

Our System-Wide Remobilisation Plan

October 2021 to March 2022

A thick, dark blue curved line that spans across the width of the page, positioned above the footer text.

Working together to protect the health and wellbeing of our patients and staff

Contents

	Page
Foreword	6
SECTION 1: ABOUT THIS PLAN	
Statement	8
1.1 Plan Purpose	8
1.2 Addressing Inequalities	10
1.3 Plan Remit	10
1.4 Planning Assumptions	10
1.5 Governance Arrangements	11
1.6 Risk Management	11
SECTION 2: PLAN ACTIVATION – REMOBILISATION	14
2.1 Overview	14
2.2 Enabling Activity	14
2.2.1 Digital & eHealth & Information Management Services	14
2.2.2 Quality & Safety	15
2.2.3 Innovation and Transformation	15
2.2.4 Anchor Institution	16
2.2.5 Realistic Medicine	17
2.2.6 Workforce	17
2.2.7 Financial Sustainability	18

2.2.8 Sustainable Strategy 2019 – 2024	18
SECTION 3: Safe and Effective Remobilisation, Recovery and Redesign - Better Health	19
3.1 Improving Population Health and Tackling Inequalities & tackling Health Inequalities exacerbated by the pandemic and its legacy	19
3.1.1 Refreshed Health Improvement Strategy	19
3.1.2 Suicide and Drug Related Deaths	19
3.1.3 Best Start	20
3.1.4 Child Poverty	21
3.1.5 Oral Health	21
3.1.6 Screening	21
3.1.7 Blood Borne Viruses	21
3.1.8 Prison Healthcare	22
3.1.9 Mental Health & Wellbeing	23
3.2 Test & Protect	24
3.3 Expansion of Covid-19 Testing	25
3.4 Vaccination Programme	25
3.5 Pharmacy	26
3.5.1 Community Pharmacy Services	26
3.5.2 NHS Pharmacy First Scotland Service and Pharmacy First plus	26
3.5.3 Acute & Specialist Pharmacy Services	26
3.5.4 Primary Care Pharmacy Services	27

SECTION 4: Safe and Effective Remobilisation, Recovery and Redesign - Better Care	28
4. Improving Care	28
4.1 Primary Care Services	28
4.1.1 Primary Care	28
4.1.2 Dental Services	30
4.2 Community Care Services – Health & Social Care Partnerships	30
4.2.1 Delayed Discharges	31
4.3 Women & Children Services	33
4.4 Hospital Services	35
4.4.1 Elective (Hospital) Care Services	36
4.4.2 Cancer Services	39
4.4.3 Diagnostics	40
4.4.4 Outpatients	42
4.4.5 Inpatients and daycases	42
4.4.6 Inpatient Surge Capacity, overall responsiveness, and resilience	42
4.5 Emergency Care	43
SECTION 5: Safe and Effective Remobilisation, Recovery and Redesign – Better Value	46
SECTION 6: Working Together to Remobilise, Recover and Redesign a Better Health & Care System	49
APPENDICES	
APPENDIX 1: Delivery Plan Progress Update	Separate Document

APPENDIX 2: Mental Health & Learning Disabilities

APPENDIX 3: Child & Adolescent Mental Health Services

APPENDIX 4: Falkirk Health & Social Care Partnership Delivery Plan April 2021 to March 2022

APPENDIX 5: Clackmannanshire and Stirling H&SCP Re-mobilisation Plan March 2021 to April 2022

APPENDIX 6a: T1 Projections

APPENDIX 6b: T2 Monthly Actual V Planned Activity

APPENDIX 6c: T3 Waiting Times Trajectory

APPENDIX 7: Draft Winter Plan Checklist

Separate
Document
Separate
Document
Separate
Document
Separate
Document
Separate
Document
Separate
Document
Separate
Document

Foreword

Covid-19 has been the most significant challenge our health and care system has faced in living memory. At the outset of this updated Plan, we want to acknowledge the exceptional contributions of our staff, partners, and volunteers. Covid-19, its legacy and ongoing impact has also sharpened our focus on inequalities. As we remobilise and recover, we will therefore remain vigilant to the direct and indirect impacts of the virus whilst continuing to rebuild and redesign our services to support improvements in the health and wellbeing of our local population. Covid-19 may have defined our lives however it does not define our future. It is our intention as we look forward to build on our achievements and drive forward further improvements and innovations with our partners locally, regionally, and nationally as part of our whole system wellbeing response.

There is no doubt that widespread service remobilisation is not without risk and it will certainly not be easy as we balance our ongoing response to Covid-19 with its legacy of long waits and widening inequalities. In response, NHS Forth Valley has made several major investments to increase capacity and build more sustainable services. This includes investment in Hospital at Home, urgent care, stroke, outpatient, theatre and inpatient capacity and our plans to recruit additional new staff to support these service developments are now well underway. More recently, we have received significant additional funding this year to improve psychological and child & adolescent mental health services and again the NHS Board has made the decision to invest recurrently in new ways of working, including new posts to tackle long waits due to the pandemic. This system-wide Remobilisation Plan v4 (RMP4) builds on our previous remobilisation plans and sets out our plans and priorities for the remainder of the year.

As we look to the future population health, primary care, and staff wellbeing will continue to be centre stage as we continue to remobilise services and recover from the legacy of this pandemic. Clinical priorities will guide our decisions as we continue to ensure that those patients with more serious or urgent health care needs are seen and treated as quickly as possible. Preventing, treating, and supporting people living with ongoing effects of Covid-19 and the ongoing roll out of our vaccination programmes (Covid-19 booster and flu) remain key priorities.

We are also committed to an 'anchor approach' which involves working with our partners and to make best use of our considerable collective skills and resources and buying power to help support local economic development.

On a more positive note, Covid-19 has helped us embed the use of technology across NHS Scotland and we will ensure we continue to support the acceleration of digital services and innovation to improve patient outcomes and experiences, where appropriate.

In summary, the need for ongoing co-operation between services and with partners, including local councils, transport providers, Scottish Government colleagues and neighbouring NHS Boards, has never been stronger as we look to support the recently published Programme for Government and the

four national Care and Wellbeing Programmes. The Board in May 2021 signalled a step change in our recovery that looks to the future and an investment programme that will build sustainability in primary and community care, complete our redesign of urgent care, and support new ways of working. The planned new National Treatment Centre in Forth Valley will transform how we deliver a wide range of operations and procedures in the years to come.

A key feature of our work has been to also, wherever possible, offer mutual aid however due to unprecedented local demands this can be increasingly challenging. Despite these challenges staff from across our health and social care system have worked tirelessly and with such compassion and commitment. We would like to take this opportunity to say thank you to you all for your extraordinary efforts. We look forward to continuing to engage with staff, with our partners and the wider community as we refresh our existing Healthcare Strategy and contribute to a fairer and greener society.

Janie McCusker
Chairman
NHS Forth Valley

Cathie Cowan
Chief Executive
NHS Forth Valley

SECTION 1: ABOUT THIS PLAN

STATEMENT

This System-Wide Remobilisation Plan is in a draft format and will be submitted to the NHS Forth Valley Board for approval on 30 November 2021. We will continue to engage with colleagues in Scottish Government Health and Social Care Directorate on the detail and revise the Plan, as necessary.

DOCUMENT CONTROL

Date	Version	Revision/Amendment Details & Reason	Author
20/07/2021	1.0	Original Version	Cathie Cowan Kerry Mackenzie
20/07/2021	1.1	Redrafting with reference to RMP4 - Guidance	Cathie Cowan Kerry Mackenzie
07/10/2021	1.2	Corporate Management Team (CMT)	Cathie Cowan Kerry Mackenzie/CMT
30/11/2021	1.3	NHS Board	Cathie Cowan Kerry Mackenzie

1.1 PLAN PURPOSE

Remobilisation Plan (RMP) 4 - Guidance was issued to NHS Board in July 2021; members of the System Leadership Team were invited to develop their Directorate/Partnership Plan to inform the System-Wide Remobilisation Plan (referred to as the Plan) set out in this document. This Plan

builds on the NHS Board's System-Wide RMP v3 and covers the period from October 2021 to March 2022. This Plan takes account of how we will:

- balance Covid-19 surges and related activity (vaccination and test and protect) with non-Covid demands across our services notably primary care, elective and emergency care, women & children, learning disability and mental health including Child & Adolescent Mental Health and Psychological Therapies services
- support and care for our staff's mental health and wellbeing
- remobilise services informed by clinical prioritisation, and by building on the work already underway, look to increase activity in relation to elective services including surgery, therapies, treatments, and outpatient appointments
- prepare for winter
- contribute to the 4 Care & Wellbeing Programmes:
- retain and build on the many positive digital and transformative changes inspired by staff working collaboratively and differently during this pandemic

In this regard NHS Forth Valley will continue to:

- adopt a whole system person centred care approach
- value and look after the health and support the physical and psychological wellbeing of our staff
- instil and maintain the trust and confidence of our staff, public and partners by ensuring that they are involved and well informed in our preparation and planning
- work in partnership with our staff side and clinical advisory colleagues
- plan and adapt our remobilisation and recovery work alongside our Directorates/Partnerships and build on the strong collaborative response with our wider partners and communities to focus on bringing services closer to people's home and reducing health inequalities
- invest recurrently in sustainable redesign solutions
- embed innovations and digital approaches into our everyday practice and business
- avoid unnecessary disruption or adverse economic impacts and in this regard contribute to local population health and community wealth building whilst connecting nationally to the Care & Wellbeing work led by Scottish Government colleagues

1.2 ADDRESSING INEQUALITIES

The Covid-19 pandemic has had a profound impact on our health, economy, and society and both exposed and exacerbated existing health inequalities. Addressing these inequalities for the population of Forth Valley and our workforce is therefore a vital theme which is at the core of our planning. Working in partnership to address these inequalities will be vital to our success locally and nationally.

1.3 PLAN REMIT

NHS Forth Valley, through its ongoing remobilisation and recovery work, has continued a dialogue within the NHS Board, System Leadership and Corporate Management Teams to plan for further resumption of services. This dialogue includes regular engagement with clinical and staff side colleagues.

This Plan takes account of the different ways in which we have been working during our Covid-19 response, supported by our initial remobilisation, and considers the ongoing impact of living with the virus as we move forward. This continues to be a live document which will be adapted and modified as we build and adapt our plans to support remobilisation and recovery of our services. It should be noted that there may be a requirement for a further iteration of the plan.

1.4 PLANNING ASSUMPTIONS

The initial Covid-19 response to temporarily suspend non-urgent health services and operations across NHS Scotland from 23 March 2020 has led to a significant increase in the number of patients waiting for assessment or treatment. It is recognised that any delay in tests or treatment can be distressing for patients and their families. This Plan sets out our response to work towards achieving pre Covid activity in all our service areas. The attached Delivery Plan Progress Report draws out specific deliverables including timescales from RMP3. To guide the ongoing resumption of our services we have made a number of planning assumptions, notably:

- There is sufficient public health and health system capacity in place to implement the ‘test and protect’ strategy
- There are resources to support a high uptake of vaccine programmes (Covid-19 booster and flu)
- Interfaces with primary and secondary care are maintained
- Social care services can be sustained
- Adequate staffing levels are in place to ensure the continued functioning of health and care services

- Robust infection protection and control measures are in place and maintained with appropriate cohorting of patients to reduce the potential spread of infection
- Care homes continue to receive our support
- That mutual aid arrangements for critical care and other crucial services can be maintained
- New ways of working established during this pandemic continue and good practice is encouraged and supported

1.5 GOVERNANCE ARRANGEMENTS

NHS Forth Valley in response to Covid-19 reviewed its governance arrangements in line with the letter received from the Scottish Government in March 2020. These arrangements have been reviewed on an ongoing basis to ensure effective governance is maintained whilst the NHS remains on an emergency footing (expected to at least March 2022). The Chair is currently reviewing Assurance Committee, Community Planning Partnership, and Integration Authority Board memberships to support ongoing agile and effective decision-making, that puts staff including the Chief Executive and Executive Team and their wellbeing and resilience centre stage.

