

There will be a meeting of the **Forth Valley NHS Board** via **MSTeams** on **Tuesday 25 January 2022** at **10.30am**

Janie McCusker
Chair

AGENDA

1. **Apologies for Absence**
2. **Declaration (s) of Interest (s)**
3. [Minute of Forth Valley NHS Board meeting held on 30 November 2021](#) Seek Approval
4. **Matters Arising from the Minute**
5. **FOR APPROVAL**

 - 5.1 [Revised Committee Structure](#) Seek Approval
(Paper presented by Mrs Cathie Cowan, Chief Executive) 10 minutes
 - 5.2 [ED Oversight & Assurance Sub-Committee](#) Seek Approval
(Paper presented by Mrs Cathie Cowan, Chief Executive) 10 minutes
6. **BETTER CARE**

 - 6.1 [Pandemic Update](#) Seek Assurance
(Paper presented by Dr Graham Foster, Director of Public Health) 10 minutes
 - 6.2 [Healthcare Associated Infection Reporting Template](#) Seek Assurance
(Paper presented by Prof Angela Wallace, Executive Nurse Director) 10 minutes
 - 6.3 [Recovery & Performance Scorecard](#) Seek Assurance
(Paper presented by Mrs Cathie Cowan, Chief Executive) 10 minutes
7. **BETTER VALUE**

 - 7.1 [Finance Report](#) Seek Assurance
(Presentation led by Mr Scott Urquhart, Director of Finance) 10 minutes
8. **BETTER GOVERNANCE**

 - 8.1 [Blueprint for Good Governance](#) Seek Assurance
(Paper presented by Mrs Cathie Cowan, Chief Executive) 10 minutes
 - 8.2 [Best Value Framework](#) Seek Assurance

(Paper presented by Mr Scott Urquhart, Director of Finance)

5 minutes

8.3 [Clackmannanshire & Stirling HSCP Annual Performance Report](#)

(Paper presented by Ms Annemargaret Black, Chief Officer
Clackmannanshire & Stirling HSCP)

Seek Assurance
10 minutes

8.4 Governance Committee Minutes

Seek Assurance
10 minutes

8.4.1 [Performance & Resources Committee Minute: 31/08/21](#)

(Papers presented by Mr John Ford, Committee Chair)

8.4.2 [Audit & Risk Committee Minute: 22/10/21](#)

(Papers presented by Cllr Les Sharp, Committee Chair)

8.4.3 [Staff Governance Committee Minute: 17/09/21](#)

(Papers presented by Mr Allan Rennie, Committee Chair)

8.4.4 [Area Clinical Forum Minute: 18/11/2021](#)

(Paper presented by Mrs Kirstin Cassels, Committee Chair)

9. ANY OTHER COMPETENT BUSINESS

9.1 Emerging Topics

10. DATE OF NEXT MEETING

Tuesday 29 March 2022 at 10.30am via MS Teams (TBC)

Closed Session Agenda – 25 January 2022

Item of business	Grounds for consideration in Closed Session as detailed within the Code of Corporate Governance
<ul style="list-style-type: none">Minute of the NHS Board Closed Session held on 28 December 2021	
<ul style="list-style-type: none">National Treatment Centre	The business relates to the commercial interests of any person and confidentiality is required, e.g., when there is an ongoing tendering process or contract negotiation.
<ul style="list-style-type: none">Redress Scheme – Historic Child Abuse Inquiry	The Board is otherwise legally obliged to respect the confidentiality of the information being discussed.

FORTH VALLEY NHS BOARD
TUESDAY 25 JANUARY 2022

For Approval

Item 3 – DRAFT Minute of the Forth Valley NHS Board Meeting held on Tuesday 30 November 2021

Present: Ms Janie McCusker (Chair)

Ms Kirsten Cassells
Mr Robert Clark
Cllr Fiona Collie
Mrs Cathie Cowan
Mr John Ford
Dr Graham Foster
Mr Gordon Johnston
Mr Stephen McAllister

Dr Michele McClung
Cllr Susan McGill
Mr Andrew Murray
Cllr Les Sharp
Mr John Stuart
Mr Scott Urquhart
Professor Angela Wallace

In Attendance: Elsbeth Campbell, Head of Communications
Patricia Cassidy, Director of Health & Social Care
Linda Donaldson, Human Resources Director
Mr Andrew Gibson,
Phyllis Wilkieson, Acting Acute Services Director
Sinead Hamill, Board Secretary (Minute)
Kerry Mackenzie, Head of Policy & Performance
Jackie McEwan, Corporate Business Manager
Jonathan Procter, Director of Facilities & Infrastructure

1. Apologies for Absence

The Chair welcomed everyone to the meeting.

Apologies were noted on behalf of Mr Allan Rennie.

2. Declaration(s) of Interest(s)

There were no declarations of interest made.

3 Minute of Forth Valley NHS Board meeting held on 28 September 2021

The minute of the meeting on 28 September 2021 was approved as an accurate record.

4. Matters Arising from the Minute

The Board noted that there were no matters arising from the minute.

5. FOR APPROVAL

5.1 Forth Valley System-Wide Remobilisation Plan

The NHS Board considered a paper 'Forth Valley System-Wide Remobilisation Plan' presented by Mrs Cathie Cowan, Chief Executive.

NHS Board members noted that John Burns NHS Scotland Chief Operating Officer wrote to the NHS Board Chief Executives on 20 July 2021. In his letter Mr Burns requested Health Boards to review progress to date in relation to the Remobilisation Plan (RMP) version 3 (v3) and asked NHS Boards to determine what their system-wide performance against standards would be in the second half of the year. The Chief Executive led a System Leadership Team response and invited the Partnerships and Directorates to update their remobilisation plans. The output from this work then informed the System-Wide RMP update.

Mrs Cowan highlighted the considerable uncertainty e.g., Covid-19 infections and potential impact on staffing and the in-year anticipated winter pressures for the period October to March 2022. The Plan being presented takes account of both Covid and non-Covid related demands in both scheduled and unscheduled care and the additional capacity and associated ongoing innovation needed to sustain a system already under pressure. Test and Protect, vaccines (Flu and Covid), staff wellbeing and robust infection prevention and control measures will remain central to the Board's system response.

NHS Board members noted that the RMP update had been submitted to the Scottish Government. Mrs Cowan confirmed she has received a letter from Mr Burns confirming that he is content with the plan. The letter from Mr Burns will be shared with Board members and it will also be available on NHS Forth Valley's website along with this RMP update after it has been approved by the NHS Board.

Mrs Cowan confirmed that NHS Forth Valley did not have to submit a winter plan this year, however reference has been included in the RMP as requested by Scottish Government. Mrs Cowan also confirmed that the Board would continue to build on the innovation and digital transformation implemented in response to this global pandemic.

Mr Johnston acknowledged the comprehensive update and asked for an update on what appeared to be minimal improvements in waiting times in both the CAHMS and Psychological Therapy standards and steps to improve these. Mrs Cowan highlighted the trajectory did not take account of the recruitment underway to appoint staff to help address long waits. Mrs Cowan confirmed she would also provide an update on waiting times later on the agenda as part of the Scorecard update, this was supported.

Board members asked for more information on the patient hub and steps to improve unscheduled care and delayed discharges. Mrs Cowan agreed to pick these up as part of the Scorecard update and discussion, this was supported.

The Forth Valley NHS Board:

- ***Noted the final draft submission of the Forth Valley System-Wide Remobilisation Plan October 2021 to March 2022 was made to Scottish Government on 7 October 2021***

- ***Noted the formal response was received from Scottish Government on 19 November 2021***
- ***Considered the draft NHS Forth Valley System-Wide Remobilisation Plan October 2021 to March 2022***
- ***Approved the Draft NHS Forth Valley System-Wide Remobilisation Plan October 2021 to March 2022***
- ***Requested a three year Recovery Plan for the period 2022-2025 in July 2022***

5.2 Strategic Risk Register Q2 Report

The NHS Board considered a paper 'Strategic Risk Register Q2 Report' presented by Mr Andrew Gibson, Corporate Risk Manager.

Mr Gibson informed the NHS Board that the report and appendices presented were an update of the Strategic Risk Register (SRR) 2021/22 for quarter 2 covering July 2021 to September 2021.

Board members noted 6 proposed changes to the SRR since the report was presented to the NHS Board at its July 2021 meeting. These included:

SRR015: Cyber Resilience (New Risk), the Board noted that this risk had been incorporated in SRR011, however due to potential impact on NHS Board wide systems it had agreed to separate this risk and the mitigations to reduce both the impact and likelihood. Mr Procter in providing assurance to the NHS Board members highlighted that this risk also aligns to NIS Regulations (2018) and requirements of the NHS Board in meeting cyber related standards.

SRR002: Unscheduled Care, NHS Board members noted the increase to this risk from 20 to 25 (Very High).

SRR001: Primary Care, NHS Board members noted that this risk having been reviewed had moved from 20 to 12 (High).

SRR003: Information Governance, NHS Board members noted that this risk had reduced from 20 to 16 (High) in response to an improved NIS audit rating.

SRR011: IT Infrastructure, NHS Board members noted that this risk had been reduced from 16 to 12 (High) due to separating the cyber risk.

SRR013: Brexit, Mr Gibson identified a decrease from 12, High to 6, Medium. The Board noted that this risk has been recommended to be de-escalated to the Local Resilience Risk Register. The risk would continue to be monitored quarterly by the Emergency Planning & Resilience Group.

Mr Gibson informed NHS Board members that if the changes listed are approved the Strategic Risk Register will comprise of a total of 11 risks, 6 Very High & 5 High.

Dr McClung highlighted risk SRR002 and sought assurance on the current waiting times and their potential impact on patient experience and safety.

Mr Murray informed NHS Board members that the 4-hour emergency access standard and the overall system performance was discussed at a recent Clinical Governance meeting. A decision was taken following this discussion to bring a 'deep dive'

presentation to the next Performance & Resources Committee meeting. The presentation was intended to share the working context and to then allow Committee members to seek assurance on the actions being taken. Mr Murray highlighted that there are currently mitigations and these continue to be monitored closely. NHS Board members also noted that this was also being discussed as part of Board performance updates.

Mr Murray wished to highlight that both himself and Mrs Cowan continue to be in discussion with the Scottish Government in regard to system performance. Mrs Cowan acknowledged her request to Government to work with Partnership and Acute colleagues on 'flow 3' (focus on improving discharge processes and reducing delayed discharges) continued to be supported.

The Forth Valley NHS Board:

- ***Considered the assurance provided regarding the effective management and escalation of Strategic Risks***
- ***Approved the proposed changes to the Strategic Risk Register for Quarter 2 2021/22***

5.3 Nursing & Midwifery Strategy and Annual Report

The NHS Board considered a paper 'Nursing & Midwifery Strategy and Annual Report' presented by Prof Angela Wallace, Executive Nurse Director.

Prof Wallace invited her senior nurses to introduce themselves and to highlight their areas of responsibilities.

NHS Board members noted the 'We Care' Strategy had been refreshed in 2019, however the global pandemic resulted in a postponement of the Strategy being launched. Prof Wallace in her update confirmed with her Team she had used the time to build on the strong nursing and midwifery established foundations to focus on what matters to patients, families, and our staff. For staff the Strategy set out 5 priorities over a 12-month period and was intended to empower nurses and midwives to lead and deliver care in ways that advanced practice and supported career opportunities.

NHS Board members were then shown a short video put together by Prof Wallace and her Team. The video was intended to provide insight into the daily routine of nurses and midwives working across NHS Forth Valley. NHS Board members in thanking Prof Wallace and her team noted the work underway to further improve care. NHS Board members noted the passion and commitment that came across from all those staff who had participated in the video and Mrs Cowan acknowledged and thanked staff for their excellent contribution to care delivery in NHS Forth Valley especially during significant challenging times.

Mr McAllister sought clarity on where the Chief Nurses receive support. Prof Wallace informed NHS Board members that all nurses have the right support and also have this line of sight to their teams. Board members noted that nurses also sit within a broader team which allows them to work together and gain support from each other.

Jillian Taylor, Chief Nurse and Head of Services wished to highlight the support provided by Mrs Cowan and Prof Wallace.

Prof Wallace highlighted that she would work with Mrs Campbell Head of Communications and take guidance on where the video will be posted and who else this video shall be shown to.

The Forth Valley NHS Board:

- ***Approved the Forth Valley Nursing & Midwifery Strategy “We Care” 2021-24***
- ***Noted the Nursing & Midwifery Annual Report 2020-21***

5.4 Schedule of Meetings 2022/23

The NHS Board considered a paper ‘Schedule of Meeting 2022/23’ presented by Mrs Cathie Cowan, Chief Executive.

Mrs Cowan proposed the meetings scheduled for 2022/23 which were noted and approved by the Board.

The Forth Valley NHS Board:

- ***Approved the Schedule of Meetings 2022/23***

5.5 ED Improvement Implementation Plan Costs

The NHS Board considered a paper ‘ED Improvement Implementation Plan costs’ presented by Mr Scott Urquhart, Director of Finance.

Mr Urquhart informed the Board that the paper presented sets out the financial impact arising from the implementation of the Emergency Department Improvement Action Plan approved by the Board on the 6th of August 2021.

The updated paper being presented set out a full year recurring funding request (£0.778m - £0.411m (nursing) and £0.367m - clinical governance)) to support an increase in nursing and clinical governance staff to meet/exceed the recommendations of the Emergency Department External Review Report.

Board members noted that an earlier version of the paper was discussed at the Performance and Resources Committee October 2021.

Dr McClung informed the Board that as the Chair of Clinical Governance she welcomed the proposal to recruit 6.25 WTE to support and enhance the work of the clinical governance team.

The Forth Valley NHS Board:

- ***Approved a full year recurring funding requirement in relation to staffing resources of £0.778m in relation to meeting/exceeding the recommendations of the Emergency Department External Review Report***

5.6 Regional Health Protection Service

The NHS Board considered a paper ‘Regional Health Protection Service’ presented by Dr Graham Foster, Director of Public Health.

Dr Foster informed the NHS Board that the paper presented is for approval of the ongoing work which NHS Forth Valley has been carrying out in partnership with NHS Fife, NHS Lothian, and NHS Borders to improve and enhance the quality and resilience

of the health protection service. NHS Board members noted that the same paper has been presented to the 4 other NHS Boards and is being supported by the Directors of Public Health and Chief Executives from each of these NHS Boards.

Dr Foster identified that building on the experience of the Covid-19 pandemic the Directors of Public Health in Fife, Lothian, Borders and Forth Valley have identified the potential to improve the resilience and quality of health protection services by working in a collaborative regional space to form a regional health protection service across South East Scotland.

NHS Board members noted that the 4 Boards are working towards the development of a regional model for Health Protection services which will deliver a resilient, sustainable regional service which maximises the skills of the workforce, reduces duplication and makes provision for surge capacity and mutual aid, if required. Dr Foster informed that work was ongoing to further inform a Regional Health Protection Service model which will be brought back to a future NHS Board meeting.

Mr McAllister highlighted that this service fits in with the regional resilience throughout Scotland and wished to know if this is being looked at elsewhere throughout Scotland. Dr Foster highlighted that the North of Scotland currently work on a network basis however NHS Forth Valley will be focusing on a slightly different model notably a formal arrangement.

Mr Stuart acknowledged that the proposal created a sustainable solution and sought clarity on the banding differentials. Dr Foster highlighted that NHS Forth Valley are very well placed in terms of roles including banding at the moment however the Board may experience more costs to support health protection services in the future.

The Forth Valley NHS Board:

- ***Approved the strategic direction proposed for health protection services in the East Region***

6. BETTER CARE

6.1 Healthcare Associated Infection Reporting Template

The NHS Board considered a paper 'Healthcare Associated Infection Reporting Template' presented by Prof Angela Wallace, Executive Nurse Director.

Prof Wallace informed the Board that the HAIRT report as presented was in balance and in a sustainable position with only a few changes and no concerns to be raised.

The Board noted the Staphylococcus Aureus Bacteraemia (SABs) position as exceeding control limits. Prof Wallace highlighted that NHS Forth Valley is the only NHS Board who focuses and measures Device Associated Bacteraemia (DABs). Board Members noted the DABs position was within control limits. Prof Wallace also informed Board members that there is a target across Scotland for Escherichia Coli Bacteraemia (ECB) - the NHS Board position was within control limits.

A letter from the Cabinet Secretary has been sent to Prof Wallace, Mrs Cowan and other Directors identifying that HPI unannounced inspection may be carried out. Prof Wallace informed the Board that steps to be inspection ready without adding any further pressure on to staff were in place.

The changes in Covid have resulted in changes in the community and an ongoing need to support outbreaks within care homes. Prof Wallace informed the NHS Board that the outbreaks within care homes have reduced recently.

Dr Foster added that NHS Forth Valley began to see an increase of Covid cases within elderly people in autumn 2021 which related to vaccine waning. Board members noted that after the elderly received their boosters the number of Covid cases in the elderly dropped.

The Forth Valley NHS Board:

- ***Noted the HAIRT report***
- ***Noted the performance in respect of the AOP Standards for SABs, DABs, CDIs & ECBs***
- ***Noted the detailed activity in support of the prevention and control of Health Associated Infection***

6.2 Recovery & Performance Scorecard

The NHS Board considered a paper 'Recovery & Performance Scorecard' presented by Mrs Cathie Cowan, Chief Executive.

Mrs Cowan to enable NHS Board members to fulfil their scrutiny and assurance role focused on areas where performance remained challenging. Mrs Cowan in her update highlighted the 4-hour emergency access standard. NHS Board members noted that reported performance in October was reported at 47.3% and in November the performance had improved and reported at 54.9% although remained unacceptable and well below the 95% standard - she added that this performance reflected significant challenges being experienced across the system including within social care. Mrs Cowan reported she had requested support from Scottish Government to work with the Partnerships and the Acute Directorate with a focus on 'flow 3' – discharges processes and delayed discharges. Mrs Cowan in response to a question confirmed transfer delays and delayed discharges on the acute site equated to about 2 wards. In addition, work to improve flow 1, 2 and 4 were also areas of focus.

Mr Murray highlighted that NHS Forth Valley have experienced similar periods of unacceptable unscheduled care performance and towards the end of 2018 into 2019 the Government provided a tailored support programme which led to a sustainable significant improvement. Mr Murray wished to give the NHS Board members assurance that NHS Forth Valley has the expertise and knows what to do as they have been in a similar situation before and were able to deliver improvements. NHS Board members also noted the separate meetings with Scottish Government relating to delayed discharges involving Chief Executives of the three Local Authorities and Chief Officers and unscheduled care and the 4-hour access standard involving Mrs Cowan and Mr Murray.

Mrs Cowan wished to also highlight NHS Forth Valley's Child and Adolescent Mental Health Services. Mrs Cowan referred to the recent 'deep dive' presented to the Performance & Resources Committee. CAHMS performance for October and November 2021 represented work to address long waits which resulted in limited improvements being reported in waiting times (offset by new additions). The significant Scottish Government investment in CAHMS was supporting a recruitment programme. The additional staff would provide increased capacity to meet demand and would supported a planned programme of improvement.

Ms Cassidy in updating NHS Board members referred to the situation experienced in local communities both locally and nationally. NHS Board members noted the unprecedented demands in the community notably for care at home and the significant challenges in staffing due to staff leaving to go elsewhere.

Ms Cassidy highlighted the tremendous amount of work being carried out throughout Falkirk Council on risk assessments to provide alternative types of care using the third sector. NHS Board members acknowledged the work within Falkirk Community to balance the system informed by risk assessments and prioritising patients in hospital and preventing people going into hospital.

Cllr Collie wished to seek clarity on how the NHS Board can ensure strong connections with councils and schools to help prevent high CAHMS referrals. Mrs Cowan confirmed that there were strong connections and work being carried out across Forth Valley with both the Schools and Councils. Mrs Cowan proposed that this work be shared in a future Board seminar.

Cllr McGill identified that Stirling and Clackmannanshire need more staff working within the communities and wished to know if there is more the NHS Board can do to support these communities. Miss Donaldson identified that the NHS Board had led a recruitment drive to employ Healthcare Support Workers to work in each of the Council areas – 89 staff had been appointed. Mrs Cowan also referred to engagement and the potential for LRPs to support the redeployment of staff.

Mrs Cowan invited Ms Kerry Mackenzie Head of Performance to provide an update on the remaining areas of the Performance and Recovery Scorecard. Ms Mackenzie highlighted that Scheduled care continues to be monitored along with the pressures throughout the systems on a day to day basis.

Outpatient activity from April until the end of October 2021: NHS Forth Valley had managed to complete 88% of the agreed activity and 78% of inpatient and day patients agreed activity which is in line with the remobilisation plan's trajectories. Ms Mackenzie highlighted that she did not at this moment have a Scottish comparison to share but would after the meeting would source this information. Ms Mackenzie reported that NHS Forth Valley were performing well in delivering scheduled care.

Board members noted that NHS Forth Valley Diagnostics is 108% compliance against planned activity. Ms Mackenzie wished to highlight the Cancer Target Compliance had decreased in the 62-day-target throughout September 2021 and was reported as 82.5%. The Board noted that the 31-day target continues to be met.

Ms Mackenzie wished to highlight one other area which is not highlighted throughout the report. NHS Board members noted that the acute outpatient DNA rate was reported as 7.9% for October 2021 with variation noted across specialities.

NHS Board members noted that there shall be a Covid-19 and vaccination programme update at the next Performance & Resources committee meeting.

Mr Ford asked for clarity regarding Scheduled care due to delay discharges taking up beds. Mr Ford asked given the level of delays if this was impacting on the target and whether this was still achievable. Miss Mackenzie highlighted that the team has revisited this target to account for delays and winter pressures and this had been set out within the Remobilisation Plan v4.

The Forth Valley NHS Board:

- ***Noted the current key performance issues***
- ***Noted the detail within the Recovery & Performance Scorecard***

6.3 Whistleblowing Standards

The NHS Board considered a paper ‘Whistleblowing Standards’ presented by Prof Wallace, Executive Nurse Director.

Prof Wallace informed the Board that the paper presented identifies the quarter 2 report for the whistleblowing standards. The report allows the Board to see how the standards are continuing to be implemented and what actions are being taken to help those who do have concerns and have needed to whistleblow.

Board members noted that the paper has one slight addition where Prof Wallace, Mr Gordon Johnston and the oversight team had implemented KPI’s at a glance to help identify the areas being developed. Prof Wallace reported previously that there are low reporting levels and where colleagues have raised concerns processes have been followed. NHS Board members noted that Prof Wallace, Mr Johnston. and the team have kept in touch with Staff members who have raised concerns to allow them to see that actions have been taken and that they have been listened to.

Mr Johnston highlighted that overall the team are where they need to be and that there are no major issues to be addressed.

The Forth Valley NHS Board:

- ***Noted that the ongoing delivery of the standards is on trajectory.***
- ***Noted the Whistleblowing standard reporting in line with national requirements (KPI’s)***
- ***Noted Whistleblowing activity in NHS Forth Valley in Quarter 2 of 2021***

6.4 Falkirk HSCP Annual Performance Report

The NHS Board considered a paper ‘Falkirk HSCP Annual Performance Report’ presented by Ms Patricia Cassidy, Chief Officer.

Ms Cassidy informed the Board that the report presented is the Falkirk HSCP annual performance report for 2020-21 which covers the full year of the pandemic response to Covid-19.

The Board noted that the performance report has been put together by input from colleagues from across the Partnership. It describes Falkirk’s response to the pandemic and also the service developments and redesigns over the period of 2020-21. Ms Cassidy identified that the report sets out the progress against the national health wellbeing outcomes and the local strategic plan priorities. The Board noted that performance is monitored regularly at the Integration Joint Board.

Ms Cassidy wished to commend members of the Board, the commitment of staff and partners in responding to the pandemic and also in keeping the focus on improving services.

Mrs Cowan thanked Ms Cassidy and her health and care team and acknowledged the work carried out identifying this to be a very good report. Board members also acknowledged the power of the cases studies.

The Forth Valley NHS Board:

- ***Noted the publication of the Annual Performance Report 2020 - 2021***

7. BETTER WORKFORCE

7.1 Workforce Update

The NHS Board considered a paper 'Workforce Update' presented by Miss Linda Donaldson, Director of Human Resources.

Miss Donaldson wished to highlight 3 key workforce activities to the Board. The first workforce activity was identified as the implementation of the nationally agreed eRostering solution. Miss Donaldson highlighted that in 2019 the NHS Chief Executives in Scotland were asked through the NHS Business Systems Programme Board to consider a once for Scotland approach to eRostering.

NHS Board members noted that the project for eRostering would take 18 months with implementation starting from January 2022. It was reported that Allocate had been awarded the contract for 7 years. Miss Donaldson informed the NHS Board that NHS Forth Valley already has Allocate systems in place.

The Board noted that the eRostering team is now in place, training has taken place and the project plan is also in place. Miss Donaldson informed the Board that ED will be the first place to have eRostering implemented.

The second key workforce activity was identified as the Speak Up initiative. The Board noted 2 Speak Up Ambassadors and 6 Speak Up Advocates had been recruited. External training had also taken place and the Speak Up Ambassadors are working with the Head of OD to address internal resources to support this initiative.

Miss Donaldson anticipated that the launch would take place in week beginning the 13th of December 2021. Mrs Elsbeth Campbell Head of Communications was involved in the launch. An operational procedure had been prepared and governance arrangements agreed. The Board noted that there are 3 separate functions within the Speak Up Ambassadors role included: managing the Speak Up service; acting as the whistle blowing confidential contact and acting as the bullying and harassment contact.

The third key workforce activity was identified as International Recruitment. Board members noted that in NHS Scotland there is limited experience working in the international recruitment space. To gain maximum benefit from international recruitment opportunities, and to allow Health Boards to recruit internationally at pace and scale funding has been allocated to each Health Board to create and appoint an International Lead post. NHS Forth Valley has been allocated £67,500 for this purpose. The aim is to create capacity within Boards to take forward additional tasks related to recruiting and employing overseas staff. Miss Donaldson informed the Board that NHS Forth Valley is in the process of recruiting the first cohort of 6 nurses from Zambia who will work within Theatres.

The Forth Valley NHS Board:

- ***Noted the update on the 3 key workforce activities as contained within this paper***

8. BETTER VALUE

8.1 Finance Report

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

Mr Urquhart reported the NHS Board remained on track to meet the financial requirements for the current financial year end - March 2022. Mr Urquhart also confirmed that progress is being made towards the refresh of the strategic financial plan. This work would be reported to the Performance & Resources Committee meeting in December 2021.

NHS Board members noted the key risks for the current year position, these included Covid related costs and for scheduled care allocations. Mr Urquhart informed the Board that these are both low risks due to timing issues. Mr Urquhart highlighted another risk for the financial year is the level of uncertainty as a consequence of Covid and winter pressures.

The Board noted that a number of different scenarios have been run particularly in supplementary staffing cost. Mr Urquhart also wished to highlight that the first strategic cost improvement meeting was carried out which involved all members of the System Leadership Team. A key focus of this session was on opportunities for cost improvement and savings going forward.

The Forth Valley NHS Board:

- ***Noted an overspend of £0.025m for the seven-month period to 31st October 2021 against an annual budget of £761.4m***
- ***Noted a projected break-even financial position against revenue and capital resource limits for 2021/22 year-end, based on current assumptions and risks***
- ***Noted the updated assessment of annual COVID-19 related costs and funding assumptions***

9. BETTER GOVERNANCE

9.1 Code of Corporate Governance

The NHS Board considered a paper 'Code of Corporate Governance' presented by Mrs Cathie Cowan, Chief Executive.

The Code of Corporate Governance was last presented to the Board meeting on September 2021 where Mrs Cowan invited NHS Board members to provide comments and feedback on the Draft 'Code'. These comments had been incorporated in the updated document presented for approval today. NHS Board members noted that the 'Code' would be reviewed and update annually.

Mrs Cowan informed the Board that key changes are listed on pages 1 and 2. These included individual roles, responsibilities, and accountabilities in line with the Blueprint of Good Governance. NHS Board members also noted that all NHS Board Assurance Committees will appoint a Vice Chair which has been referred to in Committee Terms of Reference.

NHS Board members noted that a Board standard template had been approved and these would be adhered to for Board including Assurance Committee related agendas and papers. A three-day standard for the circulation of NHS Board and Committee papers had been included which was in line with other NHS Boards.

Mrs Cowan identified that the Staff Governance Terms of References have been referenced in line with the whistleblowing standards and the Clinical Governance terms of reference has been expanded to include learning from whistleblowing.

The fraud standards have also been updated to include the version reviewed and revised in February 2020 and the Remuneration Committee has been updated to reflect that it is no longer a sub-committee off the Staff Governance Committee. The Board noted that a review of the Code of Corporate Governance will be undertaken in Quarter 1 of 2022.

The Forth Valley NHS Board:

- ***Noted the amendments to the Code of Corporate Governance.***
- ***Noted a review of the Code of Corporate Governance will be undertaken in March 2022 ahead of presentation to the NHS Board and subsequently to the Board Assurance Committees***

9.2 Communication Update

The NHS Board considered a paper 'Communication Update' presented by Mrs Elsbeth Campbell, Head of Communications.

Mrs Campbell informed that Board that there continues to be focus on the Covid-19 pandemic and the role out of the vaccination programme. Waiting times, capacity pressures and also preparation for winter had also been focused on.

