>Cross Boundary Flow</td>
<td>49.767</td>
<td>(1.425)</td>
<td>(2.051)</td>
</tr>
<tr>
<td>Primary Care, Mental Health and Prisons</td>
<td>26.493</td>
<td>(0.896)</td>
<td>(1.365)</td>
</tr>
<tr>
<td>Women and Children</td>
<td>39.553</td>
<td>(1.607)</td>
<td>(2.676)</td>
</tr>
<tr>
<td>Income</td>
<td>(34.334)</td>
<td>0.263</td>
<td>0.000</td>
</tr>
<tr>
<td>Non Clinical Services</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Facilities and Infrastructure</td>
<td>98.384</td>
<td>(0.292)</td>
<td>(0.371)</td>
</tr>
<tr>
<td>Corporate Services</td>
<td>35.060</td>
<td>0.329</td>
<td>0.340</td>
</tr>
<tr>
<td>Other</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Ringfenced and Contingency Budgets</td>
<td>25.053</td>
<td>7.341</td>
<td></td>
</tr>
<tr>
<td>Partnership Funds</td>
<td>0.131</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Subtotal</strong></td>
<td><strong>406.557</strong></td>
<td><strong>(0.155)</strong></td>
<td></td>
</tr>
<tr>
<td>Health &amp; Social Care Partnerships</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Falkirk HSCP</td>
<td>136.506</td>
<td>(0.825)</td>
<td></td>
</tr>
<tr>
<td>Clacks/Stirling HSCP</td>
<td>123.146</td>
<td>0.037</td>
<td></td>
</tr>
<tr>
<td><strong>Subtotal</strong></td>
<td><strong>259.652</strong></td>
<td><strong>(0.788)</strong></td>
<td></td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>666.209</strong></td>
<td><strong>(0.943)</strong></td>
<td></td>
</tr>
</tbody>
</table>

1.3 Key Financial Issues

The NHS Board financial position at 31st October 2019 is an overspend of £0.943m (Table 1). The forecast year-end outturn position at this point remains in line with the 2019/20 AOP financial plan, at a forecast overspend of £2.400m at 31st March 2020. Proposals for a capital to revenue transfer option continue to be developed which would allow the Board to move towards a break-even projection for 2019/20. This would be a non recurring (one off) transfer between budgets which would then require to be met on a recurring ongoing basis.

It is important to note that the NHS Board remains in a very challenging financial position and will require significant recurring cost reductions to maintain recurrent delivery of financial targets in future years, as planned to be met through the Portfolio Management Office (PMO) workstreams. The principal financial risks currently facing the NHS Board are set out in section 6.

Cost sharing arrangements between Partners to meet Integration Joint Board overspends represents a significant financial risk for the NHS Board. The NHS Board is asked to
consider a risk share proposal to Falkirk IJB, specifically that in the current financial year 50% (£1.428m) of the year end pressure is offset by IJB reserves on an non recurring basis. If approved by the Board, this would then be presented as a proposal for the IJB to consider for decision at its meeting of 6th December 2019. Discussions with Partners in the Clackmannanshire/Stirling partnership continue. Further detail is in Section 4 of the report and an extract from the Integration Scheme detailing process for managing in year overspends is attached at Appendix 4.

Work supported by Buchan Associates has commenced to develop a Capacity and Financial Model to support the Set Aside budget. This work will review the historic activity, baseline data and utilisation of resources at Forth Valley Royal by the Integration Authorities. This will allow a model to be constructed to plan future activity and bed capacity over a 5 year period. Further detail in Section 4 of the report and Appendix 5.

The NHS Board has an annual savings requirement in 2019/20 of £19.2m. Cost improvement schemes identified to date total approx £18.6m, of which £16.3m are currently identified as lower or medium risk. Savings delivered to the end of October total £5.4m. Further savings analysis is set out in Section 5 of this report and Appendix 3.

We are continuing to work with pharmacy colleagues locally and across tertiary Boards to identify the cohort and consequent financial pressure for cystic fibrosis medicines (Orkambi and Symkevi). The Board has been notified of a number of new patients who are in scope for these new drug therapies. In addition, there has been a significant increase seen in oncology drugs recharged from tertiary centres, due to earlier treatment interventions in the treatment for specific clinical indications and conditions.

The NHS Board have received further winter support funding of £0.255m taking the total funding allocated to £0.510m. The Board’s Winter Plan has been submitted to the Scottish Government.

Expenditure on temporary supplementary staff (bank, agency, locum and overtime costs) to 31st October is £10.843m, this compares to a total to October 2018 of £10.046m, an increase of £0.797m.

- Nursing bank and agency staff costs are £1.207m higher than last year (nurse agency £0.756m higher) - the areas experiencing highest pressures are Acute Assessment Unit/CAU where there have been a number of vacancies, contingency areas including Day Medicine, and Mental Health inpatient areas.
- Medical bank and agency is showing a reduction of £0.648m from last year, with the top 3 specialties being Old Age Psychiatry, ENT and Acute Care. It will be important to continue to closely manage the supplementary staffing expenditure as closely as possible going forward. Further details on expenditure trends are provided at Appendix 1.

Asset sales, relating to sites G and J of the Bellsdyke development agreement now have been confirmed and the associated financial transactions for 2019/20 have been prepared. Meetings have taken place with the District Valuer, with a meeting with the Board’s external auditors is scheduled for the end of November to conclude financial arrangements in this area.

There are a number of national developments, including management of clinical waste and implementation of Office 365 which continue to be reviewed by colleagues at National Services Scotland to establish the actual future requirement and to update the indicative cost figures.

1.4 Scottish Government Funding Allocations

The annual budget of £666.209m represents the following funding allocations:

- Confirmed allocations (letter dated 1st November 2019) of £606.167m.
- Anticipated allocations of £25.166m.
- An indicative budget for Family Health Services (FHS) of £34.876m, updated for transfer from Core funding to Pharmacy global sum for 19/20.
Allocations received in October included Stirling Care Village Unitary Charge £1.833m, Winter Funding £0.521m, Elective Activity (new theatres) £0.499m, and top slice for Positron Emission Tomography (PET) Scans adjustment £-0.430m. Anticipated allocations are mostly for £25.221m non-core revenue allocations and have reduced by £10.146m from September in line with the AME return to Scottish Government last month.

1.5 Capital

The capital budget to 31st October 2019 reflects a balanced position. Capital expenditure to the end of October totals £5.040m. The capital plan will be subject to a further full review, once the Bellsdyke disposal is finalised and confirmed. (Appendix 2).
2.0 CLINICAL DIRECTORATES

2.1 Clinical Directorates report an overspend of £7.533m to the end of October 2019 (overspend of £5.974m at the end of September).

<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>166.450</td>
<td>97.645</td>
<td>101.513</td>
<td>(3.868)</td>
</tr>
<tr>
<td>Cross Boundary Flow</td>
<td>49.767</td>
<td>29.061</td>
<td>30.486</td>
<td>(1.425)</td>
</tr>
<tr>
<td>Primary Care, Mental Health, Prisons</td>
<td>26.493</td>
<td>15.339</td>
<td>16.235</td>
<td>(0.896)</td>
</tr>
<tr>
<td>Women &amp; Children</td>
<td>39.553</td>
<td>22.366</td>
<td>23.973</td>
<td>(1.607)</td>
</tr>
<tr>
<td>Income</td>
<td>(34.334)</td>
<td>(24.023)</td>
<td>(24.286)</td>
<td>0.263</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>247.929</strong></td>
<td><strong>140.388</strong></td>
<td><strong>147.921</strong></td>
<td><strong>(7.533)</strong></td>
</tr>
</tbody>
</table>

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

2.2 Acute Services
- An adverse variance of £3.868m is reported at the end of October (overspend of £3.198m last month). The monthly adverse variance of £0.669m was higher than forecast due to an increase in drugs expenditure across in Ophthalmology, Oncology and Chemotherapy.
- Nursing payroll costs were higher than planned in October due to a number of factors. A number of vacancies were filled in October but required continued support from non core staff to ensure successful staff induction. Non core staff in this area is anticipated to reduce in November. There was also increased staffing in the wards reflecting the recent recruitment of new qualified nurses and increased demand for use of contingency beds
- Work to identify further efficiencies and savings continues with savings achieved by the end of October in Acute Services in excess of £2.2m. The principal financial challenge is delivering on historic savings requirements against a background of growing demand for resources to achieve waiting times targets, winter demands, staff vacancies and high drugs costs. The forecast outturn has improved by £0.159m due to the delivery of both recurring and non recurring savings in month.

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 to October of £1.425m, (overspend of £0.826m in September), principally due to Acute unplanned activity from both Lothian and Greater Glasgow & Clyde Health Boards.
- Pharmacy colleagues, liaising with Lothian HB are advising that there are a cohort of 24 patients with Cystic Fibrosis who are in scope to receive Symkevi/Orkambi therapy. Work is underway to establish the full cost impact as it relates to this financial year. In addition oncology drugs via NHS GG&C started to increase significantly in the latter part of last year and information received recently shows a further increase. Pharmacy colleagues are advising that this is partly related to advances in the treatment of melanoma with patients receiving targeted treatments, earlier in the pathway than before.
2.4 **Primary Care, Mental Health and Prison Services**

- The budget area covers Specialist Mental Health and Prison Services, and is reporting an adverse variance of £0.896m compared to overspend of £0.735m last month. There are challenges in respect of consultant locum costs being incurred in Mental Health, although redesign options are well developed to try to improve the position, both from a service and financial perspective.

- Prisons and Community Services remain broadly break-even overall, however within these services there is on-going use of agency and bank staff at both Polmont and Glenochil facilities, and this remains a cost pressure. Disability Services (particularly translations) are under pressure; however this is being offset by a favourable position within Dental Services, albeit this is not sustainable moving forward.

- Within Specialist Mental Health Services, there remains an unachieved savings target based on income generation from a bed within Hope House, however the facility remains at 100% occupancy, and is anticipated to be so for the foreseeable future. In addition there are pressures in the Mental Health Unit at Forth Valley Royal managing complex patients.

2.5 **Women and Children’s Services and Sexual Health Services Directorate**

- The Directorate is reporting an overspend of £1.607m at end of October (overspend of £1.403m at September). Unachieved savings from prior years form the principal element of the overspend in this directorate. In October pay arrears (backdated to August 2018) were paid to trainee Health Visitors following new national guidance.

- There is an ongoing in-depth review of each service area which will complete over the next few months looking at the current position and planning for 2020/21 to identify further opportunities to reduce cost or in some cases quantify risk.

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 NON CLINICAL SERVICES
Non Clinical Services report an underspend of £0.031m to the end of October 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>98.384</td>
<td>56.745</td>
<td>57.037</td>
<td>(0.292)</td>
</tr>
<tr>
<td>Corporate Services</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Director of Finance</td>
<td>3.317</td>
<td>1.935</td>
<td>1.941</td>
<td>(0.006)</td>
</tr>
<tr>
<td>Area Wide Services</td>
<td>11.008</td>
<td>7.412</td>
<td>7.621</td>
<td>(0.209)</td>
</tr>
<tr>
<td>Medical Director</td>
<td>7.754</td>
<td>4.125</td>
<td>4.022</td>
<td>0.103</td>
</tr>
<tr>
<td>Director of Public Health</td>
<td>2.780</td>
<td>1.567</td>
<td>1.545</td>
<td>0.022</td>
</tr>
<tr>
<td>Director of HR</td>
<td>3.950</td>
<td>2.307</td>
<td>2.289</td>
<td>0.018</td>
</tr>
<tr>
<td>Director of Nursing</td>
<td>2.678</td>
<td>1.508</td>
<td>1.578</td>
<td>(0.070)</td>
</tr>
<tr>
<td>Chief Executive</td>
<td>1.772</td>
<td>1.004</td>
<td>0.856</td>
<td>0.148</td>
</tr>
<tr>
<td>Immunisation / Other</td>
<td>1.930</td>
<td>1.108</td>
<td>0.791</td>
<td>0.317</td>
</tr>
<tr>
<td>Total</td>
<td>133.573</td>
<td>77.711</td>
<td>77.680</td>
<td>0.031</td>
</tr>
</tbody>
</table>

3.1 Facilities and Infrastructure Directorate
- This budget covers estates, maintenance, transport and domestic services other than those covered by the Forth Valley Royal Hospital (FVRH) Contract, management of the payments for FVRH, Clackmannanshire Community Healthcare Centre and Stirling Health and Care Village contracts, and Capital Projects. It also covers eHealth/ICT, Information and Procurement services.
- At the end of October the Facilities & Infrastructure Directorate is £0.292m overspent, (overspend of £0.133m as at 30th September). This month, there have been a number of “one-off” items of expenditure, including work on boiler replacement at Trystview and engineering maintenance and repairs at Falkirk Community Hospital. The level of expenditure on private ambulances and taxis continues to be significant, although it is important to recognise that this is driven by demand across a range of NHS Forth Valley services, and minimising unnecessary use remains a priority. Property rates and energy costs represent other significant cost pressures.
- Costs in respect of waste management continue to be accrued as contingency arrangements remain in place due to the extension of the temporary contract. It is now anticipated that this will continue to the end of the financial year.
- Focus remains on identifying efficiencies to secure a balanced budget. Work is ongoing to identify new cost improvement initiatives, and to implement plans already identified.

3.2 Corporate Services
- These services cover a range of services of functions including Finance, Human Resources and Public Health. There are offsetting over and underspends associated with issues such as delays in savings delivery and vacancies respectively.

3.3 Ring-fenced and contingency
- These are a range of budgets that are held centrally, including funds ring-fenced for waiting times / access funding, contingency arrangements, and anticipated allocations yet to be distributed, offset by the year to date impact of area wide savings not yet distributed. A balance on these budgets of £7.3m has been phased into the position year to date.
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 £0.788m to 31st October 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>Falkirk</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Operational Services</td>
<td>59.544</td>
<td>34.343</td>
<td>33.940</td>
<td>0.403</td>
</tr>
<tr>
<td>Universal Services</td>
<td>76.962</td>
<td>44.904</td>
<td>46.132</td>
<td>(1.228)</td>
</tr>
<tr>
<td>Subtotal</td>
<td>136.506</td>
<td>79.247</td>
<td>80.072</td>
<td>(0.825)</td>
</tr>
<tr>
<td>Clackmannanshire and Stirling</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Operational Services</td>
<td>49.370</td>
<td>28.051</td>
<td>27.001</td>
<td>1.050</td>
</tr>
<tr>
<td>Universal Services</td>
<td>73.776</td>
<td>42.769</td>
<td>43.782</td>
<td>(1.013)</td>
</tr>
<tr>
<td>Subtotal</td>
<td>123.146</td>
<td>70.820</td>
<td>70.783</td>
<td>0.037</td>
</tr>
<tr>
<td>TOTAL</td>
<td>259.652</td>
<td>150.067</td>
<td>150.855</td>
<td>(0.788)</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.

- The key financial pressure areas for partnership services remain Prescribing, Complex Care and Community Hospital Inpatient Services, partly offset by historic underspends against community services budget areas. 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. Work is ongoing across both partnership areas to minimise and mitigate against identified financial pressures.

- Discussions are continuing with both Partnerships on workforce models and the transfer of operational management responsibility. It is anticipated that this will require internal budget realignment.

- The most recent IJB finance reports set out the following position:
  - The projected year end position for Falkirk IJB is £3.241m (Source: September 2019 IJB papers), of which £1.396m relates to the Set Aside budget which is met by NHS FV, and an overspend of £1.845m which are pressures on the health arm of the partnership. Adult Social Care is projected break-even.
  - The projected year end forecast position for Clackmannanshire and Stirling IJB is an overspend of £4.573m (Source: September 2019 IJB papers), of which £0.624m relates to projected overspends on the health arm of the partnership with the balance of £3.949m for overspends on the Adult Social Care arm. There is a further projected overspend in relation to set aside services of approximately £1.118m.

- Agreement on risk share between Partners for the Integration Joint Board overspend is a significant financial risk for the Board. Work has been completed on a risk share proposal for Falkirk IJB, specifically that in the current financial year 50% of the year end pressure (projected at £1.428m) is met by IJB reserves on an non recurring basis. If approved by the Board, this would then be presented as a proposal for the IJB to consider for decision at its meeting. Discussions with Partners in the Clackmannanshire/Stirling partnership continue.
• An extract from the integration schemes for both partnerships setting out arrangements for dealing with overspends on the integrated budget is attached at Appendix 4.

• National guidance from a number of sources including the Ministerial Strategic Group conclude that IJBs must be empowered to use the totality of resources at their disposal to better meet the needs of their local populations and there is an expectation that resources lose their original identity and become a single budget on an ongoing basis.

• Work has commenced, supported by Buchan Associates to develop a Capacity and Financial Model to support the Set Aside budget. This work will review the historic activity, baseline data and utilisation of resources at Forth Valley Royal by the Integration Authorities. This will allow a model to be constructed to plan future activity and bed capacity over a 5 year period.

This work has been commissioned to be completed in 8 weeks, with weekly workshops taking place to progress the plan. A group has been established including Chief Officers, Chief Finance Officers, and Director of Acute Services. Further detail is set out in Appendix 5.
5.0 SAVINGS

5.1 The savings requirement to break-even in year one (2019/20) of the Board’s five year financial plan is £19.214m. The Board’s Annual Operational Plan sets out a strategy to deliver financial balance over a three year period.

5.2 As part of the Board’s longer term strategy to meet the savings challenge, the NHS Board has approved a Portfolio Management Office (PMO) development, to deliver successful change at pace to drive improved value and efficiency. The domains set out in the financial planning paper will be directed by the PMO, with each programme having an executive sponsor with an agreed set of terms of reference, planned benefits and appropriate risk assessment. Recruitment is underway, a senior project management post will be advertised this month, with Project Support Managers appointed to. Appropriate finance support is being considered. Areas in immediate scope for the PMO are Medicines Management, Procurement and Workforce.

5.3 As part of a move to increasing clinical engagement and a key theme in the NHS Board Financial Plan, work is underway with senior clinical and financial management to move forward with a test of change which puts clinical leaders in control of discrete budgets. A number of clinical budget holders have been identified and initial meetings have been held to agree the proposed approach.

5.4 Cost improvement schemes totalling £18.7m have been identified against the annual requirement of £19.2m. Each scheme has been R/A/G risk assessed and these are set out in detail in Appendix 3. Savings delivered to date total £5.4m which is in line with the planned trajectories set at the start of the year.

The assessment on year end savings delivery at this mid point in the year between recurrent and non recurrent sources is set out below. These are estimates based on savings positions review at October and further work will continue to drive improvement on underlying recurrent savings delivery which is essential for longer term sustainability:

- Anticipated delivery of recurrent savings £5.8m
  - Based on 100% ‘green’ and ‘amber’ plans

- Movements in recurring funding and cost from the opening plan position £2.7m
  - Based on additional funding not initially anticipated and
    Planned investments no longer expected

- Forecast delivery of non-recurring savings £6.5m
  - Based on known non recurrent sources including n/r rebates
    Financial flexibility, central budget slippage and balance sheet provisions

- Other savings schemes £4.2m
  - All schemes currently rated as ‘red’ plus unidentified schemes

Total £19.2m
6.0 FINANCIAL RISKS
The following are key financial risks

General
- There is a risk that economic outlook and impact of demographic change continues to drive requirement for recurrent cash savings which is unsustainable without significant service change.
- There is a risk that the Board’s 2019/20 cost improvement programme will not fully deliver and that timing of some plans will slip.
- There are uncertainties associated with EU withdrawal arrangements which carry potential financial risk.
- There is a risk that hospital capacity issues resulting from delayed discharge, activity profiles and winter pressures lead to increased staffing and service costs.
- There is a risk that additional financial contributions required from partner organisations to meet IJB financial pressures in 2019/20 will exceed planned levels, in relation to both health and social care services. Risk share agreements have not yet been finalised for 2019/20.
- There is a risk that outstanding anticipated financial allocations are not met in full.

Pay Issues
- There is a risk that workforce pressures and recruitment issues for some specialist areas will contribute to a requirement for higher cost temporary locum staffing requirement.
- There is a risk that recent changes to pension arrangements may impact on the availability of consultant staff to undertake sessions to support waiting times improvement, leading to requirement for alternative arrangements at higher cost.
- There is a risk that areas of specific clinical service sustainability risk will require additional financial resources to maintain safe and effective services for patients.

Non Pay Issues
- New Drugs - proportion of spend on hospital drugs in particular has been rising above inflation year on year. Approvals for new high cost drugs have significant impact on spend profile.
- There is a risk that proposed charges for cross boundary flow, particularly in relation to contributions on waiting times investment, exceed planned and available resources.
- A routine HMRC VAT review remains in progress. The outcome of the review is not yet known and the Board’s VAT advisors are fully involved in the process.
- There is a risk that the timing of planned capital receipts impact on the year end capital position with associated impact on any revenue consequences.
7.0 CAPITAL

Forecast Gross Direct Capital Expenditure for 2019/20 is £13.987m made up of Scottish Government Health Directorate General Core Allocation of £3.289m and forecast Property Disposal receipts to the value of £10.698m. (See also Appendix 2), and recognition of the final phase of Stirling Health and Care Village asset addition at £1.028m.

<table>
<thead>
<tr>
<th>Total £m</th>
<th>Capital Resources</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>General Allocation</td>
</tr>
<tr>
<td></td>
<td>Property Disposals</td>
</tr>
<tr>
<td></td>
<td>Stirling Health and Care Village (ODEL)</td>
</tr>
<tr>
<td></td>
<td><strong>Total Capital Resources</strong></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Total £m</th>
<th>Capital Expenditure</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Spend to 31st October 2019</td>
</tr>
<tr>
<td></td>
<td>Anticipated Spend November 2019 to March 2020</td>
</tr>
<tr>
<td></td>
<td>Stirling Health and Care Village (ODEL)</td>
</tr>
<tr>
<td></td>
<td><strong>Total Planned Capital Expenditure</strong></td>
</tr>
</tbody>
</table>

Within the allocation letter received from the Scottish Government for October, no further allocations were received.