The Board building on lessons learnt over the last year has continued to have Virtual meetings which are now open to the public as we re-establish our links with both the public and our communities. The Board is currently considering introducing a hybrid way of working (e.g., mixture of meetings fact to face and virtual), testing the effectiveness of how this might work will inform the Board and the decision it reaches. Our arrangements to date have:

- enabled the Board and its Assurance Committees to effectively discharge its governance responsibilities
- provided assurance that plans were being developed in line with national direction and that resources were being deployed effectively
- maximised the time available for management and operational staff to respond to Covid-19 and non-Covid demand
- minimised the need for people to physically attend meetings

A weekly Recovery Scorecard has been in place and was recently reviewed and updated along with our daily COVID-19 Scorecard.

1.6 RISK MANAGEMENT ARRANGEMENTS

Risk Management is an essential tool in supporting the organisation to achieve its strategic/corporate objectives. Effective Risk Management can implement actions to mitigate threats to those objectives. Equally there will be risks to the successful Remobilisation, Recover and Redesign of NHS Forth Valley, because of the fast moving and continually evolving nature of the pandemic. Risks to the delivery of this Remobilisation Plan

will be managed in line with the agreed processes and governance detailed in the NHS Forth Valley Risk Management Strategy. A recent review of risk management arrangements by the NHS Board's Internal Auditors found 'progress to enhance risk management arrangements has been excellent and the organisation now has a route map to develop the risk management framework'. Work has been completed to reflect the ongoing impact of Covid-19 on all our strategic risks. Work continues to mainstream Covid impacts into operational risk registers. This work will ensure NHS Forth Valley has the most effective governance arrangements in place to inform our remobilisation, recovery, and re-design response. In this regard NHS Forth Valley will develop a stand-alone Remobilisation Risk Register that will be owned by the System Leadership Team and reviewed monthly.

Covid-19 Remobilisation is currently highlighted as a risk on the Strategic Risk Register. Over and above SRR 012: Covid-19 Re-mobilisation, a number of strategic risks have a material link to Remobilisation, Recovery and Redesign, with their mitigation being critical to the successful delivery of the Remobilisation Plan.

These include:

- **SRR002: Unscheduled Care**

If NHS Forth Valley fails to deliver on the 6 Essential Actions Improvement Programme there is a risk, we will be unable to deliver and maintain appropriate levels of unscheduled care, resulting in service sustainability issues and poor patient and staff experience (including the 4-hour access standard).

- **SRR004: Scheduled Care**

If there are delays in delivery of scheduled care there is a risk that NHS Forth Valley will be unable to meet its obligations to deliver nationally agreed for 2021 - 2022, resulting in poor patient experience and outcomes.

- **SRR005: Financial Break-Even**

If NHS Forth Valley's financial plans are not aligned to strategic plans and external drivers of change, there is a risk that our cost base for our services over the medium to long term could exceed our future funding allocation, resulting in an inability to achieve and maintain financial sustainability, and a detrimental impact on current/future service provision.

- **SRR010: Estates and Supporting Infrastructure**

If NHS Forth Valley has insufficient Capital funding to develop and improve the property portfolio there is a risk the Estate and supporting infrastructure will not be maintained in line with national and local requirements.

- **SRR009: Workforce Plans**

If NHS Forth Valley does not implement effective strategic workforce planning (including aligning funding requirements) there is a risk that we will not have a workforce in future that is the right size, with the right skills and competencies, organised appropriately within a budget we can afford, resulting in sub-optimal service delivery to the public.

Common risk themes emerging from NHS Forth Valley Directorate/Partnership Remobilisation/Recovery Plans include:

Workforce

- The ability to identify, recruit and retain staff across a number of service areas when demand outstrips available workforce nationally
- Fatigue in the workforce and increased sickness absence levels
- Potential for resource abstraction to support areas of increased demand (particularly if there is a Covid resurgence or high levels of self-isolation)

Finance

- Potential financial risk and risk to delivery of plans if availability and sustainability of funding is not in place and ongoing

Capacity / Demand

- Capacity of existing workforce groups to support key deliverables with competing (and increasing) demand
- Competing demands and frequently changing priorities results in a loss of focus on the plan
- Increased winter demand / Covid resurgence results in resource abstraction
- General Demand outstripping capacity across key services

Accommodation

- Reduction in available usable accommodation to support infection control protocols – knock on effect to demand/capacity
- Overall site capacity in key services including the Acute Hospital becomes stretched in response to demand

Data / Information

- Access to timely, relevant data to support delivery of plans

SECTION 2: PLAN ACTIVATION - Remobilisation, Recovery and Redesign

2.1 OVERVIEW

Whole System Reform

- ✓ NHS and Social Care Services e.g., National Care Service and World-class Public Health Service
- ✓ wider public sector reform with 'wellbeing' in all our policies
- ✓ critical enablers (e.g., anchor - people power and communities, workforce, digital and ehealth, quality and innovation, realistic medicine, and sustainability)

Our initial Mobilisation Plan and subsequent System-Wide Remobilisation Plans have been developed in partnership with our Directorates and Partnerships and we have adopted a whole system way of working that takes account of the Programme for Government and Care and Wellbeing Programmes. This whole system approach is reflected in our ongoing work to support service remobilisation and recovery. Remobilisation Plan (RMP) 4 - Guidance was issued to NHS Board in July 2021; and members of the System Leadership Team were again invited to develop their Directorate/Partnership Plan to inform the System-Wide Remobilisation Plan set out in this document. This Plan takes account of how we will:

- provide an overview as how we intend to reduce inequalities whilst improving population health especially for those people with long term conditions including those suffering from Long Covid and chronic pain
- set out our access performance trajectories and options to illustrate our commitment to deliver improvement in elective care waiting times across a range of standards/targets including cancer and mental health
- plan ahead and in partnership with our Integration Authorities set out how we intend to improve our 4-hour access performance, implement 'same day emergency care' and reduce delays especially on the Forth Valley Royal Hospital
- build stronger and more resilient primary care (by implementing the GMS contract), community care including social care and mental health services with our Integration Authorities and Local Authorities to support people live at home

2.2 Enabling Activity

2.2.1 Digital & ehealth & Information Management Services

The Infrastructure Programme Board approved the Digital & eHealth Delivery plan at its meeting in March 2021 and the plan forms an integral part of the System-Wide Remobilisation Plan. Most projects are progressing as planned however there are timing and resource risks associated with a small number. A review of associated risks and issues has been undertaken. Key achievements for 2021/22 are noted as:

- Opera - The implementation of the national Theatre system is complete and is now live. Plans are now underway for Phase 2 (anaesthetics)
- Patient Hub - Work to review options and further refine the business case for a Patient Hub system are now underway. This will deliver savings for the organisation in respect of scheduling and appointing outpatients as well as offer a citizen centred approach.
- Public Wi-Fi and Mobile phones - The required infrastructure to support Public and Staff Wi-Fi access is nearing completion allowing easier access to public internet services. A separate piece of work has commenced to try and increase the mobile phone signal and a proposal is currently under development.
- Elective Services Remobilisation Plan - The digital aspects of this plan have been identified and prioritised. Work is underway with the Clinical lead to support plans over the next 2 financial years.
- Cyber Security - focus has been maintained on the cyber security agenda and work associated with NIS. This is an important area, and the NHS Board continues to implement developments and priority work in this area across IT and information governance functions.

2.2.2 Quality & Safety

NHS Forth Valley continues to prioritise clinical governance and safety. The Quality Strategy for 2021 – 2026 has been approved by the NHS Board with the priorities for year 1 agreed. The Value Management Collaborative (VMC) has continued to develop and has expanded to ten teams. This provides development opportunities to staff and the ability to build quality and safety improvement capacity and capability within services.

A refresh of Adverse Events and Significant Adverse Event Reporting process has been undertaken and included a re-launch of Duty of Candour across NHS Forth Valley.

2.2.3 Innovation and Transformation

An Innovation Plan is in place and NHS Forth Valley is working to identify priority innovation challenges and opportunities taking account of innovations being developed via the three Regional Innovation Hubs. These are being prioritised against and aligned with Scottish Government's four Care Programmes and the Centre for Sustainability.

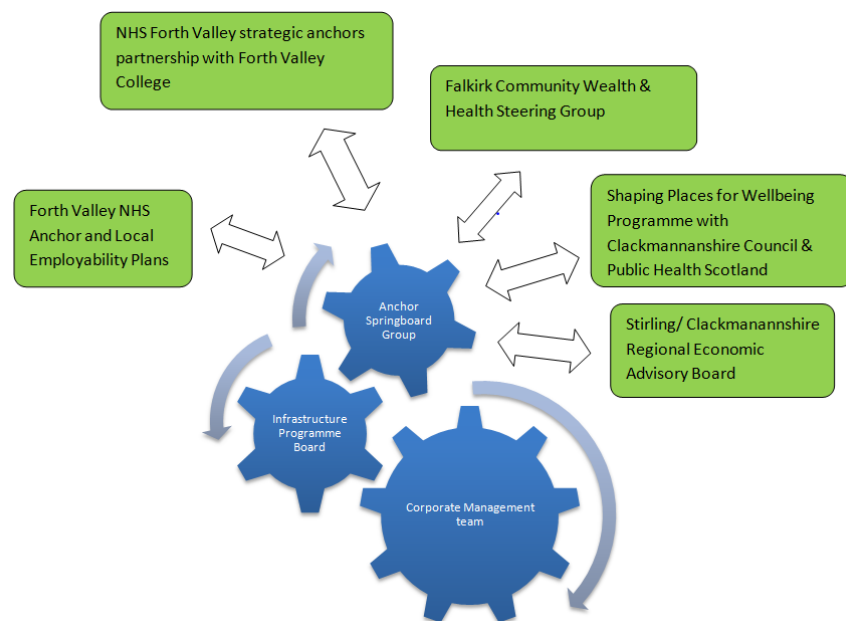
NHS Forth Valley as an innovation Test Bed, supported and part funded by the Chief Scientist Office, initiated, and manages the Dermatology Artificial Intelligence (AI) Skin Cancer Consortium across Scotland. The aim is that by 2025, an indicative diagnosis of skin cancer is achieved within 25 minutes by utilising opportunities of AI integrated within patient care pathway.

We plan to continue to offer Test Bed opportunities to industry and social enterprise and have increased research and development and innovation collaboration with Strathclyde University, University of Stirling and Forth Valley College.

2.2.4 Anchor Institution

NHS Forth Valley has progressed strategic plans for anchor institution programmes to support local community wealth building at pace over the last 6 months, this includes:

- Drafting the refreshed NHS Forth Valley Health Improvement Strategy which will include the NHS Forth Valley anchor institution contributions to community wealth building and mitigation of the social impacts of the pandemic
- Developing the NHS Forth Valley Anchors Springboard Group - to provide momentum for anchor institution activity within the organisation (the diagram below shows the governance internally for the Anchors Springboard Group and community planning community wealth building groups which we work in partnership with currently
- Gaining approval by the Falkirk Community Planning Partnership Board for the proposal for a Falkirk Community Planning Partnership Community Wealth & Health Steering Group to be co-chaired by Falkirk CVS and NHS Forth Valley
- Agreeing the initial plan of action for the Shaping Places for Wellbeing Programme with Clackmannanshire Council and Public Health Scotland for Alloa
- Horizon scanning and working with PHS, COSLA, other Boards and local partners to identify funding sources and research opportunities
- Anchor partnership with Forth Valley College to build on partnership developed with Covid vaccination to develop a 3–5-year anchors partnership plan
- Progressing the College/University Academy partnership and how this may link to greater Practice and R&D partnership ventures e.g., SME opportunities and joint educational programmes with placements
- Reviewing the Anchor Institution commitments within the NHS Sustainability Plan



2.2.5 Realistic Medicine

NHS Forth Valley has developed and submitted a Realistic Medicine Action Plan to support recovery and renewal throughout 2021. A priority within the Action Plan was the development of a Forth Valley-wide Realistic Medicine Network which is now in place, connecting people and using creativity and innovation to help tackle some of the complex healthcare challenges and better address inequalities. Realistic medicine is integral to the Quality Strategy and included within the NHS Forth Valley Quality Portfolio.