NHS Board members noted the innovation work being carried out throughout NHS Forth Valley and notably within Ophthalmology and Endoscopy services. Mrs Campbell also identified the digital development work in the Diabetic service.

Board members noted that changes to the Staff Intranet page and also changes to the clinical section informed by input from clinical staff.

The Board noted the recent media work carried out by the communications team. Mrs Campbell highlighted the live outside broadcast involving Radio Scotland and the work carried out with STV regarding the Day Medicine Unit. Mrs Campbell informed Board members that the communications team is planning to carry out filming with Channel 4 to highlight some elective activity involving staff working in the Forth Valley's Day Surgery Unit.

The Forth Valley NHS Board:

- ***Noted the update and ongoing activity to support the response to the ongoing Covid-19 pandemic, service remobilisation and development of internal communications***

9.3 Governance Committee Minutes

9.3.1 Performance & Resources Committee Update: 26/10/21

Performance & Resources Committee Ratified Minute: 31/08/21

Mr Ford provided an update from the Performance & Resources Committee meeting 26/10/21 identifying that in line with agreed governance arrangements the Emergency Department (ED) Improvement Action Plan had been discussed, this included implementation costs to support the meeting/exceeding recommendations. Mr Ford also highlighted the CAMHS 'deep dive' presentation by the Team led by Ms Sproule.

Mr Ford also wished to highlight the presentation which Mr Urquhart provided to the Performance & Resources meeting for the Strategic Risk – Financial Breakeven. The information provided by Mr Urquhart gave Committee members assurance that actions were taking place. The independent review of construction with reference to infection prevention and control and its applicability to NHS Boards was noted.

The NHS Board noted the Performance and Resources Minute from the meeting held on the 29/06/21.

9.3.2 Clinical Governance Committee Update: 16/11/21
Clinical Governance Committee Ratified Minute: 24/08/21

Dr McClung provided an update to the Board identifying that the Clinical Governance Committee in line with agreed governance arrangements discussed the ED Improvement Action Plan and provided an update on the outstanding actions for Clinical Governance. Dr McClung also highlighted that two of the safety pilot conversation walk rounds have been carried out with another two due to be carried out in the next couple of weeks. NHS Board members noted that feedback shall then be shared with NHS Board members.

The NHS Board noted the Clinical Governance Minute from the meeting held on the 24/08/21.

9.3.3 Audit Committee Update: 22/10/21
Audit Committee Minute: 13/08/21

Cllr Sharp wished to highlight the Audit Follow Up report and performance against management responses and timescales. Audit Committee members had recommended that this be raised at the System Leadership Team to raise awareness on compliance.

The NHS Board noted the Audit Committee Minute from the meeting held on 13/08/21.

9.3.4 Area Clinical Forum Minute: 18/03/21, 20/05/21 & 16/09/21

Mrs Cassel wished to highlight at the Area Clinical Forum meeting 16/09/21 there was a focus on staff wellbeing which members found very beneficial.

The NHS Board noted the Area Clinical Form Minutes from the meetings held on 18/03/21, 20/05/21 & 16/09/21.

9.3.5 Staff Governance Committee Update: 12/09/21

In Mr Rennie's absence the NHS Board noted the Staff Governance Committee Update for the meeting held on the 12/09/21.

9.3.6 Remuneration Committee Minute: 12/07/21

In Mr Rennie's absence the NHS Board noted the Remuneration Minute from the meetings held on the 12/07/21.

10. ANY OTHER COMPETENT BUSINESS

There being no other competent business the Chair Closed the meeting at 13:30

FORTH VALLEY NHS BOARD
TUESDAY 25 JANUARY 2022

5.1 Revised Committee Structure For Approval

Executive Sponsor: Janie McCusker, Chair

Author: Cathie Cowan, Chief Executive

Executive Summary

This paper sets out proposed changes to the NHS Board Assurance Committee Structure.

Recommendation

The NHS Board is asked to:

- **approve** the Revised Committee Structure for 2022/23
- **approve** the change in membership to the Clackmannanshire/Stirling Integration Joint Board
- **approve** the changes in membership to the Falkirk Integration Joint Board

Key Issues to be considered

In accordance with Standing Orders, as a result in changes/new appointments in the Non-Executive Board membership a review of the NHS Forth Valley Committee Structure has been undertaken. In making these changes, the NHS Board Chair has taken into consideration the non-executive's commitments to NHS Forth Valley and has met with members to discuss proposed changes.

The Code of Corporate Governance approved by the NHS Board in November 2021 referred to the appointment of Vice Chairs to each of the Assurance Committees. Vice chairs will be appointed by the NHS Board Chair.

A review of the structure has also considered Integration Joint Board Health Board representatives.

Local authority elections are due to take place in May 2022. Local Authorities thereafter will make appointments to their internal Committees including appointing a Health Board representative. Any appointments to the Health Board will be subject to approval by the Cabinet Secretary for Health and Social Care.

The details of the revised Committee Structure are attached at Appendix 1.

Financial Implications

There are no financial implications arising from this proposed change in membership.

Workforce Implications

There are no workforce implications arising from this proposed change of membership.

Risk Assessment

Not Applicable to this document.

Relevance to Strategic Priorities

Support the NHS Board's corporate objectives and notably:

- Plan for the future

Equality Declaration

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

Further to an evaluation it is noted that:

- Paper is not relevant to Equality and Diversity

Consultation Process

Discussions with Non-Executive Members have informed the proposal within this paper.

NHS FORTH VALLEY PROPOSED COMMITTEE MEMBERSHIP - APPENDIX 1

APRIL 2022

CLINICAL GOVERNANCE COMMITTEE

MEMBERS

Chair: Michelle McClung
Kirstin Cassels
Fiona Collie (Until 30 April 2022)
Martin Fairbairn
Gordon Johnston
Janie McCusker
John Stuart

Public Involvement Network

ATTENDING

Andrew Murray (EL)

ENDOWMENTS COMMITTEE

MEMBERS

Chair: Les Sharp (Until 30 April 2022)
Robert Clark
Martin Fairbairn
John Ford (Until 30 April 2022)
Michelle McClung
Susan McGill (Until 30 April 2022)
Cathie Cowan
Scott Urquhart (EL)

ATTENDING

Jonathan Procter
(providing support to EL)

AUDIT & RISK COMMITTEE

MEMBERS

Chair: Les Sharp (Until 30 April 2022)
Robert Clark
Martin Fairbairn
John Ford (Until 30 April 2022)
Michelle McClung
Susan McGill (Until 30 April 2022)

ATTENDING

Scott Urquhart (EL)

P&R COMMITTEE

MEMBERS

Chair: John Ford (Until 30 April 2022)
Kirstin Cassels
Robert Clark
Fiona Collie (Until 30 April 2022)
Martin Fairbairn
Janie McCusker
Susan McGill (Until 30 April 2022)
Les Sharp (Until 30 April 2022)
John Stuart
Cathie Cowan (EL)

STAFF GOVERNANCE COMMITTEE

MEMBERS

Chair: Allan Rennie
Robert Clark
Gordon Johnston
Stephen McAllister
Janie McCusker
John Stuart

ATTENDING

Linda Donaldson (EL)

FALKIRK IJB

MEMBERS

Voting

Michele McClung
(Chair)
Stephen McAllister
Gordon Johnston

Non-Voting

Andrew Murray
Angela Wallace
Robert Clark

CLACKS/STIRLING IJB

MEMBERS

Voting

Allan Rennie (Chair)
Martin Fairbairn
Gordon Johnston
Stephen McAllister
John Stuart
TBC

Non-Voting

Andrew Murray
Angela Wallace
Robert Clark

FALKIRK CPP

MEMBER

Janie McCusker

CLACKS CPP

MEMBER

Cathie Cowan

STIRLING CPP

MEMBER

Cathie Cowan

ETHICAL ISSUES SUB COMMITTEE*

MEMBERS

Chair: Gordon Johnston
Andrew Murray (EL)

ORGAN DONATION SUB COMMITTEE*

MEMBERS

Chair: Allan Rennie
Andrew Murray (EL)

Not a standing committee

PHARMACY PRACTICES COMMITTEE

MEMBERS

Chair:
John Ford (Until 30 April 2022)
John Stuart (From 1 May 2022)
See ToR

REMUNERATION COMMITTEE

MEMBERS

Chair: Allan Rennie
Robert Clark
Janie McCusker
Michelle McClung
John Ford (Until 30 April 2022)
Les Sharp (Until 30 April 2022)

ATTENDING

Linda Donaldson (EL)

This paper represents NHS Forth Valley Board Members commitments to Board Committees
Broader membership listed on Committee remits

Q = Quorate

E/L= Executive Lead who has the responsibility for overseeing Agenda setting and ensuring papers are prepared in a timely manner

FORTH VALLEY NHS BOARD
TUESDAY 25 JANUARY 2022

5.2 ED Improvement Action Plan - Update Report

Author: Cathie Cowan, Chief Executive

Executive Summary

The ED Improvement Action Plan in line with agreed governance arrangement has been presented to each meeting of the ED Oversight & Assurance Committee having been formally approved by the Health Board on 6 August 2021. Each section of this Plan is led by a Board member in line with the Health Board's direction. Overall accountability for the Plan sits with the Chief Executive with Health Board Directors responsible for leading and implementing work in each of the following governance areas:

- Executive Nurse Director leads on Nursing Workforce and Professional Oversight of Safe Staffing
- Medical Director leads on Clinical Governance
- Director of Human Resources leads on Staff Governance
- Chief Executive leads on Corporate Governance

Recommendations:

The NHS Board is asked to:

- **consider** the assurance provided in the presentation to the Board regarding the effective implementation of actions to address the recommendations set out in the ED Improvement Action Plan (includes those recommendations added by the Health Board)
- **consider** the further improvements in system and processes referred to in the presentation to the Board as identified following an external HR review
- **endorse** the proposal from the ED Oversight and Assurance Sub Committee to delegate scrutiny and assurance for the ED Improvement Action Plan ongoing implementation and associated risks to the Health Board's designated Assurance Committees (Nursing Workforce and Professional Oversight to the Performance & Resource Committee; Clinical Governance to the Clinical Governance; Staff Governance and HR review findings to the Staff Governance Committee, and Corporate Governance to the Policy & Resources Committee) and invite the Chief Executive to present a quarterly report on progress as set out in the paper
- **note** the request to Internal Audit (subject to approval by the ED Oversight & Assurance Sub Committee) to undertake a review of the commission of the ED External review by the Accountable Officer/CEO of the Health Board, governance arrangements including the establishment of a Board Sub Committee to oversee the implementation of the ED Improvement Action Plan and reporting to Assurance Committees and Area Partnership Forum and internal (reporting to the Board's Assurance Committees and Area Partnership Forum (APF)) and external communications
- **note** the ongoing OD work to provide support and development of ED staff

Key Issues to be considered:

The presentation led by the Chief Executive is intended to demonstrate a significant level of progress in implementing the recommendations set out within the ED External Review report made public on 6 August 2021. The presentation will also report on the progress made in implementing the additional Health Board recommendations which in the main focused on ED improvements.

Implementation has been reported and monitored regularly to the Health Board's ED Oversight & Assurance Sub Committee.

The implementation of the ED Improvement Action Plan has also been shared regularly with the Health Board and updates have been provided to the Health Board's Assurance Committees. Both Integration Joint Boards received the Health Board's paper (6 August 2021) with the actions proposed and approved to implement the recommendations.

In addition to regular updates at scheduled APF meetings on the implementation of the Improvement Action Plan, a dedicated APF review session took place on the 23 November 2021. This was well received and at this session the Chief Executive acknowledged that implementing the recommendations as set out was only part of the ongoing ED improvement journey.

To support this improvement journey, a dedicated OD Programme led by Margaret Kerr, Head of OD and Learning is being developed and all ED staff have been invited by the Employee Director and Chief Executive to participate in further individual discussions to help inform this important programme of work. These staff meetings will begin in February 2022 (taking account of Covid-19 related service pressures during Dec/Jan).

The pace of progress in addressing the recommendations has been acknowledged with the vast majority now completed or on track for completion. The ED Oversight and Assurance Sub Committee therefore proposes that any outstanding recommendations are delegated to each of the Health Board's Assurance Committees which will provide further updates to the Health Board with a particular focus on:

- looking at the impact and effectiveness of recommendations/actions which have been completed
- monitoring and seeking assurance on those recommendations which are partially completed
- escalating any risks (including mitigations) for recommendations which have not been implemented in full within the agreed timescales

An Internal Audit has been commissioned by the ED Oversight and Assurance Sub Committee and will be taken forward in two parts. The Assignment Plan once approved by the Oversight & Assurance Sub Committee members will be shared with NHS Board members to endorse.

Financial Implications

The Health Board received a paper in November 2021 setting out the investment to support the actions recommended by each of the Lead Directors. An additional investment of £0.778m was approved, this allocation funded additional ED nursing staff and clinical governance roles. Investment in an additional Education Facilitator role and ED protected learning time for nurses will be absorbed within current budgets.

Workforce Implications

The Health Board paper referred to above sets out the workforce implications including investment in additional staff and resources.

Risk Assessment

A Risk Register with mitigations has been developed to inform the implementation of the ED Improvement Action Plan.

Relevance to Strategic Priorities

This paper takes account of the Health Board's approved Corporate Objectives notably valuing and developing our staff.

Equality Declaration

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

Consultation Process

This paper has been shared with Executive Leads for their comment and input.

FORTH VALLEY NHS BOARD
TUESDAY 25 JANUARY 2022

**6.1 Pandemic Covid-19 Update
For Assurance**

Executive Sponsor: Cathie Cowan, Chief Executive

Author: Graham Foster, Director of Public Health and Strategic Planning

Executive Summary

This paper provides an update on the current status of the Covid-19 pandemic and our local response. Dr Foster will also provide a brief verbal update at the meeting and cover any recent developments after papers have been distributed.

Recommendation

The Forth Valley NHS Board is asked to:

- **consider** this public health update describing overall progress with responding to the pandemic and the latest updates for Forth Valley

Key Issues

- The arrival of the Omicron variant first identified in South Africa has been the major issue since the last update. Omicron is significantly more infectious than delta and has rapidly become the predominant strain in Scotland.
- As an immediate response the Covid-19 Booster programme was brought forward and the interval between second and booster doses reduced from 6 months to 12 weeks. A huge effort has been made to achieve the new target of making a booster vaccination available to all adults by the end of 2021. Just under 80% of adults took up this opportunity to have a booster dose. Vaccination has continued into 2022 although vaccination numbers are starting to slow as many people have now been vaccinated and anyone who has contracted Covid-19 has to wait 28 days (12 weeks for children and young people) before they can get vaccinated. Additional mobile and pop-up clinics are being organised to help increase access.
- Omicron cases increased very rapidly causing a high peak around Christmas 2021 although the combined impact of the national protection measures plus public caution and widespread use of Lateral Flow Device testing has help blunt the modelled pandemic wave.
- A small number of effective antiviral treatments are now becoming available for Covid-19. These are being made available to identified high risk patients.
- Data suggest that the current circumstances of a largely vaccinated population, public health measures and newly available treatments are causing Covid-19 to be a less severe disease than previous waves. There has been a low level of Omicron deaths so far although deaths data is now showing an increasing trend.
- Models still predict very high pressure on the NHS through January 2022 by a combined effect of increased hospital admissions and staff absences.
- Social care and care at home services are very stretched by demand and also very challenged by staffing levels. This is causing further pressure through delays to discharge for those who no longer require hospital inpatient care.
- There was a peak in cases in July 2021 and then a higher peak in September 2021 after which cases dropped to what was described for a time as an “oscillating plateau” of about

2500 cases per day across Scotland. Cases continued to plateau throughout September to end November 2021 with a rolling average just over 3000 cases per day. Omicron then caused a rapid peak which reached a rolling average of 16,000 cases per day in the first week of January 2022. Latest data has suggested a significant drop in cases and a possible return to a further plateau.

- While some vaccinated individuals experience milder symptoms or remain asymptomatic many still experience a severe flu like illness lasting 7-10 days. Fortunately, few cases appear to require inpatient care. Vaccinated individuals can still transmit Covid to others.
- The situation in FVRH has worsened in January with approximately 100 covid positive in-patients in FVRH although there has not yet been significant additional pressure on ITU.
- NHS Forth Valley's Test and Protect Service has been very busy over the festive season but continues to work well and is seamlessly linked to health protection who manage more complex cases. The rolling average case numbers have increased from around 200 per day at the time of the last NHS Board meeting and are now around 350 per day on average having reached a peak of 1187 cases managed on a single day on 29th December 2021.
- Testing continues to be a key component of Covid controls with a huge emphasis now on home LFD testing before going out or mixing with other households.
- Most Covid cases in Forth Valley appear community acquired with little evidence of spread in settings where strict control measures are observed.
- The requirement to support local care homes is continuing and about half of local care homes have had cases amongst staff or residents however these are mostly community acquired and mainly asymptomatic or mild illnesses without serious consequences so far.
- Cases amongst school age children continue to be common although there is little evidence of spread within schools. Support to local schools continues and we work in partnership with local education departments and school staff to implement the national strategy which involves keeping schools open by only isolating very close contacts of cases. Remote learning or whole class isolation is a last resort.
- The routine winter seasonal flu campaign was suspended for a short period to allow for rapid acceleration of the Covid Booster programme. People were still vaccinated opportunistically or on request. Over 2 million people were vaccinated in our largest ever seasonal flu programme. Levels of flu illness remain low but there have been rises observed in other European countries.
- Continuing pressure on frontline NHS and social care is the main priority and presents a daily challenge to the NHS Board, Health and Social Care Partnerships and local councils.
- NHS staff experience community transmission and can be unable to work causing significant staffing pressures.
- This is a very challenging situation as we move through winter and it being closely managed and monitored daily.

Scottish Government Publications

The Scottish Government continues to publish daily updates and documents with guidance on a range of topics including weekly updates on national modelling, travel guidance and the route map out of lockdown. These are available at <https://www.gov.scot/coronavirus-covid-19/>

A National Data and Intelligence Network has been meeting throughout the pandemic and this work has supported both the publication of the weekly modelling updates and the publication of extensive data and information in dashboard form by Public Health Scotland.

https://public.tableau.com/app/profile/phs.covid.19/viz/COVID-19DailyDashboard_15960160643010/Overview

Financial Implications

Most elements of the Test and Protect response have had national funding as have the enhanced resources for the local Public Health team. Detailed information is being provided to the NHS Board through regular Finance reports. Contact Tracing staff contracts have been extended to September 2022 and funding for community testing is available until June 2022.

Workforce Implications

The core health protection service currently has five health protection nurses providing 4.2 WTE and six consultants (including the DPH). The lead health protection consultant and immunisation co-ordinator post remains unfilled having been unsuccessfully out to advert. The team also has two dental public health consultants (1 WTE), around 100 test and protect contact tracing staff providing cover of 32 staff per day and a dedicated data analyst. Three medically qualified clinical fellows have been recruited to provide additional Covid cover and resilience between Jan and August 2022.

A core team of up to 32 contact tracers (supported and supervised by public health consultants) continue to work 12 hours a day, seven days a week. There is a continuing need to recruit and train replacement staff. Additionally, administrative support staff record and report activity for a number of clinical and surveillance systems.

Additional staff groups including the HR Directorate have been trained in Contact Tracing and provide our immediate contingency reserve. Some of these contingency staff also provide weekend contact tracing cover in addition to their normal duties.

Additional investment in IT such as laptops has reduced the need for dedicated accommodation with the team mostly now following a remote working model.

Specialist health protection, public health and infection control nursing staff will continue to be required for the remainder of the pandemic and the recovery phase. Staff who have been devoted to health protection duties will ultimately be available to be redeployed to wider public health tasks across health improvement, health service improvement, screening programmes and community planning.

Risk Assessment

Risk assessments have been produced and reviewed. A summary of risks identified include:

- The situation continues to be closely monitored with measures adjusted in a phased manner.
- Staffing challenges and rapid changes are being managed with flexible models.
- Recruitment and training of staff over an extended period continues to be required as the recovery process is implemented requiring deployed staff to be repatriated to substantive posts.
- There are always unknowns around how the pandemic will evolve and impacts of new treatments and vaccines.

Relevance to Strategic Priorities

This is relevant to the continued delivery of NHS Forth Valley's Strategic objectives and the Public Health Scotland Act 2008.

Equality Declaration

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

Further to an evaluation it is noted that:

- Paper is not relevant to Equality and Diversity

Consultation Process

NHS Scotland remains on an emergency footing. The approach is overseen by the System Leadership Team, the Contact Tracing Implementation Group, and the Care Homes Assurance Oversight Group.

Recommended reading

- Coronavirus Covid-19 Modelling the Epidemic in Scotland Issue 85
<https://www.gov.scot/publications/coronavirus-covid-19-modelling-epidemic-issue-no-85/>

(Issue 86 is expected on Friday January 21st 2022)

FORTH VALLEY NHS BOARD
TUESDAY 25 JANUARY 2022

6.2 Healthcare Associated Infection Reporting Template For Assurance

Executive Sponsor: Prof Angela Wallace, HAI Executive Lead

Author: Mr Jonathan Horwood, Area Infection Control Manager

Executive Summary

The Healthcare Associated Infection Reporting Template (HAIRT) is mandatory reporting tool for the Board to have oversight of the HAI targets (*Staph aureus* bacteraemias (SABs), *Clostridioides difficile* infections (CDIs), device associated bacteraemias (DABs), incidents and outbreaks and all HAI other activities across NHS Forth Valley.

Recommendation:

The NHS Board is asked to:

- Note the HAIRT report
- Note the performance in respect of the AOP Standards for SABs, DABs, CDIs & ECBs
- Note the detailed activity in support of the prevention and control of Health Associated Infection

Key Issues to be Considered:

- Total SABs remain within control limits. There were two hospital acquired SABs in December.
- Total DABs remain within control limits. There were three hospital acquired DABs in December.
- Total CDIs remain within normal control limits. There was one hospital acquired CDI in December.
- Total ECBs remain within normal control limits. There were four hospital acquired ECBs in December.
- There have been no deaths with MRSA or *C.difficile* recorded on the death certificate.
- There were no surgical site infections in December.
- There was one outbreak reported in December.

Financial Implications

None

Workforce Implications

None

Risk Assessment

Work is on trajectory to reduce all reducible SABs, DABs, ECBs and CDI infections across NHSFV to meet both national and local standards/expectations.

Relevance to Strategic Priorities

AOP Standards in respect of SABs, ECBs, DABs & CDIs

- *Staph aureus* bacteraemia (SABs)
There were 3 SABs this month. To date, trajectory for achieving the AOP target is being met
- *Clostridioides difficile* infection (CDIs)
There was 1 CDI this month. To date, trajectory for achieving the AOP target is being met.
- *Escherichia coli* bacteraemias (ECBs)
There were 12 ECBs this month. To date, achieving the AOP target is off trajectory and unlikely to be met.
- Device associated bacteraemias (DABs)
There were 7 DABs this month. DABs remain within control limits.

Equality Declaration

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

Further to an evaluation it is noted that:

- Paper is not relevant to Equality and Diversity

Consultation Process

Infection Prevention and Control Team

*Healthcare Associated
Infection Reporting
Template (HAIRT)*

December 2021

NHS Forth Valley



**Infection Prevention
& Control Team**

HAI Summary

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

This section of the report focuses on NHSFV Board wide prevention and control activity and actions.

SUMMARY FOR THIS MONTH

- COVID-19 inpatient numbers have stabilised this month. The Omicron variant to date has not appeared to increase inpatient case numbers.
- There has been one reported outbreak of Covid this month, Ward 5 FVRH.

Performance at a glance

	No of Cases	Month RAG status	RAG status toward AOP target (based on trajectory to March 2022)		
<i>Staphylococcus aureus</i> bacteraemia (SABs)	3			↓	
<i>Clostridioides difficile</i> infection (CDIs)	1			↓	
<i>Escherichia coli</i> Bacteraemia (ECB)	12			↑	
Device associated bacteraemia (DABs)	7				
Hand Hygiene (SPSP)	98%				
National Cleaning compliance (Board wide)	95%				
National Estates compliance (Board wide)	95%				
Surgical Site Infection Surveillance (SSIS)	0				

Key infection control challenges (relating to performance)

Staph aureus bacteraemia

- There were two hospital acquired SABs this month.
- There was one healthcare acquired SAB this month.
- Total SAB case numbers remained within control limits this month.

Device associated bacteraemia

- There were three hospital acquired DABs this month.
- There were three healthcare acquired DABs this month.
- There was one nursing home acquired DAB this month.
- Total DAB case numbers remained within control limits this month.

E coli bacteraemia

- There were four hospital acquired ECBs this month.
- There were seven healthcare acquired ECBs this month.
- There was one nursing home acquired ECB this month.
- Total ECBs case remained within control limits this month.

Clostridioides difficile infection

- There was one hospital acquired CDI this month.
- CDI case numbers remain within control limits this month.

Surgical site infection surveillance

- There were no surgical site infections reported this month.

Key HAI related activities

- There were no MRSA or *C. difficile* recorded deaths reported this month.

Glossary of abbreviations

Following feedback from stakeholders below is a list of abbreviations used within this report:

HAI - Healthcare Acquired Infection

SAB – *Staphylococcus aureus* bacteraemia

DAB – Device Associated Bacteraemia

CDI – *Clostridioides* Infection

AOP – Annual Operational Plan

NES – National Education for Scotland

IPCT – Infection Prevention & Control Team

HEI – Healthcare Environment Inspectorate

SSI – Surgical Site Infection

SICPs – Standard Infection Control Precautions

PVC - Peripheral Vascular Catheter

Definitions used for *Staph aureus*, device associated and *E coli* bacteraemias

Definition of a bacteraemia

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

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

Cause definitions for *Staph aureus* and device associated bacteraemia

Hospital acquired

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

Healthcare acquired

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

Nursing home acquired

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

HAI Surveillance

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

Staph aureus bacteraemias (SABs)

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

NHS Forth Valley's approach to SAB prevention and reduction

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

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

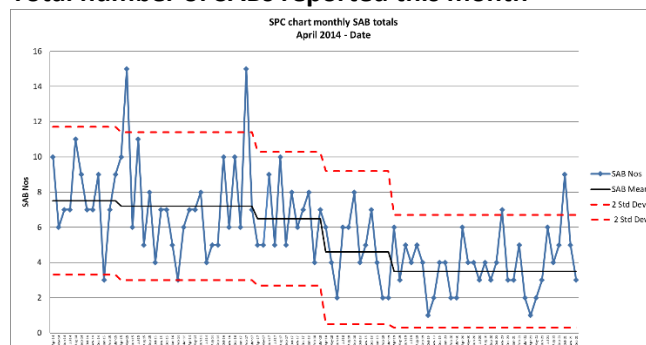
December 2021

Monthly Total	3
Hospital	2
Healthcare	1
Nursing Home	0

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

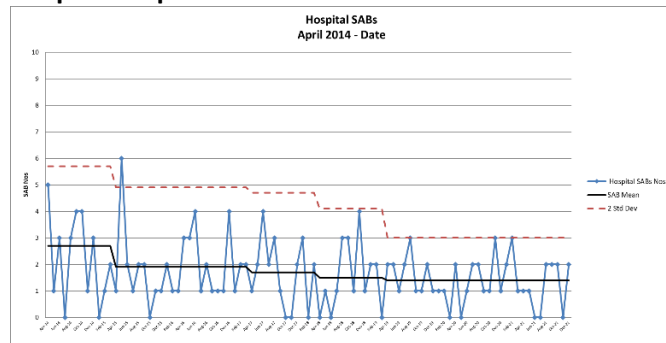
Staph aureus bacteraemia total - April 21 to date – 38

Total number of SABs reported this month



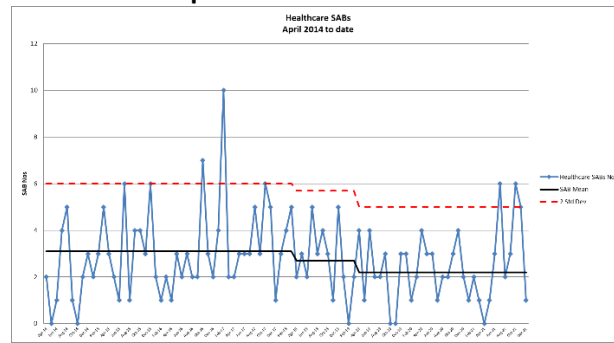
Comments: Case numbers remain within control limits this month. No concerns to raise.

Hospital Acquired SABs



Comments: Case numbers remain within control limits this month. No concerns to raise.

Healthcare Acquired SABs



Comments: Case numbers remain within control limits this month. No concerns to raise.

Breakdown

Source	Case Numbers
Healthcare	1
Unknown	1
Hospital	2
Respiratory tract	1
No attributed ward	
Wound	1
No attributed ward	
Grand Total	3

There were 558 blood cultures taken this month, of those there were in total 3 blood cultures that grew Staph aureus. This accounts for 0.5% of all blood cultures taken this month. There were two hospital acquired SABs this month, this accounts for 0.3% of all blood cultures.

There were two hospital SABs reported this month.

Respiratory tract infection; patient admitted with covid pneumonitis with staph aureus as a secondary infection. Wound infection; 25 days post op, caused by patient interfering with wound.