Expenditure to 31st October 2019 was £5.040m inclusive of an in month increase to the value of £0.586m. Expenditure to date can be summarised as follows:

**Strategic & Regional Priorities** – expenditure within this category equates to £0.566m as at 31st October 2019 with a further £0.019m being spent on equipment for the Elective Care project during the month.

**Primary & Community Services** – within this category, a further £0.033m was spent on the new Doune Health Centre development bringing the Primary & Community Care total expenditure up to £1.457m as at 31st October 2019.

**Community Hospitals** – during October £0.004m was spent on cooling for the Air Handling Unit at the Area Sterilisation and Disinfecting Unit at Falkirk Community Hospital and also a further £0.030m on equipment for the Stirling Care Village.

**IM&T and Medical Equipment** – within this category, to date £1.603m has been spent on projects being taken forward as part of the eHealth financial plan, and also a further £1.074m on the Medical Equipment replacement programme.

**Area Wide Expenditure** – within this category £0.049m was spent on replacement heating and domestic hot water plant at Livilands in Stirling.
Appendix 1 – Non-Core Staff Cost Trends

**Medical Agency & Bank**
2018/19 v 2019/20

<table>
<thead>
<tr>
<th>Month</th>
<th>2018</th>
<th>2019</th>
</tr>
</thead>
<tbody>
<tr>
<td>Apr</td>
<td>400</td>
<td>0</td>
</tr>
<tr>
<td>May</td>
<td>400</td>
<td>0</td>
</tr>
<tr>
<td>Jun</td>
<td>400</td>
<td>0</td>
</tr>
<tr>
<td>Jul</td>
<td>400</td>
<td>0</td>
</tr>
<tr>
<td>Aug</td>
<td>400</td>
<td>0</td>
</tr>
<tr>
<td>Sep</td>
<td>400</td>
<td>0</td>
</tr>
<tr>
<td>Oct</td>
<td>400</td>
<td>0</td>
</tr>
<tr>
<td>Nov</td>
<td>400</td>
<td>0</td>
</tr>
<tr>
<td>Dec</td>
<td>400</td>
<td>0</td>
</tr>
<tr>
<td>Jan</td>
<td>400</td>
<td>0</td>
</tr>
<tr>
<td>Feb</td>
<td>400</td>
<td>0</td>
</tr>
<tr>
<td>Mar</td>
<td>400</td>
<td>0</td>
</tr>
</tbody>
</table>

**Nurse Bank & Agency**
2018/19 v 2019/20

<table>
<thead>
<tr>
<th>Month</th>
<th>2018</th>
<th>2019</th>
</tr>
</thead>
<tbody>
<tr>
<td>Apr</td>
<td>400</td>
<td>0</td>
</tr>
<tr>
<td>May</td>
<td>400</td>
<td>0</td>
</tr>
<tr>
<td>Jun</td>
<td>400</td>
<td>0</td>
</tr>
<tr>
<td>Jul</td>
<td>400</td>
<td>0</td>
</tr>
<tr>
<td>Aug</td>
<td>400</td>
<td>0</td>
</tr>
<tr>
<td>Sep</td>
<td>400</td>
<td>0</td>
</tr>
<tr>
<td>Oct</td>
<td>400</td>
<td>0</td>
</tr>
<tr>
<td>Nov</td>
<td>400</td>
<td>0</td>
</tr>
<tr>
<td>Dec</td>
<td>400</td>
<td>0</td>
</tr>
<tr>
<td>Jan</td>
<td>400</td>
<td>0</td>
</tr>
<tr>
<td>Feb</td>
<td>400</td>
<td>0</td>
</tr>
<tr>
<td>Mar</td>
<td>400</td>
<td>0</td>
</tr>
</tbody>
</table>

**Admin Bank & Agency Staff**
2018/19 v 2019/20

<table>
<thead>
<tr>
<th>Month</th>
<th>2018</th>
<th>2019</th>
</tr>
</thead>
<tbody>
<tr>
<td>Apr</td>
<td>400</td>
<td>0</td>
</tr>
<tr>
<td>May</td>
<td>400</td>
<td>0</td>
</tr>
<tr>
<td>Jun</td>
<td>400</td>
<td>0</td>
</tr>
<tr>
<td>Jul</td>
<td>400</td>
<td>0</td>
</tr>
<tr>
<td>Aug</td>
<td>400</td>
<td>0</td>
</tr>
<tr>
<td>Sep</td>
<td>400</td>
<td>0</td>
</tr>
<tr>
<td>Oct</td>
<td>400</td>
<td>0</td>
</tr>
<tr>
<td>Nov</td>
<td>400</td>
<td>0</td>
</tr>
<tr>
<td>Dec</td>
<td>400</td>
<td>0</td>
</tr>
<tr>
<td>Jan</td>
<td>400</td>
<td>0</td>
</tr>
<tr>
<td>Feb</td>
<td>400</td>
<td>0</td>
</tr>
<tr>
<td>Mar</td>
<td>400</td>
<td>0</td>
</tr>
</tbody>
</table>
Appendix 2 – Capital

<table>
<thead>
<tr>
<th>CAPITAL RESOURCE LIMIT</th>
<th>Annual Budget £000</th>
<th>YTD Budget £000</th>
<th>YTD Spend £000</th>
<th>YTD Variance £000</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>CAPITAL RESOURCES</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>SGHD - General Allocation</td>
<td>6,085</td>
<td>4,951</td>
<td>5,040</td>
<td>-89</td>
</tr>
<tr>
<td>SGHD - Other Allocations</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>SGHD - Improving Access to Elective Care</td>
<td>4,500</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>SGHD - GP Sustainability Loans</td>
<td>1,200</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>SGHD - Advance of Asset Sales</td>
<td>-2,900</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>SGHD - Banked for Future Years</td>
<td>-1,484</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>SGHD - Capital Grants</td>
<td>-300</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>SGHD - Capital to Revenue Transfers</td>
<td>-3,812</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td><strong>General Allocation</strong></td>
<td>3,289</td>
<td>4,951</td>
<td>5,040</td>
<td>-89</td>
</tr>
<tr>
<td>Stirling Care Village Asset Addition</td>
<td>1,028</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td><strong>Total Core Capital Resource Limit</strong></td>
<td>4,317</td>
<td>4,951</td>
<td>5,040</td>
<td>-89</td>
</tr>
<tr>
<td>Value of Asset Sales Retained</td>
<td>10,698</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td><strong>Total Capital Resources</strong></td>
<td>15,015</td>
<td>4,951</td>
<td>5,040</td>
<td>-89</td>
</tr>
<tr>
<td><strong>PLANNED CAPITAL EXPENDITURE</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Strategic &amp; Regional Priorities</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>PFI Hospital Variations</td>
<td>200</td>
<td>200</td>
<td>289</td>
<td>-89</td>
</tr>
<tr>
<td>Stirling Care Village Asset Addition</td>
<td>1,028</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Improving Access to Elective Care</td>
<td>4,500</td>
<td>277</td>
<td>277</td>
<td>0</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td>5,728</td>
<td>477</td>
<td>566</td>
<td>-89</td>
</tr>
<tr>
<td><strong>Primary &amp; Community Services</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Primary Care Premises Review</td>
<td>261</td>
<td>78</td>
<td>78</td>
<td>0</td>
</tr>
<tr>
<td>Doune Health Centre - Hub D&amp;B</td>
<td>1,400</td>
<td>1,379</td>
<td>1,379</td>
<td>0</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td>1,661</td>
<td>1,457</td>
<td>1,457</td>
<td>0</td>
</tr>
<tr>
<td><strong>Community Hospitals</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Community Hospital Retained Sites</td>
<td>338</td>
<td>52</td>
<td>52</td>
<td>0</td>
</tr>
<tr>
<td>Stirling Care Village Equipping</td>
<td>100</td>
<td>72</td>
<td>72</td>
<td>0</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td>438</td>
<td>124</td>
<td>124</td>
<td>0</td>
</tr>
<tr>
<td><strong>IM&amp;T and Medical Equipment</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>IM &amp; T Strategy</td>
<td>2,214</td>
<td>1,603</td>
<td>1,603</td>
<td>0</td>
</tr>
<tr>
<td>PACS Technical Refresh</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Medical Equipment Replacement Programme</td>
<td>3,038</td>
<td>1,074</td>
<td>1,074</td>
<td>0</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td>5,252</td>
<td>2,677</td>
<td>2,677</td>
<td>0</td>
</tr>
<tr>
<td><strong>Area Wide Expenditure</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Fire Safety / Statutory Standards / HEI Property Maintenance</td>
<td>636</td>
<td>167</td>
<td>167</td>
<td>0</td>
</tr>
<tr>
<td>Energy Efficiency / Carbon Management</td>
<td>350</td>
<td>49</td>
<td>49</td>
<td>0</td>
</tr>
<tr>
<td>CHP FVRH</td>
<td>50</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Capital to Revenue Transfers</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Capital Grants</td>
<td>-300</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td>736</td>
<td>216</td>
<td>216</td>
<td>0</td>
</tr>
<tr>
<td><strong>Financial Assets</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>GP Sustainability Loans</td>
<td>1,200</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td>1,200</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td><strong>Total Capital Expenditure</strong></td>
<td>15,015</td>
<td>4,951</td>
<td>5,040</td>
<td>-89</td>
</tr>
<tr>
<td><strong>Savings/(Excess) Against Resource Limit</strong></td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td><strong>Forecast Property Disposals</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Bellsdyke Development</td>
<td>9,898</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Orchard House Land</td>
<td>300</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Field X, RSNH Site</td>
<td>500</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td><strong>Total Forecast Property Sales</strong></td>
<td>10,698</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
</tbody>
</table>
## Appendix 3 – Savings

NHS Forth Valley - Savings 2019/20 at October

### Savings Proposal

<table>
<thead>
<tr>
<th>Savings Proposal</th>
<th>Savings Area</th>
<th>Total Savings Proposal £000</th>
<th>Savings Achieved YTD £000</th>
<th>Red</th>
<th>Amber</th>
<th>Green</th>
<th>RAG Status</th>
</tr>
</thead>
<tbody>
<tr>
<td>1) Drugs and Medicines - recurring</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Adalimumab switch to biosimilar product</td>
<td>Acute Services</td>
<td>1,197</td>
<td>698</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Hep C national rebate</td>
<td>Acute Services</td>
<td>1,000</td>
<td>583</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Bevacizumab use for wet AMD</td>
<td>Acute Services</td>
<td>900</td>
<td>0</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Other Drugs &amp; Prescribing</td>
<td>Board Financial</td>
<td>313</td>
<td>313</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Lidocaine Plaster Review</td>
<td>Family Health Services</td>
<td>271</td>
<td>0</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Herceptin Biosimilar Switch</td>
<td>Acute Services</td>
<td>250</td>
<td>0</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Reduce level of stock supplies</td>
<td>Family Health Services</td>
<td>200</td>
<td>0</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Direct Oral Anticoagulant (DOAC) review</td>
<td>Family Health Services</td>
<td>177</td>
<td>17</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Triple Inhaler Switch for COPD</td>
<td>Family Health Services</td>
<td>102</td>
<td>0</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Prostate Cancer Tiered Service</td>
<td>Acute Services</td>
<td>40</td>
<td>0</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Buprenorphine Patch Switch</td>
<td>Family Health Services</td>
<td>38</td>
<td>0</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Gabapentinoid Review</td>
<td>Family Health Services</td>
<td>32</td>
<td>0</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>LMWH Switch</td>
<td>Acute Services</td>
<td>31</td>
<td>0</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Methylphenidate XL review to branded generic</td>
<td>Family Health Services</td>
<td>31</td>
<td>0</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Review of Ventafaxine caps to tabs</td>
<td>Family Health Services</td>
<td>31</td>
<td>0</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Pharmacy Drug costs</td>
<td>Primary Care, MH &amp; Prisons</td>
<td>20</td>
<td>5</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Review of drug usage in Ward &amp; MH Teams</td>
<td>Primary Care, MH &amp; Prisons</td>
<td>20</td>
<td>7</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Rituximab/Etanercept 100% biologic switch</td>
<td>Acute Services</td>
<td>20</td>
<td>0</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Theatre Anaesthetic drug review</td>
<td>Acute Services</td>
<td>19</td>
<td>11</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Carbocytine switch to acetylcycetine (Nacsys)</td>
<td>Family Health Services</td>
<td>19</td>
<td>0</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Therapeutic Gases reduction</td>
<td>Corporate Services</td>
<td>11</td>
<td>6</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Review of Metatalkine Prescribing</td>
<td>WCSSH</td>
<td>10</td>
<td>0</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Carbomer Gel switch (brand Clinitas)</td>
<td>Family Health Services</td>
<td>6</td>
<td>0</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>IV Fluid Switch</td>
<td>Acute Services</td>
<td>5</td>
<td>0</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Implement use of oral rehydration salts</td>
<td>WCSSH</td>
<td>2</td>
<td>0</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Sub Total</td>
<td></td>
<td>4,745</td>
<td>1,641</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

2) Directorate Cash Releasing Efficiency Schemes - recurring

<p>| Recurring efficiencies CRES plan 18/19                                          | Acute Services        | 352                         | 265                       |       |       |       |            |
| CNORIS Premium reduction                                                         | Corporate Services    | 21                          | 12                        |       |       |       |            |
| Tissue Viability Review Supplies Process                                         | Other Community       | 17                          | 10                        |       |       |       |            |
| OPS Day Therapy Unit/CMHT- south                                                | Other Community       | 16                          | 0                         |       |       |       |            |
| Community Residential Resources (CRR) Registration charge change                 | Other Community       | 15                          | 9                         |       |       |       |            |
| Review of offsite storage (Directorate wide)                                     | WCSSH                 | 13                          | 0                         |       |       |       |            |
| Review of travel incl leased cars in Wards &amp; MH Teams                            | Primary Care, MH &amp; Prisons | 11                         | 6                         |       |       |       |            |
| Speech Therapy – revised service delivery                                        | Primary Care, MH &amp; Prisons | 11                         | 6                         |       |       |       |            |
| Blood bike use - reduction in transport costs                                    | Facilities &amp; Infrastructure | 10                         | 0                         |       |       |       |            |
| OPDS Day Therapy Unit / CMHT North                                               | Other Community       | 10                          | 5                         |       |       |       |            |
| Labs Microbiology Maintenance Contract                                           | Acute Services        | 10                          | 6                         |       |       |       |            |
| Review of Orthotics service provision                                           | Primary Care, MH &amp; Prisons | 8                          | 8                         |       |       |       |            |
| ASDU - New Labour Ward packs                                                     | WCSSH                 | 5                           | 0                         |       |       |       |            |
| Reduction in costs of Mobile phone usage                                         | Acute Services        | 5                           | 3                         |       |       |       |            |
| Rationalisation of postages expenditure                                         | Primary Care, MH &amp; Prisons | 5                          | 3                         |       |       |       |            |
| Reduction in travel spend in line with budget                                    | Facilities &amp; Infrastructure | 5                          | 0                         |       |       |       |            |
| Review coil insertions in line with national guidance/ best practice            | WCSSH                 | 1                           | 4                         |       |       |       |            |
| External Audit Fees reduction - combined provider                                | Corporate Services    | 4                           | 0                         |       |       |       |            |
| Review of a number of Care Services                                             | Other Community       | 3                           | 2                         |       |       |       |            |
| Review of pool car use                                                           | Primary Care, MH &amp; Prisons | 3                          | 2                         |       |       |       |            |
| Relocate weekly management meeting                                              | WCSSH                 | 2                           | 0                         |       |       |       |            |
| Community Residential Resources (CRR) Non-pay savings                            | Other Community       | 2                           | 2                         |       |       |       |            |
| Review of all travel                                                             | Primary Care, MH &amp; Prisons | 2                          | 1                         |       |       |       |            |
| Review of catheter stock                                                         | WCSSH                 | 2                           | 0                         |       |       |       |            |
| Review of discharged case files storage                                         | Primary Care, MH &amp; Prisons | 2                          | 1                         |       |       |       |            |
| Review of dual sound dilators                                                    | WCSSH                 | 1                           | 0                         |       |       |       |            |
| Review of NNU milks in line with national approach                              | WCSSH                 | 1                           | 0                         |       |       |       |            |
| Sub Total                                                                       |                       | 540                         | 340                       |       |       |       |            |</p>
<table>
<thead>
<tr>
<th>Savings Proposal</th>
<th>Savings Area</th>
<th>Total Savings Proposal £000</th>
<th>Savings Achieved YTD £000</th>
</tr>
</thead>
<tbody>
<tr>
<td>3) Procurement - recurring</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Price changes</td>
<td>Acute Services</td>
<td>230</td>
<td>149</td>
</tr>
<tr>
<td>Regional procurement savings</td>
<td>Area Wide Facil &amp; Inf</td>
<td>200</td>
<td>0</td>
</tr>
<tr>
<td>Blood Sciences Managed Service Contract procurement saving</td>
<td>Acute Services</td>
<td>75</td>
<td>6</td>
</tr>
<tr>
<td>Histopathology procurement saving</td>
<td>Acute Services</td>
<td>3</td>
<td>2</td>
</tr>
<tr>
<td>Sub Total</td>
<td></td>
<td>507</td>
<td>156</td>
</tr>
<tr>
<td>4) People (workforce) – recurring</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Medical staffing recruitment to substantive posts from agency</td>
<td>Board Financial Management</td>
<td>1,000</td>
<td>0</td>
</tr>
<tr>
<td>Gynaecology bed configuration</td>
<td>WCSHS</td>
<td>89</td>
<td>0</td>
</tr>
<tr>
<td>Redesign workforce</td>
<td>WCSHS</td>
<td>57</td>
<td>0</td>
</tr>
<tr>
<td>Review of clinical staffing (B7)</td>
<td>Primary Care, MH &amp; Prisons</td>
<td>55</td>
<td>0</td>
</tr>
<tr>
<td>Administration redesign</td>
<td>Acute Services</td>
<td>49</td>
<td>29</td>
</tr>
<tr>
<td>Health Improvement workforce planning</td>
<td>Primary Care, MH &amp; Prisons</td>
<td>36</td>
<td>21</td>
</tr>
<tr>
<td>Corporate and Community Admin workforce review</td>
<td>Primary Care, MH &amp; Prisons</td>
<td>33</td>
<td>0</td>
</tr>
<tr>
<td>Prison Healthcare staffing review</td>
<td>Primary Care, MH &amp; Prisons</td>
<td>30</td>
<td>0</td>
</tr>
<tr>
<td>Prison Healthcare staffing - admin realignment</td>
<td>Primary Care, MH &amp; Prisons</td>
<td>29</td>
<td>0</td>
</tr>
<tr>
<td>Front Door Services workforce review</td>
<td>WCSHS</td>
<td>19</td>
<td>0</td>
</tr>
<tr>
<td>Review of staffing fixed term contracts</td>
<td>Primary Care, MH &amp; Prisons</td>
<td>19</td>
<td>0</td>
</tr>
<tr>
<td>Other AHP services workforce review</td>
<td>Primary Care, MH &amp; Prisons</td>
<td>17</td>
<td>10</td>
</tr>
<tr>
<td>Workforce re-design</td>
<td>Corporate Services</td>
<td>16</td>
<td>9</td>
</tr>
<tr>
<td>Sexual Health Services workforce re-design (B2)</td>
<td>WCSHS</td>
<td>13</td>
<td>0</td>
</tr>
<tr>
<td>Health Improvement workforce planning for Keep Well Service</td>
<td>Primary Care, MH &amp; Prisons</td>
<td>10</td>
<td>6</td>
</tr>
<tr>
<td>Reduction in number of Supervision Payments</td>
<td>WCSHS</td>
<td>9</td>
<td>0</td>
</tr>
<tr>
<td>Health Improvement workforce planning (B4&gt;B3)</td>
<td>Primary Care, MH &amp; Prisons</td>
<td>5</td>
<td>3</td>
</tr>
<tr>
<td>Sexual Health Services workforce re-design (B5)</td>
<td>WCSHS</td>
<td>5</td>
<td>0</td>
</tr>
<tr>
<td>Sexual Health Clinic review</td>
<td>WCSHS</td>
<td>3</td>
<td>0</td>
</tr>
<tr>
<td>LD Management Realignment</td>
<td>Primary Care, MH &amp; Prisons</td>
<td>2</td>
<td>1</td>
</tr>
<tr>
<td>Sub Total</td>
<td></td>
<td>1,496</td>
<td>79</td>
</tr>
<tr>
<td>5) Review of central budgets - recurring</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Review of central budgets</td>
<td>Board Financial Management</td>
<td>2,734</td>
<td>545</td>
</tr>
<tr>
<td>Sub Total</td>
<td></td>
<td>2,734</td>
<td>545</td>
</tr>
<tr>
<td>6) Funding received from Scottish Government higher than anticipated – non recurring</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Pharmaceutical Price Regulation Scheme (PPRS)</td>
<td>Board Financial Management</td>
<td>1,600</td>
<td>0</td>
</tr>
<tr>
<td>CNORIS Premium rebate</td>
<td>Board Financial Management</td>
<td>524</td>
<td>0</td>
</tr>
<tr>
<td>Sub Total</td>
<td></td>
<td>2,124</td>
<td>0</td>
</tr>
<tr>
<td>7) Additional non-recurring options</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Tertiary Service SLA update (G&amp;G/C)</td>
<td>Externals</td>
<td>1,079</td>
<td>629</td>
</tr>
<tr>
<td>Staff turnover and incremental drift</td>
<td>Acute Services</td>
<td>796</td>
<td>112</td>
</tr>
<tr>
<td>Staff Bank adjustment of annual leave provision</td>
<td>Corporate Services</td>
<td>500</td>
<td>208</td>
</tr>
<tr>
<td>Lothian RHSC &amp; DCN delayed opening</td>
<td>Board Financial Management</td>
<td>436</td>
<td>0</td>
</tr>
<tr>
<td>Reimbursement from medical supplier</td>
<td>Board Financial Management</td>
<td>300</td>
<td>0</td>
</tr>
<tr>
<td>Technical Savings</td>
<td>Acute Services</td>
<td>296</td>
<td>296</td>
</tr>
<tr>
<td>Medical Staffing Incremental Drift</td>
<td>Acute Services</td>
<td>271</td>
<td>158</td>
</tr>
<tr>
<td>Flexible staff management to correlate with patient activity</td>
<td>Acute Services</td>
<td>267</td>
<td>156</td>
</tr>
<tr>
<td>General Housekeeping</td>
<td>WCSHS</td>
<td>290</td>
<td>244</td>
</tr>
<tr>
<td>Oncology PAS rebates (Enzalutamide &amp; Abiraterone)</td>
<td>Acute Services</td>
<td>154</td>
<td>154</td>
</tr>
<tr>
<td>Oncology PAS rebates (Lenalidomide)</td>
<td>Acute Services</td>
<td>128</td>
<td>128</td>
</tr>
<tr>
<td>Rates Stirling Care Village rebate for 1 year only</td>
<td>Facilities &amp; Infrastructure</td>
<td>115</td>
<td>67</td>
</tr>
<tr>
<td>Review of outstanding purchase order accruals (other)</td>
<td>Corporate Services</td>
<td>85</td>
<td>85</td>
</tr>
<tr>
<td>Fund activity via non-recurring resources</td>
<td>WCSHS</td>
<td>52</td>
<td>31</td>
</tr>
<tr>
<td>Services General Housekeeping</td>
<td>Acute Services</td>
<td>51</td>
<td>51</td>
</tr>
<tr>
<td>CCHC insurance rebate</td>
<td>Facilities &amp; Infrastructure</td>
<td>46</td>
<td>27</td>
</tr>
<tr>
<td>Microbiology Managed Service Contract procurement saving</td>
<td>Acute Services</td>
<td>44</td>
<td>22</td>
</tr>
<tr>
<td>Review of outstanding purchase order accruals (1400)</td>
<td>Corporate Services</td>
<td>35</td>
<td>35</td>
</tr>
<tr>
<td>Reimbursement of specials unauthorised price differentials</td>
<td>Family Health Services</td>
<td>25</td>
<td>23</td>
</tr>
<tr>
<td>Labs General Housekeeping</td>
<td>Acute Services</td>
<td>17</td>
<td>10</td>
</tr>
<tr>
<td>Reimbursement of not dispensed/not collected notifications</td>
<td>Family Health Services</td>
<td>10</td>
<td>15</td>
</tr>
<tr>
<td>Sub Total</td>
<td></td>
<td>4,957</td>
<td>2,452</td>
</tr>
<tr>
<td>Savings Proposal</td>
<td>Savings Area</td>
<td>Total Savings Proposal £000</td>
<td>Savings Achieved YTD £000</td>
</tr>
<tr>
<td>-----------------------------------------------------</td>
<td>----------------------------</td>
<td>-----------------------------</td>
<td>---------------------------</td>
</tr>
<tr>
<td>Demographic Change</td>
<td>Board Financial Management</td>
<td>750</td>
<td>49</td>
</tr>
<tr>
<td>Travel expense reduction - Room Based and Desktop Videoconferencing</td>
<td>Area Wide Facil &amp; Inf</td>
<td>400</td>
<td>0</td>
</tr>
<tr>
<td>Inflow A&amp;E Radiology Activity</td>
<td>Externals</td>
<td>121</td>
<td>35</td>
</tr>
<tr>
<td>Complex Care review - cross boundary repatriation</td>
<td>Other Community</td>
<td>68</td>
<td>68</td>
</tr>
<tr>
<td>Complex Care - review of cross border care packages</td>
<td>Other Community</td>
<td>66</td>
<td>0</td>
</tr>
<tr>
<td>Managed Bed Service review of contracts</td>
<td>Facilities &amp; Infrastructure</td>
<td>58</td>
<td>0</td>
</tr>
<tr>
<td>FV wide reduction in the use of paper (target 20%)</td>
<td>Area Wide Facil &amp; Inf</td>
<td>30</td>
<td>0</td>
</tr>
<tr>
<td>Review of Third Sector provision</td>
<td>Primary Care, MH &amp; Prisons</td>
<td>30</td>
<td>18</td>
</tr>
<tr>
<td>Regional Forensic Service to Nationally Funded</td>
<td>Externals</td>
<td>27</td>
<td>16</td>
</tr>
<tr>
<td>Health Improvement Fund rationalisation of efficiencies</td>
<td>Primary Care, MH &amp; Prisons</td>
<td>25</td>
<td>17</td>
</tr>
<tr>
<td>Sub Total</td>
<td></td>
<td>1,575</td>
<td>202</td>
</tr>
<tr>
<td><strong>9) Further savings proposals values to be confirmed</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Acute prescribing variation analysis savings</td>
<td>Area Wide Facil &amp; Inf</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Biologic Drug switches</td>
<td>Acute Services</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Clinical Engagement &amp; Review</td>
<td>Acute Services</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>CTG Strap procurement review</td>
<td>WCSHS</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Eliminate variations via electronic job planning/rostering</td>
<td>Area Wide Facil &amp; Inf</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Gas Analyser Contract</td>
<td>WCSHS</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Implementation of ‘Smarter Officers’ principles</td>
<td>Facilities &amp; Infrastructure</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Improved decision making via ED and patient flow online dashboards</td>
<td>Area Wide Facil &amp; Inf</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Income Generation - Cystic Fibrosis Registry</td>
<td>WCSHS</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Lacrilube switch to alternative</td>
<td>Family Health Services</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Medical Staffing service re-design incl Job Planning</td>
<td>Acute Services</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Medics Study with UTI Treatment - antibiotic pathway</td>
<td>WCSHS</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Off patent drugs saving</td>
<td>Acute Services</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Overseas Visitor Income incl EHIC Incentive Scheme</td>
<td>Externals</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Prescribing decision support tools utilisation incl HEPMA</td>
<td>Area Wide Facil &amp; Inf</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Rationalisation of Estate</td>
<td>Facilities &amp; Infrastructure</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Recycling waste workload</td>
<td>Facilities &amp; Infrastructure</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Renal Drug price changes</td>
<td>Acute Services</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Renal supplies price changes</td>
<td>Acute Services</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Review Allergy Testing Kits</td>
<td>WCSHS</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Review contract with Bumbrae (historic SLA)</td>
<td>Primary Care, MH &amp; Prisons</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Review demand for small works programme (PPI sites)</td>
<td>Area Wide Facil &amp; Inf</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Review of Instillaquill use</td>
<td>WCSHS</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Review of items not prescribable under the NHS</td>
<td>Family Health Services</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Review of laundering of RTS articles</td>
<td>Facilities &amp; Infrastructure</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Review of MRSA Swabbing</td>
<td>WCSHS</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Review of Prednisolone (Pink to White)</td>
<td>WCSHS</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Review of prescribing of Difflam Spray, Ventolin/Salbutamol</td>
<td>WCSHS</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Review of volumes for Laundry Contract</td>
<td>Facilities &amp; Infrastructure</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Review/reduce catering costs at meetings/events</td>
<td>Area Wide Facil &amp; Inf</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Revised process for equipment/supplies on discharge</td>
<td>WCSHS</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Single patient re-usable sundries</td>
<td>WCSHS</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Staff turnover and secondments</td>
<td>Acute Services</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Switch from Ligasure to Caymen</td>
<td>WCSHS</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Switch from Moulot to Laxida</td>
<td>WCSHS</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Technical Savings</td>
<td>Acute Services</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Technical switch: DPP4 inhibitors</td>
<td>Family Health Services</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>TrueYou Strips to 4 Sure Smart Strips</td>
<td>Family Health Services</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Utilities savings from installation of heat &amp; power plant at FVRH</td>
<td>Facilities &amp; Infrastructure</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Vacancy workstream - overtime review</td>
<td>Facilities &amp; Infrastructure</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Variation program - PFI sites</td>
<td>Area Wide Facil &amp; Inf</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Sub Total</td>
<td></td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td></td>
<td>18,679</td>
<td>5,415</td>
</tr>
</tbody>
</table>
8.5 In-year overspend on the Integrated Budget