In addition to the six pillars of Realistic Medicine, wellbeing has been adopted as a seventh pillar, with projects such as the Peer Support Service. Realistic Medicine is linked with Joy in Work Q project as part of Value Management Collaborative with wellbeing support integrated into service plans.

2.2.6 Workforce

The Human Resources Directorate continue to support services throughout the ongoing pandemic and its legacy. Ongoing recruitment to support and maintain our Test & Protect service, Covid-19 and Flu Vaccination Programmes and more recently social care (HCSW appointments to support care in the community) remains a key priority. In addition, we have invested recurrently in Hospital at Home, urgent and elective care, stroke, and

7-day AHP services and an expansion of our day surgery 'ringfenced' service. Recruitment to these new or expansions in services is well underway as part of our winter and all year preparations.

Staff Health and Wellbeing is a key priority for NHS Forth Valley. A Staff Health and Wellbeing group, led by the Human Resources Director, meets fortnightly with work ongoing to provide immediate support especially to those staff who are in front facing roles. This support includes psychologist input and further developing the role of peer supporters, psychological first aid and mental health support. Our commitment to develop a Corporate Staff and Wellbeing Plan that takes account of the Sturrock Review recommendations is well underway. Investment in a new 'Speak Up' initiative has been endorsed by the NHS Board and appointments to the role of Ambassadors and Advocates have been made with training planned for October 2021 and thereafter the service will be formally launched.

A refresh of our People's Strategy will be informed by stakeholder engagement sessions supported by our Organisational Development and Learning & Development Teams this refresh has a number of key strands including a review of our value and behaviours, establishing Equality & Diversity Networks, launch of a new 'Speak Up' initiative linked to our commitment to using and reporting on imatter engagement/compliance and ongoing Management & Leadership development.

Determining specific workforce needs will play an important part in the remobilisation process with our supporting interim workforce plans being developed for submission at the end of April 2021.

2.2.7 Financial Sustainability

It is imperative that financial sustainability and value remain key factors which influence the development of our service and workforce plans. The principles of Value Based Healthcare and Realistic Medicine will be applied across the Plan to maximise the opportunities to improve patient outcomes and costs.

2.2.8 Sustainable Strategy 2019 -2024

Healthcare needs to be financially and environmentally sustainable so that we can meet the needs of patients today whilst ensuring we have a service that is fit for purpose and meets the needs of people tomorrow and beyond. NHS Forth Valley is committed to taking account of the Megatrends (global) and in this regard we are signed up to contributing to the delivery of Sustainable Development Goals and their reaching impact on societies, economies, cultures, and personal lives. We will play our part in delivering the Government's ambition to become a net zero nation and contributing to a recovery which is greener and fairer and in this regard the Board is working with Scottish Government to implement sustainable energy improvements and efficiency programmes associated with our main acute site under the PPP arrangements. This work will continue for the next 6 to 9 months and will support the key stages of the national sustainability agenda.

SECTION 3: Safe and Effective Remobilisation, Recovery and Redesign - Better Health

Section 3 of this Remobilisation Plan provides a summary of actions being taken to build on the work currently underway in respect of resumption of services. The summaries set out have been informed by Directorate and Partnership Remobilisation Plans. The actions from these Plans are set out in the Delivery Plan Progress Report at Appendix 1.

3.1 Better Health - Improving Population Health & tackling Health Inequalities exacerbated by the pandemic and its legacy

Better and more equal outcomes

- ✓ investing in prevention
- ✓ improving healthy life expectancy
- ✓ reducing health inequalities

3.1.1 Refreshed Health Improvement Strategy

The main health improvement priority for the Public Health team in the first 6 months of this financial year has been the ongoing drive to tackle health inequalities give the impact the pandemic has had on widening the inequalities gap. A significant part of this has been the development of the refreshed NHS Forth Valley health improvement action plan which has priorities including every child having the best start in life, the NHS Forth Valley anchor institution contribution to community wealth building, ending poverty, providing good work and workplace wellbeing and a Public health approach to tackling the 3 significant harms intensified by the pandemic - reducing suicides and drug related deaths, mental health and wellbeing and reducing alcohol related harm. As well as addressing the national Public health priorities as required by Scottish Government actions on all these priorities are being progressed to mitigate the impact of the pandemic will be reported on by late autumn. This update will also refer to the Care & Wellbeing Programmes, notably: Place and Wellbeing and Proactive and Preventative Care.

3.1.2 Suicide and drug related deaths

NHS Forth Valley has funded a new Public Health post with specific responsibility for the development and coordination of strategic suicide and drug death prevention activity. The Strategic Prevention Coordinator took up post on the 27 July alongside the Substance Use Death Reviewer (second post funded through a national Drugs Taskforce grant). The Prevention Coordinator will further collaborative opportunities to enable a population-based approach to reducing risk and harm. The planned deliverables for the ADP Co-ordinator and Strategic prevention Co-ordinator are as follows:

Strategic Prevention Coordinator

- Develop multi agency review processes to review pan Forth Valley suicide deaths.
- Further develop the current multi agency review processes to ensure the timely review of drug related deaths and the sharing of learning from all drug deaths. The reviews of individuals known to services will be aligned to the Partnership's ADP processes for those not known to local services.
- Establish a strategic framework to support the implementation of a pan Forth Valley Suicide and Drug Death Prevention Strategy.
- Agree a timeline and process for consultation and development of a pan Forth Valley Suicide and DRD Prevention Plan.
- Develop a Forth Valley suicide bereavement information pack for families / individuals bereaved by suicide.
- Explore the potential development and a pan Forth Valley Suicide Prevention App.
- Complete the local research report into 2020 Forth Valley Drug Related Deaths.

ADP Activity

- Establish a Forth Valley multi-agency assertive outreach team to provide support to individuals who experience a non-fatal overdose. This team will comprise of nursing, social work, and recovery community staff.
- Establish a Forth Valley Hub to deliver interventions designed to reduce health inequalities in the substance using population.
- MAT Standards - ADP Partnerships are working together with local partners towards implementation by April 2022.
- Continue to build a whole system approach to reduce alcohol and drug harm within the hospital setting.
- Continue to increase naloxone penetration including through the development of a Peer Naloxone Project.
- Continue to deliver and develop priority activities as outlined in the ADP Delivery Plan.

3.1.3 Best Start

Although the implementation Best Start has been paused for most of the pandemic midwives have adopted a business-as-usual approach where it was permitted to do so. This included:

- The community teams have continued to give continuity of care both antenatally and postnatally wherever possible, altering shift patterns as required. The data captured so far is very promising despite the pandemic.
- The Alongside Maternity Unit (AMU) continues to grow in popularity, and it is anticipated that more rooms will be required to be redesigned. The Unit continued to support Transitional Care (TC) throughout the period of the pandemic.

- There has been an increase in the number of home births requested which we have been able to facilitate with the support of midwifery staff.
- Work is ongoing to refine the current model of care to ensure, once directed to restart Best Strat implementation, the Unit will be in a good place to do so with renewed pace and vigour.

3.1.4 Child poverty

NHS Forth Valley has worked in partnership with all three local authorities and community planning partners to develop and deliver Local Child Poverty Action Reports in the last 6 months. Future planning of local child poverty actions will have a focus on increasing the levels of lived experience in planning services and as requested by the Improvement Service, increase the types of local data being collected and acted on to improve outcomes for children, parents, and families.

3.1.5 Oral health

NHS Primary Care Dentistry is remobilising through identifiable steps directed by the Office of the Chief Dental Officer, Scottish Government. Locally, the Senior Dental Management Team action strategic direction in recovery of general dental services. This currently includes addressing the activity of the General Dental Practitioners and mitigation factors to the fallow time following AGPs of ventilation issues and hand pieces. The Consultants in Dental Public Health maintain regular contact with the Chief Dental Officer through the Directors of Dentistry group and link into national recovery groups for the five oral health improvement programme and school inspection programme and work with colleagues in Public Health and beyond to recover these locally.

3.1.6 Screening

With all national screening programmes now recommenced, uptake locally is being monitored closely to assess uptake of screening from the population as a whole and from our communities of greatest need.

3.1.7 Blood borne viruses

Scottish Government annual treatment targets have increased to reach Hep-C elimination by 2024 - 21/22 national target is 2000 (Forth Valley 160) in year 22/23 the target increases to 3000 per year. This will be a challenge requiring testing and treatment services to be more accessible to already marginalised, hard to reach groups of individuals. The services must be moved from acute services to outreach venues in areas and times that suit the client. Progress includes developing a more patient responsive pathway into treatment for Hepatitis C, previously there could be a delay of 6 weeks from diagnosis to treatment this has been reduced to 1 or 2 days except for more complicated patients.

Since February, as a test of change, an ANP has been employed to work alongside substance use services 2 days a week. This has significantly increased the numbers coming into treatment without a delay (losing patients to follow-up). A radio advertising campaign to highlight Hep-C and HIV and encourage individuals to come forward for testing took place in July and August. The hepatology specialist nurse service is slowly being moved from acute services to work in the community settings. Engaging with Third sector in particular peer support, has proven to be very successful – having that lived experience is valuable and patients then have an advocate. The new treatment regimens are being highlighted - 8 weeks of 1 pill a day with little or no side effects. Historically the treatment was 12 months with numerous side effects, resulting in many patients not completing treatment.

Key deliverables

- all clients engaged in substance use services should have a BBV test at least once a year and 3 monthly if still actively using drugs
- BBV and DBS training by the BBV MCN and competencies are regularly monitored by senior staff

Milestones - treatment numbers are reported to Health Scotland monthly and monitored by Hepatology on an ongoing basis.

3.1.8 Prison Healthcare

NHS Forth Valley provides care and services to support the healthcare needs of prisoners in the three national prisons located in Forth Valley: Polmont Young Offenders Institute, Cornton Vale and Glenochil. Almost 25% of the Scottish prisoner population is in the Forth Valley area which has only 5% of the Scottish population and more than 90% of prisoners are from areas outwith Forth Valley.

People in prisons experience significant health inequalities with multiple and complex short and long-term health issues, including both physical and mental health problems, learning difficulties, substance misuse and increased risk of early death. It is well established that the Scottish prison population is disproportionately drawn from the most deprived areas in Scotland and that many of the factors which increase the likelihood of involvement in the criminal justice system are also linked to higher rates of ill health and disability. NHS Forth Valley is working in partnership with the Scottish Prison Service (SPS) address a wide range of factors that impact on health and wellbeing such as environment, infrastructure, policy, and practice alongside increasing knowledge and skills for prevention and self-management in the community.

NHS Forth Valley is currently working with the Scottish Government (Business Case shared for consideration) who acknowledge the unique situation - i.e., NHS Forth Valley is responsible for the health care needs of prisoners with in three national prisons.