Directorate reports and graphs can be accessed using the following link:

<http://staffnet.fv.scot.nhs.uk/index.php/a-z/infection-control/monthly-ward-reports/>

Device Associated Bacteraemias (DABs)

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

NHS Forth Valley's approach to DAB prevention and reduction

Continual monitoring and analysis of local surveillance data enables the IPCT and managers to identify and work towards ways to reduce infections associated with devices. All DABs are reviewed and investigated fully and highlighted to the patients' clinicians, nursing staff and management. Where appropriate an IR1 is generated to enable infections that require learning is shared and discussed at local clinical governance meetings.

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

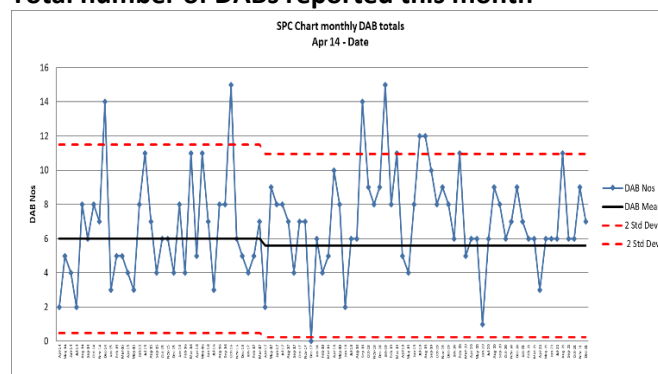
December 2021

Monthly Total	7
Hospital	3
Healthcare	3
Nursing Home	1

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

Device associated bacteraemia total – April 21 to date - 60

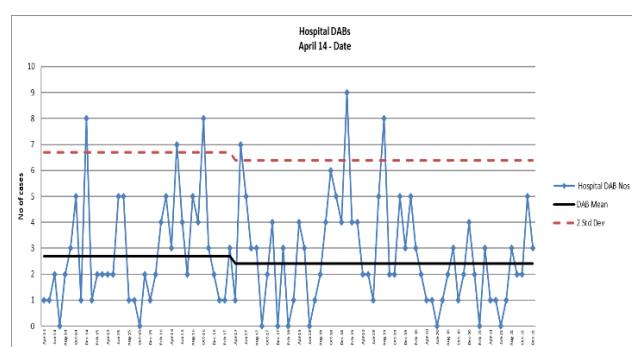
Total number of DABs reported this month



Comments:

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

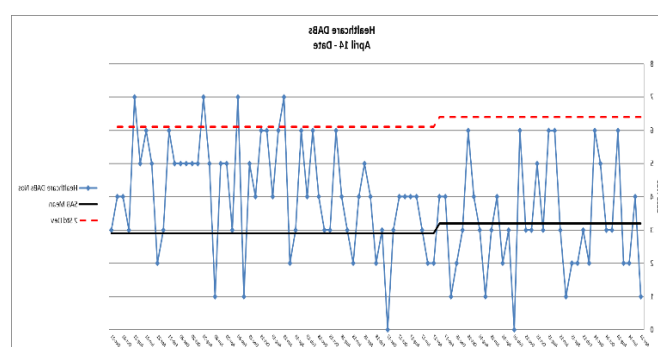
Hospital Acquired DABs



Comments:

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

Healthcare Acquired DABs



Comments:

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

Breakdown

Source	Case Nos
Healthcare	3
Permacath	2
Intermittent Catheter	1
Hospital	3
Hickman	
A12	1
Urinary Catheter long term	1
No attributed ward	
Urinary Catheter short term	1
A21	
Nursing home	1
Urinary Catheter long term	1
Grand Total	7

There were 558 blood cultures taken this month, of those there were in total 7 blood cultures that were associated with devices. This accounts for 1.2% of all blood cultures taken this month. There were three hospital acquired DABs this month, this accounts for 0.5% of all blood cultures taken this month.

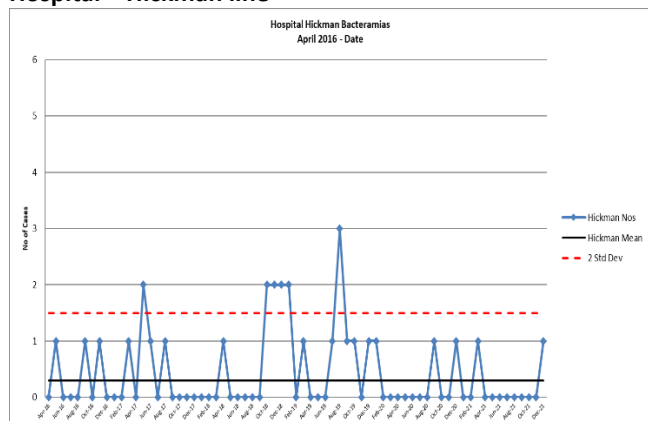
Hospital DABs

- Long term urinary catheter; Recurrent infection associated with a urinary catheter. Patient self-manages the catheter.
- Short term urinary catheter; Infection developed following the late removal of catheter.
- Hickman line; bundle documentation not fully complete.

Directorate reports and graphs can be accessed using the following link:

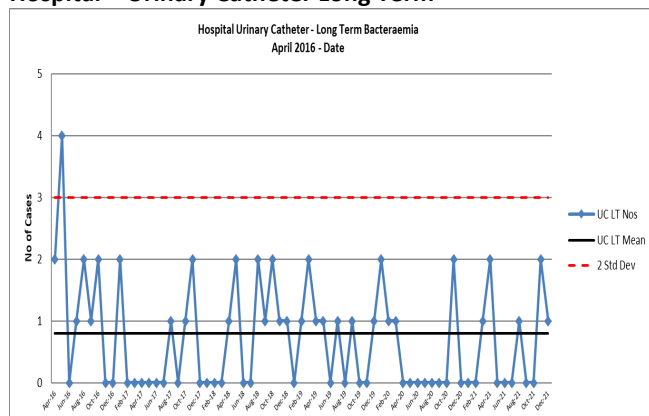
<http://staffnet.fv.scot.nhs.uk/index.php/a-z/infection-control/monthly-ward-reports/>

Hospital – Hickman line



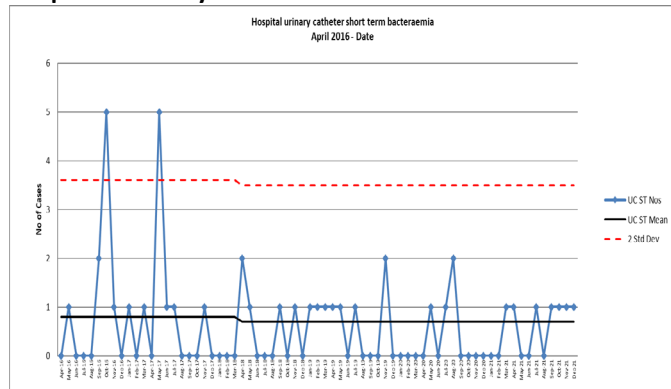
Comments: case numbers remain within control limits, no concerns to raise.

Hospital – Urinary Catheter Long Term



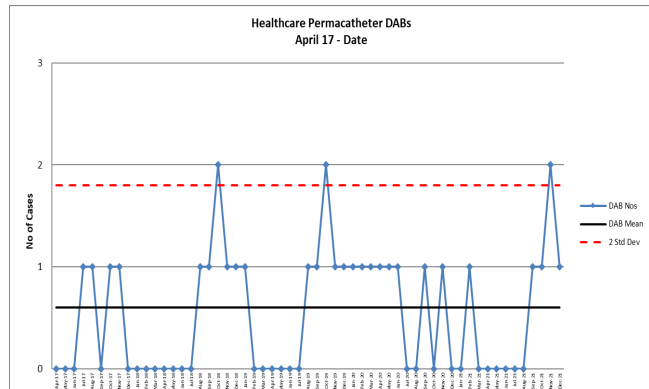
Comments: case numbers remain within control limits, no concerns to raise.

Hospital – Urinary Catheter Short Term



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

Healthcare – Permacatheter



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

Escherichia coli Bacteraemia (ECB)

NHS Forth Valley's approach to ECB prevention and reduction

E coli is one of the most predominant organism of the gut flora and for the last several years the incidence of Ecoli isolated from blood cultures ie causing sepsis, has increase so much that it is the most frequently isolated organism in the UK. As a result of this, the HAI Policy Unit has now included E coli as part of the AOP targets. The most common cause of E coli bacteraemia (ECB) is from complications arising from urinary tract infections (UTIs), hepato-biliary infections (gall bladder infections) and urinary catheters infections.

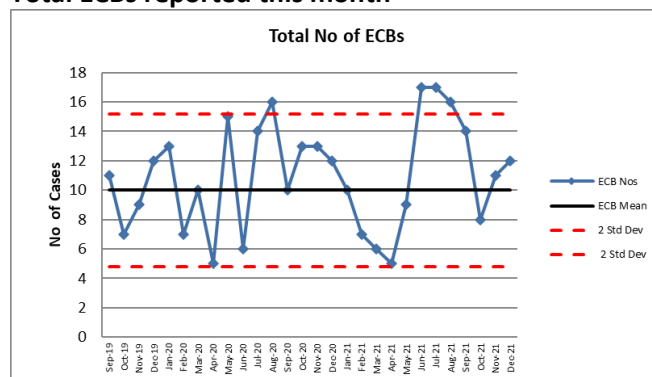
In NHS FV, device associated bacteraemias (DABs) surveillance has been ongoing since 2014 and have seen a reduction in urinary catheter bacteraemias over the years including Ecoli associated infections and will hope to continue to reduce so to achieve our target for 2022.

December 2021

Monthly Total	12
Hospital	4
Healthcare	7
Nursing Home	1

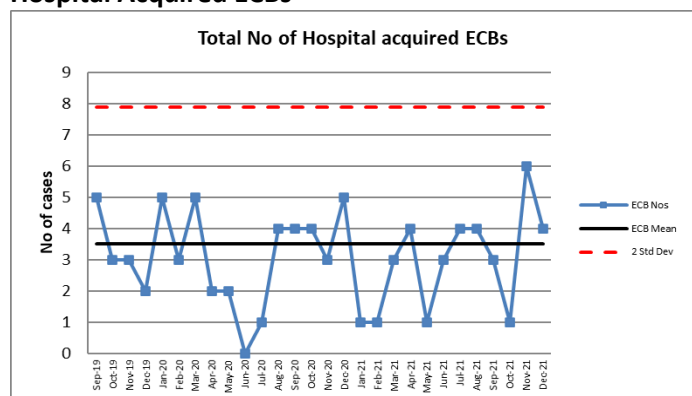
E coli bacteraemia infection total – April 21 to date - 110

Total ECBs reported this month



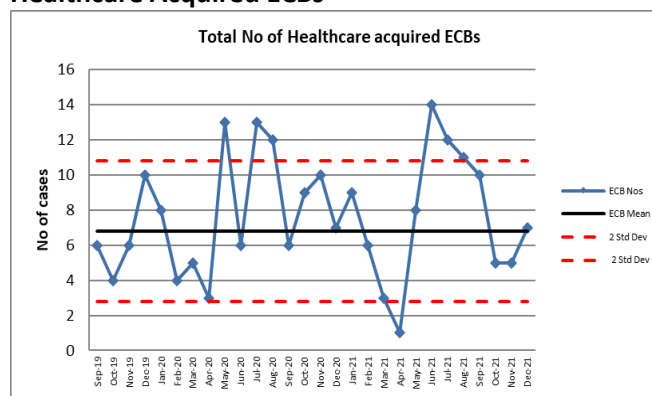
Comments: case numbers remain within control limits, no concerns to raise.

Hospital Acquired ECBs



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

Healthcare Acquired ECBs



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

Breakdown

Source	No. of infections
Healthcare	7
Biliary tract	1
Renal	1
Unknown	3
Permacath	1
Intermittent Catheter	1
Hospital	4
Urinary Catheter long term	1
No attributed ward	
Urinary Catheter short term	1
A21	
UTI	1
No attributed ward	
Intra abdominal	1
No attributed ward	
Nursing home	1
Urinary Catheter long term	1
Grand Total	12

There were 558 blood cultures taken this month, of those there were in total 12 blood cultures that grew *E. coli*. This accounts for 2.1% of all blood cultures taken this month. Hospital ECBs accounted for 0.7% of all blood cultures taken.

Hospital ECBs

- UTI; Recurrence of infection from a previous ECB in November.
- Long term urinary catheter; Recurrent infection associated with a urinary catheter. Patient self manages the catheter.
- Intra-abdominal infection; no attributed ward as no practice issues identified and associated with post operative complications.
- Short term urinary catheter; Infection developed following the late removal of short term urinary catheter.

Clostridioides difficile infection (CDIs)

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

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

Cause definitions for *Clostridioides difficile* infections

Hospital acquired

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

Healthcare acquired

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

Nursing home acquired

- Nursing home acquired is defined as having symptoms that develop and confirmed by the laboratory that developed at the nursing home prior to admission

NHS Forth Valley's approach to CDI prevention and reduction

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

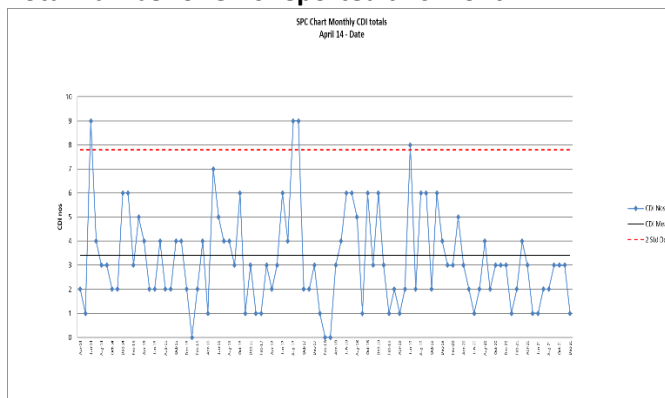
December 2021

Monthly Total	1
Hospital	1
Healthcare	0
Nursing Home	0

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

Clostridioides difficile infection total – April 21 to date – 19

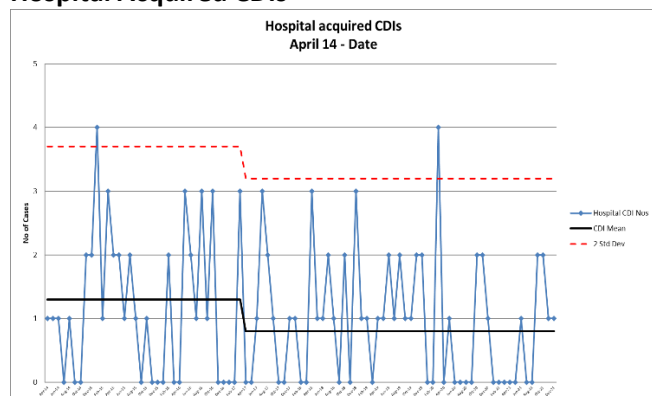
Total number of CDIs reported this month



Comments:

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

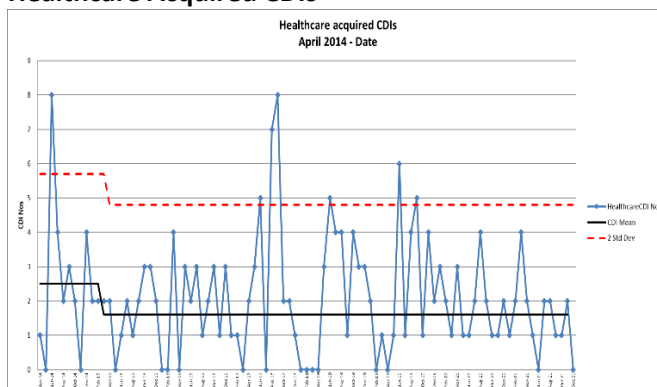
Hospital Acquired CDIs



Comments:

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

Healthcare Acquired CDIs



Comments:

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

Breakdown

Source	No of Cases
Hospital	1
No attributed ward	
Grand Total	1

Hospital CDI:

- No ward attributed due to appropriate antimicrobial therapy for ongoing infections.

Directorate reports and graphs can be accessed using the following link:

<http://staffnet.fv.scot.nhs.uk/index.php/a-z/infection-control/monthly-ward-reports/>

AOP TARGETS

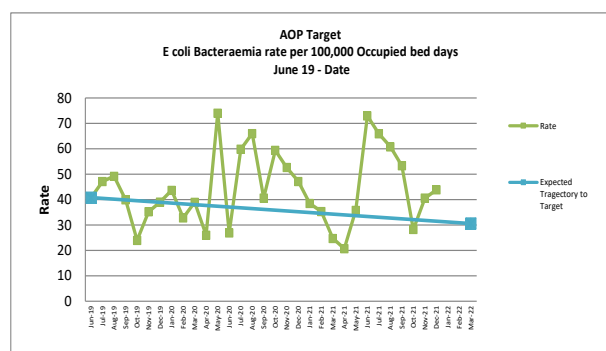
New HAI AOP targets for 2019-2022

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

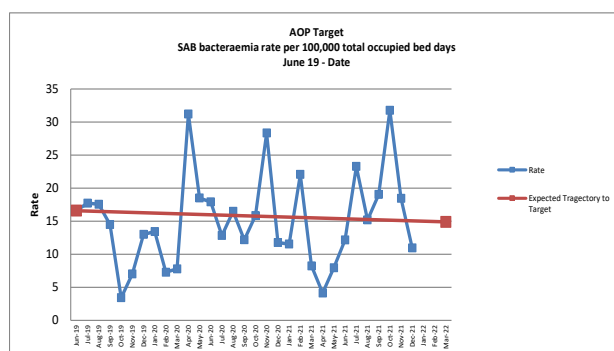
The data is currently being reformatted to address these targets and will be included in future reports. Please see table below for our new targets:

	2018/19 Rate (base line) per 100,000 total bed days	No of cases (per annum)	Reduction %	Date for reduction	Target rate per 100,000 total bed days	Target cases per annum
ECB	40.8	135	25	2022	30.6	101
SAB	16.6	55	10	2022	14.9	50
CDI	11.4	38	10	2022	10.3	34

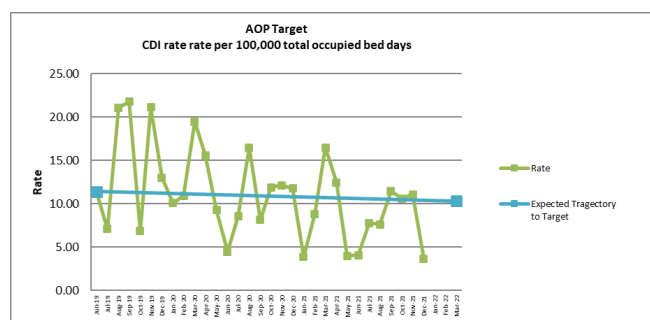
AOP target progress to date



Comments: Infection rate has slightly increased this month. It is anticipated that FV will not achieve the target rate by March 2022.



Comments: Infection rate has decreased this month and remains on target.



Comments: Infection rate have decreased this month and remains on target.

Target Organism	Target Rate (per 100,000 total bed days)	Current Rate April 21 - date (per 100,000 total bed days)	Status
ECB	30.6	46.9	Unlikely to achieve target
SAB	14.9	15.8	Likely to achieve target
CDI	10.3	8.1	Likely to achieve target

Surgical Site Infection Surveillance (SSIS)

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

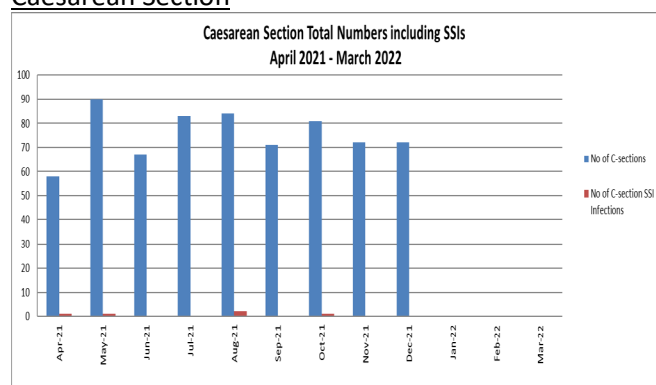
NHS Forth Valley's approach to SSI prevention and reduction

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

Breakdown

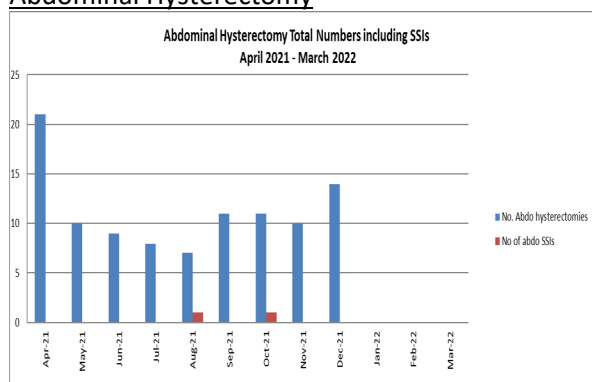
Procedure	Confirmed SSI
Abdominal Hysterectomy (v)	0
Breast Surgery (v)	0
Caesarean Section (m)	0
Knee Arthroplasty (v)	0
Hip Arthroplasty (m)	0
Major Vascular Surgery (m)	0
Large Bowel Surgery (m)	0

Caesarean Section



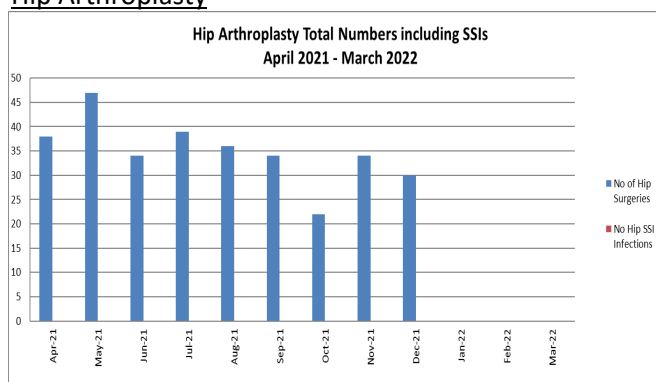
Comments: case numbers remain within control limits, no concerns to raise.

Abdominal Hysterectomy



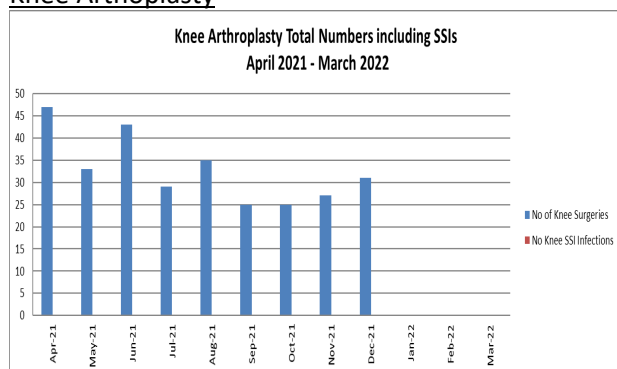
Comments: case numbers remain within control limits, no concerns to raise.

Hip Arthroplasty



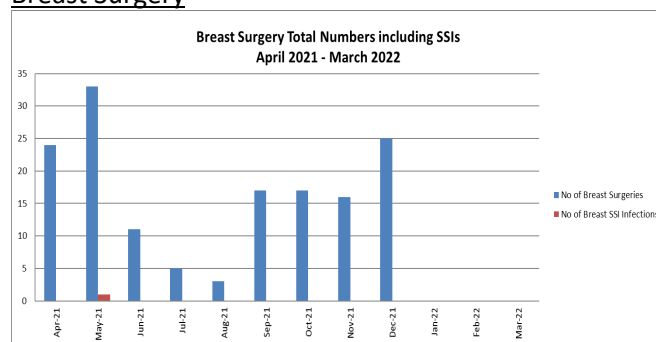
Comments: case numbers remain within control limits, no concerns to raise.

Knee Arthroplasty



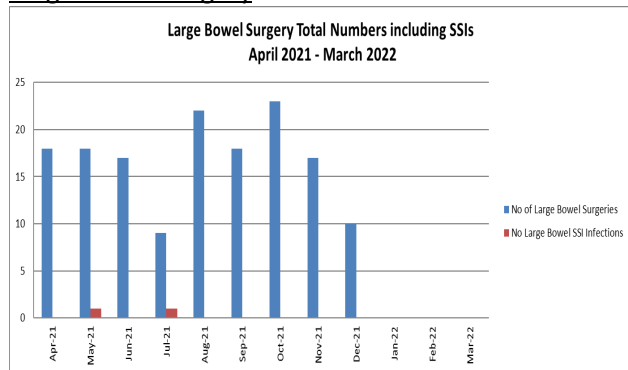
Comments: case numbers remain within control limits, no concerns to raise.

Breast Surgery



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

Large Bowel Surgery



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

National surveillance reporting has been suspended due to COVID-19.

Meticillin resistant *Staphylococcus aureus* (MRSA) & *Clostridioides difficile* recorded deaths

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

<https://www.nrscotland.gov.uk/statistics-and-data/statistics/statistics-by-theme/vital-events/deaths>

This month, there were no *C. difficile* or MRSA recorded deaths reported this month.

SPSP Hand Hygiene Monitoring Compliance (%) Board wide

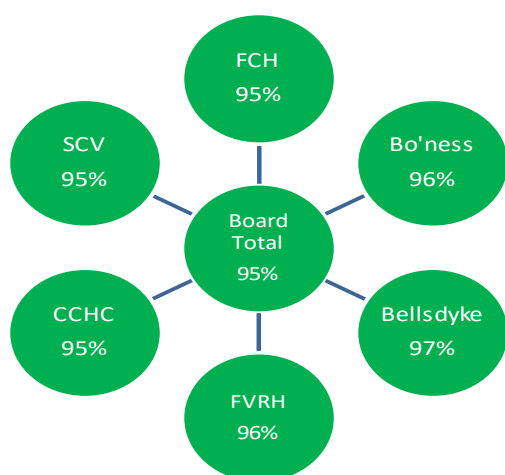
Data taken from TCAB (self reported by ward staff)

	Jan 2021	Feb 2021	Mar 2021	Apr 2021	May 2021	June 2021	July 2021	Aug 2021	Sept 2021	Oct 2021	Nov 2021	Dec 2021
Board Total	98	99	99	99	99	99	98	99	98	98	98	98

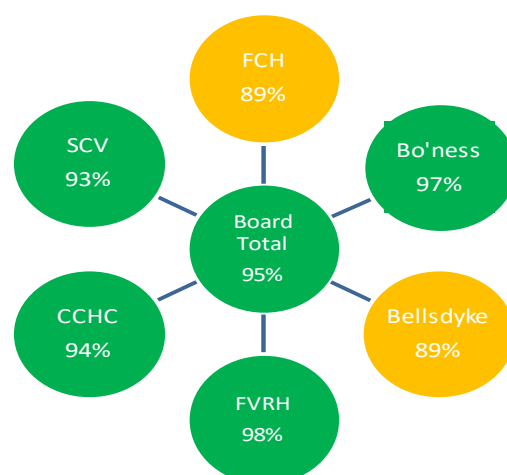
Estate and Cleaning Compliance (per hospital)

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

Estates & Cleaning Scores October – December 2021 (Quarter 4)



Cleaning Compliance



Estates Compliance

Colour		Description
●	Green	compliance level 90% and above - Compliant
●	Amber	compliance level between 70% and 90% - Partially compliant
●	Red	compliance level below 70% - Non-compliant

Bellsdyke Hospital & Falkirk Community Hospital Estate Scores

This quarter, the estate score from Bellsdyke Hospital and Falkirk Community Hospitals have remained relatively stable this quarter compared to the previous quarter (Bellsdyke 88%, Falkirk Community Hospital 89%).

Ward Visit Programme

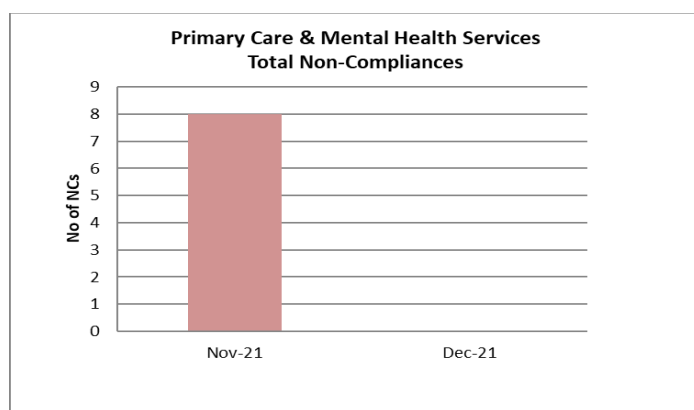
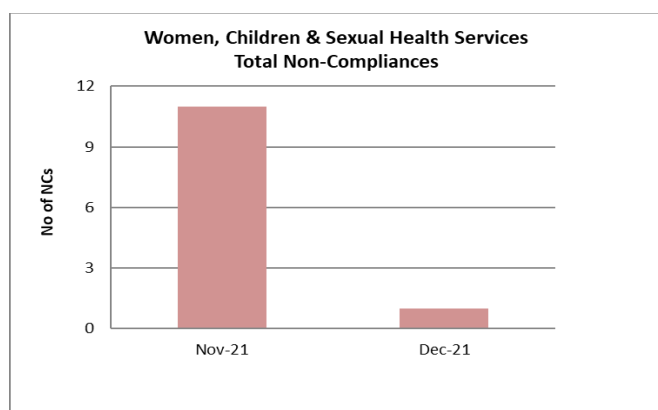
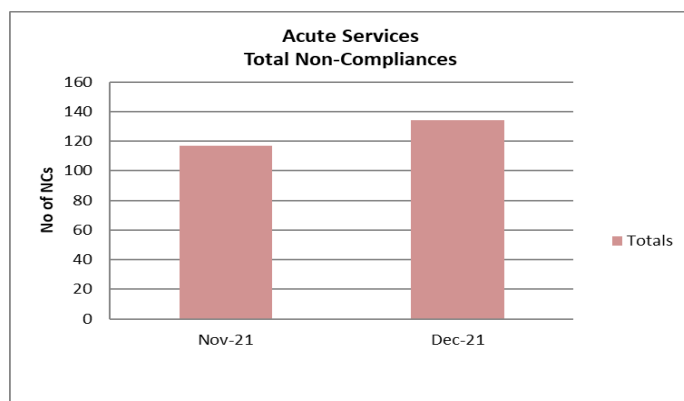
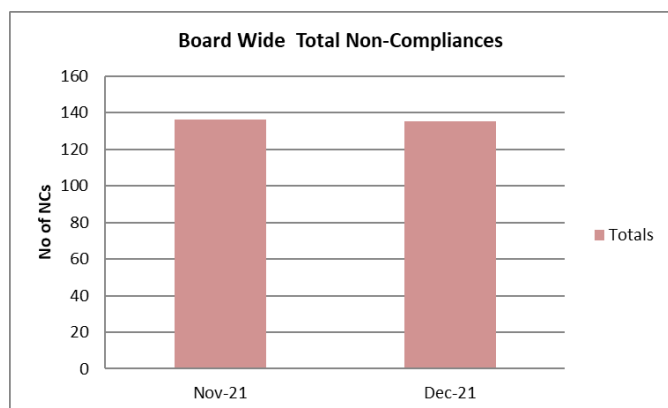
Below are table and graphs detailing the non-compliances identified during the ward visits.