8.5.1 Where there is a projected overspend against an element of the Integrated Budget, the Chief Officer, the Chief Finance Officer of the Integration Joint Board and the relevant finance officer and operational manager of the constituent Party must agree a recovery plan to balance the overspending budget.

8.5.2 If the recovery plan is unsuccessful, the Integration Joint Board may increase the payment to the affected Party, by either:

I. utilising an under spend on another arm of the Integrated Budget to reduce the payment to that Party; and/or

II. utilising the balance of the general fund, if available, of the Integration Joint Board in line with the reserve policy.

8.5.3 If the recovery plan is unsuccessful and there are insufficient general fund reserves to fund a year end overspend, then the Parties have the option to:

I. make additional one-off payments to the Integration Joint Board, based on an agreed cost sharing model; or

II. provide additional resources to the Integration Joint Board which are then recovered in future years, subject to scrutiny of the reasons for the overspend and assurance that there is a plan to address this; or

III. access the reserves of the Integration Joint Board to help recover the overspend position.

8.5.4 The exception is for overspends that arise due to material differences between assumptions used in setting the payments to the Integration Joint Board and actual events (e.g. pay inflation). Unplanned overspends effectively represent underfunding by the Parties with respect to planned outcomes and the cost should be met by the relevant Party, subject to the financial capacity of the relevant Party.
Appendix 5 – Set Aside Workplan

Developing a Capacity & Financial Model to support Set Aside Budget

Project Briefing Paper – 14th November 2019

Context

Finance Development Group (FDG) was established by Scottish Government to support implementation of the financial aspects of the health and social care integration legislation and associated guidance. Organisations have been asked to understand the full pathway of care, including the acute hospital component and the way in which the statutory guidance on the use of delegated hospital budgets is being applied in practice.

Purpose of Project

- Establish the historic activity delivered, baseline bed capacity used and resources affected at Forth Valley Royal Hospital by both Integration Authorities residents within the scope of the Set Aside Budget (all adult unscheduled care);
- Understand and quantify the opportunities for change and resultant impact to both future activity and bed capacity over a 5-year planning horizon using benchmarking, best practice, new models of care and create evidence base and the timeline to fully implement opportunities for change;
- Establish how future Set Aside sum will change with projected changes in bed capacity; how the plan will be monitored and develop a clear accountability framework and identify relevant risk sharing arrangements

Approach

Buchan + Associates have been appointed by NHS Forth Valley and the Integration Authorities to carry out the analysis. The work will require an agreed, validated baseline dataset provided by NHS Forth Valley Information Services.

An ambitious 8-week programme has been developed to conclude this work by the end of 2019 with weekly workshops from 25th November to 17th December.

Further details of the approach and purpose of each workshop is outlined in appendix 1. This specific approach will explicitly follow the six steps set out within the statutory guidance outlined:
<table>
<thead>
<tr>
<th>Step</th>
<th>Approach</th>
</tr>
</thead>
<tbody>
<tr>
<td>1 A group should be established comprising the hospital sector director and finance leads, and the Chief Officers and Chief Finance Officers of the Integration Authorities, whose populations use the hospital services, including those with a material level of cross boundary flow. The purpose of the group is to develop an understanding of the baseline bed capacity used by Integration Authority residents in the delegated specialties and the resource affected; to develop projections and agree a plan for the capacity that will be needed in future; and to monitor implementation of the plan.</td>
<td>A stakeholder group has been identified with representation from NHS (nursing, medical, AHPs) and both Integration authorities. It is proposed the supporting finance work will be carried by a Finance sub-group involving NHS Finance and Chief Finance Officers.</td>
</tr>
<tr>
<td>2 The baseline bed days used by Integration Authority residents in the ten specialties should be quantified and the relevant budgets mapped to the bed capacity. The resulting amounts would then be the baseline sum set aside.</td>
<td>Develop and share baseline capacity bed model current activity by specialty, IJB, other at Workshop 1. Work with NHS and partnerships to agree costing approach (cost bed day per specialty) to cost baseline activity.</td>
</tr>
<tr>
<td>3 A method should be agreed for quantifying how the sum set aside will change with projected changes in bed capacity. This should be at two levels of detail: one allowing for the development of outline plans, giving an initial indication of the potential resource implications; and a more comprehensive analysis of agreed changes in capacity, that takes into account cost behaviour and timing of resource changes.</td>
<td>Develop as part of workshops 1 &amp; 2 a range of future scenarios (realistic but stretching) including: best practice, new models of care e.g. out of hospital models, benchmarking, impact of existing change programmes and establishing targets &amp; target operating model.</td>
</tr>
<tr>
<td>4 A plan should be developed and agreed that sets out the capacity levels required by each Integration Authority (taking into account both the impact of redesign and of demographic change) and the resource changes entailed by the capacity changes.</td>
<td>Apply scenarios to baseline model to determine final projections activity and capacity. Application of costing methodology to activity projections to determine final cost projection.</td>
</tr>
<tr>
<td>5 Regular information should be provided to the group to monitor performance against the plan</td>
<td>Develop monitoring tool to track projections at agreed time periods. Share tool at workshop 3.</td>
</tr>
<tr>
<td>6 As the plan for hospital capacity is a joint risk held by the Integration Authorities and the Health Board an accountability framework should be agreed that clarifies relevant risk sharing arrangements.</td>
<td>Risk assessment workshop 4 to identify, assess, &amp; score risks; quantify the risks financially where possible</td>
</tr>
</tbody>
</table>
Approach and Workshop purpose

1. Develop Baseline Capacity Model
   - Current activity by specialty, IJB, other
   - Identify existing throughput & utilisation assumptions
   - Using established approach outlined in Appendix A

2. Develop range of future scenarios
   - Best practice
   - New models of care e.g. out of hospital models
   - Benchmarking
   - Impact of existing change programmes

3. Identify Future Capacity
   - Update capacity model using assumptions developed from Workshop 1
   - Example out of hospital scenarios shown Appendix B
   - Identify future beds by specialty, IJB over 10 year planning horizon

4. Develop Monitoring tool
   - Develop tool to track plan v. actual (activity, capacity used & cost) over agreed time intervals e.g. quarterly

5. Identify Future Cost
   - Application of existing costing methodology to future activity levels
   - Future Set Aside arrangements quantified

6. Accountability & Risk Sharing
   - Identify, assess, & score risks
   - Quantify financially where possible
   - Agree accountability framework

Workshop 1: Share baseline & agree future assumptions
- Share baseline capacity model
- Develop future assumptions considering:
  - Emerging trends; best practice guidance; innovation
  - Local experience; historic performance & benchmarking; targets & target operating model

Workshop 2: Share 1st draft projections
- Outline future projections – activity capacity
- Agree updates to assumptions required

Workshop 3: Share final projections & Draft Monitoring tool
- Outline final projections – activity capacity & costs
- Share tool to monitor plan and actual will be tracked and reported
- Demo of tracking tool

Workshop 4: Risk & Assessment & Accountability
- Identify, assess, & score risks
- Quantified financially where possible
- Agree accountability framework
Executive Sponsor: Scott Urquhart, Director of Finance

Author: Janette Fraser, Head of Planning and Gillian Morton, Programme Director

Executive Summary

This paper provides an update on progress with the Elective Care Development Programme. The programme was established to provide additional capacity for day case and inpatient surgery and provide additional MRI imaging, in order to improve access and reduce waiting times for elective treatment for NHS Forth Valley and NHS Scotland.

Progress is summarised below

1. Open 2 theatres which were previously unfunded in Forth Valley Royal Hospital
   - Theatre 15 opened in June 2019
   - Phased increase in day surgery capacity since June, with theatre fully utilised from September 2019, providing day case general surgery and orthopaedic procedures
   - Theatre 16 will be available from April 2020, following completion of canopy installation in theatre 16 and building works in the theatre complex
   - Once the additional inpatient ward is available, theatres 15 and 16 will provide orthopaedic lower limb joint surgery (arthroplasty)

2. Fund additional sessions in the existing 14 theatres, which were also unfunded
   - Work is progressing with the review of operating session allocation across the existing 14 theatres and allocating additional sessions in order to improve access across a range of surgical specialties including breast surgery and general surgery.
   - The availability of theatre time for orthopaedic trauma has also been increased, in order to limit the impact of orthopaedic trauma activity on the elective orthopaedic programme

3. Extend the capacity for day surgery within the existing ambulatory care area
   - Day surgery capacity increased by 12 additional spaces since June 2019
   - 3 additional 23 hour beds to be available by April 2020

4. Create an additional inpatient ward
   - Location of ward extension agreed
   - Initial design and adjacencies completed
   - Preferred National Framework provider identified
• Timeline for additional elective ward to be finalised once preferred provider appointed

5. Site a second MRI scanner in the Radiology Department

• MRI scanner operational from July 2019

The timeline for this programme requires the additional capacity to be delivered at pace. It was proposed initially to provide the additional surgical capacity at Forth Valley Royal Hospital from November 2019, giving a very challenging timeline to achieve. However, the Scottish Government asked the Programme to bring forward some of the additional capacity, from June 2019, with the early opening of Theatre 15. This has been achieved.

Work progresses on finalising commissioning arrangements with the Golden Jubilee National Hospital and working with the Golden Jubilee and Scottish Government to agree a capacity plan.

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

Inpatient Ward

In order to meet the timeframe for delivering the additional inpatient beds required to support the elective care programme, an extension to the hospital to provide a ward, using modular construction methodology, has been approved.

The ward extension will be located adjacent to the mental health unit. This will be a single storey 30 bed ward, with pedestrian accessed via a link corridor to the ground floor corridor within the hospital. A bed lift will provide access to the first floor, close to the theatre suite. An application for full planning permission, including car parking, was submitted by Forth Health to Falkirk Council on 19 September.

Initial testing of the market identified 7 suppliers on the National Framework able to meet the deadline for constructing a ward extension at Forth Valley Royal Hospital. Through a process of clarifications and detailed assessment against key criteria, a preferred supplier has been identified.

Commissioning

In collaboration with the Golden Jubilee National Hospital, detailed work has progressed to shape the arrangements to commission surgery for NHS Scotland patients in 2 phases:
Phase 1 - October 2019 to March 2020
Day Surgery activity (orthopaedics and general surgery)

Phase 2 - Spring 2020 onwards
Elective arthroplasty or equivalent orthopaedic surgery

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 and funding agreed for the part year (2019/20). Funding projections for 2019/20 are reviewed regularly. A commissioning approach to inform elective care management at a national level is being taken forward with the Golden Jubilee National Hospital.

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 was included in the Business Case. Further detailed planning has been undertaken in order to understand the part year costs for 2019/20, which reflect the need to align recruitment to the phased capacity plan and to progress with recruitment at times when suitable candidates are available.

Recruitment of the workforce to deliver the additional elective capacity remains one of the three most significant programme risks.

Risk Assessment

A detailed risk assessment for the Programme has been developed and is reviewed regularly. The most significant risks identified to date are associated with the workforce, as outlined above, the timeline for delivering a significant elective care development programme which includes extensive capital building work and the financial risk.

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)
- 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

A communication and engagement plan has been prepared.
8.4 Strategic Deployment Matrix Update

For Assurance

Executive Sponsor: Mrs Cathie Cowan, Chief Executive

Authors: Mrs Cathie Cowan, Chief Executive; Ms Kerry Mackenzie, Head of Performance; Ms Laura Henderson, Performance Management Officer

Executive Summary

Strategy Deployment Matrix (SDM) is a ‘plan on a page’ quality improvement method which ensures the strategic goals of our organisation are delivered. SDMs ensure alignment of any significant improvements against corporate objectives, resources and engagement of staff to eliminate waste that can come from variation, inconsistent direction and poor communication.

In 2018, the Chief Executive introduced a new way of working to inform a programme of transformational change to support the implementation of Government policy and the NHS Board’s Healthcare Strategy: Shaping the Future. Programme Boards were established and a Strategy Deployment approach was adopted following a series of facilitated workshops. Programme Boards with the exception of Unscheduled Care have a Strategy Deployment Matrix (SDM) align with the NHS Board’s Health Care Strategy: Shaping the Future. The Primary Care Programme Board is intentionally new, to avoid confusion with the work been progressed to develop, agree and implement the Primary Care Implementation Plan.

Programme Boards have been operating since October/November 2018. It remains early days and both monitoring and reporting arrangements are yet to be fully implemented. The Annual Delivery Plan 2020-2021 will drive SDM priorities to ensure delivery of the Health Board’s strategic objectives and priorities. The Corporate Programme Management Office and Quality Improvement support will help support delivery of strategic direction of high risk programmes.

It is intended to use the Pentanna system to capture our management of change and in turn to enable, affect and accelerate transformation to support sustainable cost effective service delivery.

This paper is intended to provide assurance to the NHS Board that Programme Boards have been established with agreed ‘terms of reference’ and an agreed SDM. The Unscheduled Care Programme Board is continuing to use the Getting Forthright Programme – the recovery plan previously approved to drive improvement in unscheduled care.

Recommendation

The Forth Valley NHS Board is asked to:

- Consider the paper and seek assurance that the Programme Board approach will during 2020/2021 will connect strategy with delivery of the NHS Board’s strategic priorities as set out in Shaping the Future and the approved Annual Operational Plan 2020-2021.
Key Issues to be Considered

At a recent meeting involving Programme Board leads it was highlighted that Programme Boards are at different stages in their development with many focusing on developing and agreeing their SDMs. At this meeting consideration was given to the frequency of assurance reporting and it was proposed to align this with the Corporate Risk Register quarterly reporting to the NHS Board. There will be monthly updates to the new ‘Systems Leadership Team’ which will replace the Senior Leadership Team as from early 2020.

At this meeting there was a Pentanna demonstration to show how SDMs could monitor and report on priority projects aligned to the overall delivery of the annual AOP and delivery of Shaping the Future and the wider approved corporate objectives of the NHS Board.

Table 1 sets out progress against agreed terms of reference and Strategy Deployment Matrices and use of Pentanna to date.