In addition, NHS Forth Valley is responding to inspection and Expert Review reports which have implications for the NHS Board and its response to:

- reducing health inequalities through delivery of a whole prison approach to health and wellbeing
- implementing the recommendations arising from the HIMPS inspections Expert Review of Mental Health Provision in Polmont
- reviewing current models of care across all 3 Prisons, taking account of the diverse and complex needs of each Prison population including the national women's strategy for Prisons and the need to develop a new trauma informed model of care for the new HMP Stirling Prison (Cornton Vale – business case to support this development is due to be submitted in October) development
- developing a workforce fit for the future to address recruitment and retention challenges

3.1.9 Mental Health & Wellbeing

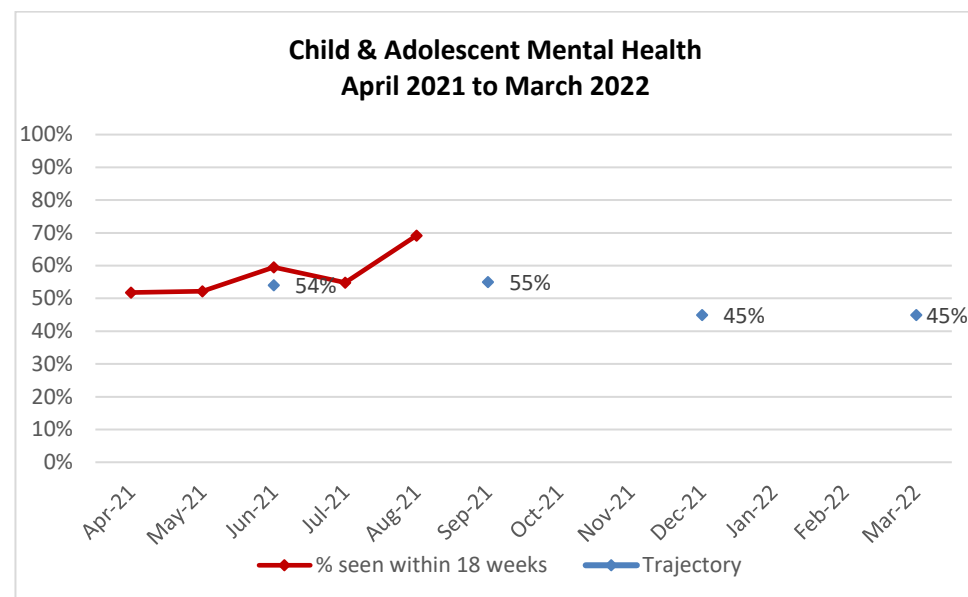
NHS Forth Valley Mental Health Services remain committed to:

- prevention and early intervention and providing early year's support
- providing timely access to treatment, and joined up accessible services
- meeting the physical needs of people with severe and enduring mental health needs
- adopting a human-rights based approach
- supporting people back into the workplace

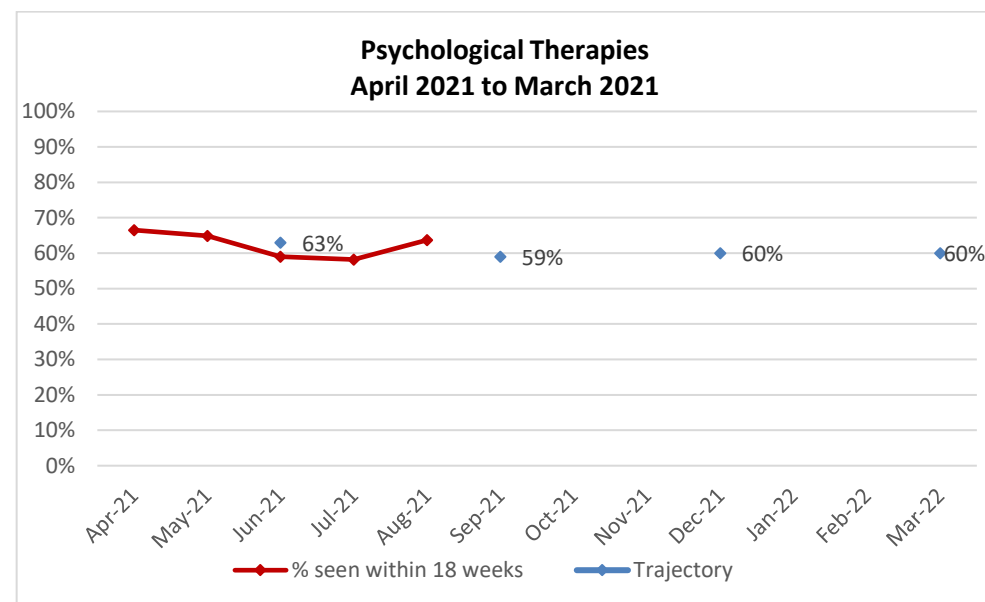
NHS Forth Valley has received significant allocations to support full implementation of the Child & Adolescent Mental Health Service (CAMHS) Specification - Community, expansion of CAMHS from age 18 to 25 years for targeted groups and those who wish it, and to address the backlogs on waiting list. Our Improvement Plan sets out our response to each of these areas. Similarly, the NHS Board has received funding to address waiting list backlogs in Psychological Therapies (PT) and our actions to address long waits are set out in our Improvement Plan. CAMHS and PT waiting time trajectories are illustrated in the Graph 1 and 2 below, they represent a 'worse-case scenario' and are dependent on additional workforce being recruited as set out in the Improvement Plans appended to this Plan.

- Appendix 2 Mental Health & Learning Disabilities Plan
- Appendix 3 Child & Adolescent Mental Health Plan

Graph 1: CAMHS



Graph 2: Psychological Therapies



3.2 Test & Protect

Outcome

Suppress the transmission of the virus and prevent/control nosocomial related infections and care home outbreaks

NHS Forth Valley Test & Protect Team will continue to:

- ✓ continue to support the 'test and protect' pathways including surveillance in hospitals, care homes and for key workers and their households
- ✓ provide a 7 day per week contact tracing service
- ✓ maintain robust Infection Prevention & Control measures within all its NHS sites/services

- ✓ sustain the enhanced assurance system to support care homes – Care Home Clinical and Care Professional Oversight Team known as the Assurance will meet 7 days per week with the Care Home Strategy Group meeting weekly

3.3 Expansion of Covid-19 Testing

Outcome

Ensure adequate levels of safe and accessible testing are available for the population of Forth Valley

NHS Forth Valley Emergency Planning Team will continue to:

- ✓ provide Lateral Flow Device (LFD) testing for patient facing healthcare staff, including Primary Care contractors
- ✓ provide Polymerase Chain Reaction (PCR) testing for NHS staff locally, linked to the Forth Valley Royal Hospital laboratory
- ✓ support work in relation to Mobile Testing Units (MTU) for community symptomatic testing
- ✓ provide flexibility within the testing capacity to support asymptomatic testing

3.4 Vaccination Programme

Outcome

To ensure an accessible, time driven, sustainable vaccination programme is in place to protect the population of NHS Forth Valley

NHS Forth Valley Vaccination Team has and will continue to:

- ✓ deliver the vaccination programme in line with the Joint Committee on Vaccination and Immunisation (JCVI) guidance
- ✓ deliver the booster Covid programme
- ✓ deliver the flu programme

3.5 Pharmacy

3.5.1 Community Pharmacy Services

An ePharmacy Serial Prescribing Group has been convened to progress increasing the number of serial prescriptions managed by community pharmacies. The membership of this group includes representation from eHealth, Community Pharmacy Development, Community Pharmacy Forth Valley and Primary Care. Within Forth Valley there are areas where both GP Practices and Community Pharmacies already have experience of serial prescribing. A Roll out of Serial Prescription Approach has been agreed by the Pharmacotherapy Implementation Group and a Serial Prescribing Implementation Group convened to support the scaling up of repeat serial prescribing across Forth Valley. The group has agreed an aim of 20% of those who receive a repeat prescription to be moved to serial prescription per GP practice.

A Forth Valley Wide Shared Care Agreement (SCA) has also be ratified by the Serial Prescribing Implementation Group.

NHS Forth Valley will continue to:

- implement for those patients who receive a repeat prescription a shift towards serial prescriptions (aim to see 20% moved to serial prescription per GP practice) – This will be supported by the Whole System Working Pharmacotherapy project aligned to PCIP pharmacotherapy GMS contract commitment

3.5.2 NHS Pharmacy First Scotland Service and Pharmacy First Plus

NHS Forth Valley will continue to:

- monitor activity levels and pathways to support NHS Pharmacy First Scotland
- The Community Pharmacy Development Team will also continue support the roll out of the NHS Pharmacy First Plus Scotland across Forth Valley. This service is an extension to Pharmacy First and allows patients to access a Pharmacist Independent Prescriber (IP) for advice, treatment and onwards referral. This service utilises the Pharmacist IPs advanced consultation and common clinical condition skills to assess and manage acute conditions that fall out with the Pharmacy First service.
- The following actions have already been undertaken:
 - A service level agreement has been produced and agreed by those pharmacist's providing this service.
 - Initial session with all pharmacists to discuss service delivery and recording of consultations.

3.5.3 Acute & Specialist Pharmacy Services

The Acute and Specialist Pharmacy Service and the department have continued to operate throughout the pandemic, responding to the needs of patients and the organisation, flexing, and adapting to changes in the reconfiguration of the hospital and stepping up to deliver the procurement, handling and distribution of the Covid-19 vaccine and associated sundries during the peak of the second wave of the pandemic.

The skills, dedication and professionalism of the pharmacy staff have enabled the pharmacy service to maintain this support with no interruption to the organisation and the patients of NHS Forth Valley. Some interruption to clinical pharmacy inpatient services in Summer 2021 with clear communication to the organisation through Command structure and recruitment plans are in progress.

In order to further support the organisation in delivering care for patients as we emerge and recover from the pandemic, the pharmacy service will continue to adapt to meet these needs. The wider Pharmacy remobilisation report describes the actions taken so far and some opportunities which may exist for the pharmacy service to contribute to the redesign of services to meet these new demands to ensure the continued safe and effective use of medicines through FVRH and Community Hospitals.

3.5.4 Primary Care Pharmacy Services

A Whole System Working Pharmacotherapy project will be rolled out across GP practices in 2021/22. In year 1, the project will ensure appropriate access to medicines for patients in primary care. The focus of this is to reduce acute prescription requests to 60/1000 patients per week with a 50:50 split of workload between the GPs and Pharmacotherapy team authorising acute requests. In addition to this the project will also support the scale up of serial repeat prescribing mentioned above. In year 2 the project will focus on the implementation of medication review and polypharmacy review by the pharmacotherapy team to ensure patients are reviewed in a timely fashion so that medicines continue to be effective with minimal adverse side effects and are supplied to patients in the most efficient manner.

SECTION 4: Safe and Effective Remobilisation, Recovery and Redesign - Better Care

4. Improving Care

People power & putting people at the centre

- ✓ person centred care
- ✓ locality focused, care closer to home
- ✓ local engagement (planning, commissioning, delivery)

High performing health care organisations see quality improvement (QI) and leadership development as two sides of the same coin. Earlier in the year the NHS Board approved a Quality Strategy and investment in strengthening our internal capability to improve patient care. At the same time, we are considering how we reengage and build strong links with our communities to ensure the voices of our patients and the public are sought and heard in the design of our local health and care services. In this regard NHS Forth Valley is determined to do better as we strive to deliver personal, reliable, and safe care and services, timely access to care and services will be a key priority as we look to drive out unnecessary delays and variation in our services. The sections that follow will focus on Primary Care, Community Care and Hospital Services.

4.1 Primary Care Services

Outcome

Resume services based on 3 principles, namely: safety, clinical prioritisation and population need

4.1.1 Primary Care

Primary care in its widest sense has served patients, the NHS, and the public well during the pandemic. However, people's expectations and health care needs have grown in complexity and we have used our infrastructure, workforce, and technology to do the right thing (treatment/intervention) in the right place at the right time. Alongside this changing operating environment has been influential policy direction including the new General Medical Services (GMS) contract with matched significant investment to mitigate workforce and service sustainability risks. The implementation of the contract remains a key plank in our reform agenda geared to improving population health including mental health and tackling health inequalities through improved health and care access using a multidisciplinary approach.

Implementing the Primary Care Improvement Plan (PCIP) in line with the Memorandum of Understanding 2 to support the GMS Contract agreed between the Scottish Government, NHS Boards, Integration Authorities and SGPC remains a key priority. In this regard, the NHS Board has assumed overall logistical responsibility facilitated through national digital solutions for implementing vaccination programmes, notably Covid booster and flu by investing in a Vaccination Team in collaboration with Practices who wish to engage in this Programme especially those Practices in our rural communities. We remain committed to providing pharmacotherapy support to help manage acute and repeat prescriptions, medicines reconciliation and the use of serial prescribing. In addition, we will continue to focus on high-risk medicines and high-risk patients by using regular medication and polypharmacy reviews to ensure effective person-centred care is principally delivered by our pharmacists and we accept this goes beyond a level one pharmacotherapy service however the interdependencies between all three levels remains our ambition.