	Patient Placement	Hand Hygiene	PPE	Managing Patient Care Equipment	Control of the Environment	Safe Management of Linen	Safe Disposal of Waste	Totals
Acute Services	11	4	20	45	32	12	10	134
Primary Care & Mental Health Services	0	0	0	0	0	0	0	0
WC&SH Directorate	0	0	0	0	0	0	1	1
Totals	11	4	20	45	32	12	10	135

All non-compliances are fed back to the nurse in charge immediately following the ward visit. A follow-up email is also sent to the ward and service manager. Details of each non-compliance are reported in the monthly HAI Service Reports.

The purpose of these audits is to assess compliance to standard infection control precautions (SICPs); each aspect or SICP can be contributory factors to infection.

The predominant non-compliance reported this month was Managing Patient Care Equipment category; non-compliances included indicator tape missing, items stored inappropriately and some equipment was not cleaned effectively. All non-compliances were highlighted to the nurse in charge at the time of audit and any equipment with cleanliness issues was rectified immediately. Other non-compliances such as control of the environment, the predominant non-compliances were areas not free from clutter and inappropriate items in clinical area (staff belongings, coffee cups etc).



Incidence / Outbreaks

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

Healthcare Acquired Infection Incident Template (HAIT)

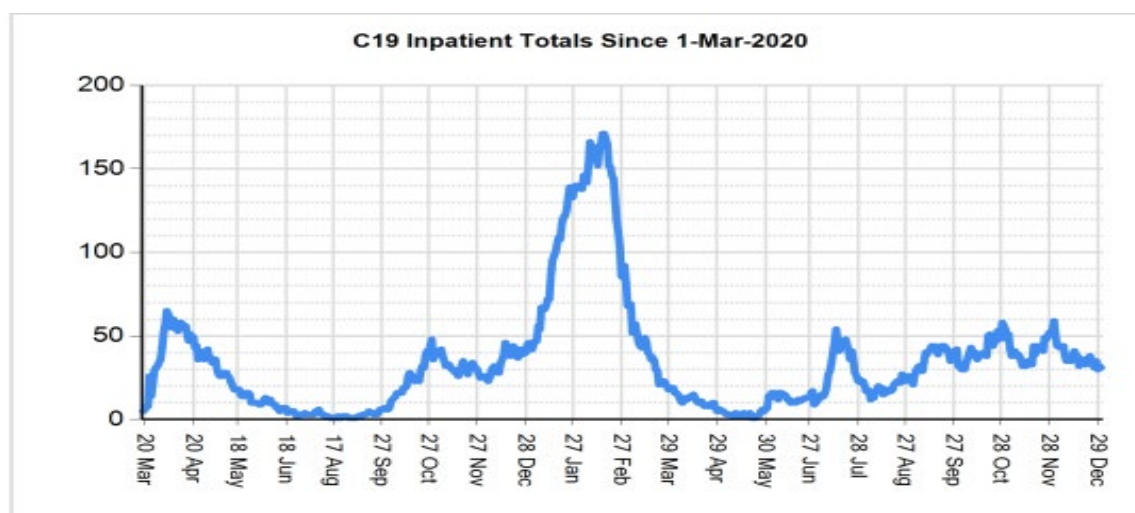
The HAIT is a tool used by boards to assess the impact of an incident or outbreak. The tool is a risk assessment and allows boards to rate the incident/outbreak as a red, amber, or green. The tool also directs boards whether to inform ARHAI Scotland/SG of the incident (if amber or red), release a media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

There was one outbreak reported this month:

Ward 5 FVRH – 6 patients and 2 staff were affected.

COVID-19

Covid-19 admissions and overall inpatient numbers in October steadily increased throughout the month. See graph below.



On a weekly basis Health Protection Scotland publish infection figures based on electronic data submitted to them on the rate of COVID-19 infection that has been acquired during the patients hospital stay. This is calculated solely based on the time the patient was admitted to the hospital and the incubation period of COVID-19 (14 days). For example, if a patient stay has exceeded 14 days and became COVID-19 positive after day 14 then it is determined to be hospital acquired. Based on purely on admission times does not necessarily mean hospital acquired, however, these are the limitations of the data and the report. NHS Forth Valley's rate for hospital onset COVID is currently 0.5% compared to the national rate of 0.6%.

The table below shows the latest report and Forth Valley's position nationally up to 12th December 2021.

Table 1: Number of COVID-19 cases, by onset status and NHS board: specimen dates up to 12 December 2021.^{1,2,3}

NHS board	Total COVID-19 cases (n)	Non-hospital onset (n)	Indeterminate hospital onset cases (n)	Probable hospital onset cases (n)	Definite hospital onset cases (n)	Non-hospital onset (%)	Indeterminate hospital onset cases (%)	Probable hospital onset cases (%)	Definite hospital onset cases (%)
Ayrshire & Arran	55,172	1,203	168	289	536	2.2%	0.3%	0.5%	1.0%
Borders	11,571	188	24	31	73	1.6%	0.2%	0.3%	0.6%
Dumfries & Galloway	16,942	359	32	11	30	2.1%	0.2%	0.1%	0.2%
Fife	50,691	844	60	53	292	1.7%	0.1%	0.1%	0.6%
Forth Valley	45,398	892	101	92	222	2.0%	0.2%	0.2%	0.5%
Golden Jubilee	36	20	8	3	5	-	-	-	-
Grampian	60,734	681	86	81	254	1.1%	0.1%	0.1%	0.4%
Greater Glasgow & Clyde	201,821	3,805	617	656	1,574	1.9%	0.3%	0.3%	0.8%
Highland	29,288	289	19	9	43	1.0%	0.1%	0.0%	0.1%
Lanarkshire	117,948	1,416	270	306	593	1.2%	0.2%	0.3%	0.5%
Lothian	125,406	1,871	240	355	716	1.5%	0.2%	0.3%	0.6%
Orkney	977	11	0	1	5	1.1%	0.0%	0.1%	0.5%
Shetland	1,103	17	1	0	0	1.5%	0.1%	0.0%	0.0%
Tayside	54,637	1,125	138	154	306	2.1%	0.3%	0.3%	0.6%
Western Isles	1,622	17	1	3	6	1.0%	0.1%	0.2%	0.4%
Scotland	773,346	12,738	1,765	2,044	4,655	1.6%	0.2%	0.3%	0.6%

1. Source of data are Corporate Data Warehouse (CDW) that contains test results from Electronic Communication of Surveillance in Scotland (ECOSS) and Rapid Admission Preliminary Inpatient Data (RAPID) or local admission data.
2. NHS Golden Jubilee has been excluded from the proportions data since data for this board will not be comparable with others due to no "community onset" cases assigned to that board.
3. The data used has not been adjusted for different patient groups and size of NHS board.

Care Homes

Additional IPC support

The IPCT has now successfully recruited and trained two infection control nurses to provide support to care homes across Forth Valley. Working with the Care Assurance Team, will further strengthen IPC support to care homes for the future.

FORTH VALLEY NHS BOARD

TUESDAY 25 JANUARY 2022

6.3 Recovery & Performance Scorecard For Assurance

Executive Sponsor: Mrs Cathie Cowan, Chief Executive

Author: Ms Kerry Mackenzie, Head of Policy & Performance

Executive Summary

The overall approach to performance within NHS Forth Valley underlines the principle that performance management is integral to the delivery of quality improvement and core to sound management, governance, and accountability. The Recovery & Performance Scorecard is presented to enable the NHS Board to fulfil its responsibility in respect of effective monitoring of system-wide performance.

Recommendation

The Forth Valley NHS Board is asked to:

- **note** the current key performance issues
- **note** the detail within the Recovery & Performance Scorecard

Key Issues to be Considered

The Recovery & Performance Scorecard considers our System-Wide Remobilisation Plan which sets out how we safely continue the resumption of services whilst taking account of the different ways in which we have been working during the pandemic and considers the ongoing impact as we move forward. Additionally, there is a focus on establishing more of a 'norm' going forward with the inclusion of monthly key performance measures.

The scorecard format has been developed to provides a comprehensive 'at a glance' view of measures. Work is on-going to ensure accuracy of data, that all the definitions and reporting periods remain appropriate and meaningful, and that suggested additions are included where possible. A further review will be scheduled in the new year.

The scorecard is circulated to the System Leadership Team (SLT) and the Non-Executive Directors of the Board on a weekly basis with a full monthly update presented to the NHS Board and Performance & Resources Committee.

Scorecard format

- Notes have been included describing the scorecard headings and providing definitions and detail in relation to the indicators and targets
- The scorecard is split by Recovery Measures, Key Performance Measures, and Response Measures with associated graphs/run charts where relevant
- The majority of Recovery and Response measures are reported on a weekly basis
- Key Performance Measures, which include the eight key standards that are most important to patients, are designed to support the overall recovery position and provide a month on month progress overview

- The eight key standards are: 12 week outpatient target, Diagnostics, 12 week treatment time guarantee, cancer targets, access to Psychological Therapies, access to Child & Adolescent Mental Health Services and Accident & Emergency 4-hour wait
- Where a Forth Valley wide measure is reported any areas of challenging performance within a specialty will be highlighted in the narrative
- Measures, Graphs and Key Performance Issues narrative are linked and should be viewed collectively
- Work to include a Scotland comparison where possible is continuing
- Work is still being undertaken to establish detailed data in respect of one new measure i.e., clinic utilisation

Performance Issues

• *Unscheduled Care*

Overall compliance with the 4 hour target in December 2021 was 68.4%; Minor Injuries Unit 99.3%, Emergency Department 58.3%. A total of 1900 patients waited longer than the 4 hour target across both the ED and Minor Injuries Unit (MIU); with 293 waits longer than eight hours and 43 waits longer than 12 hours. This is a significant reduction from the November position of 482 and 92 respectively. The main reason for patients waiting beyond 4 hours remains wait for first assessment with a cohort of 1282 patients.

The position within ED continues to be challenging with variation in performance.

• *Scheduled Care*

At the end of December 2021, 52.3% of patients were waiting less than 12 weeks for a first appointment; a slight deterioration from the previous month. Activity against the agreed Remobilisation Plan trajectory highlights the cumulative position from April to December 2021 as 94% compliance.

In December 2021, the number of inpatients/daycases waiting reduced to 3,126 with an increase in those waiting beyond 12 weeks to 1,380. Activity against the agreed Remobilisation Plan trajectory highlights the cumulative position from April to December 2021 as 86% compliance.

At the end of December 2021: 1771 patients were waiting beyond 6 weeks for imaging with 65% compliance; 311 patients were waiting beyond 6 weeks for endoscopy with 47.2% compliance.

Cancer target compliance:

- 62-day target – 80.3% in November 2021, which is a slight improvement in performance compared to the October position of 79.0%
- 31-day target – 100% in November 2021

• *Psychological Therapies*

In December 2021, 52.6% of patients started treatment within 18 weeks of referral. This is an improvement from the previous month however below the performance in December 2020 of 57.4%. The remobilisation plan trajectory of 60% was not met in December 2021

A robust programme of work is in place to support improvements including engagement with the Scottish Government's Enhanced Support Programme.

• *Child & Adolescent Mental Health Services*

In December 2021, 69.2% of patients started treatment within 18 weeks of referral. This is an improvement from 58.8% in November 2021 and from 31.7% in December 2020. The remobilisation plan trajectory of 45% was exceeded in December 2021. Urgent referrals and those who have experienced longer waits continue to be prioritised which can adversely impact on the performance against the 90% 18-week referral to treatment standard.

A multi-level improvement plan is in place with NHS Forth Valley receiving a tailored

- **Workforce**

The sickness absence target is 4.0% with NHS Forth Valley working towards a local milestone target of 4.5% agreed at the Staff Governance Committee. Absence remains above the target at 6.78% in November 2021 and is an increase from 6.555% the previous month.

The absence for Coronavirus reasons is noted as 1.78% in November 2021; a slight increase from 1.77% in October. Total absence for November 2021 is 8.56%, an increase from a total of 8.32% in October 2021.

- **Delayed Discharges**

The December 2021 census position in relation to standard delays (excluding Code 9 and guardianship) is 70 delays; a decrease from 85 in November. There was a total of 30 code 9 and guardianships with no infection codes noted. In addition, there were nine code 100 patients (These patients are undergoing a change in care setting and should not be classified as delayed discharges however are monitored).

The number of bed days occupied by delayed discharges (excluding code 9 and 100) at the December 2021 census was 2046, this is an increase from 1965 in November.

- **Test & Protect**

The Test and Protect Service continues to work well linking with health protection who manage the more complex cases. We continue to have 32 staff daily 8am to 8pm working to support timely contact with the use of a shorter script for Contact Tracers to work through and Text Messaging to inform contacts. Despite a reduction in the number of cases the service remains busy.

- **Covid-19 Vaccination**

The Covid-19 vaccination programme continues in line with Scottish Government guidance and Joint Committee on Vaccination and Immunisation (JCVI) recommendations. The programme continues to be delivered along with the Covid-19 booster programme taking account of guidance received.

The Flu Vaccination programme commenced in September and has been extended this year to include more eligible groups.

Financial Implications

Financial implications and sustainability are being considered within the overall remobilisation agenda working closely with Scottish Government colleagues. The Finance Report is a standing item on the Forth Valley NHS Board meeting agenda.

Financial Breakeven is detailed on the Strategic Risk Register as a Very High risk for NHS Forth Valley. As such it is reviewed and managed as a risk assigned to the Performance & Resources Committee.

- SRR.005: Financial Breakeven - If NHS Forth Valley 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.

Workforce Implications

Overarching workforce plan in place to support remobilisation plans along with a focus on staff health and wellbeing.

Risk Assessment

COVID-19 remobilisation is noted as a Strategic Risk and as such is considered through the Strategic Risk Register as a risk assigned to the Performance & Resources Committee.

- SRR.012: COVID-19 Remobilisation - If NHS Forth Valley does not deliver an effective re-mobilisation plan in response to COVID-19 there is a risk we fail to manage demand on services and miss opportunities for long term change / improvement

In terms of performance there are also direct links to SRR.002 Unscheduled Care and SRR.004 Scheduled Care. The Strategic Risk Register Update is a regular item on the Performance & Resources Committee agenda.

Relevance to Strategic Priorities

Re-mobilise, Recover, Re-design: The Framework for NHS Scotland, published on 31 May 2020, continues to provide the over-arching context for our remobilisation planning, including the principles and objectives for safe and effective mobilisation.

The draft Remobilisation Plan version 4 was submitted to the Scottish Government along with a number of supporting documents on 7 October 2021. The purpose was to provide an opportunity to review and update our System-Wide Remobilisation Plan 3 to ensure that it continues to reflect the current situation, six months into 2021/2022. Whilst at the same time recognising the uncertainties in relation to the on-going Covid-19 Pandemic, and the substantial developments which have been undertaken over a short period of time. In a letter to the Chief Executive on 19 November 2021, John Burns highlighted that the Scottish Government was content with our System-Wide Remobilisation Plan October 2021 to March 2022. The updated plan will inform the regular engagement which already takes place between Scottish Government Policy Teams and relevant service leads.

The NHS Recovery Plan 2021 – 2026 was published on 25 August 2021. The Plan sets out key headline ambitions and actions to be developed and delivered now and over the next 5 years with a focus on ensuring the process of recovery also delivers long term sustainability.

Equality Declaration

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

Further to an evaluation it is noted that:

- Paper is not relevant to Equality and Diversity

Consultation Process

The System-Wide Remobilisation Plan has been informed by our senior clinical and non-clinical decision makers in primary and community care, health and social care partnerships, acute hospital and support services, and their service specific mobilisation plans.

The Recovery Scorecard Short Life Working Group, led by the Medical Director, met on 23 August to review the scorecard. The revised Recovery & Performance Scorecard was endorsed by the Performance & Resources Committee. The scorecard will be reviewed in Spring 2022.

Scorecard Detail

Target Type	FV - Local target/measure set and agreed by NHS Forth Valley; SG_R - Target/measure set by Scottish Government in relation to remobilisation planning; SG - Target/measure set by Scottish Government
Frequency	Frequency of monitoring in relation to scorecard
Measure	Brief description of the measure
Date	Date measure recorded
Target	Agreed target position
Current Position	As at date
Previous Position	Previous month, week or day dependent on frequency of monitoring
Run Chart	✓ - indicates run chart associated with measure is available
Key to Direction of travel	▲ - Improvement in period or better than target ▼ - Deterioration in period or below target ◄► - Position maintained

Indicator Definitions and Detail

Emergency Department Attendances Mental Health	Attendances at A&E with a cause of injury recorded as Intentional Self Harm
Emergency Department (ED)	Hospital department which typically provides a consultant-led, 24 hour service with full resuscitation facilities and designated accommodation for the reception of emergency patients. Collectively the term Accident and Emergency (A&E) Services includes the following site types: Emergency Departments (EDs); Minor Injury Units (MIU); community A&Es or community casualty
Accident & Emergency (A&E)	departments that are GP or nurse led; Trolleyed areas of an Assessment Unit
Unscheduled Care Definition	Unscheduled care (USC) is sometimes referred to as unplanned, urgent or emergency care, and is care which cannot be planned in advance. This can happen at any time, 24 hours a day, seven days a week.
ED Percentage Compliance	National standard for A&E waiting times is that new and unplanned return attendances at an A&E service should be seen and then admitted, transferred or discharged within four hours. This standard applies to all areas of emergency care such as EDs, assessment units, minor injury units, community hospitals, anywhere where emergency care type activity takes place. The measure is the proportion of all attendances that are admitted, transferred or discharged within four hours of arrival. 95% of patients should wait no longer than four hours from arrival to admission, discharge or transfer for A&E treatment.
Number of ED Attendances	Number of ED attendances and a target of 'Reduction' is relevant in relation to capacity and flow.
Emergency Admissions	Admission to a hospital bed following an attendance at an A&E service. November 2021 - NHS Forth Valley has made changes to the measurement which is now in line with the national data sets. Previous definition was local interpretation.
Elective Target	Average weekly projection
New Outpatient Activity	An outpatient is categorised as a new outpatient at his first meeting with a consultant or his representative following an outpatient referral. Outpatients whose first clinical interaction follows an inpatient episode are excluded.
Diagnostics	Waiting times standard is that patients should be waiting no more than six weeks for one of the eight key diagnostic tests and investigations - Xray, Ultrasound, CT, MRI, Colonoscopy, Upper Endoscopy, Lower Endoscopy, Cystoscopy
Unavailability	Unavailability, for patients without a date for treatment, is a period of time when the patient is unavailable for treatment. Unavailability can be for medical or social reasons
Did Not Attend (DNA)	A patient may be categorised as did not attend (DNA) when the hospital is not notified in advance of the patient's unavailability to attend on the offered admission date, or for any appointment.
Treatment Time Guarantee (TTG)	There is a 12 week maximum waiting time for the treatment of all eligible patients who are due to receive planned treatment delivered on an inpatient or day case basis
Clinical Priority - P1, P2, P3, P4	Applicable to elective TTG patients as part of the implementation of COVID-19 Clinical Prioritisation Framework P1a - Procedure (for surgical patients) or admission (medical patients) needed within 24 hours P1b - Procedure (for surgical patients) or admission (medical patients) needed within 72 hours P2 - Clinical assessment determines procedure (for surgical patients) or admission (medical patients) required within 4 weeks P3 - Clinical assessment determines procedure (for surgical patients) or admission (medical patients) required within 12 weeks P4 - Clinical assessment determines procedure (for surgical patients) or admission (medical patients) may be safely scheduled after 12 weeks
Readmissions	This is the measure of patients readmitted as an emergency to a medical/surgical specialty within 7 days or 28 days of the index admission. Emergency readmissions as a percentage of all admissions. The 18 Weeks RTT is a whole journey waiting time standard from initial referral to the start of treatment. The standard has been determined by the Scottish Government and states that 90.0% of patients should have a completed pathway within 18 weeks.
Psychological Therapy 18 week RTT	The 18 Weeks RTT is a whole journey waiting time standard from initial referral to the start of treatment. The standard has been determined by the Scottish Government and states that 90.0% of patients should have a completed pathway within 18 weeks.
Child & Adolescent Mental Health Services (CAMHS) 18 week RTT	The percentage occupancy is the percentage of average available staffed beds that were occupied by inpatients during the period.
Bed Occupancy	
Average Length of Stay	This is the mean length of stay (in days) experienced by inpatients in FVRH Acute wards, does not include MH or W&C.
Sickness Absence	Hours lost due to sickness absence / total hours available (%)
Absence for Covid-19 reasons	Coronavirus absences are recorded as Special Leave they are not included within the sickness absences figures. Therefore the absence for Covid-19 reasons is hours lost due to Covid-19/ total hours available (%)

Delayed Discharge	A delayed discharge is a hospital inpatient who has been judged clinically ready for discharge by the responsible clinician in consultation with all agencies involved in planning that patient's discharge, and who continues to occupy the bed beyond the ready for discharge date
Bed Occupancy	The percentage occupancy is the percentage of average available staffed beds that were occupied by inpatients during the period. 85% is the nationally agreed standard supporting optimum flow
Number of deaths death in hospital since start of outbreak	Cumulative number of deaths in hospital since the start of the outbreak
Number of deaths since start of outbreak - all locations	Weekly provisional figures on deaths registered where coronavirus (COVID-19) was mentioned on the death certificate in Scotland. Figures are based on date of registration. Week runs from Monday to Sunday. Locations include Care Home, Home/non-institution, Hospital, Other institution e.g prison
Hospital staff testing	The number of eligible staff tested in specilaist cancer wards.
Care Home Testing - Staff	Recording of the number of staff tested against the number of staff eligible and available for testing as a percentage – Only staff who are at work in the care home should be included and those staff who are not at work for any reason should be excluded from this number e.g. annual leave, sick leave, days off, self-isolating or working elsewhere.
Index Case	The first documented case in a group of related cases or potential cases.
Flu Vaccinations	The number carried out as a percentage of the eligible cohort. The target is described as the estimated take up rate as a percentage
COVID Vaccination Programme	The percentage of the number eligible for the vaccine vaccinated with 1st dose and 2nd dose

<div><div>Key Performance Issues</div><div>Unscheduled Care</div><div>Overall compliance with the 4 hour target in December 2021 was 68.4%; Minor Injuries Unit 99.3%, Emergency Department 58.3%. A total of 1900 patients waited longer than the 4 hour target across both the ED and Minor Injuries Unit (MIU); with 293 waits longer than eight hours and 43 waits longer than 12 hours. This is a significant reduction from the November position of 482 and 92 respectively. The main reason for patients waiting beyond 4 hours remains wait for first assessment with a cohort of 1282 patients. Note that this is as a result of issues in relation to flow and system pressures. Wait for a Bed accounted for 271 patients waiting beyond 4 hours with Clinical Reasons accounting for 145 breaches.</div><div>The weekly position is detailed in the Recovery Measures with graph U1 & U2 highlighting the position over time in respect of ED attendance and compliance, noting an increasing trend in the number of attendances. Average daily attendances for December 2021/January 2022 are 142 compared with 112 for December 2020/January 2021. Attendances however have not reached pre-Covid rates with average daily attendances in December 2019/January 2020, 179. Recovery Graph U3 details the number of patients seen out with the 4 hour waiting time standard noting an improvement over the last month. The most recent full week figures highlight compliance with 4 hour ED standard as 74.8% with the overall Health Board position 82.1%. The position within ED continues to be challenging with variation in performance. A number of factors continue to impact on flow through ED including bed occupancy, length of stay, delayed discharges, and time of discharge. Daily meetings continue to review any urgent actions required to improve the system capacity and flow. The focus on patient and staff safety continues.</div><div>A comprehensive Unscheduled Care Update was presented to the Performance & Resources Committee on 18 January 2022 led by the Medical Director. Background and context were provided in respect of the current position along with detail of the National unscheduled care workstreams of Redesign of Urgent Care, Interface and Discharge without Delay.</div><div>Also described was the programme of redesign being undertaken as part of NHS Forth Valley’s plan to improve the unscheduled care performance through a series of three programmes; Access, Optimise Flow and Transfer. The programmes are aligned to key drivers and to an overarching vision of ‘Transforming Our Care’. The Access programme will see the Emergency Department reviewed in its totality including pathways into and out of ED. Key 30, 60, 90 day actions are in place to support transformation. A further update will be presented to the Performance & Resources Committee in 2022.</div></div>
<div><div>Scheduled Care</div><div>NHS Forth Valley, in line with the rest of NHS Scotland, continues to prioritise and treat those patients most in need of surgery with the application of clinical prioritisation to support appropriate, timely and safe care - Priority level 1a - Procedure (for surgical patients) or admission (medical patients) needed within 24 hours; Priority level 1b - Procedure (for surgical patients) or admission (medical patients) needed within 72; Priority level 2 - Clinical assessment determines procedure (for surgical patients) or admission (medical patients) required within 4 weeks; Priority level 3 - Clinical assessment determines procedure (for surgical patients) or admission (medical patients) required within 12 weeks; Priority level 4 - Clinical assessment determines procedure (for surgical patients) or admission (medical patients) may be safely scheduled after 12 weeks.</div><div>In early January 2022, in a bid to reduce pressure across the Forth Valley Royal Hospital site and to free up staff to support critical health services a number of non-urgent operations were postponed over a four to six week period. Postponed operations will be rescheduled as quickly as possible with the aim of giving any patients affected a new date for their surgery no later than 6 weeks after their original date. This action has been taken in response to a significant increase in Covid-19 infections which has resulted in a high number of staff absences and added to existing service pressures. This temporary measure will help protect vital emergency, cancer care and other critical health services. It will also free up capacity to deal with an anticipated increase in the numbers of patients who may require to be admitted to hospital with coronavirus related illnesses whilst helping to maintain vital services for patients with other serious illnesses and injuries who require urgent care and treatment.</div><div>At the end of December 2021, there were 16,569 patients waiting for a first outpatient appointment; 7,897 of which were waiting beyond 12 weeks. 52.3% of patients were waiting less than 12 weeks for a first appointment; a slight deterioration from the previous month. Activity against the agreed Remobilisation Plan trajectory highlights the cumulative position from April to December as 94% compliance. Compliance against the plan for the month of December is 109%</div><div>In December 2021, the number of inpatients/daycases waiting reduced to 3,126 with an increase in those waiting beyond 12 weeks to 1,380. Activity against the agreed Remobilisation Plan trajectory highlights the cumulative position from April to December as 86% compliance. Compliance against the plan for the month of December is 110%</div></div>
<div><div>Diagnostics</div><div>Imaging</div><div>At the end of December 2021, 1771 patients were waiting beyond the 6 week standard for imaging which is 65% compliance. Activity against the agreed Remobilisation Plan trajectory highlights the cumulative position from April to December as 105% compliance. The position for December 2021 is 89% compliance. Following a significant increase in the numbers of CT and Ultrasound requests from June 2021 onwards the department continues to work to increase activity and address the long waiters. Patients are being seen on a priority basis and the number waiting beyond 6 weeks is being monitored on a weekly.</div><div>Endoscopy</div><div>At the end of December, 311 patients were waiting beyond 6 weeks for endoscopy with 47.2% compliance. Activity against the agreed Remobilisation Plan trajectory highlights the cumulative position from April to December as 117% compliance with the position in December 61% compliance against plan. The total number of patients waiting for endoscopy has remained static over the last 3 months.</div></div>

Cancer

Urgent elective outpatient, daycase and inpatient services to support suspected cancer presentations continue with robust monitoring in place in relation to additions to the 62 day and 31 day cancer pathways. The number of patients being tracked on the 62-day cancer pathway remains significant with just under 1300 patients tracked at this time. The number of confirmed cancer cases is 127.