<table>
<thead>
<tr>
<th>SDM</th>
<th>Terms of Reference</th>
<th>Pentana</th>
<th>Results</th>
<th>Name</th>
</tr>
</thead>
<tbody>
<tr>
<td>P1</td>
<td>Yes</td>
<td>Yes</td>
<td>Partly feedback required</td>
<td>Scheduled Care Programme Board</td>
</tr>
<tr>
<td>P2</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>Unscheduled Care Programme Board</td>
</tr>
<tr>
<td>P3</td>
<td>Yes</td>
<td>Yes</td>
<td>Partly (Prisons Only)</td>
<td>Mental Health and Learning Disabilities Programme Board</td>
</tr>
<tr>
<td>P4</td>
<td>Yes</td>
<td>Yes</td>
<td></td>
<td>Primary Care Programme Board</td>
</tr>
<tr>
<td>P5</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
<td>Reports</td>
</tr>
<tr>
<td>P6</td>
<td>Yes</td>
<td>Yes</td>
<td></td>
<td>Reports</td>
</tr>
<tr>
<td>P7</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
<td>Reports</td>
</tr>
</tbody>
</table>

Financial Implications

There are no direct financial implications associated with this paper. Any relevant financial implication in respect of programmes of work will be addressed appropriately through planning routes and within the NHS Forth Valley financial framework.

Workforce Implications

There are no direct workforce implications associated with this paper.

Risk Assessment

There are no direct risks associated with this paper. Any risks to delivering the programmes of work will be addressed appropriately through the planning and delivery route and highlighted where necessary.
Relevance to Strategic Priorities

The Strategy Deployment Matrix or ‘plan on a page’ supports delivery of the organisations strategic goals.

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

Chief Executive and Programme Board members
9.1 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 May - October 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.
## ACTIVITY SNAPSHOT

<table>
<thead>
<tr>
<th>Platform</th>
<th>Metric</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>FACEBOOK</strong></td>
<td>13,260</td>
<td>Followers on Facebook</td>
</tr>
<tr>
<td><strong>MEDIA RELEASES</strong></td>
<td>48</td>
<td>The number of proactive releases issued</td>
</tr>
<tr>
<td><strong>TWITTER</strong></td>
<td>11,100</td>
<td>Followers on Twitter</td>
</tr>
<tr>
<td><strong>MEDIA ENQUIRES</strong></td>
<td>101</td>
<td>The number of media enquiries received and answered</td>
</tr>
<tr>
<td><strong>HIGHEST REACH</strong></td>
<td>84,110</td>
<td>Highest performing post on Facebook - recruitment for modern apprentices</td>
</tr>
<tr>
<td><strong>AVERAGE WEEKLY REACH</strong></td>
<td>58,000</td>
<td>The number of people who have had content/posts from our Facebook page visible on their screen/newsfeed</td>
</tr>
</tbody>
</table>
The Communications Department organised a high profile local campaign to coincide with national Organ Donation Week (2nd – 9th September 2019) #mydonationdecision. The aim was to encourage people to have a discussion about organ donation and make their wishes known ahead of the new opt-out arrangements planned for Autumn 2020. A wide range of activities were undertaken throughout the week including a social media campaign which reached 54,000 people on Facebook, 10,300 people on Twitter and attracted lots of positive feedback from local staff and members of the public.

Work was undertaken with local and national media using case studies of local people to help raise awareness of how organ and tissue donations save and transform lives. Dr David Fowler from Bonnybridge, who received life-changing corneal grafts and Robert Ford, a 24 year old from Fallin who received a second liver transplant in October 2018, shared their stories in a bid to raise awareness of how organ and tissue donation saves and transforms lives. The case studies generated positive media coverage and elicited a fantastic response online. Further information can be found on the organ donation section of the NHS Forth Valley website https://nhsforthvalley.com/get-involved/organ-donor-register/

Promotional messages were projected onto the wall outside Forth Valley Royal Hospital as part of a national campaign to light up key landmarks across the country in green. Information about Organ Donation was also posted on the intranet to highlight the campaign to staff. A range of promotional materials, including organ donation sign-up forms, were distributed by local football teams and rugby clubs and Jane Hall, a member of NHS Forth Valley’s Organ Donation Committee, visited a number of workplaces and spoke at the October 2019 Board meeting to help spread the message.
NEW INITIATIVES & DEVELOPMENTS

HIGHLIGHTING ALTERNATIVES TO ED
Throughout the period, the Communications Department worked with local clinical leads to urge people to think twice before turning up at the Emergency Department at Forth Valley Royal Hospital with a minor illness or injury. It followed an extremely busy period with staff reporting cases where people attended ED with minor, non-urgent health issues instead of seeking advice from the Minor Injuries Unit at Stirling Health and Care Village or local pharmacies. A list of the Top Ten health issues that do not require a trip to ED compiled which reached over 38,000 people on Facebook and was widely covered by local media.

IMPROVING ACCESS TO MENTAL HEALTH SERVICES
Work was undertaken to promote a new service, which enables people with mental health problems who come to the attention of the Police, access direct care and treatment. In many cases this avoids the need for them to be taken to the Emergency Department at Forth Valley Royal Hospital. Since the new service, which is run by NHS Forth Valley and Police Scotland, was put in place earlier this year more than 300 people accessed it which has improved the experience of patients and helped free up police time.

SUPPORTING PATIENTS WITH DEMENTIA
A new initiative which enables family members of patients with dementia to stay overnight was highlighted following the purchase of 16 buddy chairs. This development supports John's Campaign - a national campaign which aims to provide the best possible care for people with dementia when they are admitted to hospital.

CARING FOR THE ENVIRONMENT
Work was undertaken to showcase how NHS Forth Valley is reducing waste and cutting carbon emissions. This included a special 4 page Green Feature in the Staff Newsletter and press features on the work of theatre staff at Forth Valley Royal Hospital who have saved thousands of pounds by changing anaesthetic gases and increasing recycling.
NEW INITIATIVES & DEVELOPMENTS HIGHLIGHTS

INCREASING CAPACITY
The first of two additional operating theatres opened at Forth Valley Royal Hospital in June 2019 as part of a major new plan to increase diagnostic, surgical and inpatient capacity. A number of new staff were recruited to help manage the increased theatre activity following a successful social media campaign. Media briefings were also arranged to showcase the new facility before it became operational.

A new MRI room, which features a special picture ceiling to create a calmer environment was unveiled in the radiology department at Forth Valley Royal Hospital following the delivery of a second state-of-the-art MRI scanner. The £1m specialist 3Tesla scanner is double the strength of the hospital’s existing MRI scanner and provides higher quality images and faster scan times. Work was undertaken with the Radiology Department to capture images of the new suite which were widely promoted via local and social media.

WORLD CLASS TECHNOLOGY
Iain Livingstone, NHS Forth Valley Consultant Ophthalmologist, joined forces with Moorfields Eye Hospital in London to deliver the world’s first tele-examination of an eye in 4K resolution using 5G broadband. This was streamed live between London and a conference in Edinburgh and work was undertaken in partnership with Strathclyde University to promote this landmark achievement.

SHOWCASING INNOVATION
The Communications Department worked with BBC Scotland to showcase an innovative project led by physiotherapists which is helping to reduce the need for surgery. The ‘Best in Class’ project gives patients with hip and knee problems the opportunity to attend special exercise classes and information sessions to help improve their health. Filming was arranged with staff and patients at a exercise class in Clackmannanashire to highlight the benefits of this innovative approach after it was praised in an Audit Scotland report.
AWARDS

Over the last few months, the Communications Department promoted the achievements of a wide range of staff across NHS Forth Valley. These included the finalists and winners of the 2019 NHS Forth Valley staff awards who were presented with their trophies at an award ceremony on 19th November 2019. Wendy Handley, a local Community Food Development Worker, also won the Healthier Lifestyle Awards at the 2019 Scottish Health Awards - one of five finalists from NHS Forth Valley who was recognised at this year's national awards.

Other awards publicised during the period included Nicola Henderson, Senior Dietitian and AHP ehealth lead, who won the Future Digital Leader of the Year at the 2019 Digital Health Awards and the CN Magazine's Outstanding Achievement Award for the work she has done to support digital transformation across NHS Forth Valley and beyond.

Charlene Condeco, NHS Forth Valley's Disability Equality and Access Advisor, was awarded a British Empire Medal in the 2019 Queen's Birthday Honours list for services to Slamannan Parish Church and to the community in Stirlingshire. NHS Forth Valley’s former Deputy Nurse Director, Rita Ciccu Moore, was awarded an MBE for services to nursing and to NHS’s Forth Valley Nurses Choir.

NHS Forth Valley’s orthopaedic team gained the accolade of the most improved unit in Scotland for treating patients with hip fractures. Kirstie Stenhouse, AHP Manager Mental Health & Learning Disabilities, won an award for the best oral presentation in the research section for her improvement project which highlighted the work undertaken to reduce the length of stay for patients with a hip fracture. The awards were presented at the Scottish Hip Fracture 2019 national conference in Glasgow.
VISITS AND EVENTS

DOUNE HEALTH CENTRE

The new £2.7m Doune Health Centre welcomed its first patients on 2nd September 2019. Ahead of this, to mark the completion of the building, representatives from the project team, the construction companies and a number of local community representatives attended an advance tour of the new healthcare facility.

Over 100 local people also had the opportunity to get a first glimpse of their new health centre during a series of tours organised as part of a community open day. Feedback from the event was very positive with many people welcoming the design, additional space and modern, bright facilities. This innovative design also won a Highly Commended Design Excellence Award at the recent Health Facilities Scotland conference 2019.

Scotland’s largest electric bike hire scheme, Forth Bike was launched at Forth Valley Royal Hospital by Minister for Public Health, Sport and Wellbeing, Joe FitzPatrick earlier this year. The £500,000 120 e-bike project by charity Forth Environment Link is one of the biggest in the UK and is funded by Transport Scotland, NHS Forth Valley, SESTRAN, and Stirling, Falkirk and Clackmannanshire councils.

A visit was organised to the Maternity Unit at Forth Valley Royal Hospital to mark International Day of the Midwife 2019. Cabinet Secretary for Health, Jeanne Freeman, met staff, parents and visitors during her visit.
The Communications Department managed a number of high profile issues during the period. These included an IT problem which caused errors in a number of patient discharge letters, reviews by professional bodies into a number of current and former members of staff, the impact of Brexit and financial savings plans. More recent media enquiries have focused on the supply of childhood flu vaccine following a national shortage and winter planning arrangements.
DIGITAL

SOCIAL MEDIA

NHS Forth Valley’s social media platforms are used extensively to provide healthcare advice and information as well as signpost people to local services and support. Our social media audience also continues to grow and we now have over 13,200 followers on Facebook and over 10,400 followers on Twitter.

Popular posts during the period were details of the new online waiting time checker for ED and MIU which reached 44.5K and a welcome to newly qualified nurses which generated the most likes and reached nearly 17,000 people.

#SuicidePreventionWeek, a national social media campaign produced by NHS Health Scotland, was supported locally to help raise awareness. Four separate posts where shared across the week which reached nearly 50,000 people on Facebook and made over 20,700 impressions on Twitter.

The Working in NHS Forth Valley section of the website has been redesigned to help promote Forth Valley as a great place to live and work. New #WorkWednesday posts have also been introduced to highlight vacancies on our social media channels. This has enabled us to reach much wider and more diverse audiences completely free of charge and has increased applications for a number of posts.

The Communications Department also arranged filming for a new national NHS recruitment campaign. This features a number of nursing and other healthcare professionals talking about their roles in an effort to encourage more young people to consider NHS careers. The six week campaign will run on TV and cinemas from 25th November 2019.
DIGITAL SOCIAL MEDIA

We continue to post positive feedback (#FeedbackFriday) on our social media channels to highlight the excellent care our staff provide and let them know they are valued and appreciated by local patients and their families. These posts generate increased feedback and interaction with our existing followers and help grow our social media audience.

My mother was admitted to hospital a few days before her 90th birthday. Obviously this was very distressing and upsetting to be in hospital for her on her birthday. However staff on ward B12 at Forth Valley Royal Hospital went above and beyond to make her day extra special by arranging a birthday cake. Balloons etc and giving my mums many visitors tea. Coffee. Etc.

Our family can’t thank the ward staff enough for what they did for my mum they made a miserable day very happy for her and we are eternally grateful.

Thank you so much again.

Your service last Friday was impeccable and I would like to congratulate Mr Moses and his team at Ambulatory Care. The whole experience ran like a well-oiled machine from beginning to end. All of the staff knew exactly what to do and did even more than was expected eg handing me a blanket before the op to keep warm without being asked. The Surgeon and Anaesthetist too took time to answer any questions before and even after the op. Physiotherapy came in too afterwards and it all went like clockwork. Well done FVRH.
A new feature was introduced on the NHS Forth Valley website which enables people to check the estimated current waiting time to be seen at the Emergency Department at Forth Valley Royal Hospital and the Minor Injuries Unit (MIU) at Stirling Health and Care Village.

Between May 2019 and October 2019, there were 666,023 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.

A link to the page was shared on social media in October 2019 and the page has now been visited over 8,000 times.

www.nhsforthvalley.com/miu

A link to our ebulletin is also published on both Facebook and Twitter.

EBULLETIN

Around 1,000 people have now signed up to receive a monthly news update direct to their mailbox. A link to the ebulletin is also published on both Facebook and Twitter.
Work continued to ensure staff were updated on key developments and changes across the organisation. This included regular updates on StaffNet (the staff intranet), staff briefs which are emailed out to all staff every other week and updates from Forth Valley NHS Board meetings.

During the period, the Summer Edition of the Staff News was produced, distributed and issued online. Articles from Staff News are regularly promoted online at StaffNet and the latest issue contained a special feature on Nurses Day which was viewed 33,839 times online.
Executive Sponsor: Mrs Cathie Cowan, Chief Executive and Mr Scott Urquhart, Director of Finance

Executive Summary

Following approval of the Risk Management Strategy in January 2019 it was agreed that a corporate risk report would be provided on a regular basis to the NHS Board. Previous updates were presented to the NHS Board on 28th May 2019 and 6th August 2019. This report presents an updated Corporate Risk Register as at 20th November 2019.

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.

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 across all four registers; Corporate, Community/Partnerships, Hospital and Board functions. These are listed detailed in Table 1 below.

<table>
<thead>
<tr>
<th><strong>Table 1</strong></th>
<th><strong>Current Corporate Risks and Scores</strong></th>
<th><strong>Current Score Nov 2019</strong></th>
<th><strong>Target Score</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td>1.</td>
<td>There is a risk that NHS Forth Valley is unable to meet its obligations to implement the Primary Care Improvement Plan</td>
<td>20</td>
<td>9</td>
</tr>
<tr>
<td>2.</td>
<td>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.</td>
<td>There is a risk that NHS Forth Valley will fail to meet and maintain its Information Governance obligations including GDPR compliance.</td>
<td>20</td>
<td>9</td>
</tr>
<tr>
<td>4.</td>
<td>There is a risk that NHS Forth Valley is unable to meet its obligations to deliver the National Waiting Times targets over 2019-20.</td>
<td>20</td>
<td>9</td>
</tr>
<tr>
<td>5.</td>
<td>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.</td>
<td>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.</td>
<td>There is a risk that NHS Forth Valley fails to comply with Public Bodies Joint Working (Scotland) Act 2014.</td>
<td>16</td>
<td>6</td>
</tr>
<tr>
<td>8.</td>
<td>There is a risk that NHS Forth Valley is unable to meet its obligations to deliver high quality, safe and effective services in line with National Standards</td>
<td>12</td>
<td>6</td>
</tr>
<tr>
<td>9.</td>
<td>There is a risk that NHS Forth Valley is unable to achieve affordable whole system and integrated workforce plans.</td>
<td>16</td>
<td>6</td>
</tr>
<tr>
<td>10.</td>
<td>There is a risk that NHS Forth Valley Estates and supporting infrastructure is not maintained in line with national and local rqmts.</td>
<td>20</td>
<td>9</td>
</tr>
<tr>
<td>11.</td>
<td>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>
<tr>
<td><strong>Aggregate CRR Score</strong></td>
<td></td>
<td><strong>193</strong></td>
<td><strong>87</strong></td>
</tr>
</tbody>
</table>

**Financial Implications**

There are no specific implications in respect of the Corporate Risk Register

**Workforce Implications**

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:

- Paper is not relevant to Equality and Diversity

Consultation Process

The Corporate Risk Register has been further developed and revised following discussions at the Senior Leadership Team and the NHS Board Seminars in December 2018 and February 2019. The revised Corporate Risk Register was presented to the NHS Board in May 2019. Relevant Senior Managers subsequently reviewed risks in July 2019 and November 2019.
### Appendix 1 – Corporate Risk Register

#### Primary Care

<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>Next Review Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>20.11.19</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 Dec 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)**

- 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

**Consequences**

- Primary Care Programme Board (PB) 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

**Control Measures/Mitigation**

- Updated (20 Nov)
  - PB now meeting, term of reference and SDM approved, SDM circulated to PB members.
  - Updated tracker submitted to Scottish Government (SG) on 27 Sept. Key risks include – funding, Adult Immunisations, IT and Accommodation.
  - Flu options appraisal is planned.
  - Primary Care premises review complete. Meeting with SG colleagues to share our approach to develop business case using programme approach – endorsed.
  - Strategic Assessment Now complete collaboration with Partnerships and GP Sub Committee.
  - A letter from FV Tripartite partners to SG oversight group regarding lack of funding and poor alignment of funding has been acknowledged and a business case requested.
  - PCIP reviewed regularly at PB, pharmacotherapy investment has adopted skill mix contribution to achieve sustainable solution. Plan and timeline
lives rating, support CPD
• Develop and test business continuity plans

for PCIP Iteration 3 development in place.
• SLT approved investment to support quality clusters.
• Tender – 2C practices approved by Board, IJBs notified of compliance with national and local policy direction. Invitation to tender is now closed. Review of tenders will be progressed.

<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>Next Review Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>2</td>
<td>21.11.19</td>
<td>5</td>
<td>Area Wide</td>
<td>Andrew Murray</td>
<td>Andrea Fyfe</td>
<td>25</td>
<td>9</td>
<td>31 Dec 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

Control Measures/Mitigation
• 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, implementing the Getting ForthRight (GFR) programme
• GFR sets out metrics for recovery of performance and the UCPB meets monthly to oversee those
• Organisationally, establish triumvirate approach
• 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

Progress Update
Updated (21 Nov)
• UC Operational Group established, meeting monthly to drive GFR
• Duty management covering 7 days per week expanded and roles and responsibilities reviewed and clarified with 24/7 on call arrangements in place
• Huddle activity with focus on flow established and weekend handover plans in place to facilitate discharge
• Day of Care Audit extended to community hospital with actions owned within GFR
• 4 hour access standard remains variable. Clinical Director in post and working with Improvement Advisors in key data driven
- 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

- Develop and test business continuity plans

improvement areas, for example minors flow in support of agreed AOP trajectory
- Acute reorganisation is nearing completion and Corporate PMO is working with Director of Acute Services to support demand and capacity including flow.
- Winter Plan developed with good clinical and non clinical engagement. Contingency beds including intermediate care beds in Ludgate House and Summerford House (AHP component) being funded.

<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>Next Review Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>3</td>
<td>21.11.19</td>
<td>5</td>
<td>Area Wide</td>
<td>Andrew Murray</td>
<td>Deirdre Coyle</td>
<td>20</td>
<td>9</td>
<td>31 Jan 2020</td>
</tr>
</tbody>
</table>

**Information Governance**

<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 will fail to meet and maintain its Information Governance obligations including GDPR compliance | 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 | • 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 | • Internal Audit grading D – Inadequate, One Priority 1 Action (already actioned), three Priority 2 Actions.
  • Resources agreed for IG investment following IIA report – job descriptions are with Agenda for Change for evaluation.
  • Staff mandatory training in place and staff attendances monitored.
  • Information Asset Register template agreed and shared with Services.
  • DPO notification to supervisory body |
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

- 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

(updated 20 Nov)
- Scheduled Care Programme Board (PB) established/meeting, terms of reference updated and agreed. SDM approved.
- AOP 2019/2020 targets reviewed, refreshed plan to achieve OPD target will be discussed at Programme Board on 22 Nov, consideration to OPD conversion to TTG will also be considered.
- Annual Delivery Plan guidance 2020/2021 received. Trajectories under review in respect of Waiting Times Plan with work to quantify the outpatient, diagnostic and inpatient/day case Treatment Time Guarantee activity to achieve trajectories whilst incorporating Access Collaborative
<table>
<thead>
<tr>
<th>• Ongoing benchmarking to ensure DCAQ performance in upper performance quartile</th>
<th>improvement measures including Attend Anywhere.</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Elective Care development progressing – theatre 15 operational, theatre 16 – laminar flow unit being installed – operational March 2020.</td>
<td>• Elective Care Strategy being progressed (part of wider bed modelling work) – CEO with PB has set up fortnightly performance meetings to oversee AOP OPD and TTG trajectories.</td>
</tr>
<tr>
<td>• Cancer work to meet trajectories (national targets) being progressed. 31 day cancer target continues to be met. 62 day cancer target 86.3% (September 2019).</td>
<td>• Cancer work to meet trajectories (national targets) being progressed. 31 day cancer target continues to be met. 62 day cancer target 86.3% (September 2019).</td>
</tr>
<tr>
<td>• CAMHS and PT targets – work (deep dive) shared with P&amp;R with further update in respect of CAMHS in December 2019 Performance: CAMHS 60.8% (October 2019). PT in line with AOP trajectory.</td>
<td>• CAMHS and PT targets – work (deep dive) shared with P&amp;R with further update in respect of CAMHS in December 2019 Performance: CAMHS 60.8% (October 2019). PT in line with AOP trajectory.</td>
</tr>
<tr>
<td>• 4 hour access standard – see unscheduled care update.</td>
<td>• 4 hour access standard – see unscheduled care update.</td>
</tr>
<tr>
<td>Risk No</td>
<td>Assessment Date</td>
</tr>
<tr>
<td>---------</td>
<td>-----------------</td>
</tr>
<tr>
<td>5</td>
<td>21.11.19</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 financial targets will be increasingly challenging to sustain.
- 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 forecast outturn and 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 to 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 was approved at March 2019 NHS Board. Refreshed financial plan for 2020/21 and beyond is currently being developed.
- A revised 2019/20 capital plan was approved October 2019, incorporating updated position for planned asset sales.
- As at November 2019 £18.7m of savings plans have been identified against annual requirement of £19.2m
- A number of finance engagement events have taken place with clinical teams and wider. A further event is planned with Acute Clinical Leads for mid December 2019.
- Savings delivery is progressing broadly in line with planned trajectory.
- PMO approach has been developed and progressing with planned. Appointment to posts. Update paper to NHS Board meeting November 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>Next Review Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>6</td>
<td>20.11.19</td>
<td>5</td>
<td>Area wide</td>
<td>Angela Wallace</td>
<td>Jonathan Horwood</td>
<td>12</td>
<td>6</td>
<td>31 Jan 2020</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**

- 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
- Mandatory staff training via Learnpro

**Progress Update**

- Annual Report will inform de-escalation of this risk to Board Register
<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>Next Review Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>7</td>
<td>20.11.19</td>
<td>5</td>
<td>Area wide</td>
<td>Linda Donaldson</td>
<td>Patricia Cassidy/Annemargaret Black</td>
<td>16</td>
<td>6</td>
<td>31 Jan 2020</td>
</tr>
</tbody>
</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 fails to comply with the **Public Bodies Joint Working (Scotland) Act 2014** | 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 | • 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 | • MSG proposals – response from each IJB, Councils and NHS Board agreed and submitted to Government.  
• Falkirk Partnership –Staff recruited to management posts. Clks/Stirling Partnership– Chief Officer in post. Recruitment to Heads of Service complete with postholders in post Jan/Feb.  
• Co-ordination – operational management arrangements split across two Chief Officers to be finalised with Council Chief Executives & Chief Officers.  
• Shadow NHS arrangements in place from 3 June to enable the recruitment process to continue in readiness for transfer to new management roles (Heads of Service).  
• Corporate Support to Chief Officers and Chief Financial Officers has been shared. Transfer of Operational Management to Chief Officers planned for Jan 2020. |
<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>Next Review Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>8</td>
<td>20.11.19</td>
<td>5</td>
<td>Area wide</td>
<td>Cathie Cowan</td>
<td>Angela Wallace/Andrew Murray</td>
<td>12</td>
<td>6</td>
<td>31 Jan 2020</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**

- 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
- Safe staffing levels
- Investment in QI capability and capacity building
- Promoting Monitoring of sickness /absence Internal Audit reviews

**Progress Update**

- Recruitment to Head of Clinical Governance complete and postholder now in post. Clinical Governance Strategy to be developed, agreed and approved by Board – was Nov 2019 now March 2020.
- Reviewing Clinical Governance arrangements and developing a framework to support quality improvement and shared learning from adverse events to include cascading and embedding the learning.
- Reviewing Clinical Governance arrangements in relation to compliance with National Standards.
- 4 cohorts of learning for improvement, including - QI training in Leadership and Management, Flow Coaching in 3 pathways, Value Management Collaborative initiated.
- Risk Management & Board Assurance Officer to be appointed (interim whilst Corporate Governance Manager on secondment).
- Review of QI function, linked to Corporate PMO, People’s Academy and University affiliation being
progressed. Meeting with Stirling University planned for February 2020.