As an NHS Board we also note that Regulations will be amended by the Scottish Government in early 2022 and thereafter Boards will be responsible for providing a Community Treat and Care service (CTAC). NHS Board and Health & Social Care Partnership staff will be invited to explore how we might align our CTAC and Vaccination Programme going forward. We are also exploring how we might work with acute services to deliver a Forth Valley Wide Whole System phlebotomy service to allow patients better access to investigations closer to home. Our planning for Urgent Care, additional Professional Roles and Community Link workers continues as we work with primary colleagues and our GP Sub Committee to ensure we remain committed to deliver on the promises set out in the GMS Contract. In summary, there has been a significant amount of progress achieved and this will continue, and this includes a Primary Care Premises Review.

Dental, Community Pharmacy, and optometry services are recovering as planned.

In addition, to our commitment to primary care, we will continue to support care at home and in our communities, care homes through our multidisciplinary Care Home Assessment & Response Team.

NHS Forth Valley Primary Care Services will also continue to:

- ✓ oversee delivery of the remobilisation of primary care to include acute interface working led by Deputy Primary Care Medical Director
- ✓ continue to update documentation – ACPs, KIS and ReSPECT
- ✓ expand remote consultation using telephone triage and Near Me
- ✓ support care homes
- ✓ recruit to the Hospital at Home Team (NHS Board recurring funding)
- ✓ increase access to treatment room and phlebotomy services – recruitment underway

- ✓ implement flu and Covid booster vaccination plans in preparation for winter
- ✓ review of community hub and assessment centre model as part of shared service model with acute colleagues
- ✓ monitor activity levels and pathways to support NHS Pharmacy First Scotland
- ✓ implement for those patients who receive a repeat prescription a shift towards serial prescriptions (aim to see 20% moved to serial prescription per GP practice) – whole system working project aligned to PCIP pharmacotherapy GMS contract commitment

4.1.2 Dental Services

NHS Forth Valley has recovered primary care dental services, in both the Public Dental Service and the General Dental Service. The Public Dental Service has recovered all their services and continue to offer additional support to the increasing number of unregistered patients or patients coming through the unscheduled care routes. They are working to recover the IV sedation and GA lists with theatre. Theatre delivery is on a week-to-week basis and is vulnerable to cancellation at short notice. This obviously affects GA waiting times. Staffing shortages due to Covid isolation guidance, and sickness absence, are impacting on theatre delivery and increasing pressures on staffing across the PDS service. A small number of clinics have been cancelled in response to patient safety concerns and prioritising service needs.

General Dental Services started recovery and remobilisation in Autumn 2020 with all NHS dentistry items becoming available from 1st November 2020. The Scottish Government continue to supply appropriate and plentiful PPE to all NHS dental practices in Forth Valley. The PPE is provided based on a dental practices' NHS activity and patient list. There have been no issues with the supply of PPE in Forth Valley and the Director of Dentistry and the Dental Practice Advisor are in fortnightly communication with all dentists. Due to the on- going social distancing and fallow time requirements following certain dental treatments, availability of dental appointments at dental practices are reduced compared to pre- pandemic rates. Dentists are therefore required to prioritise the available appointments based on dental need.

4.2 Community Care Services - Health & Social Care Partnerships

Outcome

Improved, responsive and sustainable services for people using adult health and social care services

The Health & Social Care Partnerships will continue to:

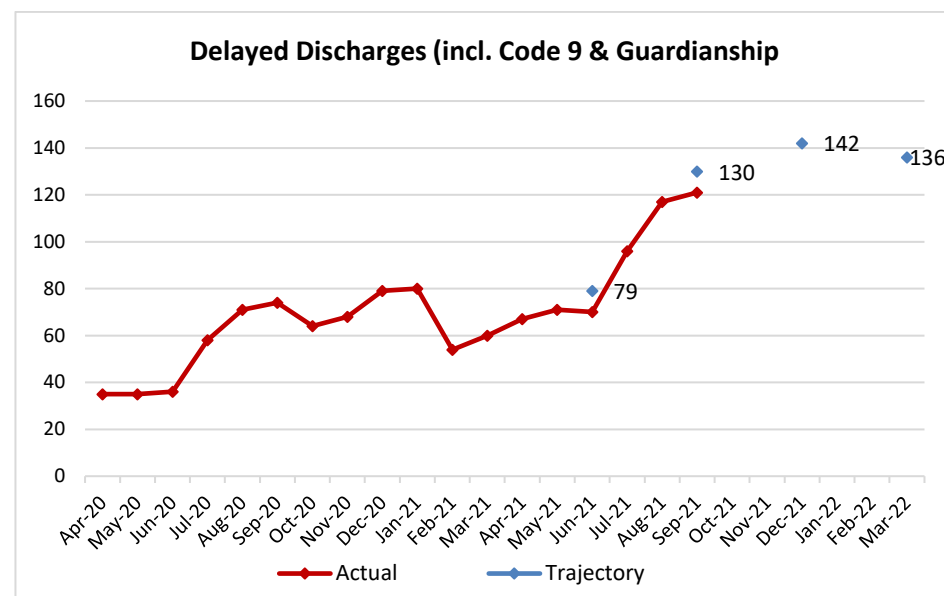
- ✓ adopt a whole system multidisciplinary response to support improvements in outcomes

- ✓ respond to ongoing and significant demand and complexity of care in the community, at home and for people rehabilitating from Covid-19, and in community intermediate care and community hospital facilities
 - ✓ look to maximise capacity and ensure system flow and access to care
 - ✓ provide Care Home support, through the established enhanced care home assurance system and work of the Oversight and Assurance Group
 - ✓ provide oversight of care at home including in house and commissioned services as well as community health through the establishment of the clinical and professional oversight group for care at home and community health
 - ✓ develop innovative ways of working across primary and secondary care supported by public health to improve outcomes for people in our communities
 - ✓ manage delayed discharges within our health system and work to discharge all acute delayed discharges and people currently delayed in our community and or mental health beds, as well as working in communities to help prevent unnecessary admissions to hospital
 - ✓ support adult support and protection functions with close monitoring and consideration when emergency visits have been required to assess vulnerable adults.
 - ✓ work collaboratively with NHS Forth Valley and partners in preparation for the Adult Support & Protection Inspections in both of our Partnerships
- Appendix 4 Falkirk Health & Social Care Partnership Delivery Plan 2019 - 2022
 - Appendix 5 Clackmannanshire & Stirling Health & Social Care Partnership Remobilisation Plan March 2021 - April 2022

2.2.1 Delayed Discharges

We continue to work in partnership and our whole system investments are intended to support people to be able to live at home whilst reducing delays in discharge. Graphs 3 and 4 demonstrate the pressures in our system and the challenges we face together with our partners to ensure people wherever possible are cared for at home.

Graph 3: Total Delays (incl. Code 9 & Guardianship)



To date:

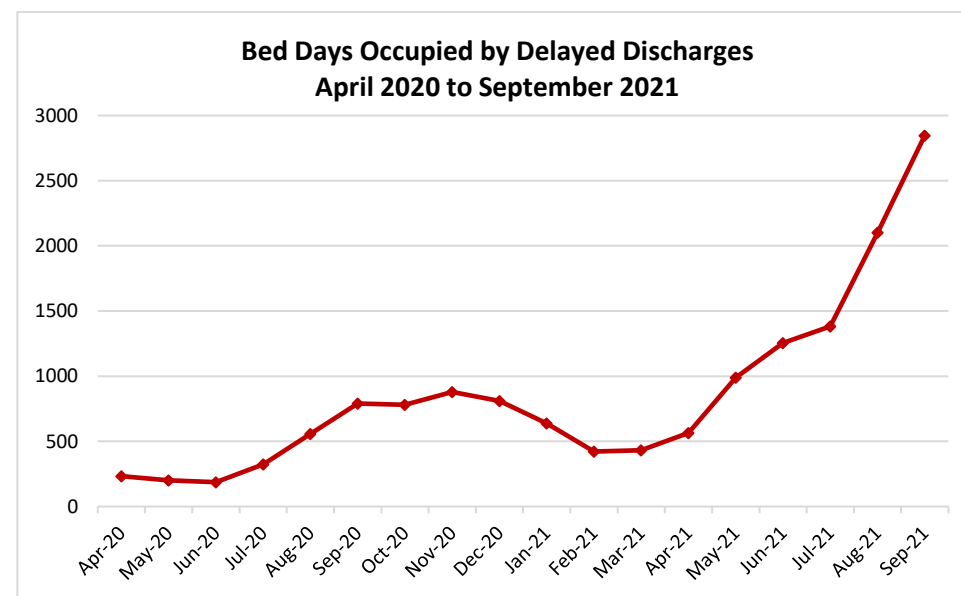
Total Delayed Discharges - 121 as reported at the September Census (93 standard delays, 28 code 9 & guardianship)

Summary

NHS Forth Valley continues to work with its two Partnerships and three Local Authorities to support our most vulnerable people and communities and to enhance and maximise the benefits of integration. There is agreement across Forth Valley to deliver whole system planning aligning Health & Social Care Strategic Commissioning Plans and joint activity.

Since August we have established a 'Command Business Continuity' structure to respond to increased workforce challenges and system pressures and the impact on our health and care system. A number of recurring actions to support a whole system multidisciplinary response have been

Graph 4: Bed Days Occupied by Delayed Discharges



To date:

Bed days occupied by delayed discharges - 2847 at the September census

taken to maximise capacity, care for our staff, ensure system flow and access to care with an eye to improving outcomes. To date we have invested recurring funding in: additional beds and relocation of rehabilitation services, establishing a 7-day AHP service to support fast track rehabilitation and discharge, additional senior medical decision makers in the evening and at weekends, expanded and relocated our Hospital at Home Team, commissioned additional care home beds to support people temporarily whilst they wait for a Care Home of choice and/or care package and developed a programme to recruit Healthcare Support Workers to provide additional capacity in care at home services. In addition, we are working to introduce single handed practice to create capacity in our workforce, and we are implementing greater collaborative working between primary and secondary colleagues especially during the weekend and on Public Holidays to support urgent care.

4.3 Women & Children Services

Outcome

Responsive patient focussed services beyond the current emergency measures from now until March 2022

Like services across NHS Forth Valley, the Women & Children's Directorate responded to the Covid-19 pandemic quickly and efficiently. The eleven services (e.g., paediatrics and neonates, CAMHS, gynaecology, HV, AHPs and maternity) that make up the Directorate operate in very different and unique ways therefore their responses require to be individualised to reflect changing priorities and tailored to meet patient need. Many of our services were maintained as (near) business as usual with appropriate adjustments. The Directorate's recovery plan has been agile and flexible and as part our remobilisation services have resumed albeit some are now organised differently with a greater emphasis on utilising technology.

The Directorate is keen to build on early practice-based evidence identifying improvement and efficiencies in care and treatment pathways.

For some children and families, we are aware there is hidden harm and that treatment or supporting these children is more complex due to the variation in service provision across the children's partnership. In light of this services continue to be vigilant, flexible, and work outside referral thresholds as well as work closely with other children's services.