The November 2021 position is noted as:
-62-day target – 80.3% which is a slight improvement in performance compared to the September position of 79.0%
-31-day target – 100%

The position for the July to September 2021 quarter is that 82.1% of patients were treated within 62 days of referral with a suspicion of cancer. This is noted to be a decrease from the previous quarter. During the same period, 97.2% of patients were treated within 31 days of the decision to treat.

The Performance & Resources Committee received a cancer services performance update in August 2021. The current and future challenges were discussed along with innovations and improvements planned to support the service. A further update to the committee is scheduled for 1 March 2022.

Unavailability

Monitoring of patient unavailability is an Audit Scotland recommendation and refers to the percentage of outpatient or inpatient/daycase unavailability as a proportion of the total waiting list size.

-0utpatient unavailability in December 2021 was 0.6% of the total waiting list
-Inpatient/daycase unavailability in December 2021 was 6.9%. The unavailability rate is equal to or less than 7.0% for all specialties with the exception of Vascular 13.6%, ENT 10.0%, Pain Management 9.5%, Oral Maxillofacial Services 8.9% and Orthopaedics 7.7%. Note that the number of patients unavailable in theses specialties is less than 10 except for Orthopaedics (75 patients) and Oral Maxillofacial Services (13 patients). This position is monitored on an ongoing basis.

Did Not Attend (DNA)

The new outpatient DNA rate across acute services in December 2021 is noted as 7.6% which is a slight decrease from the November position of 7.8%. The Scotland position is noted as 7.4%. Variation across specialties is note with rates ranging from 21.1% to 0%. In terms of the number of DNAs the biggest impact can be seen in Ophthalmology 10.5% (65 patients), Dermatology 10.0% (61 patients), Urology 9.2% (34 patients), ENT 8.7% (68 patients) and General Surgery 7.1% (72 patients).

The return outpatient DNA rate across acute services in December 2021 was 6.6%. Of note is the high number of DNAs in Ophthalmology with 262 patients, Orthopaedics 108 and Dermatology 106 patients although there are also significant DNAs in Orthodontics and Diabetes.

Psychological Therapies

In December 2021, 52.6% of patients started treatment within 18 weeks of referral. This is an improvement from the previous month however below the performance in December 2020 of 57.4%. The remobilisation plan trajectory of 60% was not met in December 2021 however the number of Beating the Blues and SilverCloud contacts recorded does not fully represent December activity. Due to staff absence, activity was recorded retrospectively and is not captured in this report. It is anticipated that the January report will be complete.

In the quarter ending September 2021 the published 18 week referral to treatment standard comparison is Scotland 87.2%; Forth Valley 62.1%.

As one of the Board areas receiving a programme of enhanced support, NHS Forth Valley submitted a comprehensive Psychological Therapies Improvement Plan to the Scottish Government. This provides details of improvement actions, anticipated trajectories and plans for use of the allocation from the Mental Health Recovery & Renewal Fund.

A full programme of improvement actions is in place and includes:
- Use of Netcall to complete a waiting list validation exercise.
- Introduction of Netcall appointment reminders by text.
- Introduction of online therapeutic groups.
- Mainstreaming of Near Me and telephone appointments as long-term options for patients.
- Development of the NHS Forth Valley public website mental health pages to include signposting and access to online packages.
- Continuation of the Primary Care Support Service established during covid, providing rapid access to short-term psychologically informed support.
- A visible focus on staff wellbeing, both because it is the right thing to do and because of the positive impact on recruitment and retention.

An update was presented to the Performance & Resources Committee in April 2021 with a further update scheduled for June 2022.

Child and Adolescent Mental Health Services (CAMHS)

In December 2021, 69.2% of patients started treatment within 18 weeks of referral. This is an improvement from 58.8% in November 2021 and from 31.7% in December 2020. The remobilisation plan trajectory of 45% was exceeded in December 2021. Urgent referrals and those who have experienced longer waits continue to be prioritised which can adversely impact on the performance against the 90% 18-week referral to treatment standard.

In the quarter ending September 2021 the published 18 week referral to treatment standard comparison is Scotland 78.6%; Forth Valley 64.4%.

Work continues to prioritise urgent referrals and children for young people who have experienced longer waits with the aim of clearing the waiting list backlog by 31 March 2023. The Performance & Resources Committee received a comprehensive update in October detailing the position in respect of referrals, waiting list and activity along with the complexities involved in the delivery of CAMHS. A further update will be scheduled in 2022.

NHS Forth Valley submitted an Improvement Plan to the Scottish Government in September 2021 detailing improvement actions and anticipated trajectories. The improvement work planned, and the implementation of Choice and Partnership Approach will have an impact on RTT performance with a reduction in performance anticipated. This is as a result of the need to tackle the waiting list based on prioritising those waiting longest. The measurement for the teams to determine performance will be the reduction in longest wait and reduction of waiting list.

Workforce

The sickness absence target is 4.0% with NHS Forth Valley working towards a local milestone target of 4.5% agreed at the Staff Governance Committee. Absence remains above the target at 6.78% in November 2021 and is an increase from 6.55% the previous month and from 5.66% in November 2020. The 12 month rolling average December 2020 to November 2021 is: NHS Forth Valley 6.07%; Scotland 5.36%.

Coronavirus absences are recorded as Special Leave and are not included within the sickness absences figures. The absence for Coronavirus reasons is noted as 1.78% in November 2021; a slight increase from 1.77% in October 2021. Total absence for November 2021 is 8.56%, an increase from a total of 8.32% in October 2021.

The management of absence and the improvement of staff wellbeing remain key priorities for NHS Forth Valley. A multidisciplinary improvement programme is on-going along with the establishment of a partnership working group. Support is being provided to staff at work, to staff self-isolating, to staff within the shielding category and to enable home working.

Issues in relation to workforce are examined and discussed at the quarterly Staff Governance Committee.

Delayed Discharges

The weekly delayed discharge position (all delays) is detailed in recovery measure graph V3 under better value and highlights the volatile situation in respect of delays.

The December 2021 census position in relation to standard delays (excluding Code 9 and guardianship) is 70 delays; a decrease from 85 in November. There was a total of 30 code 9 and guardianships with no infection codes noted. In addition, there were nine code 100 patients (These patients are undergoing a change in care setting and should not be classified as delayed discharges however are monitored).

The number of bed days occupied by delayed discharges (excluding code 9 and 100) at the December 2021 census was 2046, this is an increase from 1965 in November. Local authority breakdown is noted as Clackmannanshire 277, Falkirk 761, and Stirling 640. There were a further 368 bed days occupied by delayed discharges for local authorities’ out with Forth Valley.

The reasons for delay (excluding code 9) are noted as:

Clackmannanshire

- 7 - awaiting care packages for home (5 patients over two weeks and 2 under two weeks)
- 1 - awaiting housing adaptations (over two weeks)

Stirling

- 4 – allocated and assessment commenced (4 patients over two weeks and 2 under two weeks)
- 4 - await move to Care Home (4 patient over two weeks)
- 12 – awaiting care packages for home (6 patients over two weeks and 6 under two weeks)

Falkirk

- 4 - awaiting move to care homes - (3 patients are over two weeks and 1 under two weeks)
- 15 - awaiting care packages for home (3 patients over two weeks and 12 under two weeks)
- 17 - allocated and assessment commenced (8 patients over two weeks and 9 under two weeks)
- 12-awaiting move to Intermediate Care bed (under two weeks)
- 1 - awaiting AWI case conferences (Legal Reasons) (under 2 weeks)

Significant focus remains on the delayed discharge position to support flow of patients through Forth Valley Royal Hospital and the Community sites. Work is continuing in partnership to ensure appropriate care and to support timely discharge with care in the community, community intermediate care and community hospital facilities a high priority.

Details of the Health & Social care Partnership Recovery Planning was presented to the Performance & Resources Committee in January 2022. Actions are in place include enabling the right short term support at home through responsive community care and support, coordination of community support with less duplication and a more efficient support model, Care home multi agency working, interim placements to care homes, third sector link worker based on the acute site and review of Winter Plan template 2021/22, with implementation of agreed actions. A number of further supporting actions are being developed.

Test & Protect

The Test and Protect Service continues to work well linking with health protection who manage the more complex cases.

We continue to have 32 staff daily 8am to 8pm working to support timely contact with the use of a shorter script for Contact Tracers to work through and Text Messaging to inform contacts. Despite a reduction in the number of cases the service remains busy.

Week beginning Individual Cases (PHS)

13/12/2021 2585

20/12/2021 3549

27/12/2021 6963

03/01/2022 6473

10/01/2022 3920

A high level of compliance continues with staff and care home testing:

- Care home testing 100%
- Staff Testing – cancer services – 100%

Covid-19 Vaccination

The Covid-19 vaccination programme continues in line with Scottish Government guidance and Joint Committee on Vaccination and Immunisation (JCVI) recommendations. The programme continues to be delivered along with the Covid-19 booster programme taking account of guidance received.

The Flu Vaccination programme commenced in September and is well underway. The campaign has been extended this year to include more eligible groups and is anticipated to reach approximately 3.5 million people.

A full vaccination programme update was presented to the Performance & Resources Committee in January 2022 detailing progress with the Vaccination Transformation Programme, the Covid vaccination programme and uptake rates.

Percentage coverage for 18+ years is noted as: First Vaccination 94.1%, Second Vaccination 90.9% and Booster or Third Vaccination 74.7%.

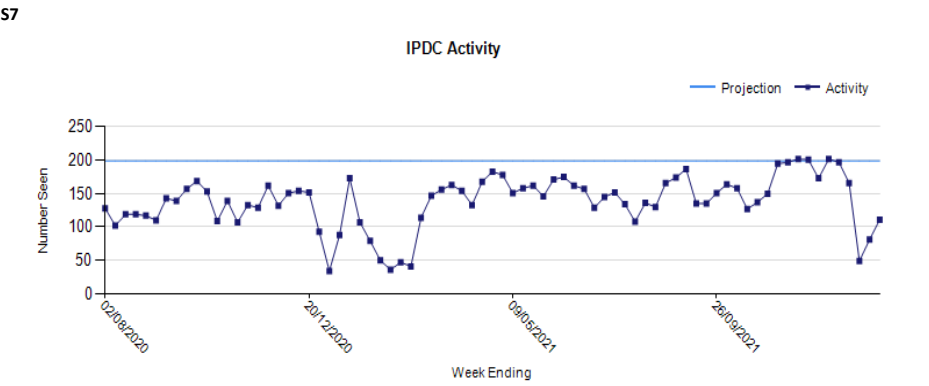
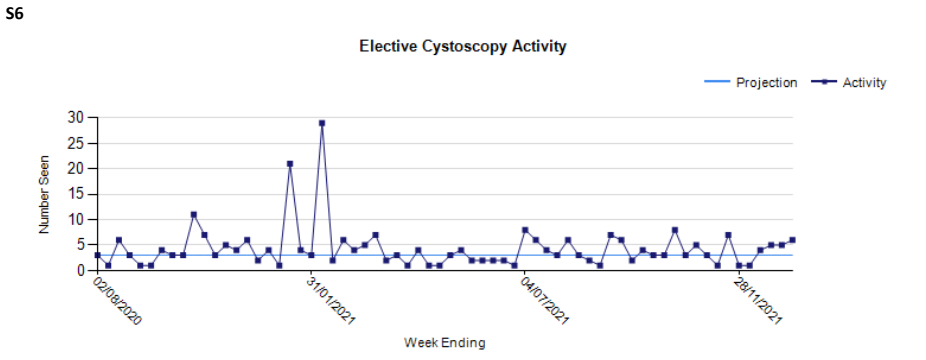
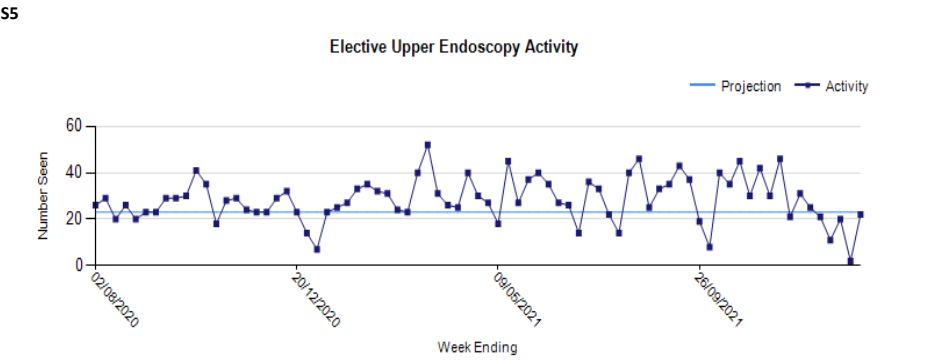
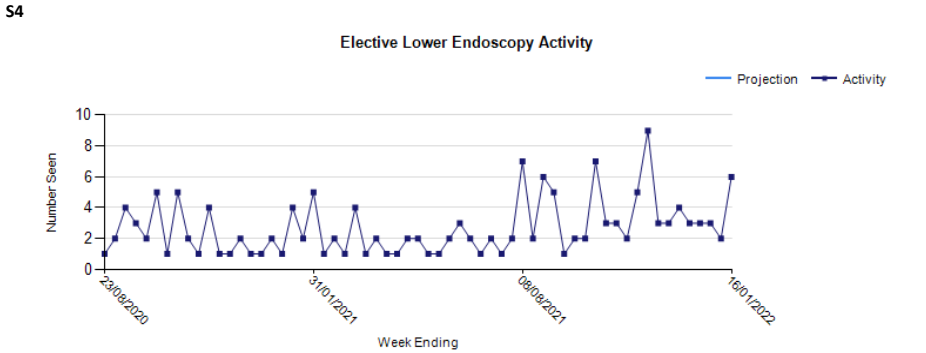
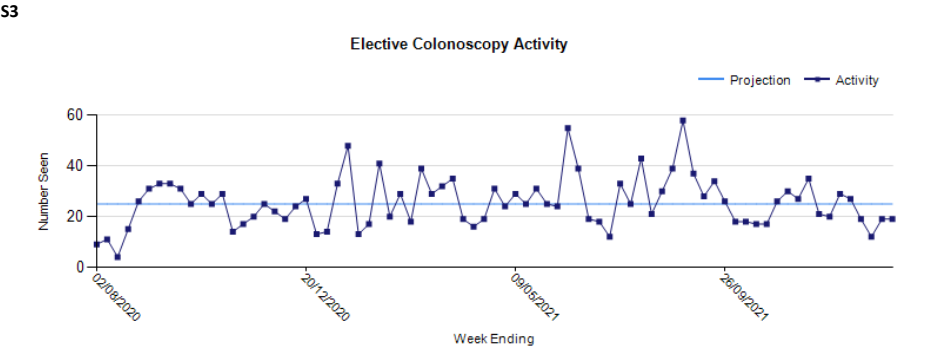
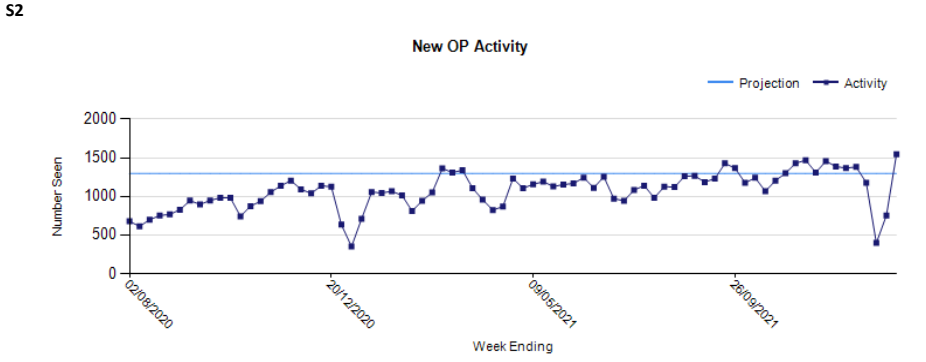
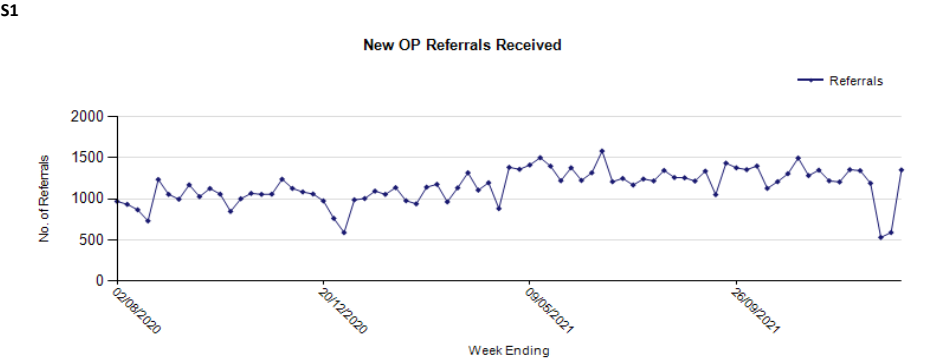
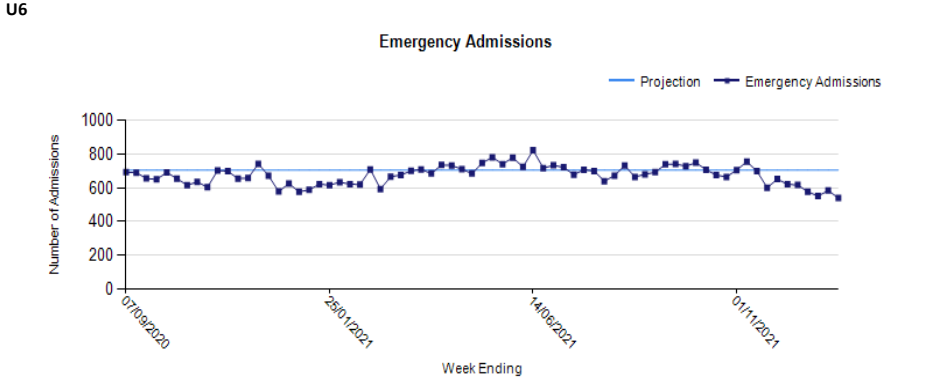
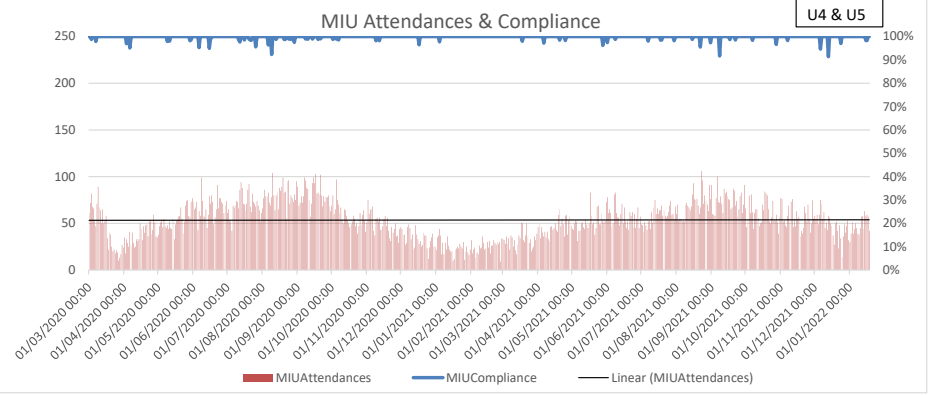
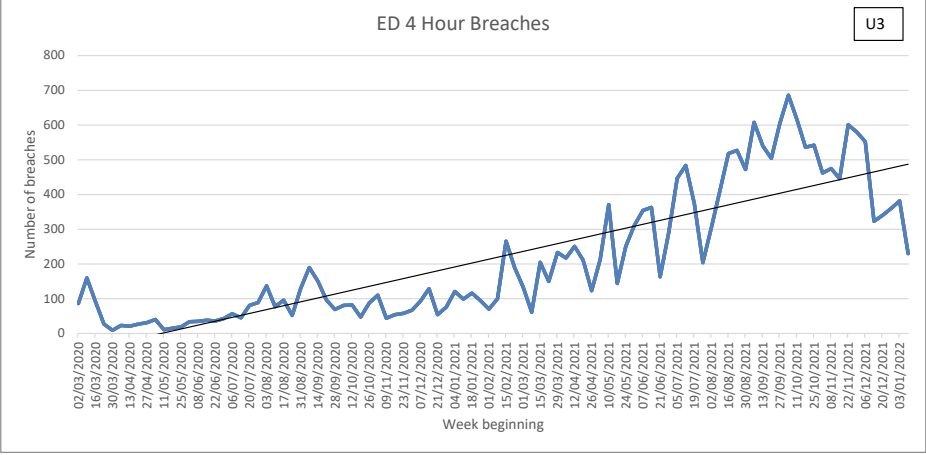
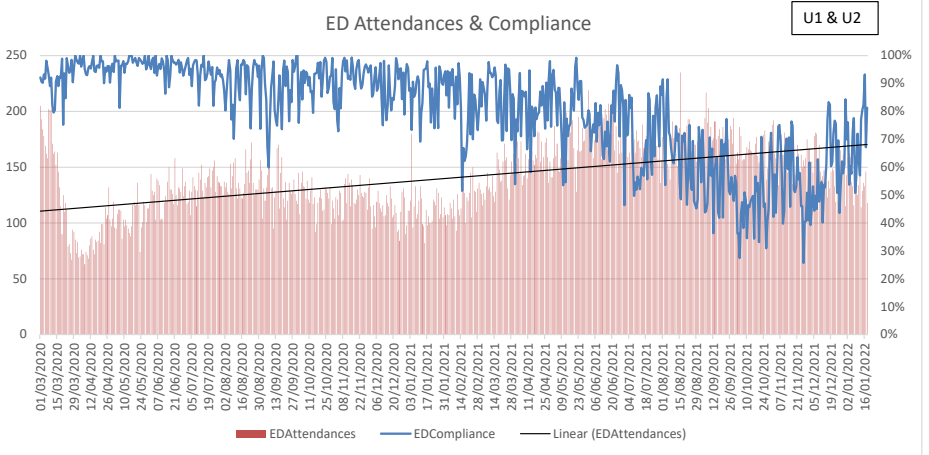
Percentage coverage for 12+ years is noted as: First Vaccination 92.7%, Second Vaccination 87.4% and Booster or Third Vaccination 69.2%.

KEY RECOVERY MEASURES

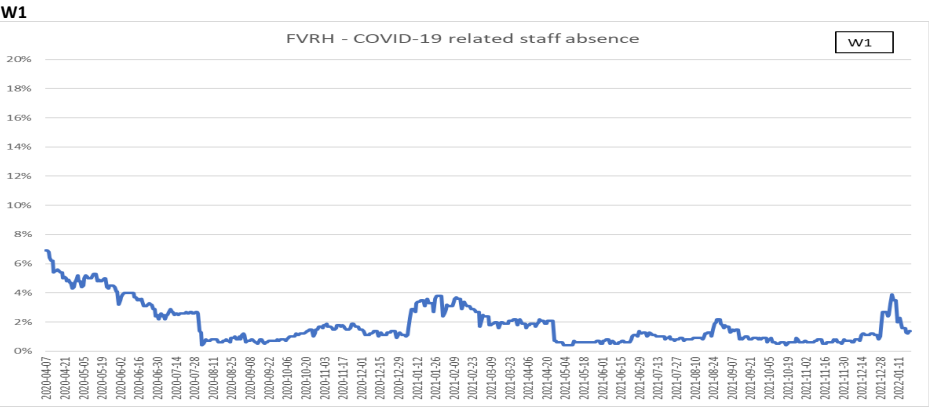
BETTER CARE									
REF	Target Type	FREQUENCY	MEASURE	DATE	TARGET	CURRENT POSITION	PREVIOUS POSITION	RUN CHART	DIRECTION OF TRAVEL
UNSCHEDULED CARE				Week commencing					
U1	SG_R	Weekly	ED percentage compliance against 4 hour access target	10-Jan-22	95%	74.8%	60.8%	✓	▲
U2	SG_R	Weekly	Number of ED Attendances	10-Jan-22	Reduction	913	974	✓	▲
U3	SG_R	Weekly	Number that waited >4 hours in ED	10-Jan-22	Reduction	230	382	✓	▲
U4	SG_R	Weekly	Minor Injuries Unit percentage compliance against 4 hour target	10-Jan-22	98%	99.5%	100.0%	✓	▼
U5	SG_R	Weekly	Number of Minor Injuries Unit Attendances	10-Jan-22	-	384	306	✓	-
U6	SG_R	Weekly	Number of Emergency Admissions	10-Jan-22	707	540	585	✓	▲
SCHEDULED CARE									
Outpatients									
S1	SG_R	Weekly	New Outpatient Referrals Received	10-Jan-22	-	1369	602	✓	▼
S2	SG_R	Weekly	New Outpatient Activity (number of patients)	10-Jan-22	1164	1547	752	✓	▲
Diagnostics									
S3	SG_R	Weekly	Elective Colonoscopy Activity (number of patients)	10-Jan-22	61	19	19	✓	◀▶
S4	SG_R	Weekly	Elective Sigmoidoscopy Activity (number of patients)	10-Jan-22	2	6	2	✓	▲
S5	SG_R	Weekly	Elective Upper Endoscopy Activity (number of patients)	10-Jan-22	34	22	2	✓	▲
S6	SG_R	Weekly	Elective Cystoscopy Activity (number of patients)	10-Jan-22	2	6	0	✓	▲
Inpatients & Day cases									
S7	SG_R	Weekly	Inpatient/Daycase Activity (number of patients)	03-Jan-22	181	111	81	✓	▲
S8	SG_R	Monthly	Inpatient/Daycase Activity (number of patients)	31-Dec-21	-	723	863	-	▼
TTG Clinical Prioritisation									
	SG_R	Monthly	Clinical Priority 1a - surgery or admission within 24 hours/ 1b - within 72 hours	01-Dec-21 to 31-Dec-21	-	1	1	-	-
	SG_R	Monthly	Clinical Priority 2 - surgery or admission within 4 weeks)		-	171	191	-	-
	SG_R	Monthly	Clinical Priority 3 - surgery or admission within 12 weeks		-	204	214	-	-
	SG_R	Monthly	Clinical Priority 4 - surgery or admission may safely be scheduled after 12 weeks)		-	347	457	-	-
BETTER WORKFORCE									
REF		FREQUENCY	MEASURE	DATE	TARGET	CURRENT POSITION	PREVIOUS POSITION	RUN CHART	DIRECTION OF TRAVEL
W1	FV	Weekly	FVRH - percentage staff absence related to COVID-19	20-Jan-22	Reduction	1.4%	1.8%	✓	▲
BETTER VALUE									
REF		FREQUENCY	MEASURE	DATE	TARGET	CURRENT POSITION	PREVIOUS POSITION	RUN CHART	DIRECTION OF TRAVEL
V1	FV	Weekly	Number of Delayed Discharges at FVRH	10-Jan-22	Reduction	46	46	✓	◀▶
V2	FV	Weekly	Number of Delayed Discharges at Community Units	10-Jan-22	Reduction	82	73	✓	▼
V3	SG	Weekly	Total Delayed Discharges at census - Standard, Code 9 & Guardianship	20-Jan-22	Reduction	89	92	✓	▲
			Falkirk	20-Jan-22	Reduction	57	55	✓	▼
			Clackmannanshire	20-Jan-22	Reduction	4	8	✓	▲
			Stirling	20-Jan-22	Reduction	28	29	✓	▲
V4	FV	Weekly	% Bed Occupancy - FVRH	10-Jan-22	85%	110.9%	108.2%	✓	▼
V5	FV	Weekly	% Bed Occupancy - Assessment Units	10-Jan-22	85%	100.7%	107.5%		▲
V6	FV	Weekly	% Bed Occupancy - ICU	10-Jan-22	85%	82.0%	89.5%	✓	▲
FINANCE									
Regular and comprehensive updates provided by Director of Finance at System Leadership Team, Performance & Resources Committee and the NHS Board									