<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>Next Review Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>9</td>
<td>20.11.19</td>
<td>5</td>
<td>Area wide</td>
<td>Linda Donaldson</td>
<td>Linda Davidson</td>
<td>16</td>
<td>6</td>
<td>31 Jan 2020</td>
</tr>
</tbody>
</table>

**Risk Description**
There is a risk that NHS Forth Valley is unable to achieve affordable whole system and integrated workforce plans

**Consequences**
- 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

**Control Measures/Mitigation**
- 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

**Progress Update**
- 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 policies first tranche agreed, working will all Boards to ensure consistent application. Implementation January – February 2020 and next phase commenced.
- Demographic profiling completed
- Working with Director of Finance to determine revised workforce/service/finance templates that will ensure live information.
- Workforce Projections and Plan completed and published in accordance with national guidance and timescales.
- Awaiting Scottish Government Workforce plan which is due imminently.
<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>Next Review Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>10</td>
<td>20.11.19</td>
<td>5</td>
<td>Area wide</td>
<td>Scott Urquhart</td>
<td>Jonathan Procter</td>
<td>20</td>
<td>6</td>
<td>31 Jan 2020</td>
</tr>
</tbody>
</table>

**Risk Description**

There is a risk that NHS Forth Valley Estate & Supporting Infrastructure is not maintained in line with national and local requirements.

**Consequences**

It is likely if NO action is taken then -
- Failure to deliver obligations set out in Property Asset Management Strategy (PAMS)
- Health and safety risk for staff and patients using premises
- Failure to provide adequate clinical service areas
- Affordability of backlog maintenance and ability to fund Capital Priorities
- Adequacy of ventilation and water systems to ensure adherence with emerging national requirements
- Lack of adequate and appropriate accommodation for staff and patients
- Health Records Storage at FCH not in fit for purpose accommodation and exposed to flood and water ingress from decaying building.
- Risk of electrical outages impacting on patient equipment with potential safety implications

**Control Measures/Mitigation**

- Infrastructure developments prioritised and funded through the NHS Board capital plan.
- Regular PAMS report submitted to Gvmnt
- Operational condition of estate regularly assessed and monitored through the Estates Asset Management System.
- Annual review of the estate performance and condition monitored through the Performance and Resources Committee.
- GP and Community Premises current condition and planning review commissioned to support capital priorities
- Longer term planning for future accommodation requirements
- Accommodation Options for Health Records to be drawn up in consultation with Health Records and other partners
- Regular reviews with PPP partners for FVRH, SCV, CCHC and planned preventative maintenance programmes in force including ‘Blackstart’ at FVRH and root cause review of electric circuit issues to provide further assurance.

**Progress Update**

- NHS Board 5 year capital plan approved in March 2019 setting out key funded priority and development areas.
- Capital projects report submitted to P&R Committee April 2019.
- Falkirk FCH Fire controls Investment Plan approved by Infrastructure PB Oct 19 and reported to P & R.
- Primary Care premises review draft report completed and considered by the Primary Care Implementation Group June 19. Final report issued October and considered by PCIP PB and Infrastructure PB. P & R presentation Dec 19. Briefing meeting took place with SG Nov 2019. Next stages agreed.
- Change control requested with Forth Health for SHTM 03-01 requirements for ventilation.
FVRH Black Start took place Oct 19 – No Major issues noted.

Health Records interim accommodation proposals considered by Infrastructure PB Oct 2019. Final proposals to be considered in Dec 2019.

<table>
<thead>
<tr>
<th>IT Infrastructure</th>
<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>Next Review Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>11</td>
<td>20.11.19</td>
<td>5</td>
<td>Area wide</td>
<td>Scott Urquhart</td>
<td>Jonathan Procter</td>
<td>16</td>
<td>6</td>
<td>31 Jan 2020</td>
<td></td>
</tr>
</tbody>
</table>

**Risk Description**
There is a risk that NHS Forth Valley IT Infrastructure could fail due to technical and cyber vulnerabilities

**Consequences**
It is likely if NO action is taken then -
- Clinical services unable to access electronic patient data
- A cyber attack could render systems and services unavailable
- Patients not able to be treated or seen at clinics due to IT systems being down
- Information loss
- Out of date infrastructure and technologies
- Lack of progress with national 365 rollout
- Lack of national progress on new GPIT system

**Control Measures/Mitigation**
- Digital and eHealth Strategy outlining resilience and cyber security plans approved by Health Board
- Annual Digital and eHealth delivery plan prioritised, approved and monitored by the Programme Board and Senior Leadership Team
- Lifecycle System matrix reviewed annually by the Digital and eHealth Programme Board to shape future investment plans
- Cyber security objectives and initiatives included in the annual programme of work
- Cyber Security Group established under Director of Facilities and Infrastructure to oversee Board’s cyber security plans

**Progress Update**
- Digital and eHealth Programme Board in place.
- Digital strategy approved.
- Trakcare patient Management System implemented.
- Ongoing national discussion regarding windows 10 and office products
- Desktop Cyber Security Exercise carried out in May 2019.
- Feedback from SG on Cyber Resilience Public Sector Action for FV Received in June 19. NHS FV in line with NHS Scotland progress.
- Presentation to the Audit Committee on Cyber Security and Progress June
| | Windows/Office Programme team being put in place from Oct 19.  
| | National deal struck for Windows 7 security patches beyond Jan 2020(7) for 12 months.  
| | GPIT Programme Board drafting risk assessment – Nov 19  
| | Windows 10 roll out 22% complete.  
| | IT continues to support Information Governance NIS plan. |
10.2.1 Performance & Resources Committee – 27 August 2019
For Assurance

Chair: Mr John Ford, Non Executive Board Member

Key points to note from the meeting

- **Item 7.1 Unscheduled Care Update**
  A presentation was given detailing data, trends and operational challenges regarding performance against the 4 hour Emergency Department standard. Reasons for breaches were discussed however it was noted that this was a whole system target. Overall improvement was noted for 2019 compared to 2018 although performance continued to vary. Actions in place to support improvements were described, noting development of the Forth Valley Operations Centre supporting a coordinated approach to managing logistics, providing visibility and improving the coordination between departments.

- **Item 7.2 Post Diagnostic Dementia Support**
  A presentation was provided in respect of Post Diagnostic Dementia Support. Background was given in respect of the current population within Forth Valley who had dementia and anticipated numbers going forward. Models of Post Diagnostic Support were described along with levels of support currently provided. Progress made in respect of reducing waits and in the co-location of the Dementia Outreach Team was highlighted. The growing demand for services was noted along with the need to set out the preferred model required.

- **Item 7.3 Core Performance Report**
  Winter preparations and the implications of the indicative funding from the Scottish Government were discussed. Capacity issues were highlighted with the need to reduce delayed discharges before winter noted. Chief Officers were committed to working with NHS Forth Valley in a whole system approach to understand the wider opportunities and the support Councils and IJBs could provide.
PERFORMANCE & RESOURCES COMMITTEE

Minute of the Performance & Resources Committee meeting held on Tuesday 27 August 2019 at 9am in the Boardroom, NHS Forth Valley, Carseview House, Castle Business Park, Stirling, FK9 4SW

Present:
Mr John Ford (Chair)
Mrs Cathie Cowan, Chief Executive
Miss Linda Donaldson, Director of Human Resources
Dr Graham Foster, Director of Public Health and Strategic Planning
Mr Alex Linkston, Chairman
Mr Stephen McAllister, Non Executive Board Member
Dr Michele McClung, Non Executive Board Member
Mr Andrew Murray, Medical Director
Mr Allan Rennie, Non Executive Board Member
Councillor Les Sharp, Non Executive Board Member
Mrs Julia Swan, Non Executive Board Member
Mr Scott Urquhart, Director of Finance
Professor Angela Wallace, Director of Nursing

In Attendance:
Mr Jonathan Procter, Director of Facilities & Infrastructure
Ms Kerry Mackenzie, Head of Performance
Mrs Andrea Fyfe, Director of Acute Services (Item 7.1)
Mr Ross Cheape, Mental Health Service Development Manager (Item 7.2)
Mrs Jacqui Sproule, Service Manager Child & Adolescent Mental Health Services (Item 7.3)
Dr Jen Borthwick, Head of Psychology Services (Item 7.3)
Mrs Sonia Kavanagh, Corporate Governance Manager (Minute)

1. APOLOGIES FOR ABSENCE

Apologies for absence were intimated on behalf of Mr Robert Clark.

2. DECLARATIONS OF INTEREST

There were no declarations of interest.


The minute of the Performance and Resources Committee meeting held on 25 June 2019 was approved as a correct record.

4. MATTERS ARISING

There were no matters arising from the minute.

5. ROLLING ACTION LOG

The Performance and Resources Committee considered a paper, ‘Rolling Action Log’ presented by Mr John Ford, Chair.
Mr Ford noted 2 of the action items were on the agenda with the remaining due to be considered at the October 2019 meeting.

6. BETTER HEALTH

6.1 Community Planning Partnership Update

The Performance and Resources Committee considered a paper, ‘Community Planning Partnership Update’ presented by Dr Graham Foster, Director of Public Health and Strategic Planning.

Dr Foster provided a short update on the activity across the 3 Community Planning Partnerships (CPP). This included the continuing work by Falkirk CPP on delivery of the Strategic Outcome Local Delivery Plan (SOLD) and the work to consider future structures and updating the plan for 2020. A review of local structures and operating procedures had been undertaken by Stirling CPP to ensure they remained fit for purpose and consultation with Stirling Council had commenced on the proposals. Clackmannanshire CPP was due to hold a Summit meeting to raise awareness of child poverty and align with the Poverty Alliance ‘Challenge Poverty Week’ commencing 7 October 2019.

With regards to the City Region Deal which aimed to allow more local residents to participate in existing and emerging labour markets, discussion took place around the need to ensure the impact of high deprivation such as the ability to afford bus fares was taken into account.

The Performance & Resources Committee:

- Noted the contents of the report and the continuing activity by NHS Forth Valley staff working as Community Planning Partners to deliver the agreed priorities of the three Community Planning Partnerships
- Noted the proposed changes to structural arrangement in Falkirk and Stirling Community Planning Partnerships
- Noted the assurance provided that NHS Forth Valley was continuing to meet its responsibilities as a statutory Community Planning Partner

7. BETTER VALUE

7.1 Unscheduled Care Update

The Performance and Resources Committee received a presentation, ‘Unscheduled Care Update’ provided by Mrs Andrea Fyfe, Director of Acute Services.

Mrs Fyfe provided detailed data and trends regarding performance against the 4 hour Emergency Department (ED) standard and the reasons for breaches, with wait for first assessment remaining the main area of focus, however it was noted that this was a whole system target. Although there was an overall improvement noted for 2019 compared to 2018, performance continued to vary.

The Forth Valley Operations Centre was live and would be the central control centre, collecting all relevant information to be used as part of the coordinated approach to managing logistics, providing visibility and improving the coordination between departments. This would enable informed and data driven decisions to be made at the right time ensuring safety and flow was
maintained across Forth Valley Royal Hospital and the community sites. A visit to the Operations Centre would be arranged for members.

**Action: Sonia Kavanagh**

Mrs Fyfe highlighted the ongoing operational challenges and the further developments with processes to improve the patient journey further. These included relevant Standard Operational Procedures/protocols, the Mental Health 24 hour Police Line and new patient pathways between ED and Assessment Units.

The Performance and Resources Committee discussed the better outcomes for both patients and police with the introduction of the Police Line and the need for further consideration regarding Minor Injuries Unit. Mr Rennie highlighted the importance of raising public awareness of the challenges faced by ED and the resulting consequences for other departments. He suggested this could include national and local communication regarding the Operations Centre and the alternatives available rather than going to ED.

Mrs Cowan highlighted recent discussions with Scottish Government regarding NHS Forth Valley’s de-escalation from Level 3 of the Performance and Escalation Framework. She noted that although keen for this to progress, the variation with performance remained a concern. Further detailed discussion took place around Falkirk Community Hospital and the opportunities available for further collaborative developments with Falkirk IJB and the Council to ensure a wider approach to improvements.

**The Performance & Resources Committee:**

- *Noted the current position and updates provided*

7.2 Post Diagnostic Dementia Support

The Performance and Resources Committee received a presentation, ‘Post Diagnostic Dementia Support’ provided by Mr Ross Cheape, Mental Health Services Development Manager.

Mr Cheape highlighted the significant population within Forth Valley who had dementia and the expectation that this would double in the next 25 years. The need for post diagnostic support was therefore vital to ensure necessary services and care were available.

Alzheimer Scotland’s 5 Pillars Model of Post Diagnostic Support and the 8 Pillars Model of Community Support were outlined. The approaches provided the wrap around care at every stage of the illness with the appropriate involvement from various NHS Forth Valley services and the Third Sector as required for the individual.

Mr Cheape discussed the progress made to reduce the wait for post diagnostic support, using shared documentation to reduce duplication and the development of co-located Dementia Outreach Team. He noted that due to IT issues Alzheimer’s Scotland Link workers were still to be transferred.

**Action: Jonathan Procter**

The Performance and Resources Committee discussed the new ways of working and investment required to provide sustainable services which were also able to meet the growing demand including dementia in younger people with differing needs. Mrs Cowan advised that it was crucial to set out the preferred model required and asked that a Business Case was completed as soon as possible. This would ensure the appropriate person centred post diagnostic dementia support could link and feed into both IJBs’ and NHS Forth Valley’s future strategic plans, raising awareness and support.
The Performance & Resources Committee:

- Noted the update provided

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

7.3 Core Performance Report

The Performance and Resources Committee considered a paper, ‘Core Performance Report’, presented by Ms Kerry Mackenzie, Head of Performance.

Ms Mackenzie provided updates on performance regarding the eight key standards most important to patients and highlighted the addition of a table which illustrated the current performance position and the position in relation to the Annual Operational Plan trajectories. It was agreed that the table was a useful addition and that it may be helpful to also include actual number of patients where possible, to provide further understanding.

Action: Kerry Mackenzie

In respect of Waiting Times performance, Mrs Cowan reported that further focussed discussions had been held with Scottish Government regarding the achievement of targets and the investment required. Mrs Cowan highlighted the significant work taking place regarding outpatients and provided assurance that similar to the previous year, the agreed trajectories for this year would be achieved.

The Performance and Resources Committee discussed winter preparations and the implications of the Scottish Government’s recent notification of indicative funding. The importance of reducing delayed discharges before winter was also noted, to ensure there was appropriate capacity to meet the anticipated demand. Mrs Cowan highlighted that both Chief Officers were committed to working with NHS Forth Valley in a whole system approach to understand the wider opportunities and the support Councils and IJBs could provide. Portals would be developed on Pentana providing the platform to access and share data, informing discussions and decisions.

Performance updates regarding access to Psychological Therapies and the Child and Adolescent Mental Health Services (CAMHS) were provided by Mrs Jacqui Sproule, Service Manager (CAMHS) and Dr Jen Borthwick, Head of Psychology Services. Dr Borthwick highlighted that following the transfer to the new Patient Management System, Trakcare there remained a backlog of data which required to be migrated over and this had impacted on data interpretation. She provided a recruitment update to address staffing challenges and the various improvement work including mental health access, pathway for those experiencing trauma and improving patient engagement. Mrs Sproule advised that data issues with Trakcare had resulted in a rise with DNAs, ‘Did Not Attends’ for new patients as appointments had not be received. However, these had now been resolved and data would be reviewed to ensure reliability. Mrs Cowan noted that Scottish Government had been informed and briefed on the staffing issues in both departments.

Mr Procter presented the first quarter’s milestone for the key strategic digital and eHealth schemes. Mr Rennie highlighted the issues which had been previously highlighted with regards to Trakcare and noted that in the quarterly report this had been described as successfully implemented. Mr Murray replied that the appropriate preparations and testing had taken place prior to migration and there had been a rapid response to the issues. Mr Proctor highlighted that the actual implementation of Trakcare had been successful. Mr Rennie suggested that the full impact of the implementation could have been reflected to provide assurance.
Mr Ford asked whether it would be possible to include timelines detailing which quarter the actions relating to performance were expected to be completed. Action: Kerry Mackenzie

The Performance and Resources Committee:

- Noted the current key performance issues and actions
- Noted the detail within the balanced scorecard
- Noted the Digital and eHealth Delivery Plan 2019/20 Project, Progress Quarter 1 at Appendix 1

8. BETTER VALUE

8.1 Finance Report

The Performance and Resources Committee 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 31 July 2019, with a revenue overspend of £0.925m, noting that the forecast year-end outturn position at this point remained in line with the 2019/20 Annual Operational Plan’s financial projection.

The detailed Quarter 1 review of the financial position confirmed some areas of risk and these would continue to be closely monitored. Actions to mitigate risks included further review of outturn projections to identify cost improvement opportunities, closer management of discretionary cost areas including nurse bank and agency costs and scoping of any additional non recurring benefits available. Mr Urquhart also highlighted the significant challenges due to the expected medical staff uplift, the impact of energy price increases and the uncertainty due to Brexit with drug prices and workforce.

The Performance and Resources Committee discussed the need to confirm the 2019/20 risk sharing arrangements for both partnerships to ensure they were appropriate. It was vital that the opportunities of integration were realised with a spend to save approach through the Project Management Office method and all partners held to account to deliver sustainable changes and services in line with their Strategic Plans.

The Performance and Resources Committee noted the following key points:

- A revenue overspend of £0.925m to 31 July 2019
- A balanced capital position to 31 July 2019
- A savings requirement in 2019/20 of £19.2m, of which £16.6m had been identified to date
- Key financial risks as outlined in section 6 of the report

8.2 Capital Projects, Property Transactions and Medical Equipment Update

The Performance and Resources Committee considered a paper, ‘Capital Projects, Property Transactions and Medical Equipment Update’ by Mr Jonathan Procter, Director of Facilities and Infrastructure.

Mr Procter provided an update on progress with a number of significant capital projects including the Stirling Health and Care Centre, the Doune Health Centre new build, inpatient improvement works at Falkirk Community Hospital and a number of energy efficiency initiatives.
Mr Urquhart highlighted the Bellsdyke Development agreement and the work to understand the full value and potential capital benefit of the final two sites which had gone through planning process. A report would be brought back to a future meeting.  

**Action: Jonathan Procter**

**The Performance and Resources Committee:**

- *Noted the updates provided*

9. **BETTER GOVERNANCE**

9.1 **Items to be brought to the attention of the Board**

Mr Ford asked Committee members to inform Ms Mackenzie of any items to be brought to the attention of the NHS Forth Valley Board.

10. **ANY OTHER COMPETENT BUSINESS**

Mrs Cowan advised that the Scottish Government had requested all NHS Board to provide an update on Operational Readiness for EU withdrawal. A template consisting of 7 key questions regarding various aspects of preparation; identifying risks, workforce and financial implications was to be completed and returned by 20 September 2019.

Discussion took place regarding the wider continuity plans and the potential to create a hotline so staff could raise potential issues that may arise after 31 October.

There being no further competent business, the Chair closed the meeting at 12.50pm.