NHS Forth Valley Women & Children Directorate will continue to:

- ✓ Prioritise staff wellbeing: will build on existing initiatives in support of staff wellbeing but also will ensure that, if its required, staff can access appropriate support for their emotional, mental, and physical health needs
- ✓ Deliver a sustainable and flexible vaccination programme; as Immunisation is hosted within the Directorate, resources have been mobilised and deployed at pace to support both the flu and immunisation programmes. Moving forward the service will continue to adopt a systems wide approach in partnership with General Practitioners and local authorities to respond to recommendations of the Joint Committee on Vaccinations and Immunisations (JVCI)
- ✓ Contribute to the redesign of urgent care and emergency pathways to ensure unmet demand is managed and delivered safely
- ✓ Continue to deliver essential services; maternity care, paediatric and neonatal services, child protection, child mental health services, health visiting, AHPs
- ✓ Support urgent cancer diagnostics and treatment (including conditions that are life limiting)
- ✓ For those services with national targets, the Directorate will continue to take forward multi-level improvement plans and utilise analytical support, and additional trajectory modelling, to achieve sustained improvements in performance
- ✓ Winter Planning: Services continue to meet and work together to adapt to the additional pressures that may be experienced through a (forecasted) surge in viral respiratory infections in children. This includes making and sustaining links regionally and nationally to provide an effective coordinated response
- ✓ Use practice-based evidence to identify further ways to develop safe and effective practices to address inequalities and further embed innovation across the range of services that make up the Directorate
- ✓ In our work across the wider children's community partnerships, we will continue to collaborate and build on the principles of GIRFEC, local engagement and working in partnership.

Summary

The Directorate will continue to provide responsive, and patient focussed care, flexing, and adapting to local need. As indicated earlier, many services operated as near normal during the pandemic and as we emerge and recover, the Directorate will continue to adapt to meet needs.

Despite the diversity in service configuration, the Directorate encourages a principle of working collaboratively across and alongside professional boundaries and encourages and support staff to work at the very top of their licence. This, and supporting staff wellbeing will remain a key priority for the winter and beyond, to deliver on the above priorities.

4.4 Hospital Services

Outcome

Resume services based on 3 principles, namely: safety, clinical prioritisation and population need

Covid-19 has created a significant backlog in planned care, and we are committed to improving waiting times across a range of specialties and for people presenting with a suspected cancer.

NHS Forth Valley will continue to:

- ✓ oversee operational management of scheduled care and waiting times management through its established scheduled care delivery group
- ✓ use approved clinical prioritisation protocols to inform scheduled care decision-making
- ✓ assess surgical workload to include deferred/backlog cases
- ✓ review all waiting lists including diagnostics adopting a realistic medicine approach to inform patient choice
- ✓ invest recurrently to support future service sustainability and improvements in waiting times

In going forward our NHS Board will continue to receive regular performance reports to enable scrutiny by Non-Executive Board members and to seek assurance on the key priorities and actions being taken in a number of key standards. These are listed below for reference:

Preventing Ill Health and Early Intervention

- Cancer - 31 days from decision to treat (95%) and 62 days from urgent referral with suspicion of cancer (95%)
- 18 weeks referral to treatment for Psychological Therapies (90%) - referred to in section 3: Better Health
- 18 weeks referral to treatment for specialist Child and Adolescent Mental Health Services (90%) – referred to in section 3: Better Health

Improving Quality, Efficiency and Effectiveness

- 4-hour access standard (95%)
- 12 weeks Treatment Time Guarantee (TTG 100%)

- 18 weeks Referral to Treatment (RTT 90%)
- 6 weeks - eight key diagnostic tests and investigations (endoscopy and radiology) to support RTT compliance
- 12 weeks for first patient outpatient appointment (95%)

From the outset we have ringfenced and protected our elective care services and have used an expanded day surgery area operating 7 days per week to support clinical teams delivering care to those most in need using the national clinical prioritisation approach. We are also systematically adopting specific Scottish Access Collaborative workstreams in our remobilisation plan and are working closely with the Centre for Sustainable Delivery team to redesign our services. This has already included waiting list validation and we have extended Active Clinical Referral Triage, Patient Initiated Review, and the use of Effective Quality Interventions Pathways across several services. We have a structured programme of service development groups who meet regularly to embed these new ways of working within each individual clinical service. The sections that follow describe our current waiting times position and our future projections.

4.4.1 Elective (Hospital) Care Services

The current waiting times position is highlighted in the summary in Table 1. This is compared with March 2020 and 2021 as we continue to remobilise. We have focused on recovering our pre pandemic IP/DC waiting time position while we work on outpatient redesign. As social distancing measures reduce our outpatient capacity will improve significantly which combined with redesign will allow us to reduce the numbers of patients waiting for a clinic appointment. In the meantime, our focus remains prioritising urgent referrals and reducing the number of long waits.

Table 1

Summary Table

	31-Mar-20	31-Mar-21	31-Aug-21
IP/DC Total waiting	2,914	3,181	2,940
IP/DC > 12 weeks	1,026	1,797	1,290
OP Total Waiting	11,686	15,631	17,947
OP > 12 weeks	2,315	8,107	8,226

Our activity projections are detailed in table 2 highlighting new outpatient activity projections up to the end of March 2022. Table 3 highlights projection for the same period in respect of Treatment Time Guarantee activity.

[Table 2](#)

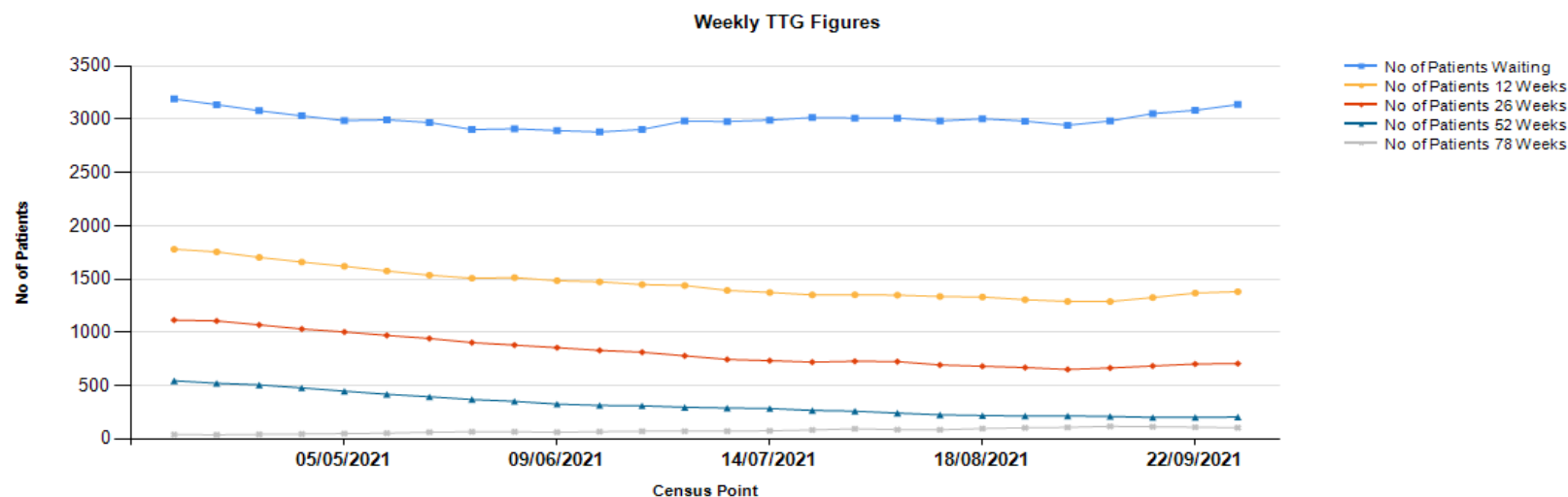
New Outpatient (12 Week Standard) Activity Projections		31-Oct-21	30-Nov-21	31-Dec-21	31-Jan-22	28-Feb-22	31-Mar-22
Specialty	Urgency	October 2021 Planned	November 2021 Planned	December 2021 Planned	January 2021 Planned	February 2021 Planned	March 2021 Planned
All Specialties	All Urgencies	4881	4733	4614	5244	5204	5574
All Specialties	Routine	2470	2371	2356	2646	2637	2790
All Specialties	Urgent	2411	2362	2258	2598	2567	2784

[Table 3](#)

TTG Activity Projections		31-Oct-21	30-Nov-21	31-Dec-21	31-Jan-22	28-Feb-22	31-Mar-22
Specialty	Urgency	October 2021 Planned	November 2021 Planned	December 2021 Planned	January 2021 Planned	February 2021 Planned	March 2021 Planned
All Specialties	All Urgencies	643.00	658.00	658.00	882.00	919.00	933.00
All Specialties	Routine	434.00	444.00	444.00	588.00	613.00	615.00
All Specialties	Urgent	208.00	214.00	214.00	294.00	306.00	318.00

We intend to adopt the nationally agreed approach to clinical prioritisation to guide our remobilisation and recovery plans and in line with the rest of NHS Scotland, we continue to prioritise and treat those patients most in need of surgery with the application of clinical prioritisation to support appropriate, timely and safe care. We have also focused on reducing the number of patients waiting more than 52 weeks and more than 26 weeks for surgery. A breakdown is detailed in graph 5.

Graph 5: Number of patients waiting under the Treatment Time Guarantee



Priorities are noted as P1a, procedure or admission required within 24 hours, and P1b, procedure or admission required within 72 hours. P2, P3 and P4 are where clinical assessment determines procedure (for surgical patients) or admission (medical patients) is required within 4 weeks, 12 weeks or may safely be scheduled after 12 weeks.

- Appendix 6a T1 Projections
- Appendix 6b T2 Monthly Actual V Planned Activity
- Appendix 6c T3 Waiting Times Trajectory

Summary

Work to remobilise and resume services has been informed by good levels of clinical engagement. A defined structure has been agreed by both operational and clinical leads to support recovery and ongoing management of scheduled care.

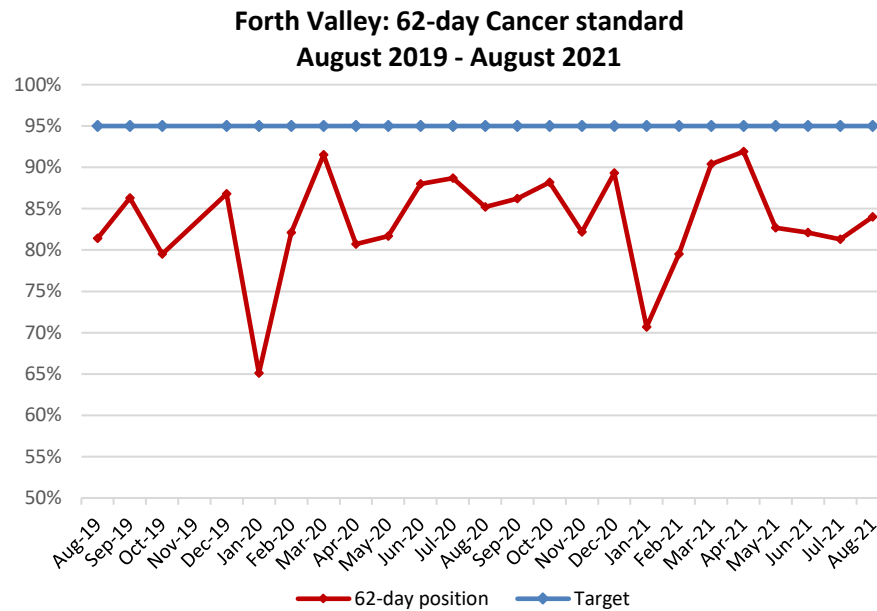
To accommodate challenges in bed configuration for Covid-19 response and to provide bed capacity for parallel programmes, such as, the national elective unit, specialist rehabilitation services and regional working a programme of site reconfiguration has been undertaken. The reconfiguration supports, capacity for a surge of Covid-19 including increased capacity of ITU facilities, an integrated Surgical Assessment & Speciality Admissions Unit, treatment of tier 3 & 4 vascular patients repatriated from Glasgow including a Specialist Rehabilitation Unit as well as ring fencing beds for the national elective care programme (this is currently being met using our day surgery unit differently).