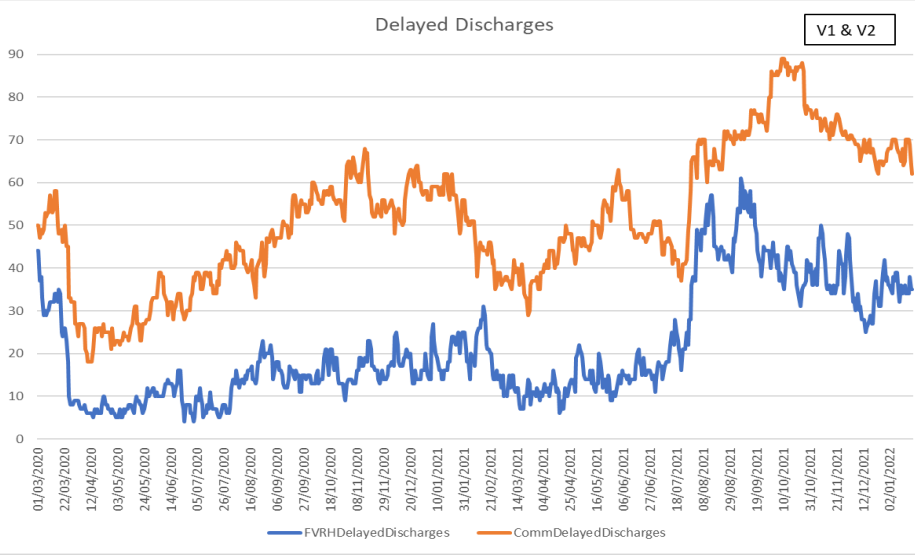
RECOVERY GRAPHS

Better Care

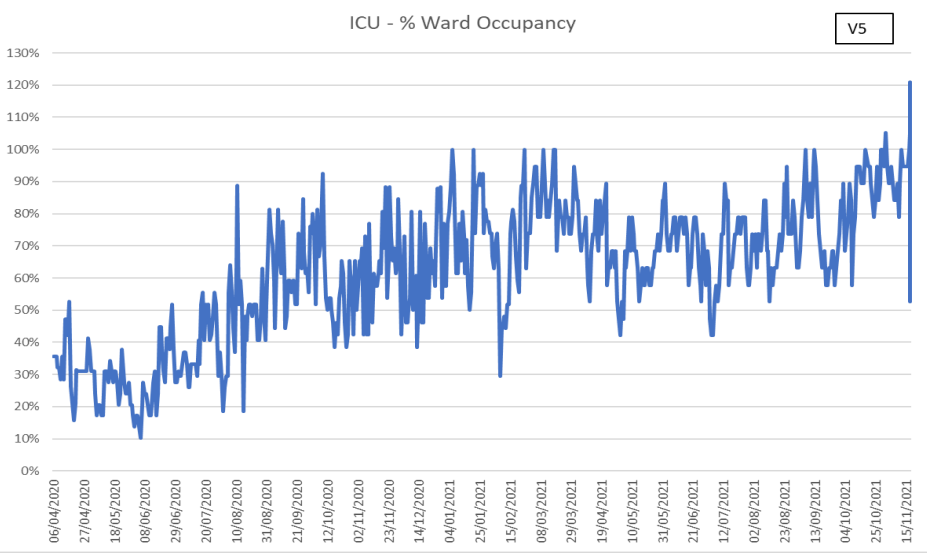
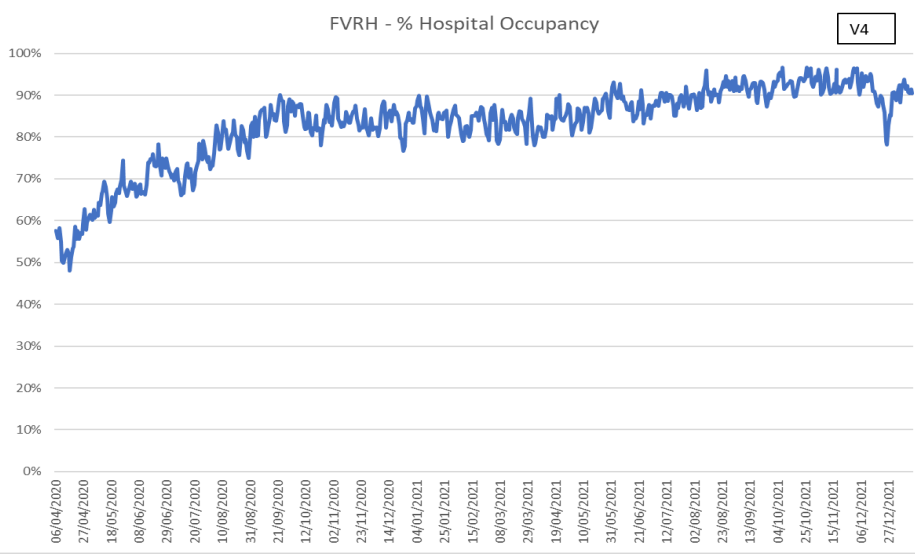
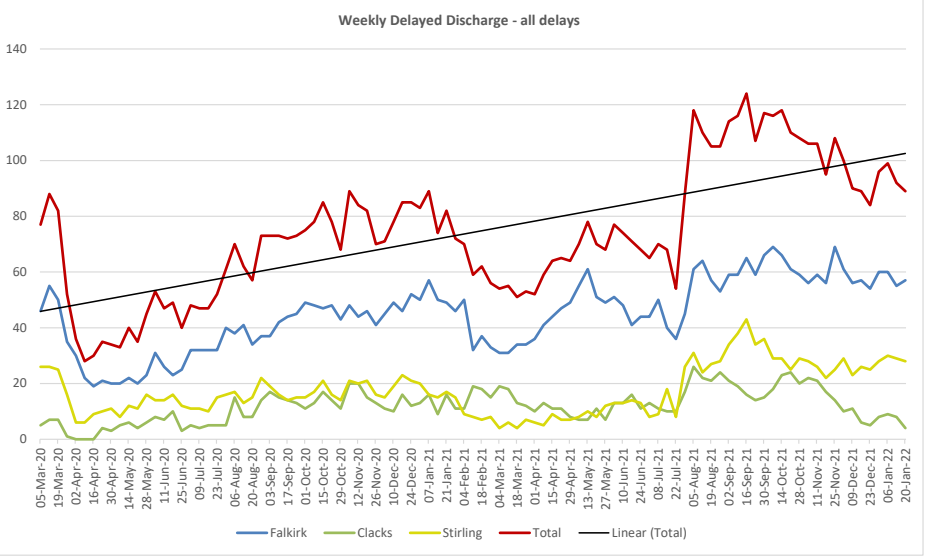


Better Workforce





V3

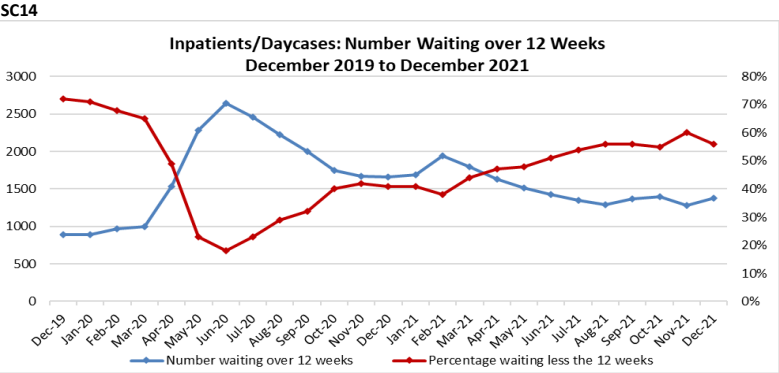
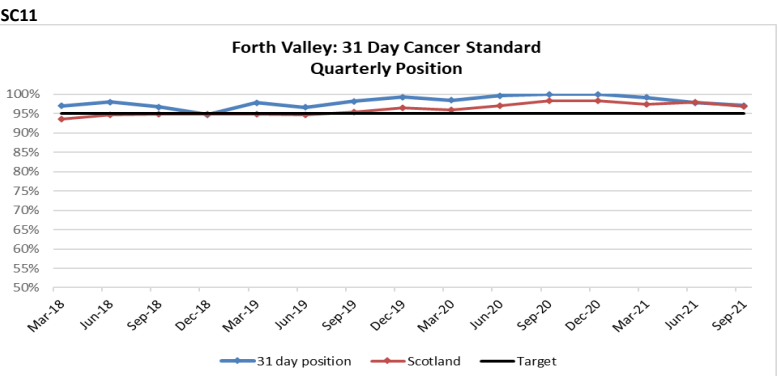
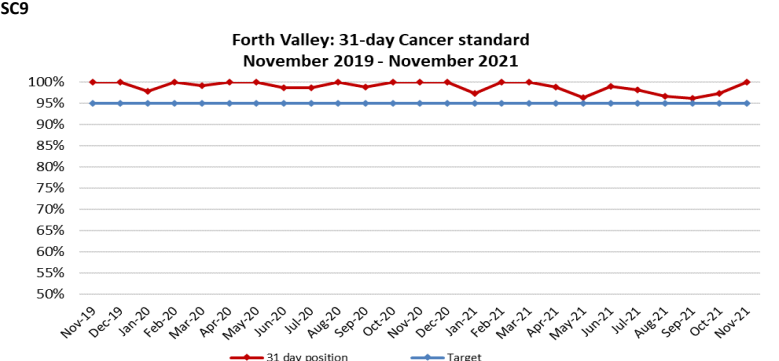
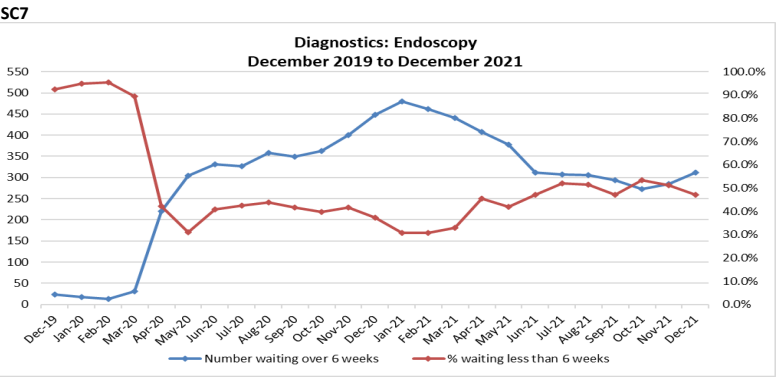
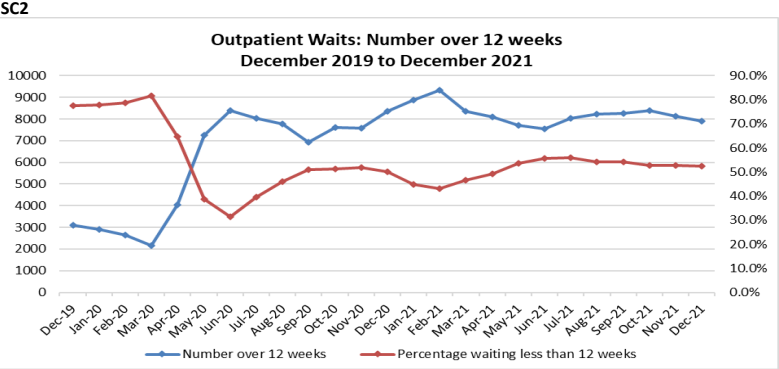
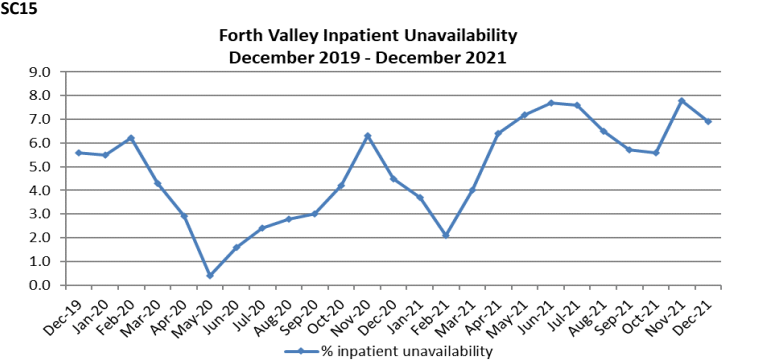
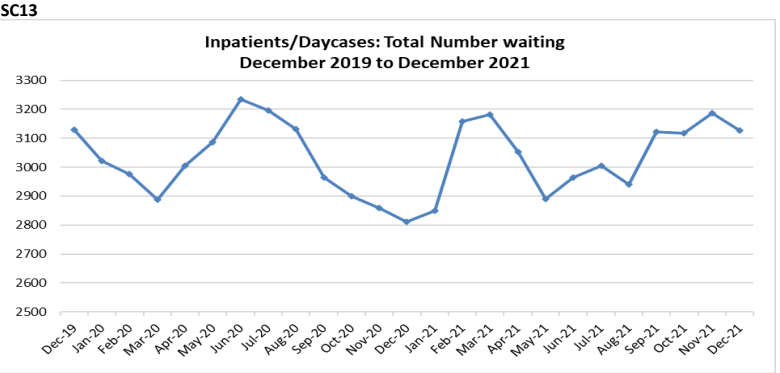
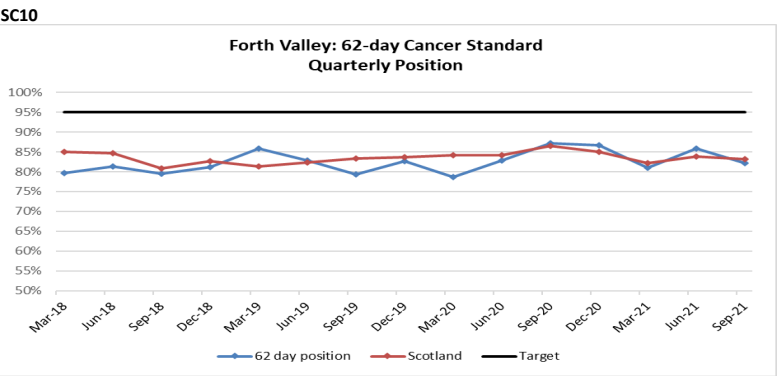
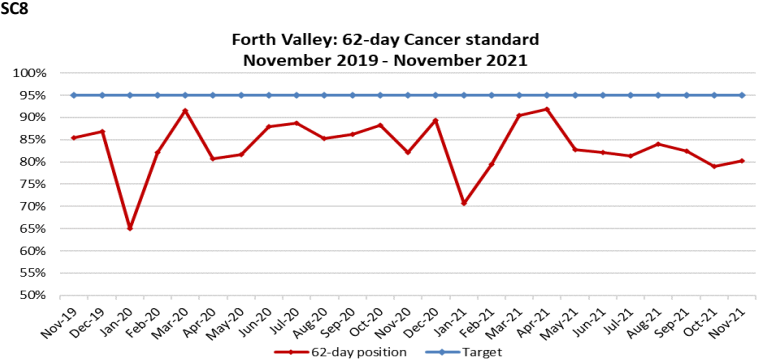
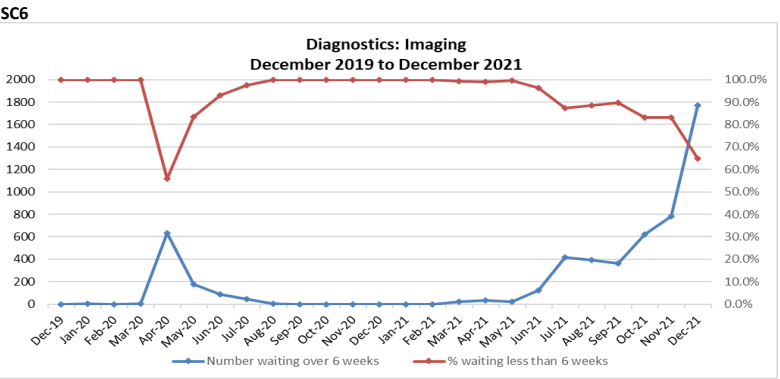
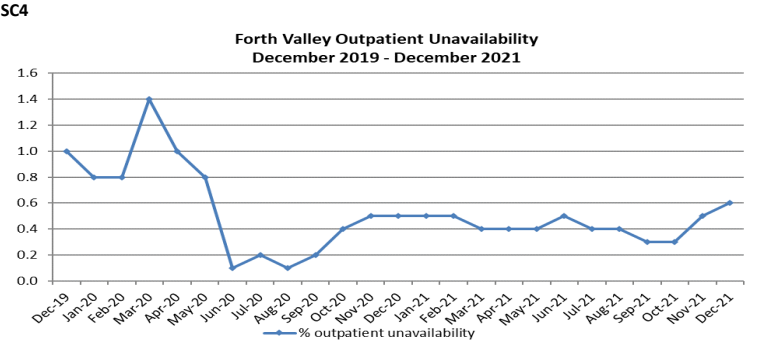
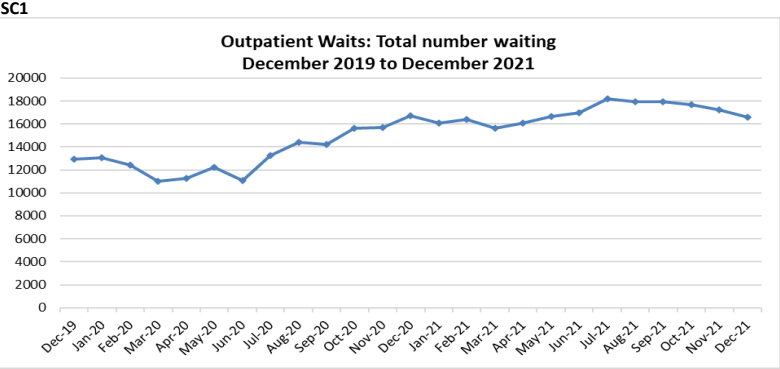
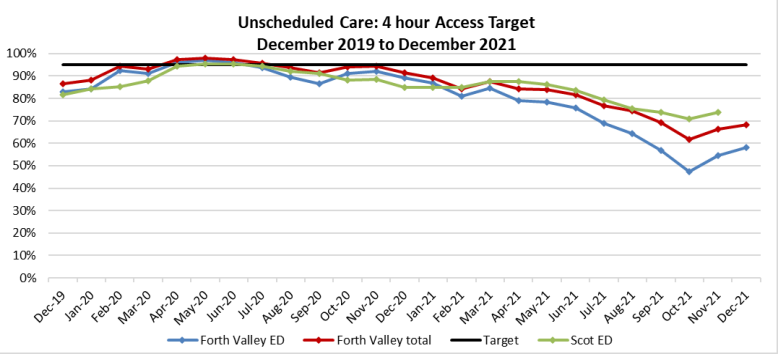


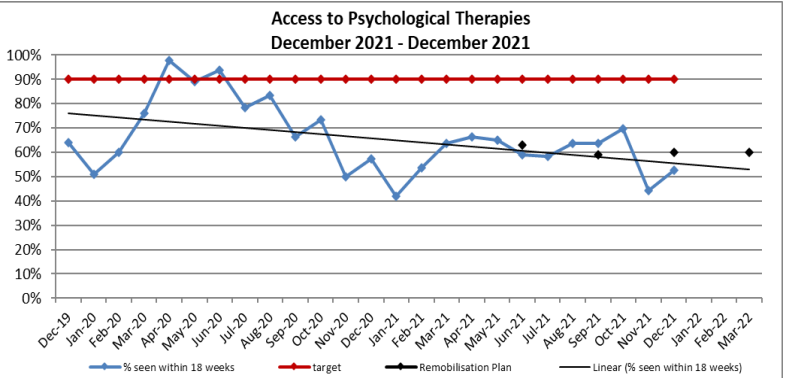
KEY PERFORMANCE MEASURES COVID-19

BETTER CARE									
REF	Target Type	FREQUENCY	MEASURE	DATE	TARGET	CURRENT POSITION	PREVIOUS POSITION	RUN CHART	DIRECTION OF TRAVEL
UNSCHEDULED CARE									
US1	FV	Monthly	Number of ED attendances - Mental Health	31-Dec-21	-	79	90	-	-
US2	FV	Monthly	Emergency Department % compliance against 4 hour access target - Mental Health	31-Dec-21	95%	43.0%	43.3%	-	▼
US3	SG	Monthly	Emergency Department % compliance against 4 hour access target	31-Dec-21	95%	58.3%	54.4%	✓	▲
US4	SG	Monthly	NHS Forth Valley Overall % compliance against 4 hour target	31-Dec-21	95%	68.4%	66.3%	✓	▲
US5	SG	Monthly	Minor Injuries Unit % compliance against 4 hour target	31-Dec-21	95%	99.3%	99.9%	-	▼
SCHEDULED CARE									
Outpatients									
SC1	SG	Monthly	Total Number of New Outpatients Waiting	31-Dec-21	Reduction	16,569	17,208	✓	▲
SC2	SG	Monthly	Number of New Outpatients waiting over 12 weeks	31-Dec-21	Reduction	7,897	8,132	✓	▲
SC4	Audit	Monthly	Outpatient Unavailability	31-Dec-21	Monitor	0.6%	0.3%	✓	▼
SC5	FV	Monthly	New Acute Services Outpatient % DNA	31-Dec-21	5%	7.6%	7.8%	-	▲
	FV	Monthly	Return Acute Services Outpatient % DNA	31-Dec-21	5%	6.6%	6.4%	-	▼
Diagnostics									
SC6	SG	Monthly	Percentage waiting less than 42 days - Imaging	31-Dec-21	100%	65.0%	83.0%	✓	▼
		Monthly	Number waiting beyond 42 days - Imaging	31-Dec-21	0	1771	783	-	▼
SC7	SG	Monthly	Percentage waiting less than 42 days - Endoscopy	31-Dec-21	100%	47.2%	51.1%	✓	▼
		Monthly	Number waiting beyond 42 days - Endoscopy	31-Dec-21	0	311	284	-	▼
Cancer									
SC8	SG	Monthly	62 Day Cancer Target - Percentage compliance against target	30-Nov-21	95%	80.3%	79.0%	✓	▲
SC9	SG	Monthly	31 Day Cancer Target - Percentage compliance against target	30-Nov-21	95%	100.0%	97.3%	✓	▲
SC10	SG	Quarterly	62 Day Cancer Target - Percentage compliance against target	30-Sep-21	95%	82.1%	85.9%	✓	▼
SC11	SG	Quarterly	31 Day Cancer Target - Percentage compliance against target	30-Sep-21	95%	97.2%	97.8%	✓	▼
Inpatients & Day cases									
SC12	SG	Monthly	Number of patients that waited >12 weeks - Completed Wait - quarterly	31-Dec-21	0	956	771	-	-
	SG	Monthly	% Compliance with 12 week TTG Standard - quarterly	31-Dec-21	100%	51.9%	59.7%	-	-
SC13	SG	Monthly	Total Number of Inpatients/Day cases Waiting	31-Dec-21	Reduction	3,126	3,186	✓	▲
SC14	SG	Monthly	Number of Inpatients/Day cases waiting over 12 weeks	31-Dec-21	Reduction	1,380	1,282	✓	▼
SC15	Audit	Monthly	Inpatient/Day case Unavailability	31-Dec-21	Monitor	6.9%	7.8%	✓	▲
Readmissions									
R1	FV	Monthly	Readmissions - Surgical 7 day	31-Dec-21	-	3%	3%	-	◀▶
	FV	Monthly	Readmissions - Surgical 28 day	31-Dec-21	-	7%	6%	-	▼
	FV	Monthly	Readmissions - Medical 7 day	31-Dec-21	-	1%	1%	-	◀▶
	FV	Monthly	Readmissions - Medical 28 day	31-Dec-21	-	3%	4%	-	▲
MENTAL HEALTH									
MH1	SG	Monthly	Psychological Therapies - 18 week RTT compliance	31-Dec-21	90%	52.6%	44.2%	✓	▲
MH2	SG	Monthly	Child & Adolescent Mental Health Services - 18 week RTT compliance	31-Dec-21	90%	69.2%	58.8%	✓	▲
BETTER WORKFORCE									
REF		FREQUENCY	MEASURE	DATE	TARGET	CURRENT POSITION	PREVIOUS POSITION	RUN CHART	DIRECTION OF TRAVEL
WF1	SG	Monthly	Overall Absence	30-Nov-21	4.5%	6.78%	6.55%	✓	▼
WF2	SG_R	Monthly	COVID-19 related absence - number of employees	30-Nov-21	-	554	563	-	▲
WF3	FV	Monthly	Absence for Covid-19 reasons	30-Nov-21	-	1.78%	1.77%	✓	▼
BETTER VALUE									
REF		FREQUENCY	MEASURE	DATE	TARGET	CURRENT POSITION	PREVIOUS POSITION	RUN CHART	DIRECTION OF TRAVEL
VA1	FV	Monthly	Delayed Discharges - excl. Code 9 & Guardianship (Standard Delays)	31/12/021	Reduction	70	85	✓	▲
			Falkirk	31/12/021	Reduction	38	48	✓	▲
			Clackmannanshire	31/12/021	Reduction	8	14	✓	▲
			Stirling	31/12/021	Reduction	20	20	✓	◀▶
			Outwith Forth Valley	31/12/021	Reduction	4	3	✓	▼
VA2	FV		Code 9 & Guardianship Delays	31/12/021	Reduction	30	28	✓	▼

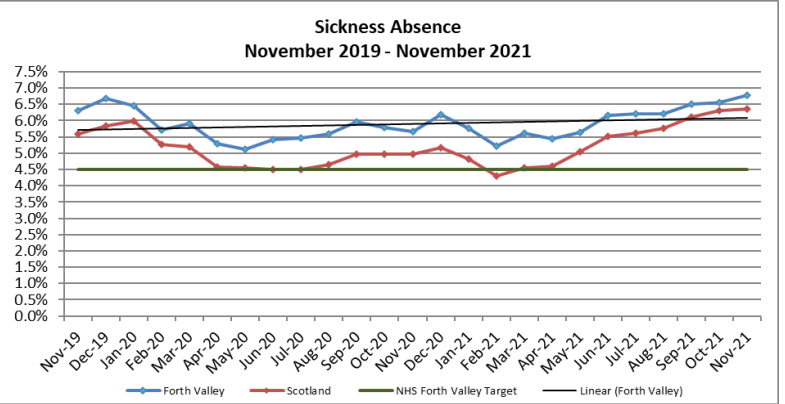
MONTHLY KEY PERMANCE GRAPHS

Better Care
US3 & 4

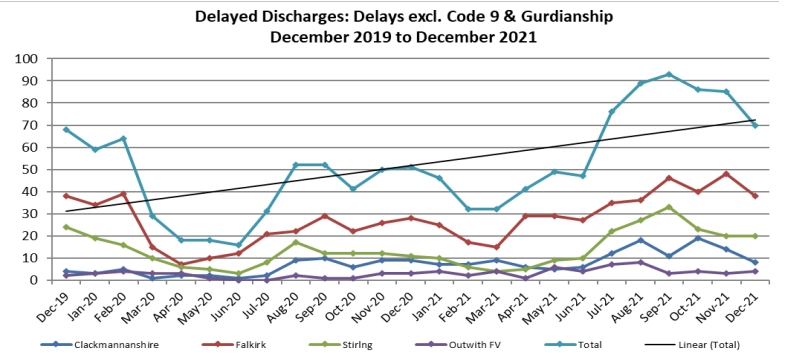




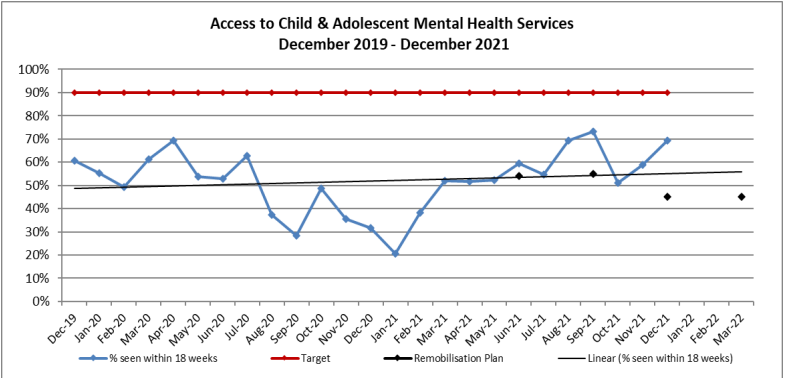
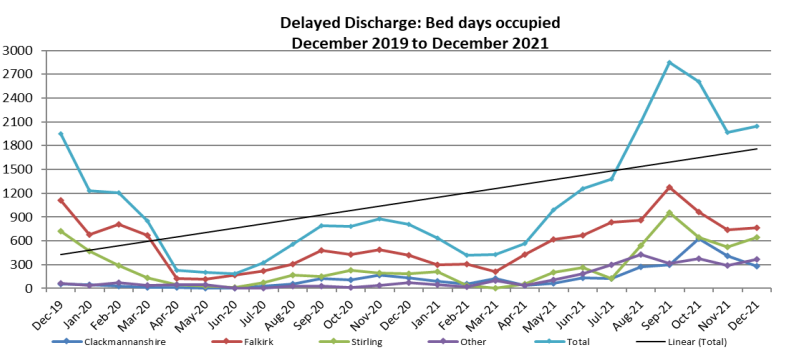
WF1