11. **DATE OF NEXT MEETING**

Tuesday 29 October 2019 at 9am in the Boardroom, Carseview House
10.2.2 Staff Governance Committee
For Assurance

Chair: Dr Michele McClung, Non Executive Board Member

Key points to note from meeting

- Elective Care Programme Workforce Planning Update
- Health & Wellbeing Programme - Attendance Management
- NHS Forth Valley Workforce Plan 2019 – 20
Welcome and Introductions

Dr McClung welcomed everyone to the meeting and round table introductions were made.

Apologies for absence

Apologies for absence were received from Mrs Cathie Cowan, Mrs Margaret Kerr, Ms Susan McGill, Mr Jonathan Procter and Ms Karren Morrison.

Minute of Meetings

Draft minute of Staff Governance Committee meeting held on Friday 7 June 2019.

The draft minute of the Staff Governance Committee meeting held on Friday 7 June 2019 was approved as a correct record.

Draft Minute of the Staff Governance Remuneration Sub Committee meeting held on Friday 7 June 2019.

The Staff Governance Committee noted the minute of the Staff Governance Remuneration Sub Committee meeting held on Friday 7 June 2019.

Matters Arising

There were no matters arising to note.
5. BETTER WORKFORCE

5.1. Primary Care and Mental Health Directorate Workforce Planning Update

The Staff Governance Committee were advised that this item had been moved to the meeting scheduled for Friday 13 December 2019.

5.2. Acute Services Workforce Planning Update

The Staff Governance Committee received a verbal update from Ms Linda Donaldson, Director of Human Resources.

Ms Donaldson advised that the recruitment process for the Head of Acute Services – Ambulatory Care, Theatres and Diagnostics, Head of Acute Services – Emergency Care & Inpatient Services and Chief Nurse would be concluded by Monday 30 September 2019.

Work had commenced with progressing with Phase 2 of the Redesign of Acute Services. Those directly affected would be asked to participate in:

- On line psychometric testing
- Preparation of a significant management event report
- 1:1 meeting – Career conversation.

A decision as to whether a matching or panel interview was required had yet to be made. It was anticipated that Phase 2 would be concluded by Friday 1 November 2019.

She further advised that work was progressing with recruitment to two Heads of Service posts for Clackmannanshire and Stirling Health and Social Care Partnership. The recruitment process would be concluded by Thursday 10 October. It was anticipated that those appointed would take up their post by January 2020.

The Staff Governance Committee discussed the progress with the transfer of staff to the Integration Joint Board, the ongoing work to ensure a smooth transfer, the ongoing discussions at the Senior Leadership Management Team and Chief Executive meeting, the need to identify issues to be addressed, the review of Primary Care, Specialist Mental Health Services and Prisons to be concluded by October 2020 and the ongoing work around Allied Health Professionals.

It was noted that Phase 1 services were ready to be transferred and staff had been identified for Phase 2 services to be transferred. It was further noted that a list of named support for those corporate support functions had been identified.

Following discussion the Staff Governance Committee:

- Noted the update

5.3. Elective Care Programme Workforce Planning Update
The Staff Governance Committee received a presentation, “Elective Care Programme Update”, presented by Ms Gillian Morton, Programme Director for Elective Care and Mrs Janette Fraser, Head of Planning. Mrs Fraser highlighted the following as detailed in the presentation:-

- Programme Scope
- Programme
- Elective Care Programme
- Phase 1- Programme Working Group
- Phase 2 – Surgical Working Group
- Indicative Elective Care Timeline
- Elective Care Ward
- Workforce Update
- Engagement
- Transformation Event

The Staff Governance Committee were advised that the first of two theatres opened in June 2019 with the second theatre opening by December 2019. The new MRI scanner was now operational. It was anticipated that the new inpatient ward would be operational by April 2020. The associate recruitment process for the new theatres and ward was progressing.

Forth Valley would be the first of five Elective Centres being opened across Scotland and high level discussions were progressing regarding patient numbers, developing a ‘one patient pathway’ and ensuring that IT systems were in place and compatible with each other. A business case for a ‘one for all’ IT system had been submitted.

The Staff Governance noted that staff side had been involved in the Elective Care Programme and congratulated the Elective Programme Team on their achievements to date.

The Staff Governance Committee:–

- noted the presentation

5.4 Health & Wellbeing Programme - Attendance Management

The Staff Governance Committee considered a paper ‘Health, Well-being and Attendance Management,’ presented Linda Robertson, HR Manager.

The report showed an absence rate of 5.31% in July 2019 which was an increase of 0.13% from 5.26% in June 2019 compared to 5.43% in July 2018. It was noted that there was approximately 1005.38 more hours lost in July than June and approximately 1797.31 fewer available hours.

The national absence rate figure for July 2019 was noted as being 5.22%.

Ms Robertson advised that the national absence figures for August 2019 were awaited.

Mrs Robertson highlighted the overall sickness absence by job family, directorate, long term absence and short term absence as detailed in the paper. It was noted that directorates had been asked update SSTS for those members of staff who had been entered into SSTS with the
reason “Unknown Causes / not specified” with the correct reason. Guidance would be issued to all staff who input to SSTS.

The Staff Governance Committee requested a ‘deep dive’ on causes for long term sickness absence be presented at the Staff Governance Committee in December.

Ms Donaldson advised that the Health and Wellbeing Absence Management Programme Board would look at absence rates and what is being done to address absence in specific areas. It was suggested that information from Estates and Facilities and Acute Services and patterns of absence would be presented at the next Staff Governance Committee in December.

It was further noted that initiatives to address and improve absence rates were being progressed and there would be a focus on ‘Joy @ Work’ and 12 hour shifts. There had been a presentation at the recent Health and Wellbeing Absence Programme Management Board from the Staff Physiotherapist and from NHS Lothian on their experience with 12 hour shift working.

The Staff Governance Committee:–

5.5.   Staff Governance Update

The Staff Governance Committee considered a paper ‘Staff Governance Update,’ presented by Mrs Linda Robertson, HR Manager.

Mrs Robertson advised that the following policies were being reviewed as part of the Once for Scotland workforce model to create a set of single standardised policies. The draft refreshed workforce policies had been submitted to the Scottish Workforce and Staff Governance Group (SWAG) for review and approval of the standard sections applicable to all polices and the supporting documentation. Following the approval there will be a three month implementation period. Training for the revised policies would be implemented for all managers.

Following approval of the Phase 1 core policies work would commence on addressing the remaining PIN policies. These were highlighted as detailed in the paper.

Mrs Robertson highlighted the work on Youth Framework agenda, next Cohort of Modern Apprenticeships, working with other partners, including foundation apprenticeships, employability placements as detailed in the paper. Project Search STEM careers event and Scottish Living Wage were also highlighted.

Mrs Robertson advised that lessons learned following the first cohort of Project Search would be taken forward to ensure participants had a better understanding of the employment opportunities and career pathways available to them.

The Staff Governance Committee were advised that NHS Forth Valley had no current whistleblowing cases.

The Staff Governance Committee:–

• noted the paper.
5.6. Update on Organisational Development Priorities including Learning, Education and training and iMatter

The Staff Governance Committee considered a paper, ‘Update on Organisational Development Priorities including Learning, Education, Training and iMatter,’ presented by Ms Linda Donaldson, Director of Human Resources.

Ms Donaldson advised that the Investors in People Assessor had completed the year one assessment and an initial report was awaited.

Ms Donaldson reported the recent iMatter exercise had been concluded with a 74% achievement. The Employee Engagement Index for 2019 remained at 75%. Work was progressing with agreeing action plans within teams. It was anticipated that all action plans would be completed by Monday 21 October 2019.

Mandatory Training, Talent Management and Succession Planning and Project lift were highlighted as detailed in the paper. Ms Donaldson asked for staff side and managers to continue to encourage staff to complete their mandatory training on time.

The Staff Governance Committee:
• noted the paper.

5.7 Workforce Information Report – Quarter 1 April – June 2019

Consideration was given to a paper ‘Workforce Information Report – Quarter 1 – April – June 2019,’ presented by Ms Linda Donaldson, Director of Human Resources.

The Staff Governance Committee noted the workforce information as detailed in the paper.

5.8 NHS Workforce Diversity Monitoring Report – Quarter 1 – 2019/20

Consideration was given to a paper ‘NHS Workforce Diversity Monitoring Report – Quarter 1 2019/20,’ presented by Ms Linda Donaldson, Director of Human Resources.

The Staff Governance Committee noted the workforce diversity information as detailed in the paper.

5.9 NHS Forth Valley Workforce Plan 2019 – 20

Consideration was given to a paper ‘NHS Forth Valley Workforce Plan 2019 – 20,’ presented by Ms Linda Donaldson, Director of Human Resources.

The Workforce Plan had been closely aligned with NHS Forth Valley’s Annual Delivery Plan 2019/2020 and was fundamental to ensure the workforce was right, with the appropriate skills, values, behaviours and knowledge to deliver services and provide quality care which met both the current needs as well as future demand.

The Staff Governance Committee were advised that the Workforce Plan had been shared with Staff Side Representatives and approved by the Chief Executive, Director of Nursing and
Employee Director (on behalf of the Area Partnership Forum). Workforce Projections had been submitted to the Scottish Government as required in June 2019 and these were included at annex B.

The Staff Governance Committee:-
• noted the paper

6 REPORTS FROM COMMITTEES

6.1. Area Partnership Committee – 28 June 2019 and 9 August 2019
The Staff Governance Committee noted the minutes of the Area Partnership Forum held on 28 June 2019 and 9 August 2019.

6.2. Health and Safety Committee – 3 June 2019
The Staff Governance Committee noted the minute of the Health and Safety Committee held on 3 June 2019.

6.3. Joint Staff Forum

Clackmannanshire and Stirling – 30 May 2019
The Staff Governance Committee noted the minute of the Clackmannanshire and Stirling Joint Staff Forum held on 30 May 2019.

Falkirk Joint Staff Forum - 3 April 2019
The Staff Governance Committee noted the minute of the Falkirk Joint Staff Forum held on 3 April 2019

7. TERMS AND CONDITIONS

• Appointment and role of dedicated non-executive Whistleblowing Champions
• SPPA Circular NHS Pension Schemes 2019/07
• DL (2019)10 Fixed Annual Leave for Junior Doctors
• PCS(AFC) 2019/2 – Policy on Management of Sickness Absence (Promoting Attendance)
• STAC(TCS01)2019 – Maternity Pay
• STAC(TCS02)2019 – Health Visitors – Annex 21
• ‘Once for Scotland’ Workforce Policies Briefing Note – August 2019 & September 2019
• PCS(DD)2019(2) – Medical, Dental Pay 2019 -20
• PCS(AFC)2019/7 – Revisions to Agenda for Change Handbook
• DL (2019) 14 – Early May Public Holiday 2020 – 75th Anniversary of VE Day
• PCS (AFC) 2019/8 – Additional Statement and Q&A Re Organisational Change Pay Protection
• PCS(MD) 2019/2 – Pay and Conditions of Service 2019/2 – Health Board Medical Directors/Former Medical Directors on Protection
8. **Staff Governance Committee Proposed Meeting Dates 2020 -21**

The Staff Governance Committee approved the proposed meeting dates for 2020 – 21.

9. **ANY OTHER COMPETENT BUSINESS**

**Sturrock Report and Safer Staffing Bill**

Mr Clark requested that the Sturrock report and the Safer Staffing Bill be added to the Staff Governance Committee as a standing agenda item.

There being no other competent business the chair closed the meeting at 11.20 pm
10.2.3 Clinical Governance Committee – 11 October 2019
For Assurance

Chair: Mrs Julia Swan, Non Executive Board Member

Key points to note from meeting

- **Item 5 – Stroke Services**
  Mr Tony Byrne, Ageing and Health Consultant provided a presentation outlining the successes of the stroke services and the challenges faced to achieve the Stroke Care Bundle. The impact of delayed discharges was discussed and the need to ensure beds in the stroke unit are available when required. A Stroke Improvement Action Plan is to be developed and brought back to the Clinical Governance Committee, linking with the wider health and social care agenda, detailing the requirements and improvements noted.

- **Item 6.2 – NHS Forth Valley Annual Appraisal/Healthcare Improvement Scotland Self Assessment**
  The Medical Appraisal Leads Ms Victoria Spencer (Primary Care) and Ms Fiona McIlveney (Secondary Care) explained the process and positive uptake for appraisals. This allows GPs and consultants to reflect on their role and provides the opportunity to highlight any challenges there may be. The commitment of the Appraisal Leads was noted.

- **Item 7.1 – Adverse Events Management: Self Evaluation Report**
  This was developed following the publication of ‘The Governance of the NHS in Scotland – Ensuring Delivery of the Best Healthcare for Scotland’ report in July 2018 to establish the current status and potential gaps or inconsistencies in the management process of adverse events. National discussions are ongoing and while NHS Forth Valley’s process will be reviewed and refreshed accordingly the Clinical Governance Committee noted the need to ensure additional bureaucracy was not created and was of benefit for the patients.

To enable a consistent approach this report has been shared with both Health and Social Care Partnerships.
Draft Minute of the Clinical Governance Committee Meeting held on Friday, 11 October 2019 at 9.00am in the NHS Forth Valley Headquarters, Carseview House, Castle Business Park, Stirling.

Present
Mrs Julia Swan (Chair)            Mr Alex Linkston
Mr Allan Rennie                   Councillor Allyson Black
Dr James King                     Ms Eileen Wallace

In Attendance
Mrs Cathie Cowan, Chief Executive
Mr Andrew Murray, Medical Director
Ms Lynda Bennie, Head of Clinical Governance
Mr Jonathan Horwood, Infection Control Manager
Mr Scott Mitchell, Pharmacy Director
Ms Linda Davidson, Associate Director of HR
Ms Elaine Kettings, Head of Person Centred Care
Mr Tony Byrne, Ageing and health Consultant (Item 5)
Mr Allan Bridges, Associate Medical Director (Item 5)
Ms Victoria Spencer, Medical Appraisal Lead for Primary Care (Item 6.2)
Ms Fiona McIlveney, Medical Appraisal Lead for Secondary Care (Item 6.2)
Mrs Sonia Kavanagh, Corporate Governance Manager (minute)

1. Apologies for Absence
   Apologies for absence were intimated on behalf of Mrs Helen McGuire, Dr Graham Foster and Professor Angela Wallace.

2. Declaration (s) of Interest (s)
   There were no declarations of interest noted.

3. Minute of NHS Board Clinical Governance Committee meeting held on 16 August 2019
   The minute of the NHS Board Clinical Governance Committee meeting held on 16 August 2019 was approved subject to the following amendment:
   Page 1, Item 3 - Mr Scott Mitchell had noted his apologies

4. Matters Arising from the Minute/Action Log
   There were no matters arising from the minute.
5. PRESENTATION ON STROKE SERVICES
The NHS Board Clinical Governance Committee received a presentation on Stroke Services, provided by Mr Anthony Byrne, Ageing and Health Consultant.

Mr Byrne outlined the top successes of the stroke services during the previous year, both measurable and immeasurable including; delivery of antiplatelet therapy, maintaining rapid delivery of carotid surgery and the successful transition to the Bellfield Centre.

Early care was vital to improve the outcomes following a stroke with small interventions having significant benefit. The challenges to meet the four key elements of the Stroke Care Bundle were outlined and the need to raise awareness of protocols, embedding them as normal practice. Further challenges highlighted included the impact of capacity within the hospital due to delayed discharges, the staffing required to meet demand and the need for all staff, including bank, to be appropriately trained.

Mr Bryne also provided information regarding the benefits of a Hyperacute Stroke Unit for Thrombectomy, improving the opportunity to complete the stroke bundle and the requirements to provide an ambulatory same day assessment for TIA patients including cardiac telemetry and protected beds.

The NHS Board Clinical Governance Committee discussed the need to ensure beds in the stroke unit were available when required. The development of an action plan was suggested, to detail and prioritise the requirements and improvements highlighted in the presentation, noting this would also need to link with the broader health and social care agenda including the whole system work led by Mrs Fyfe. Mrs Cowan provided assurance that this would be examined further to understand and address the concerns raised.

The NHS Board Clinical Governance Committee:
- Thanked Mr Byrne for the informative presentation
- Noted further supporting documentation would be circulated to members for information.

The Clinical Governance Committee agreed to take Item 6.2 at this point in the agenda

6. CLINICAL GOVERNANCE: STRATEGY AND OBJECTIVES

6.2 NHS Forth Valley Annual Appraisal/Healthcare Improvement Scotland Self Assessment
The NHS Board Clinical Governance Committee considered the paper presented by Ms Fiona McIlveney, Medical Appraisal Lead for Secondary Care and Ms Victoria Spencer, Medical Appraisal Lead for Primary Care.

Mr Murray advised that rather than the usual report, Ms McIlveney and Ms Spencer had been invited to explain the appraisal processes and provide details of the appraisals undertaken for both Primary and Secondary Care.

The role of appraisal leads was to oversee and support GPs and doctors, encouraging them to reflect in all areas of their practice and provide the relevant
evidence to support. This ensured GMC obligations were met and alignment with the strategic direction of both the new GP contract and Realistic Medicine. It was noted that no GPs or doctors had failed to engage with this process.

The annual self assessment of appraisal performance had been submitted and the formal MARQA report was due to be published soon.

The NHS Board Clinical Governance Committee noted the commitment of the appraisal leads to ensure appraisals were undertaken and discussed the opportunity appraisals provided to offer reflection of role and space to raise any challenges there may have be. In response to a question regarding the layout of the appraisal form, a sample template would be circulated for information.

Mr Rennie asked whether an overview of all feedback from appraisals was undertaken to establish if there were any key themes for improvement or best practice. It was noted that although this did not formally take place it could be a useful tool and would be considered.

The NHS Board Clinical Governance Committee:
- Noted the update provided and thanked Ms Fiona McIlveney and Ms Victoria Spencer for the informative presentations, providing further understanding of the processes involved.

6.1 NHS Forth Valley Healthcare Associated Infection (HAI) Reporting Template
The NHS Board Clinical Governance Committee considered the paper presented by Mr Jonathan Horwood.

Mr Horwood provided an update on the current status of Healthcare Associated Infections (HAI) noting that while Staphylococcus Aureus Bacteraemia (SABs) and Clostridium difficile infection (CDI) remained within normal control limits, Device associated Bacteraemia (DABs) had exceeded them. The increase in DABs related to hospital acquired Hickman lines infections and details were provided.

Estates compliance remained above 80%, however, a combination of minor non-compliances meant that the environment could not be as effectively cleaned as possible and these had been shared with Serco and Estates for repair.

Mr Horwood advised that while the cases of flu in Australia had peaked earlier than usual these had now reduced. He provided assurance that the current vaccination covered this particular strain.

It response to a request from Mrs Swan regarding surgical site infections, Mr Horwood agreed to include the number of operations in total to provide further understanding of context.

The NHS Board Clinical Governance Committee:
- Noted the assurance provided
7. ASSURANCE AND IMPROVEMENT

7.1 Adverse Events Management: Self Evaluation Report
The NHS Board Clinical Governance Committee considered the paper presented by Mr Andrew Murray, Medical Director.

Following the publication of the 'The Governance of the NHS in Scotland – Ensuring Delivery of the Best Healthcare for Scotland' report in July 2018, one of the actions was to develop a reporting baseline to establish the current status and potential gaps or inconsistencies in the adverse events management process in NHS Boards. Mr Murray advised that the Adverse Events Management: Self Evaluation provided details of NHS Boards’ experience of implementing the national framework for managing adverse events, the key areas of strength and areas for improvement.

Mr Murray drew attention in particular to the national overview and the overall concerns and challenges regarding a consistent approach to patient feedback and evaluation. There had been national discussions in relation to this and Ms Bennie highlighted the recent workshop held to understand how adverse events were categorised and reviewed to ensure a consistent approach in line with the national framework.

Although it was noted that NHS Forth Valley’s process would be reviewed and refreshed accordingly, Mrs Cowan highlighted the need to ensure this did not create additional bureaucracy and benefitted both NHS Forth Valley and patients.

The NHS Board Clinical Governance Committee discussed the importance of a consistent approach across both Health and Social Care Partnerships (HSCPs) and it was agreed the report would be shared with their respective Clinical and Care Governance Group/Committee. This would enable both Chief Officers to report on any issues regarding the services they managed.

The NHS Board Clinical Governance Committee:
• Noted the report and the need to share with both HSCPs

8. PERSON CENTRED CARE

8.1 NHS Forth Valley Complaints and Feedback Performance Report
The NHS Board Clinical Governance Committee considered the paper presented by Mrs Elaine Kettings, Head of Person Centred Care.

Mrs Kettings explained that the format of the report had been refreshed to make it easier to read and understand the key issues. She provided an overview of performance noting in particular the improvement in managing Stage 1 complaints, the top 5 themes by Directorate, and the outcomes of cases referred to the Scottish Public Services Ombudsman (SPSO).

There were a variety of mechanisms to capture feedback and what mattered to patients and these were used to develop and enhance services further, improving patient experience. With regards to wifi access, Mrs Cowan highlighted a useful crib
sheet which outlined the ongoing work to address this and advised that it would be circulated to members after the meeting.

The NHS Board Clinical Governance Committee discussed the useful new format and the potential to include information by HSCP, visibility of complaints that were still ongoing to understand the department’s workload and narrative regarding the total number of patients to appreciate the context of any movement in the number of complaints.

The NHS Board Clinical Governance Committee:
• Noted the current position of the complaints performance within the organisation
• Noted the feedback activity across the organisation.

9. SAFE CARE

9.1 Significant Adverse Events Report
The NHS Board Clinical Governance Committee considered the paper presented by Mr Andrew Murray, Medical Director.

Mr Murray provided an update on significant adverse events (SAE) and the actions being taken to reduce harm to patients and continually improve the quality of clinical care. Further work was in progress to provide additional information and ensure SAEs were reported and coordinated appropriately to meet the required timeframes.

The NHS Board Clinical Governance Committee:
• Noted the update provided on current Significant Adverse Events

10. EFFECTIVE CARE

10.1 Standards and Reviews Report
The NHS Board Clinical Governance Committee considered the paper presented by Mr Andrew Murray, Medical Director.

Mr Murray reported on recent guidance, standards and consultations received and inspections undertaken, noting that the format of the report had been updated as a result of feedback.