4.4.2 Cancer Services

Urgent suspected cancer activity has been prioritised with robust monitoring in place and we continue to track those additions to our 31 day and 62 cancer pathways linking with the cancer team at the Scottish Government on a weekly basis - Graph 6 and 7 below illustrate our performance to date. We are working with local clinical teams to redesign our cancer pathways and are currently actively focusing on reducing waiting times for endoscopy and urology pathways. We are also working closely with the national performance team to implement new systems for tracking and recording our performance. We are currently managing all our cancer surgery on site and are not needing to use any capacity at the Golden Jubilee or in the independent sector. We have offered mutual aid to a number of other Health Boards (NHS Lanarkshire, NHS Fife, and NHS Tayside) for both their outpatient assessment of patients on an USOC pathway and cancer surgery. Our August position in relation to the 62-day and 31-day cancer targets is:

- 62-day target – 84.0%
- 31-day target – 96.5%

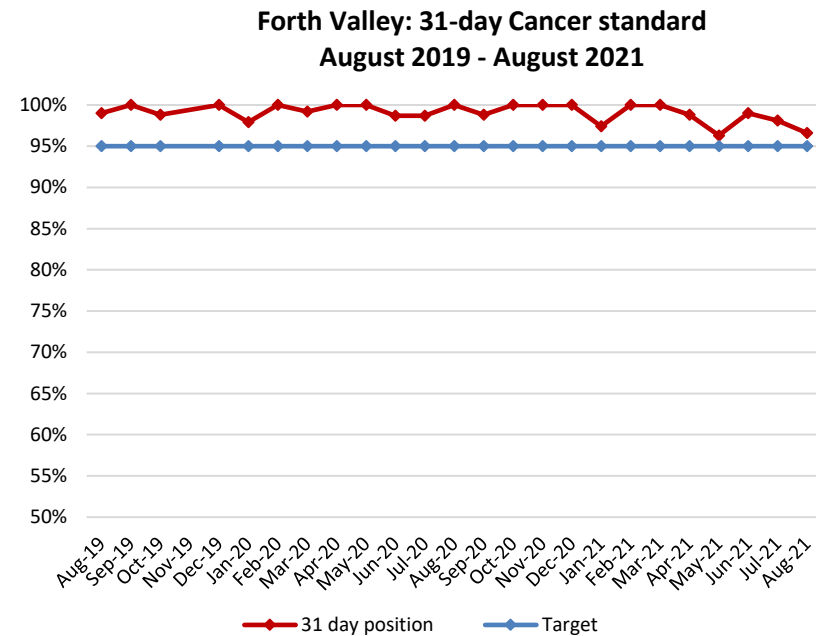
Graph 6: 62-Day Standard



To date:

Monthly actual - August 84.0%; Quarterly actual - June 85.9%

Graph 7: 31-Day Standard



To date:

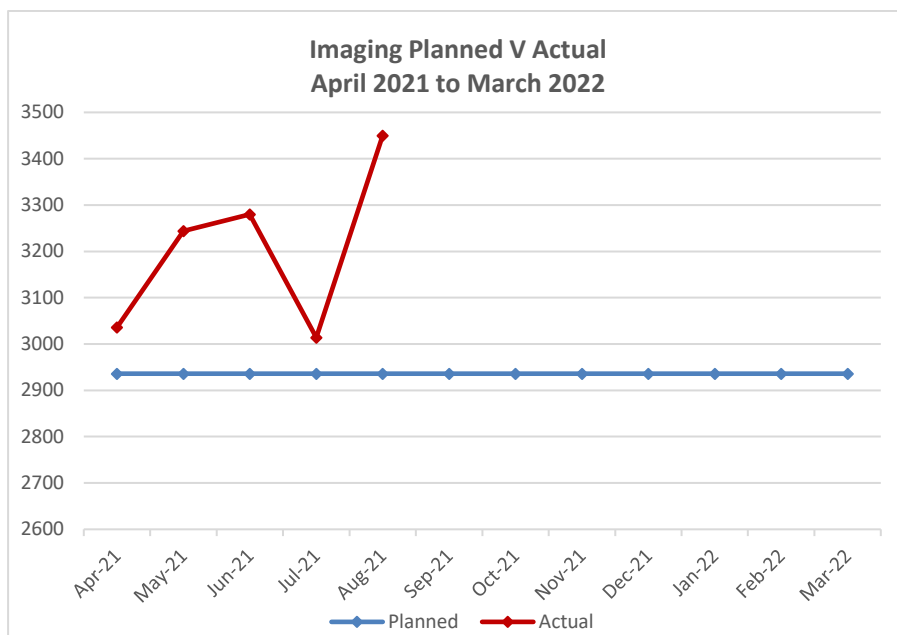
Monthly actual - August 96.5%; Quarterly actual - June 97.9%

4.4.3 Diagnostics

Capacity for imaging and endoscopy services has been significantly reduced because of the Covid-19 pandemic, however focussed recovery work has supported a steady reduction in the number of patients waiting beyond 42 days. At the end of August 2021 NHS Forth Valley had 396 patients waiting beyond 6 weeks for imaging with 88.4% compliance and 305 patients were waiting beyond 6 weeks for endoscopy with 51.4% compliance. We have detailed plans in place to allow us to expand endoscopy capacity significantly using three session days and 7 day working which is

dependent on securing recurring funding for additional staff. This is being addressed as part of our overall remobilisation plan. Graph 8 and 9 highlights the planned and actual activity detailed within the remobilisation plan activity template.

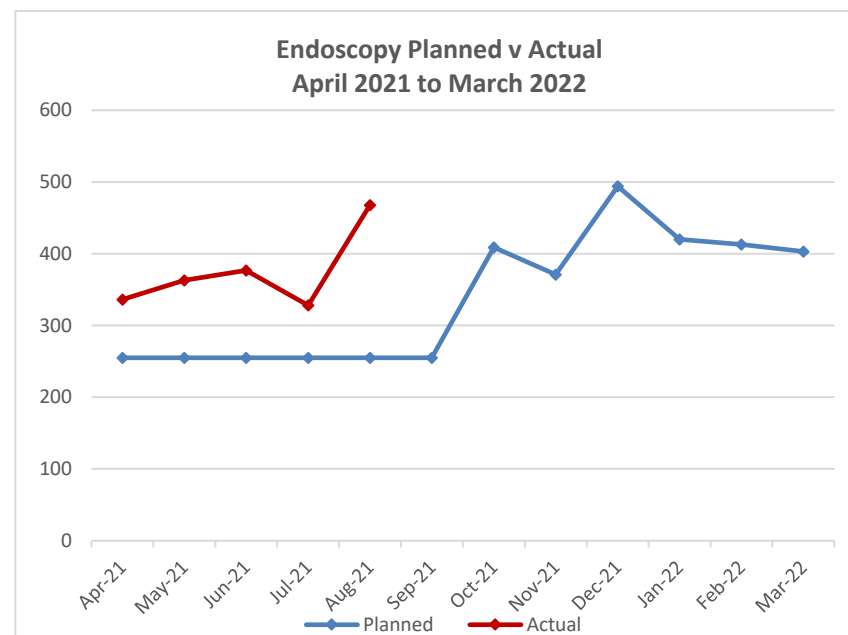
Graph 8: Imaging



To date:

- Planned imaging activity - 14,680
- Actual imaging activity - 16,024 (109%)

Graph 9: Endoscopy



To date:

- Planned endoscopy activity - 1,275
- Actual endoscopy activity - 1,536 (120%)

4.4.4 Outpatients

The outpatient department has been able to maintain urgent outpatient capacity, whilst also supporting acute clinical assessment, preassessment for surgery and significant additional workload such as covid swabbing for our endoscopy and surgical pathways. As we continue to resume services and more routine care is restored, new protocols and procedures have been introduced including projects that harness technology such as Near Me and Asynchronous Consultation and introduce innovative ways of working. Our clinical teams are closely involved with national improvement programmes working on outpatient redesign such as MPPP and SAC.

At specialty level each Operational Manager and Clinical Lead along with their multidisciplinary teams continue to work together to implement department and specialty-specific remobilisation plans for 2021-22 and beyond.

4.4.5 Inpatients and daycases

Ensuring agility to flex elective services allowing for flexibility to introduce both urgent and routine elective care capacity whilst maintaining cancer services is built into the plan. Operational teams are recommencing their weekly service meetings using a team service planning toolkit developed through a Scottish Access Collaborative Approach. As well as a focus on specialty level delivery, these groups will build sustainable models of change and recovery through working in partnership with diagnostic, finance, and workforce services. We have expanded our day surgery footprint from 14 beds to 17 and will expand further up to 23 beds to allow our green pathways to run regardless of inpatient and unscheduled care challenges. We are working on redesign of theatres to 'smooth' the flow of patients across 7 days and to work towards utilising the fallow theatre sessions that we have within the theatre suite to add surgical capacity in a sustainable fashion.

4.4.6 Inpatient Surge Capacity, overall responsiveness, and resilience

A robust model is in place to maintain inpatient ward capacity for both Covid-19 and non-Covid admissions with planning assumptions taking further surges in Covid-19 into consideration; the key trigger being acuity and bed occupancy reaching levels that impact whole system capacity and flow. In addition, the model allows for phased increase of high-risk capacity as required.

Plans are in place to accommodate the changing landscape of arrangements for testing and isolating patients with confirmed or suspected Covid-19. The system will remain flexible to be able to meet any further additional requirements, around screening, testing and safe placement of patients.

During the planning and first phase of Covid-19 pandemic NHS Forth Valley adapted and implemented significant change to respond to the challenges. Retaining much of this will help sustain resilience in terms of living with Covid-19 and any subsequent waves of the pandemic.

4.5 Emergency Care

Our current unscheduled care system can sometimes be complicated to negotiate however recent challenges have provided opportunity for unscheduled care services to evolve and adapt beyond the initial Covid-19 mobilisation phase to provide safe and effective care for patients consistent with the national direction, including the National Redesign of the Urgent Care and Wellbeing Programme.

It is key that Unscheduled Care workstreams are structured to reflect this changed context. The NHS Forth Valley & Health Social Care Partnership's Unscheduled Care Group agreed that the Forth Valley approach will therefore blend:

- Existing workstreams from 6 Essential Actions (EAS) and Getting ForthRight that are still pertinent, post Covid-19. This includes aspects of front door redesign and community-based admission prevention model, including continuing with the implementation of Hospital at Home.
- The changes in Unscheduled Care necessitated by Covid-19 response, includes triaging and redirection successes; Minor Injuries scale up and redesign of the Ageing for Health service.
- The national directions for a Flow Navigation Centre and establishing scheduling of unscheduled care. This includes the ongoing development of the Urgent Care Centre (UCC) which in addition to offering triage, signposting and remote assessment, has successfully relocated Minor Injuries cases and other urgent care ambulatory pathways away from the Emergency Department (ED) and scheduled appointments in UCC and ED. The UCC will be extended to support additional urgent care ambulatory pathways.
- Support for General Practice and Community resources who will revert to a pre-Covid Unscheduled Care pathway model, as per national direction.

Emergency Department presentations are now back to Pre-Covid numbers and the level of acuity (as demonstrated in our most recent day of care audit) is higher than normal for this time of year. The introduction of the Flow Navigation Centre and Urgent Care Centre is intended to reduce overcrowding in ED and Clinical Assessment areas. To further reduce overcrowding, maintain physical distancing and to reduce the potential spread of infections, ongoing development of the Urgent Care Centre is planned, with additional clinical pathways utilising this new scheduled urgent care facility.

As such, there is a clear imperative to develop a safe, sustainable model. Fortunately, during the first phase of mobilisation, people became much more familiar using telephone and electronic forms of communication. Therefore, it is proposed that to mitigate the demand and access challenges,

three key areas of work in relation to: triage models, capacity within urgent unscheduled care services, maintaining flow - will be progressed as NHS Forth Valley Unscheduled Care services re-mobilise, recover and re-design, blending elements of previous and new workstreams.

NHS Forth Valley Acute Services will continue to:

- ✓ Reduce admissions to ED by redirection of specialty expected patients
- ✓ Ringfence a dedicated clinical team of ENP's, physician and an ANP to deliver Flow 1
- ✓ Redesign of Ambulatory Emergency Care Pathways and increase our non-elective take through the Urgent Care Centre.
- ✓ Implementation of Prof-to Prof referrals through the Flow Navigation Hub via multiple referral sources (SAS, NHS24)
- ✓ Increase weekend discharges by criteria led discharge
- ✓ Reducing the LOS of admitted patients
- ✓ Increase pre-noon discharges to 30%
- ✓ Improve our management of inpatient capacity to help facilitate discharges through whole system collaboration and 7-day AHP services.