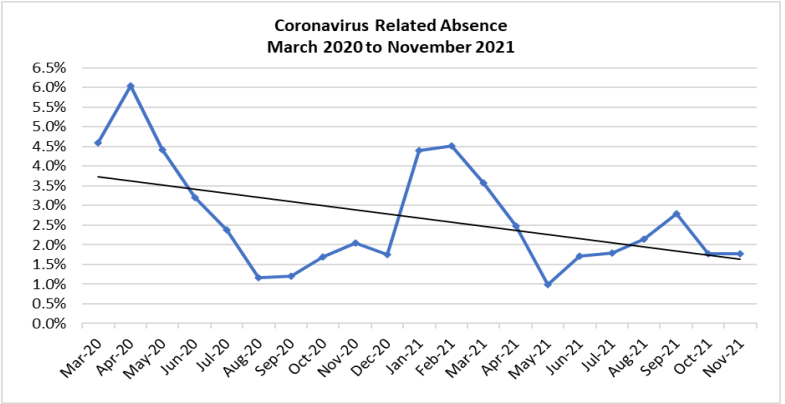
VA1



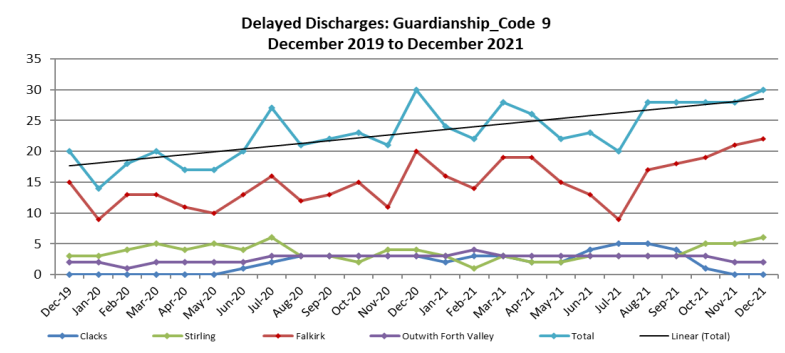
VA3



WF3

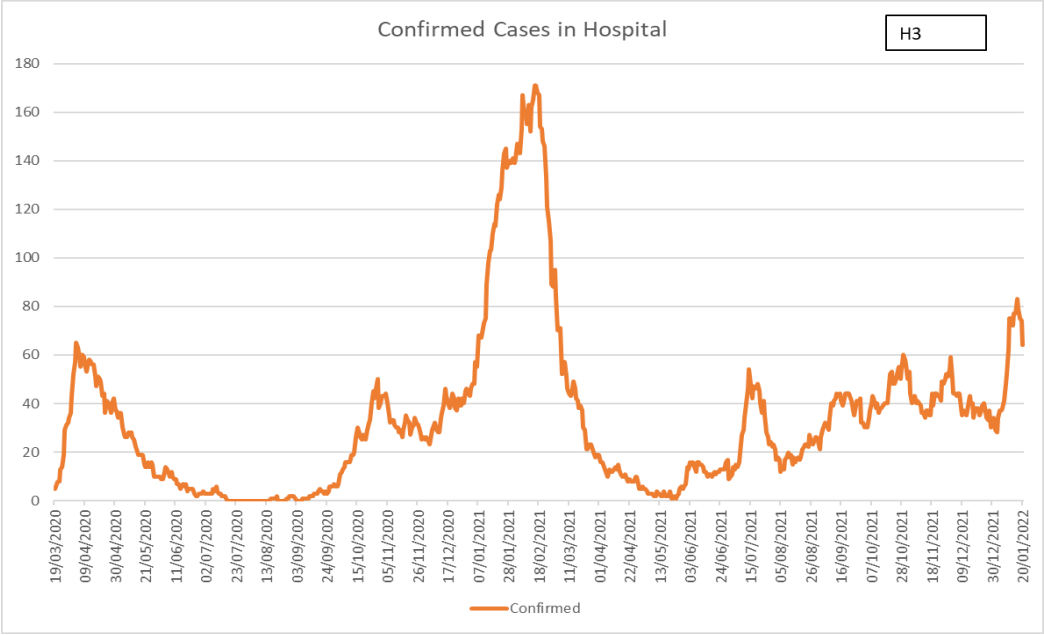
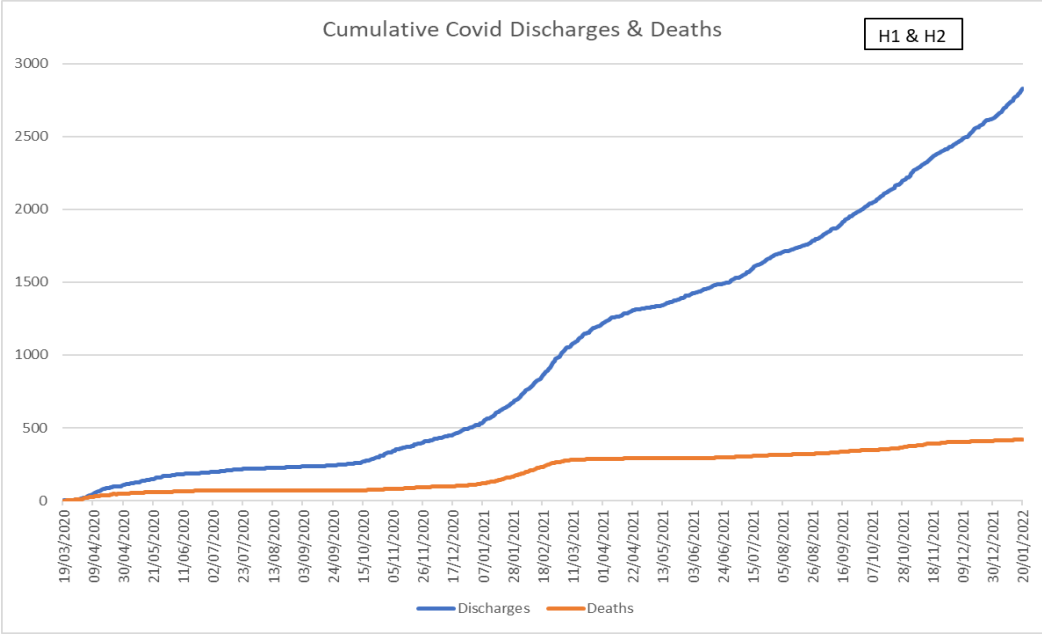


VA2



KEY RESPONSE MEASURES COVID-19

BETTER HEALTH									
REF	Target Type	FREQUENCY	MEASURE	DATE	TARGET	CURRENT POSITION	PREVIOUS POSITION	RUN CHART	DIRECTION OF TRAVEL
H1	FV	Daily	Number of deaths in hospital since start of outbreak	20-Jan-22	-	421	416	✓	-
H2	FV	Weekly	Number of deaths since start of outbreak by local authority - total	10-Jan-22	-	760	753	-	-
			Number of deaths since start of outbreak by local authority						
		Weekly	Falkirk	10-Jan-22	-	417	410	-	-
		Weekly	Clackmannanshire	10-Jan-22	-	143	143	-	-
		Weekly	Stirling	10-Jan-22	-	200	200	-	-
H3	FV	Weekly	Number of new confirmed COVID-19 patients in hospital	10-Jan-22	Decrease	110	110	✓	◀▶
H4	FV	Weekly	Number of confirmed COVID-19 cases in hospital over the 7 day period	10-Jan-22	Decrease	152	118	-	▼
H5	FV	Weekly	Number of confirmed COVID-19 cases ICU over the 7 day period	10-Jan-22	Decrease	5	7	-	▲
H6	FV	Weekly	Number of COVID-19 positive patients ventilated over the 7 day period	10-Jan-22	Decrease	2	3	-	▲
H7	FV	Weekly	Total number of patients ventilated over the 7 day period	10-Jan-22	-	10	15	-	▲
Test & Protect									
T1	SG	Weekly	Staff Testing Numbers - Cancer	13-Jan-22	-	100.0%	100.0%	-	◀▶
T2	SG	Weekly	Care Home Testing - Staff - Total	06-Dec-21	70%	100.6%	100.4%	-	▼
			Care Home Testing - staff - by Partnership						
		Weekly	Falkirk	06-Dec-21	-	100.6%	104.9%	-	▼
		Weekly	Clackmannanshire and Stirling	06-Dec-21	-	100.7%	96.7%	-	▲
T3	SG	Weekly	Contact Tracing - unique contacts within Health Board	10-Jan-22	-	3920	6473	-	-
T4	SG	Weekly	Percentage of Index Cases reached within 24 hours	10-Jan-22	-	80.9%	76.7%	-	-
T5	SG	Weekly	Percentage of Index Case interviewed to complete within 24 hours	10-Jan-22	-	81.5%	78.1%	-	-
COVID Vaccination Programme - Percenatge of number eligible vaccinated						1st Dose		2nd Dose	
						20-Jan-22	13-Jan-22	20-Jan-22	13-Jan-22
CV1	SG	Weekly	Age 80 and over	20-Jan-22	-	99%	99%	97%	97%
CV2	SG	Weekly	Age 75 to 79	20-Jan-22	-	102%	102%	101%	101%
CV3	SG	Weekly	Age 70 to 74	20-Jan-22	-	103%	103%	102%	102%
CV4	SG	Weekly	Age 65 to 69	20-Jan-22	-	97%	97%	96%	96%
CV5	SG	Weekly	Age 60 to 64	20-Jan-22	-	102%	102%	101%	101%
CV6	SG	Weekly	Age 55 to 59	20-Jan-22	-	101%	101%	100%	100%
CV7	SG	Weekly	Age 50 to 54	20-Jan-22	-	95%	95%	94%	94%
CV8	SG	Weekly	Age 40 to 49	20-Jan-22	-	90%	90%	88%	88%
CV9	SG	Weekly	Age 30 to 39	20-Jan-22	-	90%	90%	85%	85%
CV10	SG	Weekly	Age 18 to 29	20-Jan-22	-	81%	81%	76%	75%
CV11	SG	Weekly	Age 16 to 17	20-Jan-22	-	88%	88%	65%	63%
CV13	SG	Weekly	Total	20-Jan-22	-	93%	93%	90%	90%
CV12	SG	Weekly	Age 12 to 15	20-Jan-22	-	73%	72%	43%	29%
Note that individuals may fall into more than one of the cohorts below									
CV15	SG	Weekly	At highest risk clinically extremely vulnerable	20-Jan-22	-	97%	97%	96%	96%
CV16	SG	Weekly	Unpaid carer	20-Jan-22	-	95%	95%	93%	93%
PPE									
Weekly update received. Currently no issues however the position will be kept under review									
CRITICAL MEDICINES									
Daily update however currently no issues. The position will be kept under review									



FORTH VALLEY NHS BOARD
TUESDAY 25 JANUARY 2022

7.1 Finance Report
Seek Assurance

Executive Sponsor: Mrs Cathie Cowan, Chief Executive

Author: Mr Scott Urquhart, Director of Finance

Executive Summary

This report provides a summary of the financial position for NHS Forth Valley and an update on year end projections and risks.

Recommendation

The NHS Board is asked to:

- **note** a projected break-even financial position against revenue and capital resource limits for 2021/22 year-end, subject to key risks highlighted in the report.
- **note** an overspend of £0.018m for the eight-month period to 30th November 2021.
- **note** the updated assessment of annual COVID-19 related costs and funding, with a further return to be submitted to Scottish Government in January.

Key Issues to be considered

Issues are highlighted within the attached Finance Report.

Financial Implications

Any relevant financial implication will be discussed within the Finance Report.

Workforce Implications

Any workforce implications are highlighted within the Finance Report.

Risk Assessment

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

Relevance to Strategic Priorities

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

Equality Declaration

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

Consultation Process

Directorate Management Teams with Finance colleagues.

1.0 EXECUTIVE SUMMARY

- 1.1 NHS Boards are required to perform within the annual funding limits set by Scottish Government. The financial measures which NHS Forth Valley must operate within are:
- Revenue Resource Limit (RRL)
 - Capital Resource Limit (CRL)
 - Cash Requirement

- 1.2 The Revenue outturn projection for 2021/2022 remains consistent with previous reports at break-even against the current projected annual budget of £770.9m (ref Appendix 1), subject to the following four key issues / risks:

- 1) Variability in workforce requirements and the associated cost of temporary supplementary staffing, given high staff absence rates coupled with a sustained increase in hospital bed demand and patient care requirements. Expenditure on temporary staff (£17.1m for the eight-month period to 30th November) has increased by over 50% on the previous year and a trend analysis of workforce costs is attached at Appendix 2.
- 2) Potential reduction in diagnostic and clinical supplies costs as certain non-urgent procedures and services are postponed in order to maintain critical services. An estimate of impact will be factored into the next quarterly Covid-19 cost submission.
- 3) Finalisation of anticipated funding allocations including National Treatment Centre costs and additional Covid-19 funds.
- 4) Level of financial commitment required for annual leave buy back and carry forward as at 31st March 2022 where staff have been unable to take annual leave due to service pressures.

Note the in-year financial position to 30th November 2021 is a small overspend of £0.018m against a budget for the 8-month period of £476.621m (Appendix 1). An update on the 2022/23 financial plan will be presented to Performance and Resources Committee.

- 1.3 Responding to Covid-19 continues to drive significant additional costs across health and social care services. The latest cost forecast for 2021/22 is £54.1m and a further update is being prepared to reflect current arrangements and revised estimates for the final three months of the financial year. There remains a level of uncertainty aligned to variation in case numbers and scale of remobilisation response across services. Covid-19 related costs are being met by funds allocated via Scottish Government, largely on a non-recurring basis in 2021/22 with continued funding expected into 2022/23 to support Test and Protect staffing, Vaccination and Immunisation teams, and further service and capacity implications.
- 1.4 The pandemic has also affected the ability to deliver recurring cost savings and value improvement plans. The annual savings requirement of £32.4m is anticipated to be achieved in the current year, however a significant proportion has been met on a non-recurring basis from one-off sources including rebates and slippage which are not expected to continue beyond 2021/22.
- 1.6 The Capital outturn projection for 2021/22 remains consistent with previous reports at break-even against the current projected annual budget of £12.3m (ref Appendix 3), Expenditure to November totals £4.9m and further spend has been committed within available budget which will be reported over next 4 months. Recent discussions have taken place with Scottish Government colleagues on finalising options for the year-end.

2.0 CLINICAL DIRECTORATES

Clinical Directorates reported an overspend of £1.191m to 30th November 2021.

Directorate	Annual Budget £m	YTD Budget £m	YTD Spend £m	YTD Variance £m
Acute Services	182.542	122.594	124.132	(1.538)
Cross Boundary Flow	57.539	38.300	38.179	0.121
Community Services incl Prisons	15.955	10.449	10.316	0.133
Women & Children	48.097	33.480	33.050	0.430
Specialist Mental Health	14.976	9.958	10.788	(0.830)
Ringfenced and Contingency Budgets	47.875	0.165	0.000	0.165
Income	(24.452)	(15.550)	(15.878)	0.328
Total	342.532	199.396	200.587	(1.191)

Note these budgets include services defined as 'Set Aside'

- 2.1 Costs directly attributable to COVID-19 have been identified and matched with budget, on a non-recurring basis and work continues to develop on projected covid impact into the new financial year across key themes.
- 2.2 Acute Services report an overspend to November of £1.538m. At Forth Valley Royal Hospital there are capacity pressures at both the front door and downstream wards. In addition, there continue to be specific nurse staffing pressures giving rise to increased supplementary staffing through bank agency and overtime. Oncology prescribing remains a significant pressure with significant expenditure in month.
- 2.3 Cross Boundary Flow is £0.121m underspent to November. However there are a number of areas of financial challenge including the high costs of Cystic Fibrosis drugs. The Board have been advised by Lothian HB that eligibility for one therapy will expand its current age criteria to include those from 6 years of age, which will include a further 10 patients for Forth Valley. These costs are currently offset by underspends in outflow Service Level Agreement with Glasgow.
- 2.4 For Community Services including Prisons, an underspend to November of £0.133m is reported. This is principally due to underspends in immunisation prescribing, together with underspends in the Clinical Management Team, due to vacancies. There remain pressures in prison staffing in the Prison Service, where bank staff are used to cover vacancies.
- 2.5 The Women and Children's Directorate continues to report an underspend to November. This is driven by lower than anticipated prescribing costs, together with a number of vacancies being managed with delays in recruitment.
- 2.6 In Specialist Mental Health services, there continues to be significant staffing pressure in wards both at Bellsdyke and Forth Valley Royal Hospitals, whilst there has been some recruitment to core posts in November, there is a significant use of nurse bank staffing.

3.0 CORPORATE FUNCTIONS AND FACILITIES

Corporate functions and Facilities report an underspend of £0.180m to 30th November 2021.

Service	Annual Budget £m	YTD Budget £m	YTD Spend £m	YTD Variance £m
Facilities & Infrastructure	100.847	67.365	67.375	(0.010)
<u>Corporate Services</u>				
Director of Finance	3.626	2.418	2.333	0.085
Area Wide Services	(0.659)	(2.791)	(2.695)	(0.096)
Medical Director	8.650	5.669	5.493	0.176
Director of Public Health	3.152	1.908	1.882	0.026
Director of HR	4.636	2.810	2.698	0.112
Director of Nursing	3.437	2.256	2.299	(0.043)
Chief Executive	2.006	1.311	1.318	(0.007)
Portfolio Management Office	0.543	0.362	0.283	0.079
COVID-19	12.043	12.043	12.043	0.000
Immunisation / Other	1.590	1.060	1.202	(0.142)
Total	139.871	94.411	94.231	0.180

- 3.1 The Facilities & Infrastructure Directorate report a broadly break even position with pressures consistent with previous months reporting, principally from the provision of patient transport services, offset by reduced costs in areas driven by activity.
- 3.2 Corporate Services cover a range of services of functions including Finance, Human Resources and Public Health. There are offsetting over and underspends across these services.

4.0 HEALTH AND SOCIAL CARE PARTNERSHIPS

- 4.1 Health services in scope for Health and Social Care Partnerships report an underspend of £0.993m to 30th November 2021.

HSCP	Annual Budget £m	YTD Budget £m	YTD Spend £m	YTD Variance £m
<u>Falkirk</u>				
Operational Services	65.084	42.805	41.047	1.758
Universal Services	80.376	52.499	53.527	(1.028)
Subtotal	145.460	95.304	94.574	0.730
<u>Clackmannanshire and Stirling</u>				
Operational Services	52.917	33.987	33.036	0.951
Universal Services	82.101	53.543	54.231	(0.688)
Subtotal	135.018	87.530	87.267	0.263
TOTAL	280.478	182.834	181.841	0.993

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

pressures related to 'Set Aside' services are met by NHS Forth Valley. These services are currently captured within the Clinical Services areas of this report. Work is underway to finalise a transfer of budget and costs for medical staffing, anticipated to be in place for the beginning of the next financial year

4.3 The most recent published IJB financial reports set out the following position

- The current projected year end position for Falkirk IJB is an overspend of £0.576m (Source: November 2021 IJB papers), of which £0.755m relates to the Set Aside budget, offset by an underspend of £0.179m related to integrated health services and break-even in respect of Adult Social Care.
- The projected year end forecast position for Clackmannanshire and Stirling IJB is an overspend of £0.924m (Source: November 2021 IJB papers), comprising £0.528m on the Set Aside budget, and £0.396m relating the Integrated budget for health services and Adult Social Care.

5.0 RISK

- 5.1 Financial Risks are assessed on a quarterly basis. Work has been completed supported by the Corporate Risk Manager to review current financial risks on a "deep-dive" basis, with outcomes presented to Performance and Resources Committee in October 2021. This demonstrates how assurance can be gained by undertaking a risk criticality assessment and then identifying lines of defence, from operational management ownership through to independent assurance from Internal and External Audit. The current operational risk profile is set out in Appendix 4.

6.0 CAPITAL

- 6.1 Forecast Capital Expenditure for 2021/22 is £12.315m comprising Scottish Government Core Allocation of £6.085m, ring-fenced funding of £8.180m, forecast Property Disposal receipts of £0.150m, and a (£2.100m) adjustment in relation to Indirect Capital Expenditure charged to Revenue. (ref Appendix 3)
- 6.2 In month adjustments have been made to two confirmed allocations to the value of £0.134m in relation to additional Environmental Sustainability projects. In addition, two further anticipated allocations to the value of £0.860m have been accounted for to fund additional Medical Equipment and Energy Efficiency projects at Forth Valley Royal Hospital.

	Total £m
<u>Capital Resources</u>	
General Allocation	12.165
Property Disposals	0.150
Total Capital Resources	12.315
<u>Capital Expenditure</u>	
Expenditure to 30 th November 2021	4.944
Anticipated expenditure December 2021 to March 2022	7.371
Total Projected Expenditure	12.315

- 6.3 Total annual expenditure by category / budget area for the period 1st April to 30th November 2021 is as follows:

Elective Care – pre-construction work continues with the Elective Care project and as at 30th November expenditure remains at £0.027m. Construction work is anticipated to commence in March 2022 with facility being operational in October 2022.

Information Management & Technology – projects are underway within IM&T department as approved by the Digital & eHealth Project Board and as at 30th November 2021 the sum of £1.194m has been spent.

Medical Equipment– expenditure to date on Medical Devices equates to £0.886m including an in-month increase to the value of £0.612m.

Facilities & Infrastructure – expenditure to date within Facilities and Infrastructure equates to £2.675m, predominantly on Urgent Care redesign, Statutory Standards and Primary Care premises.

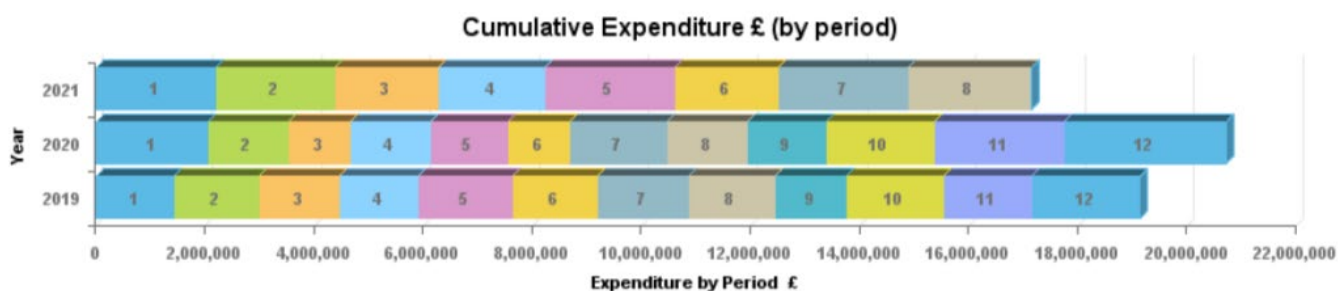
NHS Board – as at 30th November 2021 the sum of £0.050m was spent from the Dental Infrastructure fund on works to Carronshore Dental practice, and also £0.112m has been spent on additional beds to ease winter pressures and funded from an anticipated Covid-19 allocation.

Appendix 1: Revenue Financial Position as at 30th November 2021

Budget Area	Annual Budget £m	YTD Budget £m	YTD Spend £m	YTD Variance £m
NHS Services (incl Set Aside)				
<u>Clinical Services</u>				
Acute Services	182.542	122.594	124.132	(1.538)
Cross Boundary Flow	57.539	38.300	38.179	0.121
Community Services incl Prisons	15.955	10.449	10.316	0.133
Women and Children	48.097	33.480	33.050	0.430
Specialist Mental Health	14.976	9.958	10.788	(0.830)
Income	(24.452)	(15.550)	(15.878)	0.328
<u>Non- Clinical Services</u>				
Facilities and Infrastructure	100.847	67.365	67.375	(0.010)
Corporate Services	39.024	27.046	26.856	0.190
<u>Other</u>				
Ringfenced and Contingency Budgets	47.875	0.165	0.000	0.165
Partnership Funds - Falkirk	4.085	0.000	0.000	0.000
Partnership Funds - Clacks Stirling	3.917	0.000	0.000	0.000
Subtotal	490.405	293.807	294.818	(1.011)
Health & Social Care Partnerships				
Falkirk HSCP	145.460	95.304	94.574	0.730
Clacks/Stirling HSCP	135.018	87.530	87.267	0.263
Subtotal	280.478	182.834	181.841	0.993
Total	770.883	476.641	476.659	(0.018)

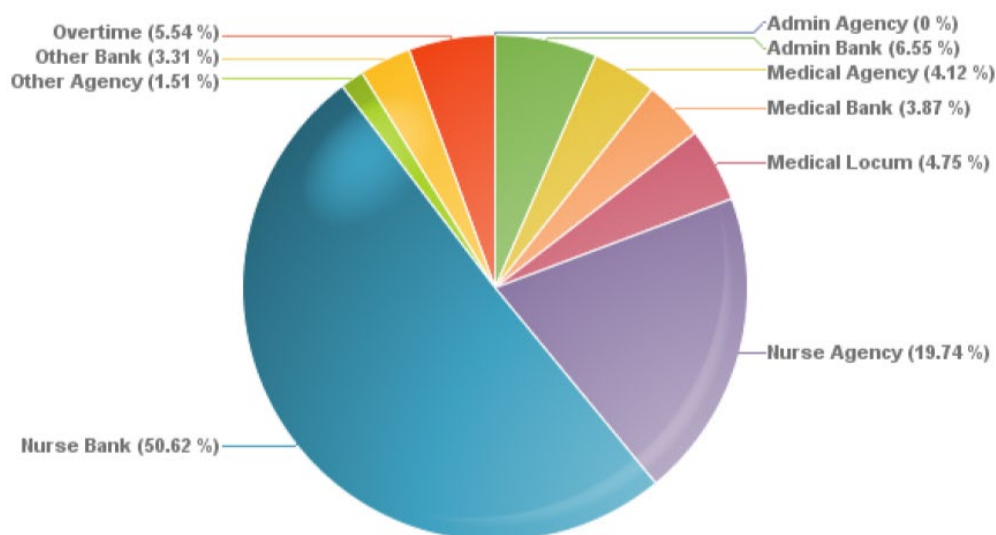
Appendix 2 – Workforce Cost Profile

Temporary Staff Costs by Month



Temporary Staff Costs by Source

Analysis of Current Year Non Core Costs



Total Pay Costs - Trend Analysis



Appendix 3: Capital Financial Position - 30th November 2021

NHS FORTH VALLEY	Position at 30th Nov 2021			Year end -Forecast		
CAPITAL RESOURCE LIMIT	Plan	Actual	Variance	Plan	Forecast	Variance
As at 30th November 2021	£	£	£	£	£	£
SOURCES OF CORE FUNDING						
Scottish Executive Funding - General Allocation	2,679	2,679	0	6,085	6,085	0
SGHD - Improving Access to Elective Care	27	27	0	2,000	2,000	0
SGHD - GP Sustainability Loans			0	0	0	0
SGHD - Low Carbon Infrastructure Transition Programme			0	0	0	0
SGHD - Urgent Care Redesign	1,234	1,234	0	1,500	1,500	0
SGHD - Dental Infrastructure Funding	50	50	0	54	54	0
SGHD - Switched on Fleet	0	0	0	56	56	0
SGHD - Waiting Times Delivery Support	150	150	0	150	150	0
SGHD - Medical Equipment Additional	692	692	0	1,675	1,675	0
SGHD - Cyber Security			0	600	600	0
SGHD - Sustainability Project			0	105	105	0
SGHD - Environmental Sustainability			0	156	156	0
SGHD -Covid Allocations	112	112	0	600	600	0
SGHD - FVRH Chillers & Lighting			0	500	500	0
SGHD - Return of Banked Funding			0	784	784	0
SGHD - Indirect Capital Expenditure charged to Revenue			0	-2,100	-2,100	0
Total Core Capital Resource Limit	4,944	4,944	0	12,165	12,165	0
Asset Sales						
SGHD Asset Sales Retained	0	0	0	150	150	0
Total	0	0	0	150	150	0
Total Adjusted Capital Resource Limit	4,944	4,944	0	12,315	12,315	0
Planned Core Expenditure						
Elective Care						
Elective Care	27	27	0	2,000	2,000	0
Total	27	27	0	2,000	2,000	0
Information Management & Technology						
Information Management & Technology	1,194	1,194	0	3,114	3,114	0
Total	1,194	1,194	0	3,114	3,114	0
Medical Equipment						
Medical Equipment	886	886	0	3,405	3,405	0
Total	886	886	0	3,405	3,405	0
Facilities & Infrastructure						
Facilities & Infrastructure	2,675	2,675	0	5,242	5,242	0
Total	2,675	2,675	0	5,242	5,242	0
Financial Assets						
GP Sustainability Loans	0	0	0	0	0	0
Total	0	0	0	0	0	0
NHS Board						
Dental Infrastructure	50	50	0	54	54	0
Covid Allocations	112	112	0	600	600	0
Capital Grants	0	0	0	-1,300	-1,300	0
Capital to Revenue	0	0	0	-800	-800	0
Total	162	162	0	-1,446	-1,446	0
Total Direct Core Expenditure	4,944	4,944	0	12,315	12,315	0
Savings/(Excess) Against Capital Resource Limit	0	0	0	0	0	0
Forecast Property Sales						
Westburn Clinic	0	0	0	150	150	0
	0	0	0	0	0	0
				0	0	0
Total Forecast Property Sales	0	0	0	150	150	0

Appendix 4 – Assessment of Financial Risks

Risk	Rating (R/A/G)
There is a risk that costs related to Covid-19 will impact on the Boards ability to meet its financial targets and that Covid-19 additional costs are not fully funded in future years.	Amber
There is a risk on future years financial sustainability based on increasing underlying recurring costs and uncertainties on funding arrangements beyond 2021/22.	Amber
There is a risk that economic outlook and impact of demographic change continues to drive requirement for recurrent cash savings which is unsustainable without significant service change.	Amber
There is a risk that the Board's cost improvement programme will not fully deliver, and that timing of some plans will slip.	Amber
There are uncertainties associated with EU withdrawal arrangements which carry potential financial risk.	Amber (reducing)
There is a risk that capacity issues resulting from discharge and activity profiles, and workforce pressures lead to increased staffing and service costs above forecast.	Red
There is a risk that additional financial contributions required from partner organisations to meet IJB financial pressures will exceed planned levels, in relation to both health and social care services.	Amber
There is a risk that service level agreements will significantly vary from the anticipated income and expenditure position.	Amber
There is a risk that areas of specific clinical service sustainability risk will require additional financial resources to maintain safe and effective services for patients.	Amber
New Drugs – the proportion of spend on hospital drugs has been rising above inflation year on year. Approvals for new high cost drugs have significant impact on spend profile.	Amber

Appendix 5 - Savings Position

	To Date	Anticipated Year End Savings		
	Total Achieved November 2021 £000	Recurring £000	Non Recurring £000	Total £000
Planned Savings Schemes				
<u>Medicines Efficiencies</u>				
Prescribing Improvement Initiative	333	708	0	708
Prescribing Efficiencies / Rebates	1,401	0	2,391	2,391
<u>Acute Workstream Savings Delivery</u>				
Workforce Redesign	309	126	703	829
Value Management	0	0	100	100
Income generation	57	0	257	257
Discretionary spend	216	0	216	216
Service Redesign				
Local contracts review				
<u>Innovation and Digital Development</u>				
Travel Costs	392	600	0	600
Texts Savings	0	45	0	45
Calls Savings	0	65	0	65
Printing/ Photocopying etc	88	200	0	200
Travel Time				<i>efficiency</i>
<u>Financial Grip and control</u>				
Rephasing of land sale revenue	0	0	5,200	5,200
Balance sheet opportunities	2,483	0	3,200	3,200
Insurance & Contract Rebate	492	0	1,011	1,011
<u>Non Pays Cost benefits</u>				
Reduction in planned and unplanned activity	181	0	481	481
Other	437	0	437	437
<u>Financial Plan Slippage</u>				
Slippage in brought forward central budgets	11,325	11,346	110	11,456
Planned investments delayed or postponed	961	0	2,961	2,961
Total	18,675	13,090	17,067	30,157

FORTH VALLEY NHS BOARD
TUESDAY 25 JANUARY 2022

8.1 Blueprint for Good Governance Update Seek Assurance

Author: Mrs Cathie Cowan, Chief Executive

Executive Summary

The Chief Executive in both March and September 2021 provided an update to the NHS Board to further enhance Board governance arrangements in line with the publication of DL (2019)02 - Blueprint for Good Governance. The updates included an Improvement Plan approved by the NHS Board which set out a series of actions to deliver the Board's governance ambition across each of the governance themes: fiduciary, strategic and generative.