Following the updated National Governance Framework for Systemic Anti-Cancer Therapy Services in December 2018, the self assessment had been submitted and External Audit had visited in June 2019. Subsequent to their report, an action plan was being developed and this would be considered at a future meeting. Mr Murray also highlighted the National Maternity and Perinatal Audit (NMPA) noting that all individual cases of unexpected admissions to the Neonatal Unit were investigated with relevant actions and learning undertaken. This was considered by the Clinical Governance Working Group.

The NHS Board Clinical Governance Committee:
• Noted the revised format and the update provided.
11. REPORTS FROM ASSOCIATED CLINICAL GOVERNANCE GROUPS

11.1 Minute of Area Prevention and Control of Infection Committee on 13 August 2019

The NHS Board Clinical Governance Committee noted the assurance provided through the summary paper and draft minute.

11.2 Child Protection Action Group Quarterly Report

The NHS Board Clinical Governance Committee noted the report.

11.3 Minute of the Clinical Governance Working Group held on 2 August 2019

The NHS Board Clinical Governance Committee noted the assurance provided through the summary paper and draft minute.

11.4 The draft minute of the Organ Donation Committee meeting held on 11 September 2019 would be considered at the next meeting

The NHS Board Clinical Governance Committee noted the assurance provided through the summary paper and draft minute.

12. CLINICAL AND CARE GOVERNANCE MATTERS TO BE REFERRED TO IJBS

The Adverse Events Management: Self Evaluation Report, as previously discussed, would be shared with both HSCPs for consideration and appropriate action.

13. ANY OTHER COMPETENT BUSINESS

Mr Murray highlighted that following the recent incident regarding Discharge letters, Intersystems who were responsible for the implementation of Trakcare would attend the next meeting. This would provide the opportunity to understand the technical issues involved and receive assurance that these were now fully resolved.

There being no other competent business the Chair closed the meeting at 11.20am.

11. DATE OF NEXT MEETING

Confirmation was provided that the next meeting was due to take place on Tuesday 10 December 2019 at 9.00am in the Boardroom, Carseview House, Stirling FK9 4SW.
Key points to note from meeting

- **Item 5.1 – Counter Fraud Services Patient Exemption Extrapolation**
  
  Mr Peter Hampton, Principle Statistician from Counter Fraud Services provided a presentation on Patient Exemption for Dental and Ophthalmic patient charges and the work of the Counter Fraud Services Patient Claims Team who checked the validity of approximately 50,000 claims per annum.

- **Item 6.3 – Assurance Mapping and Code of Corporate Governance**
  
  Mr Scott Urquhart has agreed to champion the development of an Assurance Map for NHS Forth Valley. The corporate risk relating to Unscheduled Care and in particular meeting the four hour access standard will be used to trial the mapping process initially.

  Progress to deliver against the Blueprint for Corporate Governance was considered, and the work being taken forward by Internal Audit, the Finance Director and the Corporate Governance Manager.

- **Item 8.2 – Legal Claims**
  
  An overview of the current position of claims made against the Forth Valley NHS Board during the period 1st April 2018 to 31st July 2019 was considered.
AUDIT COMMITTEE

DRAFT Minute of the NHS Forth Valley Audit Committee meeting held on Tuesday 9th October 2018 in the Board Room, Carseview, Stirling.

Present: Cllr Les Sharp (Chair)
Mr John Ford
Cllr Susan McGill
Mr Stephen McAllister

In Attendance: Mr Scott Urquhart, Director of Finance, (Executive Lead)
Mr Tony Gaskin, FTF Audit Services
Mrs Jocelyn Lyall, FTF Audit Services
Ms Shona Slayford, FTF Audit Services
Mrs Sonia Kavanagh, Corporate Governance Manager
Mr Peter Hampton, Counter Fraud Services (Item 5 only)
Mr Graeme Bowden, Capital Accountant

1/ APOLOGIES

Apologies were received from Mr Alex Linkston, Mrs Cathie Cowan, Mr Robert Clark, Mr Paul Craig and Mr Sobhan Afzal.

2/ DECLARATIONS OF INTEREST

There were no declarations of interest intimated.

3/ MINUTES OF PREVIOUS MEETING

3.1 Minute of NHS Forth Valley Audit Committee Meeting held on 7th June 2019

The Minute of the Audit Committee meeting held on 7th June 2019 was approved as a correct record.

3.2 Minute of NHS Forth Valley Special Audit Committee Meeting held on 18th June 2019

The Minute of the Special Audit Committee meeting held on 18th June 2019 was approved as a correct record.
4/ MATTERS ARISING

There were no matters arising or actions from previous meetings requiring discussion.

5/ COUNTER FRAUD SERVICES

5.1 Counter Fraud Services Patient Exemption Extrapolation

Mr Peter Hampton, Principal Statistician from Counter Fraud Services provided the Committee with a presentation on Patient Exemption Claims Extrapolation Calculation. Mr Hampton provided an overview of Patient Exemption for Dental and Ophthalmic patient charges and also summarised the work of Counter Fraud Services Patient Claims Team who check the validity of approximately 50,000 claims per annum. Mr Hampton also summarised the annual Extrapolation calculation and associated trends that was an annual estimate of losses to patient exemption fraud and error that is a requirement as stipulated within the original agreement between Counter Fraud Services and Health Boards. During the period 2014 to 2018, there has been a national reduction in exemption claim payments to the value of £13.0m, and locally within NHS Forth Valley the reduction during the same period has been £0.7m. Mr Urquhart queried whether there was anything further NHS Forth Valley could be doing to deter fraud and error and Mr Hampton indicated he would review existing practices locally and advise NHS Forth Valley’s Fraud Liaison Officer.

The Committee noted the presentation on Patient Exemption Extrapolation.

5.2 Counter Fraud Services Quarterly Report
~ Quarter ending 30th June 2019

Ms Slayford presented the Counter Fraud Services (CFS) Quarterly Report for the period ending 30th June 2019 and highlighted that there had been two new referrals made during the quarter. The first referral was related to an allegation that two patients were regularly supplying prescription drugs, and the second referral related to an allegation of equipment thefts. Ms Slayford also provided an update on the first quarter of 2018/19’s Patient Exemption Checking recovery totals.

The Committee noted the Counter Fraud Services Quarterly Report for period ending 30th June 2019.

5.3 Counter Fraud Services Year End Report 2018/19

Ms Slayford presented the Counter Fraud Services (CFS) Year End Report and highlighted that its purpose was to summarise the counter fraud activity for financial year 2018/19, and also highlight the ongoing and planned counter fraud activity for financial year 2019/20. Ms Slayford advised that all referrals made to CFS by NHS Forth Valley’s Fraud Liaison Officer during 2018/19, had been reported to the Audit Committee as part of the regular updates provided by the Principal Auditor. In addition, the annual Fraud Prevention Meeting was held between CFS and NHS Forth Valley on 4th October 2018 to discuss Fraud Prevention Initiatives and also discuss the services available to the Board from the CFS Work Plan for 2018/19. Ms Slayford also advised that the new CFS Fraud Assessment Tool that was developed to assist organisations to undertake a high level assessment of their ability to manage risk posed by financial crime was completed in March 2019. With regard to Fraud Awareness, Ms Slayford advised that presentations had been provided by Counter Fraud Services to the Senior Leadership Team in June 2019 and to a Board Seminar.
in August 2019. Further presentations were planned for the Estates, Finance, Information Technology and Procurement teams.

The Committee noted the Counter Fraud Services Year End Report 2018/19.

6/ INTERNAL AUDIT

6.1 Internal Audit Progress Report

Mrs Lyall presented the Internal Audit Progress Report and informed the Committee that two reports had been finalised and issued since the last meeting, and a further two reports were also issued as final relating to Integrated Joint Boards. In addition, three draft reports had been issued to management for comment and work was in progress or planned within a further sixteen areas.

Mrs Lyall summarised the key issues for consideration including:

- Actual input against the Internal Audit plan as at 30th September stood at 159 days input against the 504 days within the plan. Although slightly behind, Internal Audit were confident they would complete audit work to allow the Chief Internal Auditor to provide opinion on the adequacy and effectiveness of Internal Controls at the year end.
- Mrs Lyall advised that effective from May 2019, Internal Audit Reports are being published in a different format including a risk assessment for each audit finding and also revised opinion definitions.
- The Internal Audit progress report presented to the Audit Committee had also been updated to include Key Performance Indicators.

Mr Gaskin commented on the Annual Reports that had been issued for the Falkirk Integration Joint Board (IJB) and also the Stirling and Clackmannanshire IJB. Mr Ford queried if Internal Audit had pursued the Scottish Government with regard to information on Best Practice as this would be very useful to IJB Committees. Mr Gaskin indicated that he would pursue.

The Committee noted the Internal Audit Progress Report.

6.2 Internal Audit Framework

Mr Gaskin presented the Internal Audit Framework paper that included an updated Internal Audit Charter and NHS Forth Valley Internal Audit Reporting Protocol. Mr Gaskin advised that within this review further updates had been actioned to take account of the revised remit of the Audit Committee, the final NHS Tayside External Quality Review (EQA) report and also the relevant aspects of EQA reports conducted in NHS Forth Valley and NHS Fife. Mr Gaskin highlighted that the Internal Audit Charter was required to be approved annually by the Audit Committee.

The Committee noted the NHS Forth Valley Specification for Internal Audit Services, and approved the updates to the Internal Audit Charter and the NHS Forth Valley Internal Audit Reporting Protocol.
6.3 Assurance Mapping & Code of Corporate Governance

Mr Gaskin presented a paper on Assurance Mapping and Code of Corporate Governance and advised that work undertaken in regard to Assurance Mapping had been as a consequence to the requirements of the revised Scottish Public Finance Manual Audit Committee Handbook that set out key changes and new guidance. Mr Gaskin highlighted that the Director of Finance had agreed to Champion the development of an Assurance Map for NHS Forth Valley and in the first instance would be trialling a mapping process on the strategic risk related to Unscheduled Care and in particular meeting the four hour access standard.

Work relating to the Code of Corporate Governance was being taken forward by Internal Audit, the Director of Finance and the Corporate Governance Manager. Mr Gaskin indicated that the Blueprint Self Assessment report that had been presented to the Board in May 2019 had detailed the work undertaken following the publication of Scottish Government guidance (Blueprint for Good Governance), and also contained an Improvement Plan with Responsible Officers and Timescales for completion. A further update had been provided at the August Board meeting and it was noted that the majority of actions were due for completion by the end of September 2019.

The Committee noted the ongoing Assurance Mapping work and also noted the progress in delivering against the Governance Blueprint and Ministerial Steering Group actions.

7/ AUDIT FOLLOW-UP

7.1 Audit Follow-Up Report

Mr Bowden presented the Internal Audit Follow-Up Report and highlighted that since the last Committee meeting he had been working with Corporate Services to migrate the old manual Follow up process to a new electronic process using the Pentana Performance Management System. Mr Bowden provided a summary of the new process and also advised that the Audit Follow Up report had also been updated to mirror the new electronic process. With regard to the status of recommendations Mr Bowden advised that to date 45% of Actions were complete, 42% were not yet due to be followed up, and a further 13% were incomplete.

The Committee noted the Internal Audit Follow-Up Report.

7.2 Audit Follow-Up Procedures

Mr Bowden presented a paper that highlighted the existing Audit Follow Up Procedures had been approved by the Audit Committee at their meeting in June 2019 and that the update being presented reflected the move from the old manual Follow Up process to the new electronic process using the Pentana Performance Management System. The revised process also takes account of Internal Audit’s new Assessment of Risk Categorisation. Mr Bowden asked the Committee to note that a new Flowchart had been added to the document as an Appendix that was intended to provide Responsible Officers with a step by step guide as to how to update the Pentana system with action taken and status. Mr Ford queried the escalation process for incomplete actions and also the reporting the status of Priority 2 recommendations and it was agreed to update the draft Audit Follow Up Procedures to accommodate.
The Committee approved the revised Audit Follow Up Procedures subject to the amendments proposed by Mr Ford.

8/ **FINANCIAL & PERFORMANCE ISSUES**

8.1 **National Fraud Initiative**

Mr Urquhart presented the paper on the National Fraud Initiative and advised that its purpose was to provide the Committee with an update to the paper presented at the June 2019 Audit Committee meeting. Mr Urquhart advised that the key issues to be considered within the paper were that the review of both payroll and Creditors related reports for the 2018 National Fraud Initiative had identified no instances of any fraudulent activity.

The Committee noted the National Fraud Initiative Report.

8.2 **Legal Claims**

Mr Urquhart presented the Legal Claims report and highlighted that the report formed an overview on the current position regarding legal claims made against the Board as at 1st July 2019, and also an overview of claims activity for the period 1st April 2018 to 1st July 2019. There were currently a total of 88 outstanding claims made against NHS Forth Valley with an estimated value of £41.891m, with £31m of this total being represented by three high value clinical claims. Mr Urquhart provided a summary of the high value claims and also the status of national settlements related to Mesh Claims and Historical Child Abuse Inquiries.

The Committee noted the Legal Claims Report.

8.3 **HMRC VAT Review**

Mr Urquhart provided a verbal update on the status of an ongoing VAT review being undertaken by Her Majesty’s Revenue & Customs (HMRC). The purpose of the update was to ensure the Committee were aware of the Board’s potential liability for over claimed VAT in previous years.

The Committee noted the verbal update on the HMRC VAT Review.

19/ **ANY OTHER COMPETENT BUSINESS**

9.1 **Post Transaction Monitoring**

Mr Urquhart advised the Committee that to comply with the NHS Scotland Property Transaction Handbook, NHS Forth Valley are required to draft an annual report on property transactions completed during the previous financial year and present it to the Audit Committee. Mr Urquhart highlighted that during 2018/19 there had been two property sales transacted, the detail of which was attached to the report. Following review by the Audit Committee, a monitoring report summarising the property transaction made during the year, would be submitted to the Scottish Government Health Department by 31st October 2019.

Mrs Lyall presented the Post Transaction Monitoring Internal Audit Report and advised the Committee that all transactions reviewed within NHS Forth Valley’s Post Transaction Monitoring process had merited a Category “A” audit opinion albeit a
recommendation had been made within the report in relation to an incomplete land lease. Mrs Lyall also highlighted that issues relating to record keeping in previous reports had improved.

The Committee noted the Post Transaction Monitoring Reports.

9.2 Audit Scotland Report – NHS Workforce Planning part 2

Mr Urquhart advised the Committee that the purpose of the paper was to provide the Audit Committee with a copy of Audit Scotland’s report on NHS Workforce Planning part 2 issued in August 2019. A representative of Audit Scotland’s Performance Audit team would be invited to attend the January 2020 Audit Committee meeting to provide a summary of the content of the report and highlight any issues specific to NHS Forth Valley

There being no further business the meeting closed at 11.05am.

10/ DATE OF NEXT MEETING

The next meeting of the NHS Forth Valley Audit Committee will take place on Friday 17th January 2020 in the Board Room, Carseview, Stirling commencing at 9.00am.
For Assurance

Chair: Mr Les Sharp, Non Executive Board Member

Key points to note from meeting

- Item 6 – Donation from the Friends of Stirling Community Hospital
  A donation has been received to fund the addition of a conservatory to the Dermatology Unit at Stirling Community Hospital. This will provide patients with a form of pain-free daylight activation for their skin cancer cream rather than using the LED light activation.
  Formal approval and acceptance for the project to go ahead is in place.

- Fundraising Managers Report
  There is a wide variety of fundraising planned and agreed with future opportunities being explored.

- Item 9 – Review of NHS Endowment Funds in Scotland
  A project group, established by Scottish Government, are reviewing the current governance arrangements for NHS Endowment funds in Scotland and consider potential options to strengthen its independence and governance. Their final report is due to be submitted to the Cabinet Secretary in October 2019.
ENDOWMENT COMMITTEE

Draft Minute of the Forth Valley NHS Board Endowment Committee meeting held on Tuesday 8 October 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. Scott Urquhart, Director of Finance, NHS Forth Valley,
Mr. John Ford, Non Executive Member, Forth Valley NHS Board,
Mr. Steven McAllister, Non Executive Member, Forth Valley NHS Board.

In attendance:
Mr. Garry Wells, Treasury Services Manager.
Mr. Craig Holden, Fundraising Manager.

1/ APOLOGIES FOR ABSENCE

Apologies for absence were intimated on behalf of Mr. Alex Linkston, Chair of Forth Valley NHS Board (Trustee), Mrs. Cathie Cowan, Chief Executive, NHS Forth Valley, Mr. Robert Clark, Employee Director, Forth Valley NHS Board, Mr. Jonathan Procter, Director of Facilities and Infrastructure (Lead Director),

2/ DECLARATIONS OF INTEREST

There were no declarations of interest.

3/ MINUTE OF THE FORTH VALLEY NHS BOARD ENDOWMENT COMMITTEE MEETING HELD ON 7TH JUNE 2019

The Committee approved the minute of the Forth Valley NHS Board Endowment Committee held on 7th June 2019 as a correct record.

4/ MATTERS ARISING

i) Confirmation of utilisation of Oncology Legacy to support Maggie’s funding application.

At the last meeting Mr. Wells was asked to determine whether the Oncology legacy fund was an appropriate source of funding for a grant application received from Maggie’s. Mr. Wells advised the committee of the intended outcomes of the funding application from Maggie’s and how this supported the terms of the legacy. Mr. Wells also advised that the Oncology Manager had provided a brief statement supporting the utilisation of the legacy for the Maggie’s project.

Following a brief discussion the Committee noted that the Oncology legacy fund was an appropriate source of funding for the Maggie’s grant application.
ii) Update on utilisation of Oncology legacy.
   Mr. Wells advised the committee that the first stage of the project to commission and produce art work for waiting areas and corridors within the oncology unit had now commenced and was expected to be completed by the end of December 2019. Mr. Wells also advised that the second stage of the project to extend the oncology waiting area into the hospital atrium was still being developed.

   The committee noted the update

5/ FINANCIAL GOVERNANCE REPORTS

i) Financial Performance Report for the 5 months ended 31st August 2019

The Endowment Committee considered a paper Financial Performance Report for the 5 months ended 31st August 2019 presented by Mr. Wells.

Mr Wells reported that there was a net increase in endowment funds during the period of £123,868 arising from a net surplus of £16,299 from charitable activities and a net gain of £107,569 from the disposal and revaluation of investments.

Mr. Wells further advised that the net cost of the activities funded from the Unrestricted Reserves during the period was £1,209 representing a saving of £6,372 against the budget for the period and that there was a net receipt of £21,288 of Restricted Funds. 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.

Mr Wells then provided further details on the factors contributing to the variations from the planned budget and other financial movements during the period.

The committee then considered the cash flow forecast and agreed that in accordance with the disinvestment proposals for 2019/20 approved at the January 2019 meeting Mr. Wells now instruct the investment advisors to disinvest £100,000 to meet the cash requirements of the fund for the remainder of the financial year. The committee also noted that whilst a further £100,000 disinvestment had been approved at the January 2019 meeting for projects within the Oncology Unit, due to the delay in these projects commencing the cash disinvestment would not be required until later in 2019/20 or early 2020/21.

The committee also noted the continued improvement in the performance of the investment portfolio over the last two and a half years.

Following this discussion the Committee approved the Financial Report for the 5 months ended 31st August 2019.

ii) Review of Obsolete and slow-moving funds

The committee considered a paper “Review of Obsolete and Slow-Moving Funds” presented by Mr. Wells.

Mr. Wells reported that in accordance with the Endowment Fund’s Financial Operating Procedure a review had been carried out of all fund balances in order to identify any obsolete or slow-moving funds. Mr. Wells advised the committee that the review had identified eight obsolete funds with balances totalling £1,334.46 and five slow-moving funds with balances totalling £5,950.02. The committee agreed to the transfer of the obsolete fund balances to the Accumulated General Reserves and noted the on-going review of the slow-moving funds.

Following this brief discussion the committee approved “Review of Obsolete and Slow-Moving Funds”.
6/ DONATION FROM THE FRIENDS OF STIRLING COMMUNITY HOSPITAL

The committee considered a paper “Donation from the Friends of Stirling Community Hospital” presented by Mr. Wells. Mr. Wells advised the committee that the Friends of Stirling Community Hospital had recently made a donation of £34,209 to fund a conservatory to be added to the Dermatology Unit at Stirling Community Hospital. Mr Wells also advised the committee that the conservatory would enable patients to benefit from a pain-free daylight activation of their skin cancer cream instead of the current LED light activation that was more painful. Mr. Wells further advised that in accordance with the Endowment Fund’s governance requirements the Chief Executive had been informed of the project and given her approval for the project to go ahead. The Director of Finance had also sent a letter to the Friends accepting the formal offer of funding from the Friends.

In the discussion that followed the committee asked that Mr Urquhart confirm that selection of the preferred contractor had been carried out in accordance with the Boards Procurement Policies.

The committee noted the report.