Summary

Our current ambition is to work with services to ensure improvement activity includes clearly defined measurable outcomes which can be monitored and demonstrate sustainable improvements.

For patients accessing the hospital, we aim to improve experiences, outcomes, and safety for everyone who accesses emergency care services by ensuring patients are assessed, treated, discharged, or admitted within 4 hours of arrival. We aim to achieve this by delivering the best possible care at the right time and in the right place, with no unnecessary waiting.

We recognise that patients present to the healthcare system, generally very predictably, mostly between 9am and 8pm, seven days a week, 365 days a year and therefore in order to optimise patient flow through the hospital we are reviewing the number and skill level of staff needed to meet this demand which is currently only available within 'normal working hours'. There is typically reduced capacity at night, weekends and on public holidays. There is mismatch between the daily variations in admissions and lengths of stay for patients requiring subspecialty care and the variation in subspecialty bed availability means that many patients are not placed on the specialist ward they need. Therefore, there are further delays for those patients requiring specialist opinion. In order to optimise flow through the hospital, we aim to improve pre-noon discharges and eliminate ED bed waits and boarding, by reducing the occupancy of the downstream wards to less than 95%.

For patients transferring out of the hospital, we have ambition to redesign the discharge service to improve management of inpatient capacity with an integrated discharge service. We are focusing on primary and secondary care seven-day services that maintain people in their own home and promote alternatives to an extended hospital stay. We also aim to optimise care for patients with long term conditions to prevent admissions and help patients manage their conditions at home with an appropriate level of support.

The NHS Board has invested recurrently in Urgent Care and we are currently recruiting to a number of posts to support our ambitious ambulatory emergency care redesign programme. In adopting a whole system multidisciplinary team approach, we intend to look to maximise capacity and ensure system flow and access to care in collaboration with Primary Care and our Health & Social Care Partnerships. In terms of time scales we aim to deliver these by the 31 March 2022, and this is to ensure transformation is sustainable rather than a short-term fix.

SECTION 5: Safe and Effective Remobilisation, Recovery and Redesign - Better Value

Doing business differently

- ✓ 'anchor approach'
- ✓ compassionate leadership
- ✓ value added
- ✓ 'active' governance emphasis on improvement

Actions set out in this Plan based on the continuing response to the pandemic and delivering on core priorities are supported by a financial plan which seeks to manage requirements within available capital and revenue resources.

The current assessment of the 2021/2022 position is that a break-even position remains deliverable in line with approved plans. This is subject to key risks including supplementary staffing costs supporting capacity requirements, and funding assumptions related to managing Covid-19 costs. The position also carries a level of potential variability aligned with continued response to the pandemic.

The in-year financial impact of Covid-19, including direct costs for vaccination, testing and remobilisation services plus indirect costs associated with capacity and demand pressures across our health and care system continues to be regularly updated and shared through established reporting mechanisms. Covid-19 cost additionality is currently supported by non-recurring funding allocations from Scottish Government, and by offsetting non-pay cost reductions where those arise. An initial Q1 funding allocation of £4.7m was received in June and Q2 updates are currently being refreshed.

The longer-term recurring workforce and service consequences of the pandemic beyond 2021/22 continue to be assessed, quantified, and factored into plans. The availability of recurring funding sources to meet the future year impact across services is not yet confirmed and represents a level of risk on medium term financial sustainability.

In response to the current level of financial risk and uncertainty our approach during 2021/22 has been to build financial stability by aligning recurring investment priorities to areas which will maximise patient and population health outcomes, reduce exposure to premium costs and which mitigate strategic risks. This is evidenced through a number of local investments decisions made this year financial year including sustainable elective care workforce, Hospital at Home model and Stroke thrombectomy services. Further work is ongoing to deliver unscheduled care improvement through developing the Urgent Care centre and Same Day Emergency Care model.

Aligned to these developments is a focus on improving value by reducing waste through a medicines improvement initiative which has delivered financial benefits, improving efficiency through sustainable workforce and recruitment developments, and by reviewing our model of care and bed base across health and social care to support improvements in flow and capacity.

Implementation of the NHS Board's cost improvement strategy was paused in 2020/21 to meet the requirements of responding to Covid-19. The financial impact in-year was largely mitigated by non-recurring savings and from additional one-off Scottish Government funding. The recurring impact of this has rolled forward into 2021/22 and coupled with the additional savings requirements for 2021/2022 has presented a significant challenge.

Cost improvement Plans remain in place across the following areas supported by a Portfolio Management Office. A Strategic Cost Improvement Oversight Group has been established to refocus on best use of resources and delivery of savings and future focus on Covid-19 exit opportunities including digital solutions and innovation. The six key cost improvement themes are:

1. Medicines management – Primary Care and Hospital based
2. Innovation, Corporate Services and Digital development
3. Patient Flow and Demand Management
4. Integrated Service Opportunities
5. Workforce efficiencies including e-rostering and job planning
6. Financial grip and control workstream.

The RMP3 Elective Care activity funding allocation of £4.4m was received in June and is being targeted across clinical specialties. Discussions are ongoing with colleagues regarding development of the National Treatment Centre in Forth Valley which is delivering additional activity in advance of a modular build being constructed at the Forth Valley Royal hospital site. Further options to maximise utilisation and efficiency of scheduled care including use of fallow theatre sessions continue to be explored.

Costs associated with Prison Healthcare represent an ongoing financial and service risk. NHS Forth Valley has a disproportionately high prison population compared to general population. Discussions were held with policy and finance leads at Scottish Government and a proposal for additional funding totalling £1.5m was made to support healthcare needs and costs beyond the resources available from Action 15 monies allocated on an NRAC basis.

Additional funding has been made available for Mental Health services including CAMHS and Psychological Therapies from the national Mental Health Recovery and Renewal fund, and responses have been developed locally albeit there are some areas where specialist posts are hard to recruit.

Medium Term Financial Strategy

Scottish Government's Medium-Term Financial Plan identified key areas of activity contributing towards the reform of health and social care delivery in Scotland and NHS Forth Valley is contributing to each of these areas through remobilising and reforming services locally to meet the COVID-19 challenges, promoting lifelong health and wellbeing through public health prevention strategies and investing in the wellbeing of our staff, and creation of jobs through the expansion of services including the National Treatment Centre in Forth Valley.

Programme for Government

In terms of the Programme for Government announced in September 2021 there is a continued focus on sustainability, climate change and sustainability and improving outcomes in public services. NHS Forth Valley has signed up as an anchor organisation with the aim of maximising the contribution to the wider determinants that shape and support health locally. The creation of a National Care Service has significant potential implications for longer term arrangements.

Capital and Infrastructure Plans

A five-year capital financial plan aligned to priority areas of investment was approved by the NHS Board in March 2021. Funding to support capital expenditure plans are based on the indicative formula allocation plus additional sources which have been agreed. Additional funding has been confirmed for essential medical equipment replacement and work on Falkirk Community Hospital planning for future development is underway.

SECTION 6: Working Together to Remobilise, Recover and Redesign a Better Health & Care System

The Covid-19 pandemic has had a profound impact on our health, economy, and society as a whole. What began as a public health crisis has now become a global economic crisis. People have lost their jobs, businesses have had to close, growth has stalled and young people in education notably at college or university have seen their academic journey seriously disrupted.

This pandemic has also highlighted, and in many cases worsened, the inequalities in our society with those with the least before the crisis now often worst affected both in terms of health and economic impacts. The Programme for Government acknowledges the challenges whilst also setting out the opportunities to create new jobs, to promote lifelong health and wellbeing and to promote equality whilst helping our young people fulfil their potential – we support and will play our part in delivering this ambitious green and fairer Programme.

We acknowledge there is no blueprint we can turn to for answers and we also know the status quo is neither realistic nor viable. Public services that are robust and sustainable with an eye to the Programme for Government, 4 Care and Wellbeing Programmes and the National Performance Framework (NPF) outcomes and Best Value remain a key requisite for socio-economic recovery locally, regionally, and nationally.

NHS Forth Valley wants to play its part in improving health and wellbeing whilst contributing to the local economy and society. Having engaged the Health Foundation last year in a key piece of ‘anchor organisation’ work that involved key partners notably in Local Authority, Academia, Economic Development, and the Third Sector we are now in the process of setting up a Forth Valley Consortium. We are also committed whilst working with our partners to make best use of our considerable collective skills and resources and buying power to help support local economic development.

In addition to working locally to improve health and wellbeing we will also continue to participate in the West of Scotland regional discussions with NHS Boards having adopted a regional approach to a number of key areas notably around elective care including cancer. NHS GJNH is an important participant in this group to ensure the capacity available at the GJNH can be maximised to support the treatment of patients within the region where surgery capacity does not allow this within the board of residence.

Finally, we will fulfil our NHS requirements to support a step change in our response as we remobilise, recover and redesign. In this regard our priorities in 2021/2022 will be to continue to:

- ✓ Prepare collaboratively with our Partnerships for Winter and having agreed priorities steps are being taken to invest in these priorities
- ✓ Step up our response to ‘Living with COVID’ – patient, staff and population safety will continue to be an overriding priority as we focus on Test & Protect, Vaccinations and support for Adult Social Care including Care Homes

- ✓ Invest in a sustainable long term vaccination programme that takes account of COVID and seasonal flu going into the winter of 2021/2022
- ✓ Extend our commitment to enhanced staff and community testing with our partners
- ✓ Strengthen our primary and community care services and building on our interface and integrated working as part of our commitment to system, not silo working across health and care services
- ✓ Promote and encouraging people to engage in the national screening programmes
- ✓ Maintain essential services i.e., urgent including trauma, maternity and cancer related services including diagnostics
- ✓ Complete the redesign of our urgent care programme
- ✓ Prevent, treat, and improve access to Mental Health Services for all ages
- ✓ Continue to redesign our Elective Care Pathways locally and regionally to deliver sustainable improvement
- ✓ Work within our financial allocation to make best use of our resources to support high quality sustainable services

Of course, all the above will not be possible if our workforce is not involved, enabled and/or empowered to support our key priority areas and ambitious improvement agenda. Supporting staff wellbeing will continue to inform our remobilisation plans and priorities timetable.

During 2021/2022 we will develop and agree a Corporate Staff Wellbeing Plan with our Area Partnership and Area Clinical Forum colleagues that takes account and ensures our workforce is developed, equipped, and empowered to deliver high quality, safe and effective care, and services. Joy at work and a commitment to work towards Investors in People (IiP) - Platinum level remain high on our agenda and with the support of our Area Partnership Forum and Area Clinical Forum we believe we can achieve a first for the NHS and secure a Platinum rating that builds on our Gold Award secured in 2018.

I-matter feedback just received will allow us to continue to champion the benefits of employee engagement in developing and delivering care and services to the people of Forth Valley. Talent management and succession planning has been raised as a priority by our staff and in response we will work to reaffirm our commitment to establishing a Quality Improvement People's Academy in 2021/2022. The Academy and our Programme Management Office whilst supporting excellence in care will also inform our transformation of services and the shape of our future workforce and the skills we will need to support a changing operating environment.

NHS Forth Valley during this period of recovery has recognised the sacrifices and successes of our health and care response to Covid-19 including the significant achievements implemented at pace. This is an opportunity to rebuild our local services to meet the physical, social, and mental health needs of our communities affected by significant economic and social disruption and to reset our future ambitions for what our health and care system should look like in the short, medium, and longer term. This Plan builds on the conversation with our staff across health and care and

including our Health & Social Care Partnerships and wider public sector partners as we look to ensure that their health and wellbeing is protected as we look to remobilise, recover, and redesign services with an eye to Winter.

- Appendix 7 Draft Winter Plan Checklist