7/ FUNDRAISING MANAGERS REPORT

The committee considered a paper “Fundraising Manager’s Report” presented by Mr. Holden that included the following items:

i) School Olympics – Mr. Holden asked the committee to note that negotiations are continuing with representatives from the Falkirk Community Trust and the Forth Valley Disability Sport to secure support for both the Falkirk Primary Schools Athletics Championships and the Forth Valley Disability Athletics Championships in 2020.

ii) Forth Valley Royal Hospital Information Area
Mr. Holden asked the committee to note that the draft guidance on the utilisation of the Information Area in the Atrium had been agreed with NHS colleagues and was currently being reviewed by Forth Health.

iii) NHS Forth Valley Appeal – Maggie’s
Mr. Holden advised that the proposed meeting on the 4th of October with Maggie’s to agree the formation and remit of an Appeal Committee had been postponed by Maggie’s due to ill health. The meeting was to be rescheduled for the week commencing 14th October.

iv) Charity Ball
Mr. Holden also advised that a Corporate Partnership Agreement had now been signed with Hotel Colessio that included a description of the terms of the partnership agreement together with a statement of each partner’s contribution and their expected outcomes from the event.

v) New Fundraising Priorities
Mr. Holden further advised that the funding to meet the cost of improving the facilities for families in the Mortuary at Forth Valley Royal Hospital had been identified as a fundraising priority. A questionnaire had also been distributed to NHS managers and staff to gather proposals for other fundraising needs and to prioritise these proposals.
vi) Employee Payroll Scheme
Mr. Wells confirmed that there were no practical obstacles to implementing a Payroll Giving Scheme for staff.
In the discussion that followed the committee asked that Mr. Wells ascertain whether there was any tax implications were for staff that opted to join the scheme.

vii) Contacting Previous Donors
Mr. Holden reported that whilst the changes had been made to the legacy donation leaflets and the on-line Just Giving donation facility that were necessary to obtain consent from donors to be further contacted by the charity, the changes to the public donation form had yet to be implemented.

viii) Artlink/Arts Strategy
Mr. Holden also reported that he has met with representatives of Artlink and has agreed to assist in the fundraising associated with the costs of the planned refurbishment during 2020/21 of the Mental Health Unit at Forth Valley Royal Hospital. Mr. Holden has also agreed to work with Artlink in order to secure the continuation of the funding for the the Arts & Wellbeing Co-ordinator post that is due to expire on 31st March 2020.

ix) Mr. Holden also provided a brief update on the Fundraising Performance Report.
After a brief discussion the committee approved the Partnership Agreement with Colessio for the Charity Ball and noted the other points included in the Fundraising Manager’s Progress Report.

8i) INVESTING IN HEALTH SMALL GRANTS APPLICATIONS
The Committee considered a paper “Investing in Health - Small Grants applications” presented by Mr. Wells.
Mr. Wells advised the committee that having established there were no other Restricted Funds available to support this application it was now submitted to the committee for consideration.
In the discussion that followed the committee, in recognition of the potential value to the participants and wider community of this project, agreed to provide the £5,000 requested by the applicant from the Small Grants Fund.
The committee also asked that Mr. Wells ascertain how many participants would benefit from the project and report back to the next meeting of the committee.

8ii) END OF PROJECT REPORTS – SMALL GRANTS
The Committee considered a paper “End of Project Reports – Small Grants” presented by Mr. Wells.
Mr. Wells advised the committee that in accordance with the request at the previous meeting, end-of-project reports were obtained from a number of organisations who were past beneficiaries of the Small Grants Scheme and were now submitted to the committee for consideration.
The committee noted the reports.
8iii) END OF PROJECT REPORTS – LARGE GRANTS

The Committee considered a paper “End of Project Reports – Large Grants” presented by Mr. Holden.
Mr. Holden advised the committee that the Large Grant funding to provide places for Mental Health staff to attend courses at the Scottish Centre for Simulation and Clinical Human Factors had now successfully concluded having achieved the project goals.

The committee noted the report.

9/ REVIEW OF NHS ENDOWMENT FUNDS IN SCOTLAND

Mr Urquhart provided a verbal update to the committee regarding the progress of the project group established by the Scottish Government to review the current governance arrangements of NHS Endowment funds in Scotland. Mr Urquhart advised that the group’s final report is due to be submitted to the Cabinet Secretary in October and is likely to include a number of options to strengthen the governance and independence of NHS Endowment funds.

The committee noted the update.

10/ INTERNAL AUDIT REVIEW

The committee considered a paper “Internal Audit Review” presented by Mr. Wells.
Mr. Wells advised the committee that Internal Audit had carried out a review of the design and operation of the controls within the fundraising policy and that a report of the outcome of the audit will be submitted to the next meeting of the committee.

11/ ANY OTHER COMPETENT BUSINESS

i) Mr. Wells advised the Committee that a letter had been received from the Fund’s Investment Advisor’s, Rathbones noting that the endowment fund’s investment advisor, Mr. Russell Crichton, who suffered a mild stroke earlier in the year was continuing to make a steady recovery and was expected to return to work in December.

The committee noted the update.

ii) Mr. Wells also advised the Committee that a further letter had been received from Rathbones to advise that the investment held in Rolls Royce now contravened the Endowment Funds Ethical Policy regarding armaments restrictions as the company’s defence activities now exceeded 10% of the company’s sales. Rathbones requested that the committee advise whether to sell the holding in Rolls Royce or to remove the “no armaments” restriction on the portfolio. In the discussion that followed the committee asked that Mr. Wells instruct Rathbones to sell the holding in Rolls Royce as part of the £100,000 disinvestment approved earlier in the meeting. The committee also asked that since they were unaware that Rathbones applied a 10% exemption to companies involved in armaments that Mr. Wells instruct Rathbones to prepare a report listing those companies in the portfolio who engaged in any defence activities to be included in their annual presentation on the performance of the portfolio scheduled for the January 2020 meeting.

The committee noted the update.
There being no other competent business the Chair closed the meeting at 13:00.

**Date of next meeting**

The date of the next meeting of the Forth Valley NHS Board Endowment Committee has been arranged for Friday 17\textsuperscript{th} January 2020 in the Boardroom at Carseview House, Stirling. The meeting is expected to commence at approximately 10:30 immediately following the conclusion of the business of the Audit Committee.
FORTH VALLEY NHS BOARD
TUESDAY 26 NOVEMBER 2019

10.3.1 Area Clinical Forum – 18 July 2019
For Assurance

Chair: Dr James King

Key points to note from meeting

- **Item 4 – Health Board Culture (NHS Highland Bullying)**

  Mr Murray, Medical Director provided a presentation on the ‘Report to the Cabinet Secretary for Health and Sport into Cultural Issues related to allegations of Bullying and Harassment in NHS Highland’ by John Sturrock QC.

  The allegations within the report were discussed in detail including the wider impact this could have on staff.

- **Draft Forth Valley NHS Board Agenda**

  A core function of the ACF is to support the work of the NHS Board. The draft agenda was shared and a reminder provided that any relevant proposals or concerns could be taken via the ACF Chair, for the NHS Board to consider.
Draft Minute of the Area Clinical Forum meeting held on Thursday 18 July 2019 at 6.15pm in the Boardroom, NHS Headquarters, Carseview House, Castle Business Park, Stirling, FK9 4SW.

Present:
James King, GP (Chair)
Andrew Murray, Medical Director
Rachel Vickers, (Area Psychology Committee)
Bette Locke, (Allied Health Partnership)
Alison McMullan (Psychological Area Committee)

In Attendance: Angela McEwan (Minute Taker)

1. Welcome and Apologies

Dr King welcomed everyone to the Committee; apologies were noted on behalf of Charles MacDonald, Elizabeth Kilgour and Tendai Ndoro.

2. Minutes of area clinical forum 16 May 2019

The minute of the meeting held on 16 May 2019 was approved as an accurate record.

3. Minutes of Reporting Groups

The presented minutes were noted by the Committee.

4. Health Board Culture (NHS Highland Bullying)

The ACF received a presentation on “Health Board Culture (NHS Highland Bullying)” led by Andrew Murray, Medical Director

Andrew began the presentation by highlighting the remit of the report which had been produced following whistle blowing allegations in the press for the Cabinet Secretary for Health and Sport into Cultural Issues related to allegations of Bullying and Harassment in NHS Highland by John Sturrock QC.

Prior to the whistle blowing allegations, NHS Highland’s Governance and audits procedures had not identified any bullying culture. The report acknowledged the complexity and broad spectrum of views from a number of NHS Highland staff, the adverse impact of allegations on patients and local communities was also highlighted.

The ACF discussed a variety of factors that potentially could contribute to bullying allegations being made and agreed that any allegations of bullying should be managed through the appropriate organisational channels and support mechanisms in place.

The ACF thanked Andrew for his informative presentation.
5. **Draft NHS Forth Valley Board Agenda**
The ACF received verbal update on “Draft NHS Forth Valley Board Agenda” led by James King, GP.

The Committee agreed it was helpful to see the Board Agenda and the items for discussion. Andrew reminded the committee that through the ACF Chair any items they wished to be discussed could be included.

The ACF noted the update.

6. **Items for Future Agenda**
   - IJB Chief Officers – December meeting
   - Trauma Framework Update – Edel McGlanaghy

7. **AOCB**
   - The need for the Area Nursing and Midwifery Advisory Committee to reconvene was discussed. James and Andrew would meet with Angela Wallace, Nursing Director to consider solutions to the current position.
   - The meeting scheduled for 19 September would be re-scheduled.
   - The staff conference would be held on the 30 August 2019 in the Albert Halls, Stirling. Invitations would be circulated once the programme had been finalised.

8. **Date of Next Meeting**
The next full meeting of the Area Clinical Forum would take place on Thursday 5 September 2019 at 6.15pm within the Boardroom, Carseview House, Stirling.

   There being no other competent business, the Chair closed the meeting at 7.20 p.m.
This report relates to Item 5 on the agenda

Minute of the
Clackmannanshire & Stirling Integration Joint Board Meeting
17 July 2019

For Approval

<table>
<thead>
<tr>
<th>Approved for Submission by</th>
<th>Annemargaret Black</th>
</tr>
</thead>
<tbody>
<tr>
<td>Author</td>
<td>Susan Fair</td>
</tr>
<tr>
<td>Date</td>
<td>18 September 2019</td>
</tr>
<tr>
<td>List of Background Papers / Appendices</td>
<td>None.</td>
</tr>
</tbody>
</table>
Minute of the Clackmannanshire & Stirling Integration Joint Board meeting held on Wednesday 17 July 2019, at 2.00pm, in the Boardroom, Forth Valley College, Alloa Campus.

John Ford (Chair) welcomed all members to the meeting.

The Chair also welcomed Annemargaret Black (Chief Officer), to her first formal meeting.

Prior to discussion of the two Exempt items, members of the public and non-Board members were asked to leave the room.

Present:

VOTING MEMBERS
- John Ford, (Chair), NHS Forth Valley
- Councillor Les Sharp (Vice Chair), Clackmannanshire Council
- Councillor Dave Clark, Clackmannanshire Council
- Cathie Cowan, Chief Executive, NHS Forth Valley
- Councillor Scott Farmer, Stirling Council
- Dr Graham Foster, Executive Board Member, NHS Forth Valley
- Councillor Graham Houston, Stirling Council
- Alex Linkston, NHS Forth Valley
- Stephen McAllister, Non-Executive Board Member, NHS Forth Valley
- Councillor Susan McGill, Stirling Council
- Allan Rennie, Non-Executive Board Member, NHS Forth Valley

VOTING MEMBERS - SUBSTITUTES
- Councillor Martha Benny, Clackmannanshire Council (for Councillor Bill Mason)

NON-VOTING MEMBERS
- Anthea Coulter, Business Manager, Clackmannanshire Third Sector Interface
- Fiona Duncan, Chief Social Work Officer, Clackmannanshire Council
- Shubhanna Hussain-Ahmed, Unpaid Carer Representative, Stirling
- Morag Mason, Service User Representative, Stirling
- Andrew Murray, Medical Director, NHS Forth Valley
- Elizabeth Ramsay, Unpaid Carers Representative, Clackmannanshire
- Abigail Robertson, Joint Trade Union Committee Representative for Stirling
- Marie Valente, Chief Social Work Officer, Stirling Council and Social Work Advisor to the Integration Joint Board
- Angela Wallace, Director of Nursing, NHS Forth Valley
- David Wilson, Unison Steward, (for Pamela Robertson)

ADVISORY MEMBERS
- Annemargaret Black, Chief Officer
- Ewan Murray, Chief Finance Officer, Clackmannanshire & Stirling HSCP
- Lindsay Thomson, Standards Officer, Integration Joint Board
- Janice Young, Interim Programme Manager, Integration Joint Board
In Attendance

Caroline Cherry, Locality Manager – Stirling City Locality, Clackmannanshire & Stirling HSCP
Rita Ciccu-Moore, Deputy Nurse Director
Dr Stuart Cumming, GP, Killearn Health Centre (Agenda Item 9.2)
Susan Fair, Business Support Officer, (Minute Taker)
John Finn, Accountant, Clackmannanshire Council, (for Nikki Bridle)
Graham Gibson, Media Officer, Stirling Council
Carol Johnson, Performance & Quality Assurance Manager, Clackmannanshire & Stirling HSCP
Ashley MacGregor, Finance Team Leader, Clackmannanshire Council
Isabel McKnight, Chief Officer Strategic Commissioning and Customer Development (for Carol Beattie)
Paula Shiels, Locality Manager, Clackmannanshire Council
David Williams, Director for Health & Social Care at Scottish Government

Members of the Public
1 member in attendance

Members of the Press
None

1. APOLOGIES FOR ABSENCE

Apologies for absence were intimated on behalf of:
Carol Beattie, Chief Executive, Stirling Council
Nikki Bridle, Chief Executive, Clackmannanshire Council
Robert Clark, Employee Director, NHS Forth Valley
Helen Macguire, Service User Representative, Clackmannanshire
Councillor Bill Mason, Clackmannanshire Council
Natalie Masterson, Third Sector Representative, Stirling
Lesley Middlemiss, Healthcare Planner, NHS Forth Valley
Paul Mooney, Third Sector Representative, Clackmannanshire
Janine Rennie, Third Sector Representative, Stirling
Jim Robb, Service Manager (MH/LD), Clackmannanshire & Stirling HSCP
Pamela Robertson, Chair, Joint Staff Forum
Dr Scott Williams, Primary Care Lead for Stirling, NHS Forth Valley

2. NOTIFICATION OF SUBSTITUTES

The following substitutes were noted:
Councillor Martha Benny, Clackmannanshire Council, (for Councillor Bill Mason)
John Finn, Accountant, Clackmannanshire Council, (for Nikki Bridle)
Isabel McKnight, Chief Officer Strategic Commissioning and Customer Development, (for Carol Beattie)
David Wilson, Unison Steward, (for Pamela Robertson)
3. DECLARATION(S) OF INTEREST

Elizabeth Ramsay indicated that she was a Trustee for the Falkirk and Clackmannanshire Carers Centre.

Councillor Graham Houston advised that he was the Vice President of COSLA.

4. URGENT BUSINESS BROUGHT FORWARD BY CHAIRPERSON

The Chair advised that he had tasked Annemargaret Black with reviewing the number of meeting dates per annum, and the process and timescales for issuing papers to members.

5. MINUTES OF MEETING HELD ON 27 MARCH 2019

Referring to item 7.3, pending the removal of the last sentence (which was inaccurate) the minute of the meeting was approved as an accurate record.

6. MATTERS ARISING

There were no matters arising. At this point, the Chair advised that agenda item 9.2 would be brought forward as the first item for discussion, in order to allow Dr Cumming to attend another meeting.

7. FINANCE

7.1 FINANCIAL REPORT

Ewan Murray presented the paper. The purpose of the report was to present the Integration Joint Board with an overview of financial performance for the year to 31 March 2019 and an initial high level projection for 2019/20 based on financial performance to Month 2 (31 May).

The Integration Joint Board:

- Approved the issuing of final directions to the constituent authorities for 2019/20;
- Noted the financial performance for year ended 31 March 2019;
- Noted the initial indicative high level projection for 2019/20 based on financial performance to 31 May 2019.

7.2 BUDGET UPDATE: OPTIONS FOR FINANCIALLY SUSTAINABLE SERVICE DELIVERY

Ewan Murray presented the paper. The purpose of the report was to provide the Integration Joint Board with an update in relation to the 2019/20 budget and the development of options to achieve financial sustainability for service delivery, with the aim of achieving financial balance within the duration of the Strategic Commissioning Plan 2019-22.
Cllr Farmer moved to reject the proposal to withdraw bed based services at Strathendrick at this point in time subject to further considerations on an updated business case and alternative options. The Board agreed this position.

The Board further discussed options regarding Menstrie House and Ludgate and asked that options regarding these were further developed and brought back for further consideration.

The Integration Joint Board:

- Approved the use of £0.320m of earmarked reserves to support the acceleration of the Transforming Care Programme including specifically the Partnership Management Structure (Section 7.5);
- With the exception of the considerations in relation to Strathendrick, Ludgate and Menstrie House, considered and approved the decisions required as set out in Section 7 of the report;
- Agreed to receive an update on the Transforming Care Programme and estimated financial impact at the September meeting;
- Agreed the Approach on Short Term financial risk as detailed in Section 5.9-5.11;
- Noted the background to the paper and linkage to the 19/20 IJB Revenue Budget (section 1);
- Agreed the position on the acceptability of the financial positions for 2019/20, 20/21 and 21/22 as set out in section 1.7;
- Noted the budget update and revised savings requirement requiring to be addressed by savings for 2019/20 of £7.226m;
- Noted the update on the Transforming Care Programme and approved the establishment of a Transforming Care Board;
- Noted the Productive Opportunities and Feedback from 6th June workshop;
- Subject to the above, approved the Chief Officer to prepare and issue revised directions for 2019/20 in line with the approach agreed in November 2018.

The Chair requested that the Chief Officer bring back further transformation options to close the financial gap to the next meeting of the IJB.

7.3 PARTNERSHIP FUNDING

Ewan Murray presented the paper. The purpose of the paper was to provide the Integration Joint Board with an update and recommendations on Partnership Funded initiatives.

The Integration Joint Board:

- Noted the challenges around the application of normal governance process, the approach taken on this occasion, and accepted this alternative approach in the circumstances (para 2.2 to 2.6);
- Noted and endorsed the recommendations set out in section 3.

8. PERFORMANCE

8.1 PERFORMANCE REPORT (PERIOD TO 31/03/2019)
Janice Young presented the paper. The purpose of the report was to ensure the Integration Joint Board fulfilled its ongoing 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 current Strategic Plan.

The Integration Joint Board:

- Noted the content of the report;
- Noted that appropriate management actions continued to be taken to address the issues identified through these performance reports.

8.2 DRAFT ANNUAL PERFORMANCE REPORT (STATUTORY)

Janice Young presented the paper. The purpose of the report was to outline the statutory requirement for the Partnership to deliver and publish an Annual Performance Report before the end of July 2019.

The Integration Joint Board:

- Approved the Annual Performance Report in draft form and noted that work will be ongoing to refine the content and presentation ahead of publication by the end of July 2019.

9. TRANSFORMING CARE AND STRATEGIC PLANNING

9.1 REVIEW OF PROGRESS WITH INTEGRATION OF HEALTH AND SOCIAL CARE: SELF EVALUATION

Annemargaret Black presented the paper. The purpose of the report was to provide the Integration Joint Board with the completed self-evaluation on progress of integration as requested by Scottish Government which was submitted on 15 May 2019.

The Integration Joint Board:

- Approve the development of an action plan to be led by the Chief Officer;
- Note the self-evaluation submission;
- Note the position of the Health and Social Care Partnership in progressing integration under the 25 proposals and 6 themes identified.

9.2 PRIMARY CARE IMPROVEMENT PLAN (PCIP), ITERATION 2

Dr Stuart Cumming presented the paper. The report was submitted to the Integration Joint Board for approval as a tripartite partner in the delivery of the new General Medical Services (GMS) contract. It was noted the current plan was over committed, but work was ongoing to ensure available finance aligns to the Primary Care priorities.

The Integration Joint Board:

- Approve the PCIP Iteration 2 (2019/2020);
• Note caveats as outlined in the PCIP Executive Summary including funding challenges (set out in sections 2.2-2.4);
• Note the significant and positive progress of the Primary Care Improvement Plan to date.

9.3 CHIEF OFFICER’S REPORT

The Chief Officer had now been in post for 3 weeks, and had been engaging with key people across the Partnership. There were many people/services still to be contacted, but discussions would continue and issues identified.

Key challenges were identified as:

• Sustainability and Finance – there is a need to ensure a clear plan and route to financial stability over the next 3 years.
• Capacity to drive and implement transformation.
• Capacity to serve all operational workloads and meetings across 3 organisations.
• The challenges and opportunities described in the Ministerial Strategic Group self-evaluation.
• Engagement in localities development and collaborating to achieve whole systems working across all of Forth Valley.

In terms of achieving sustainability across the system, the Chief Officer proposed that:

• 33 savings schemes which will contribute to recovery over the next 3 years.
• Establishing a Transformational Board. Isabel McKnight from Stirling Council has committed to supporting this with the recruitment of a Programme Manager and a Re-design Officer to support the Partnership on a full-time basis.
• The CFO to work with Section 95 Officers and Directors of Finance to build the medium term financial strategy. This will come back to the Board in September.
• The CFO will ensure monthly budget statements are provided by constituent bodies to support management scrutiny and accountability and will have fortnightly meetings to ensure focus on delivery.
• Work with Primary Care Leads on savings plans.

Capacity across the system is challenged. The Chief Officer will work with the Chief Executives to address this. There is a need for 2 Head of Service positions and a Business Manager to ensure appropriate capacity. There is also a need to ensure that support arrangements to the Partnership are streamlined to avoid duplication.

There is insufficient capacity to meet the demand of all 3 operational arrangements, and the new senior management structure will strengthen this. The Chief Officer will not be able to attend every meeting across the system.

The Partnership have been successful in securing external support from i-Hub/SSSC on Collaborative Leadership. This will help to identify opportunities for localities to achieve their outcomes while managing demand. The Chief Officer will seek further i-Hub engagement to support locality planning, as well as options with communities in re-designing services.

The Chief Officer noted the requirement to develop the Improvement Plan based on the MSG self-evaluation, along with the need to review the Integration Scheme.
It is within this context that the finance report should be considered.

10. **EXEMPT ITEMS**

    Under section 50A(4) of the Local Government (Scotland) Act 1973, the public were excluded from the meeting for these items on the grounds that it involved the likely disclosure of exempt information.

**E10.1 EXTENSION OF THIRD SECTOR CONTRACTS**

    The Integration Joint Board:
    
    • Noted the verbal report by Caroline Cherry.

**E10.2 CARE HOMES UPDATE**

    The Integration Joint Board:
    
    • Noted the verbal report by Caroline Cherry.

11. **ANY OTHER COMPETENT BUSINESS**

11.1 **JANICE YOUNG**

    The Chair registered a vote of thanks to Janice Young, for her hard work and commitment during her time as Interim Programme Manager. Janice is moving to Glasgow City Health & Social Care Partnership.

12. **DATE OF NEXT MEETING**

    Wednesday 25 September 2019, Boardroom, Forth Valley College, Stirling Campus.