This report provides an update on progress since September against agreed actions.

Recommendation

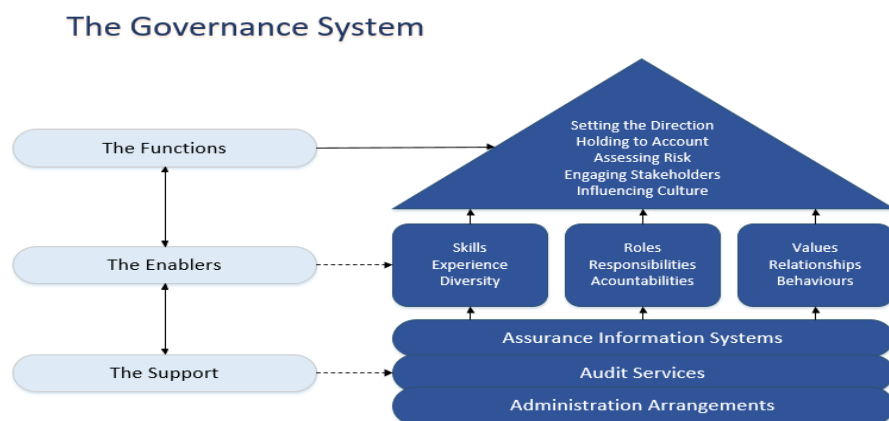
The Forth Valley NHS Board is asked to:

- **consider** the key issues set out in the paper
- **seek assurance** on the work underway to deliver on the actions approved by the NHS Board
- **request** a future update report

Key Issues to be considered

- NHS Forth Valley is one of 14 regional Health Boards. Health Boards are responsible for the protection and improvement of their population's health and the delivery of frontline healthcare services.
- The NHS Board is a governing body. The Board's role in this regard is to provide leadership of the organisation within a framework of prudent and effective controls which allow risks to be assessed and managed. Board members have a collective responsibility for decisions and all Board members contribute individually to discussions. The Chair leads the governing body, and the Chief Executive leads and manages the organisation.
- The Public Bodies Act (Joint Working) (Scotland) Act 2014 puts in place arrangements for integrating health and social care to improve outcomes for patients, service users and their families. The Integration Joint Board is responsible for strategic planning and commission of functions delegated to it and for ensuring the delivery of these functions through Directions issued to Local Authorities and Health Boards. Diagram 1 in appendix 1 illustrates the relationship between Scottish Government, Integration Joint Boards, Local Authorities and Health Boards.
- The Blueprint model for Good Governance is set out below at Diagram 1. It refers to the NHS Board's enablers to inform those functions and the supports to assure the NHS Board of delivery against these functions.

Diagram 1 – Blueprint for Good Governance



- In April 2019, the Chief Executive proposed a governance model for NHS Forth Valley to adopt; this was approved and is set out in Diagram 2 below.

Diagram 2

- The Board's system of governance is set out under three main governance themes:



- Fiduciary governance - providing good stewardship of our assets and resources
- Strategic governance - formulating strategy and setting our future direction
- Generative governance - providing leadership and influencing culture

- The Board in adopting this system was keen for this to be an integrated approach which brought good stewardship to how the NHS Board formulated strategy whilst playing a key role in influencing culture.
- In using the system set out above it is proposed that the Board's approach to Active Governance will comprise of 2 linked components:
 - development of a Board Assurance Framework which will reinforce strategic focus and better management of risk - see Action Plan attached at appendix 2
 - a development programme for NHS Board members to enhance scrutiny of information to support informed decision making, both locally and nationally. and take account of the wider strategic environment in which our NHS Board operates within – see Action Plan attached at appendix 2

- Covid-19 has significantly impacted on the ability of the NHS Board to progress several actions. These actions have been paused to ensure the Chief Executive, supported by members of the System Leadership Team, are able to respond in line with the Board's Covid-19 Escalation Framework. The Framework sets out the NHS Board's escalation response to ensure critical and urgency services are maintained.

Financial Implications

There are no specific implications in respect of this report.

Workforce Implications

There are no specific implications in respect of this report.

Risk Assessment

The outcome from this work will further improve our governance arrangements and the Board Assurance Framework that is currently being developed will also reinforce our strategic focus and improve our management of risks.

Relevance to Strategic Priorities

Good governance cuts across all three elements (fiduciary, strategic, and generative) that in turn inform and underpin our approved corporate objectives (May 2021), strategic priorities, and the implementation of the NHS Board Strategic, Operational, Workforce and Financial Plans.

Equality Declaration

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

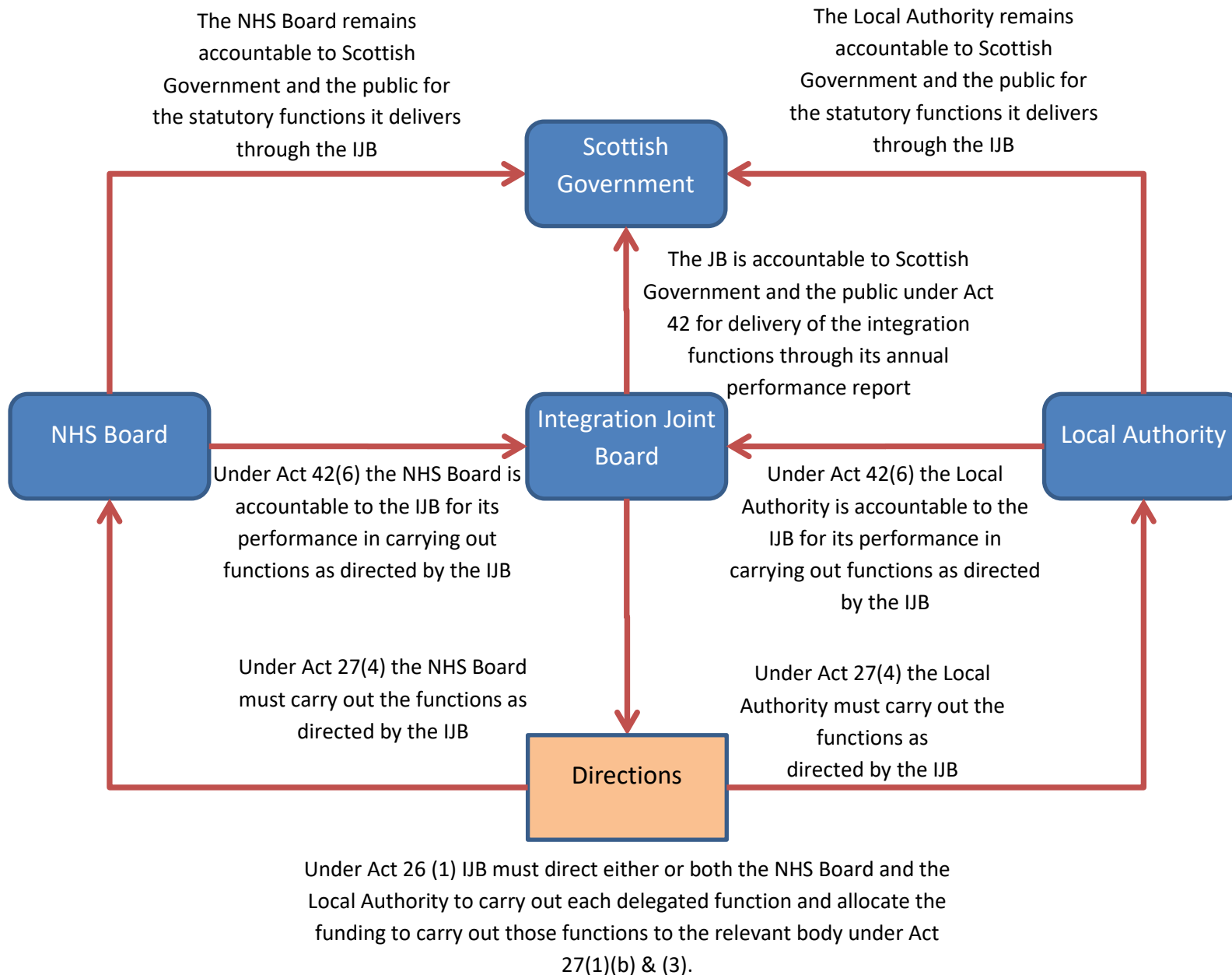
Further to an evaluation it is noted that:

- Paper is not relevant to Equality and Diversity

Consultation Process

The update on actions continue to feature in Board Assurance Committees

Appendix 1



Governance Improvement Plan - Update Sept 2021

Governance Theme	Actions	Outcomes	Responsible Officer	Timescale	RAG Status - % completion	Comments
Fiduciary	<ul style="list-style-type: none"> Corporate Governance Framework will be reviewed and updated. 	Establish a 'single' Code of Corporate Governance which brings together the documents which control the system by which the Board governs its business. Board seminar planned for April 2021 will describe the connection running through the organisation into the Boardroom.	Chief Executive/ Board Secretary	June 2021 - extended to Sept 2021	Complete	Code of Corporate Governance was presented to the Board in November 2021 having been shared with Board members for comment. The Board in approving the Code of Corporate Governance noted that work is underway to review and update the Terms of Reference of each of the assurance committees.
	<ul style="list-style-type: none"> Develop an Assurance Strategy which will set out a Board-wide Assurance System linking risk and performance. 	Approve and implement an Assurance Strategy that sets out the Board's Assurance System to support Directors and Senior Managers and all staff to apply the Board's corporate governance arrangements in place.	Director of Finance	Extended to March 2022	70%	Assurance work plans have been developed for both the Staff Governance and Policy & Resources Committees. This work will be extended to include other Assurance Committees. Work has also begun to review the requirement and scope of the BAF with an update report on progress scheduled for the Board in Nov 2021. The was put on pause and an extension is requested to end of March 2022.

Governance Theme	Actions	Outcomes	Responsible Officer	Timescale	RAG Status - % completion	Comments
	<ul style="list-style-type: none"> Review Assurance Committee terms of reference, membership including Non-Executive Chair and Corporate Director leads and support. 	<p>Introduce Board development programme to ensure that all members can engage with the information and make informed decisions not only about what is happening in our NHS Board but also have a regard to the wider strategic and policy context in which our NHS Board operates within.</p> <p>Terms of Reference developed and agreed with input from Internal Audit and how this supports our assurance mapping work and annual workplans for each of the Committees.</p>	Chair/Chief Executive	Extended to March 2022	<p>100% - subject to Board approval</p> <p>80%</p>	<p>NHS NES led Board development session - 'Active Governance' was held on the 9th of Nov 2021 – an Action Plan was developed. Implementation of actions were considered at an informal Non-Executive session in Dec 2021. Committee structures and membership were considered at this session and will be reported to the NHS Board in January 2022.</p> <p>Committee Terms of Reference complete and will be reviewed again in March/April 2022. Assurance mapping and annual forward work programmes being progressed.</p>
	<ul style="list-style-type: none"> The NHS Board paper/report template be reviewed and updated to ensure it directs and informs good decision-making. 	Standardised report writing to govern decision-making aligned to risk/assurance elements with input from Internal Audit and Corporate Risk Manager.	Head of Policy & Performance	May 2021	Complete	Update - a review of Board template in line with national format to be considered - April 2022
	<ul style="list-style-type: none"> The Board template will be adopted by the Board, Assurance Committees and Board operational and advisory fora. 	<ul style="list-style-type: none"> Report Template implemented. 	Head of Policy & Performance	June 2021	Complete	Update – see above. Lead Executive Board Committee members to progress and adopt – April 2022.

Governance Theme	Actions	• Outcomes	Responsible Officer	Timescale	RAG Status - % completion	Comments
Strategic	<ul style="list-style-type: none"> Develop and agree strategic priorities and direction of the Board. Monitor implementation of that Strategic Direction including setting and monitoring corporate objectives which measure progress. Develop and monitor supporting strategies including, quality, digital, finance, workforce estates and engagement. 	Develop and agree a Health & Care Wellbeing Strategy for Covid-19 recovery and beyond that takes cognisance of the operating environment – i.e., Integration Authorities and Strategic Commissioning Plans. (NB Work to complete the Quality Strategy will continue during April and be presented to the NHS Board for approval in May. The Healthcare stakeholder engagement piece will only begin when the Quality Strategy work is concluded, and so timescales may need to be extended)	Chief Executive (DPH leading on Covid-19 response)	Extended to March 2022	60%	<p>Quality Strategy approved by Board in July 2021.</p> <p>Refresh of Health & Care Strategy - underway and being aligned to Remobilisation, Recovery and Redesign, the Quality Strategy and HSCP Strategic Commissioning Plans. Stocktake of extant Healthcare Strategy complete and shared with Corporate Management Team. Strategy working group established. Preparatory Stakeholder Event meeting involving HIS took place on 30 November. Seminar now planned for March 2022 (work paused due to Covid escalation) with purpose to determine the vision, corporate objectives, and priorities.</p>
Generative	<ul style="list-style-type: none"> Plan for a time out 're-imaging, re-contracting and re-designing the future' event. 	Co-creation event that involving Board and staff in a 'big conversation'.	Chair/Chief Executive	Extended to March 2022	20%	Board member visibility walk rounds refresh and endorsed at Board seminar in August 2021. The 'big conversation' event to be informed by the work underway to refresh the Health & Care Strategy.
Governance Theme	Actions	Outcomes	Responsible Officer	Timescale	RAG Status - % completion	Comments

Generative	<ul style="list-style-type: none"> Define the cultural characteristics that will facilitate and enable the delivery of NHS Forth Valley's strategy. 	Develop and agree cultural characteristics and how these align to Good Governance Blueprint, including how we support empowerment, encourage innovation and constructive risk, and holding to account for delivery and risk management as part of refreshing the Board's corporate objectives.	Chief Executive/ HRD /Corporate Risk Manager	Extended to March 2022	50%	Board facilitated time out session scheduled to 9 th Nov will refer to this action. Big conversations linked to Healthcare Strategy will also inform this work.
Governance Theme	Actions	Outcomes	Responsible Officer	Timescale	RAG Status - % completion	Comments

Generative	<ul style="list-style-type: none"> Measure and monitor the culture within the organisation (open, just, and fair). 	Implement a healthy culture tool aligned to i-matter action planning.	HRD/Head of OD & Learning	Extended to March 2022	70%	<p>The 2021 iMatter cycle is now complete. Changes to the iMatter process this year included the removal of the 60% threshold, subsequently all teams received a report. Action Plan timescale for submission changed from 12 weeks to eight weeks. NHSFV board action plan completion was 58%. The OD team provided support across the organisation with the action planning process. The key message highlighted was the importance of teams meeting to discuss their report, having quality conversations to reflect on what has worked well, what could improve and identifying 3 actions for the team moving forward.</p> <p>Monitoring and reporting of iMatter KPI including action planning are provided monthly to Directorates via Pentana. Staff stories were paused due to the Pandemic and service pressures.</p> <p>The National Report proposed publication date of 18th January was paused due to the current landscape of Omicron and winter pressures. Rescheduling is expected Mid-February.</p>
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						<p>iMatter 2022 NHSFV have identified and agreed the timelines for 2022 iMatter cycle. Questionnaires go live 13th June.</p> <p>The Staff Governance Assessment tool has been developed and was issued to each Directorate on 3rd October 2021 for completion. Directorate assessments against the 5 themes of the SG standard informed reports to the Staff Governance Committee (SGC) in December. Directors are expected to have live action plans which will be reported quarterly to the SGC.</p>
Governance Theme	Actions	Outcomes	Responsible Officer	Timescale	RAG Status - % completion	Comments
Generative	<ul style="list-style-type: none"> Investing in staff wellbeing by adopting a healthy culture approach to support staff at team/specialty/ward/departmental level. 	Develop and agree a Corporate Staff Wellbeing Plan.	HRD/Staff side and Staff Support and Wellbeing Group	July - extended to Nov 2021	40%	<p>Staff Support and Wellbeing Group</p> <p>The Staff Support and Wellbeing Group was relaunched on 21st October 2021. The group chaired by Linda Donaldson; HR Director has representation from all areas of the service.</p>

						<p>The group will provide assurance that:</p> <ul style="list-style-type: none">• Ongoing efforts are in place to improve overall staff wellbeing.• Staff are supported within the workplace and have access to a wide variety of wellbeing resources covering topics ranging from compassion fatigue and burnout to financial health.• Managers are supported in knowing how best to support the wellbeing of their teams.• Initiatives are implemented to help achieve an absence rate below 4.5%. <p>The initial meeting focussed on the following:</p> <p>A re-launch Overview Where have we been? Where are we now? here do we want to be?</p> <p>Corporate Wellbeing Workplan/Strategy – presentation of what this could look like, illustrating examples of good practice.</p>
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						<p>Discussion of Corporate Wellbeing Workplan and Strategy which will be developed with staff side involvement.</p> <p>Within NHSFV we continue to develop values-based processes and a culture where our people feel empowered to raise concerns.</p> <p>Speak Up Launch – took place on 13 December 2021 – 2 Ambassadors and 6 Advocates now in post.</p> <p>Training is available via TURAS Learn on the Whistleblowing standards.</p> <p>In addition to training via CNP, the HR and OD team are providing additional training and support for the team.</p> <p><u>Internal Mediation Service NHSFV</u> - Training for our internal mediators is now complete. The Mediation Oversight group has been convened to support the provision of our Mediation service across the organisation. The draft NHSFV Mediation Framework which outlines the purpose, principles, and process Mediation within NHSFV was reviewed by the group, in</p>
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						<p>advance of submission to the Board for approval and launch early Feb 2022.</p> <p>Future Mediation Supervision and CPD support for our Mediators is currently being planned.</p>
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FORTH VALLEY NHS BOARD
TUESDAY 25 JANUARY 2022

8.2 Best Value Framework Seek Assurance

Executive Sponsor: Scott Urquhart, Director of Finance

Author: Kerry Mackenzie, Head of Policy & Performance

Executive Summary

The Framework is intended to illustrate the arrangements by which the Board of NHS Forth Valley ensures it can demonstrate continuous improvement in performance whilst maintaining a balance between quality and cost. In making these arrangements and securing the balance the NHS Board has had regard to the economy, efficiency, effectiveness, equal opportunities and sustainability.

The Best Value Framework summary is presented to illustrate the breadth of work undertaken in support of Best Value arrangements.

Recommendation

The NHS Board is asked to:

- **note** the detail within the Best Value Framework Summary
- **note** the Best Value Framework summary was considered and accepted by the Audit & Risk Committee on 21 January 2022

Key Issues to be Considered

Key issues and actions are detailed within the paper.

Financial Implications

There are no specific implications in respect of this report.

Workforce Implications

There are no specific implications in respect of this report.

Risk Assessment

There are no specific implications in respect of this report.

Relevance to Strategic Priorities

Best Value is core to the ethos of NHS Forth Valley as a Public Sector organisation in ensuring that there is good governance and effective management of resources, with a focus on improvement, to deliver the best possible outcomes for the public

Equality Declaration

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

Further to an evaluation it is noted that:

- Paper is not relevant to Equality and Diversity

Consultation Process

Best Value Framework was considered at the Audit and Risk Committee on 21 January 2022.

NHS FORTH VALLEY BEST VALUE FRAMEWORK

INTRODUCTION

The purpose of this paper is to provide an update on the Best Value Framework and supporting evidence for NHS Forth Valley. This is based on national guidance issued in March 2011 of Best Value in Public Services Guidance for Accountable Officers and on Best Value Framework reviewed by the national Corporate Governance and Audit Group.

The duty of Best Value is:

- to make arrangements to secure continuous improvement in performance whilst maintaining an appropriate balance between quality and cost; and, in making those arrangements and securing that balance,
- to have regard to economy, efficiency, effectiveness, the equal opportunities requirements and to contribute to the achievement of sustainable development

The refreshed guidance regroups the previous 9 characteristics of Best Value into five themes:

- Vision and Leadership;
- Effective Partnerships;
- Governance and Accountability;
- Use of Resources; and
- Performance Management.

In addition, there are two cross cutting themes:

- Equality; and
- Sustainability.

KEY ISSUES

This framework is based on the concept that Best Value is simply the coordination and regulation of good governance and good management and therefore existing governance processes should be utilised wherever possible. Best Value, by its very nature, encompasses all aspects of NHS Forth Valley's operations and governance structures. There is wealth of evidence to support Best Value across the organisation with this document describing some of the measures and identifying the Committee/Executive responsible for providing leadership and governance in support of the relevant characteristic of Best Value.

Forth Valley aims to embed quality at all levels throughout the organisation using models of continuous improvement. The ethos in Forth Valley is that quality is everyone's business with the links between frontline services to the Board. In July 2021, The Quality Strategy 2021-2026 was approved by Forth Valley NHS Board. It sets out the principles of approach, and tools to help Health and Social Care Partnership teams and services to deliver the National Health and Wellbeing Outcomes. Our Quality Management System is designed to support a coordinated a consistent approach to quality and consists of Quality Planning, Quality Assurance and Quality Improvement.

In support of Good Governance, assurance mapping work has commenced which aims to deliver an effective and efficient framework that provides continuous and reliable evidence of assurance on NHS Forth Valley's stewardship and the management of the strategic risks. A programme of deep dives in relation to strategic risks has commenced with the finance risk

examined in detail at the Performance & Resources Committee October 2021. In addition, following an internal audit recommendation a formal forward planner has been developed within Pentana and introduced to the Performance & Resources Committee in January 2022 for comment. The planner incorporates an assurance plan, linking risks and the responsibilities of the committee. The assurance and work plan captures key information that supports the provision of assurance to the committee linking the level of assurance, risks and any financial, workforce, sustainability, infrastructure and quality/patient care implications. A Performance & Resources Committee – Assurance Plan portal has been developed which will provide an at a glance overview and will enable drill down to supporting papers. It should be noted that the assurance and work plan is in its first iteration and will be kept under review. It is anticipated that on further development of this format it may be adopted by the NHS Board Assurance Committees.

VISION AND LEADERSHIP

This focuses on how a Best value organisation achieves an open and inclusive leadership style. This will be demonstrated by having a clear vision and strategic direction for what it will do to contribute to the delivery of improved outcomes for Scotland's people, making Scotland a better place to live and a more prosperous and successful country. The strategy will display a clear sense of purpose and place and be effectively communicated to all staff and stakeholders. The strategy will show a clear direction of travel and will be led by Senior Staff in an open and inclusive leadership approach, underpinned by clear plans and strategies (aligned to resources) which reflect a commitment to continuous improvement.

REQUIREMENT	MEASURE/ EXPECTED OUTCOME	RESPONSIBILITY	TIMESCALE	OUTCOME/ EVIDENCE
Executive and Non-Executive leadership are involved in setting clear direction and organisational strategy with a mechanism for internal scrutiny of performance and service outcomes	The Annual Operational Plan is agreed by Forth Valley NHS Board along with supporting strategies.	NHS Board Performance & Resources Committee	Annual/ Bi-monthly Bi-monthly	Mobilisation Plan March 2020. Remobilisation Plan – second phase response to Covid-19 – June 2020. Remobilisation Plan August 2020 to March 2021. Remobilisation Plan April 2021 to March 2022. Remobilisation Plan October 2021 to March 2022. Full Recovery & Performance Scorecard to NHS Board and Performance & Resources Committee bi-monthly. Circulated to Board members on a weekly basis.
Strategic priorities are agreed, reviewed and updated on a regular basis and leaders communicate the strategy to all staff and stakeholders and ensure that it is translated into meaningful actions and outcomes.	Programme Board Structure in place to support delivery of the Healthcare Strategy.	NHS Board Programme Boards Systems Leadership Team Corporate Management Team	Not all programme boards met during the pandemic however these are currently being reinstated. Monthly	Performance & Resources Committee Stocktake of current Healthcare Strategy. Strategy Working Group established and currently preparing for a Corporate Management Team seminar to determine vision, corporate objectives and priorities. Corporate Communication

				Strategy
				Regular staff briefings
Executive and Non-Executive leadership and senior managers have developed a vision of how Best Value contributes to achieving effective outcomes for the organisation and that this is communicated clearly in relevant corporate and operational documents.	Annual Plan (Remobilisation Plan) implemented as the key document defining NHS Forth Valley's objectives with the ethos of Best Value at its core.	NHS Board Assurance Committees Systems Leadership Team Corporate Management team	Annual	Mobilisation Plan March 2020. Remobilisation Plan – second phase response to Covid-19 – June 2020. Remobilisation Plan August 2020 to March 2021. Remobilisation Plan April 2021 to March 2022. Remobilisation Plan October 2021 to March 2022. All document published on NHS Forth Valley website
Both the setting of priorities and the assessment of performance are undertaken transparently and openly.	Forth Valley NHS Board conducts its business in public.	NHS Board	Bi-monthly	Normally 6 Board meetings held throughout the year in public. Public meetings were initially paused as a result of changes to Governance arrangements in the early stages of the pandemic. These have now been reinstated. All relevant documentation and papers published on the NHS Forth Valley Website
Executive and Non-Executive leadership ensure accountability and transparency through effective performance reporting for both internal and external stakeholders and that there is a willingness to be open to external scrutiny, for example, through formal external accreditation tools.	Forth Valley NHS Board fulfils its role in terms of ensuring scrutiny of organisational performance	NHS Board Assurance Committees	Bi-monthly Minimum of quarterly	Recovery & Performance Scorecard to NHS Board and Performance & Resources Committee Forth Valley NHS Board papers published on the NHS Forth Valley Website External Audit attendance at Performance & Resources Committee Internal and External Audit represented at

				the Audit & Risk Committee
Executive and Non-Executive leadership demonstrate a commitment to high standards of probity and propriety and that the organisation has, and implements, appropriate codes of conduct for all staff, directors and trustees.	NHS Forth Valley staff live the organisations values and behaviours for success and champion work to ensure staff feel and are supported in carrying out all aspects of their role.	NHS Board Staff Governance Committee Systems Leadership Team Corporate Management Team	Bi-annual Quarterly Weekly Monthly	Code of Corporate Governance Grievance Policy Whistleblowing Arrangements Speak Up initiative NHS Forth valley Values: Person Centred, Respectful, Integrity, Committed Team Member, Ambitious & Supportive
The organisation has a strategy with realistic and achievable objectives and targets which are matched to their financial, asset base and other resources and which is explicitly translated into clear responsibilities for implementation.	NHS Forth Valley works to ensure that targets and objectives are agreed and supported by the necessary resources and that these are managed appropriately to ensure delivery of objectives.	NHS Board Performance & Resources Committee Staff Governance Committee Systems Leadership Team Corporate Management Team	Annual	Annual Financial Plan Workforce Plan Property & Assets Management Strategy 'Shaping the Future' – A Supporting Digital & eHealth Strategy 2018-2022
Statements, strategies and plans clearly show a systematic approach by the organisation towards risk management.	NHS Forth Valley assesses and manages its risks at the appropriate level within the organisation ensuring that appropriate plans are in place to mitigate such risks. Strategic level risks are highlighted to the NHS Board.	NHS Board Performance & Resources Committee Systems Leadership Team Corporate Management Team Programme Boards	Quarterly	NHS Forth Valley Risk Register Guidance Risk Management Strategy 2019-2021 (currently under review) Strategic Risk Register presented to NHS Board and Assurance Committees including Audit & Risk Committee. Strategic Risk Register
There are clear statements about how the organisation is working with partner organisations to provide joined up services that meet stakeholder and community needs in the most effective manner, including through Community Planning Partnerships where relevant.	NHS Forth Valley encourages and supports staff to work in partnership with external agencies for the benefit of patients and stakeholders.	NHS Board Performance & Resources Committee Systems Leadership Team	On-going	Shaping the Future NHS Forth Valley Healthcare Strategy 2016/2021 - Stocktake of current Healthcare Strategy. Strategy Working Group established and currently

		Corporate Management Team		<p>preparing for a Corporate Management Team seminar to determine vision, corporate objectives and priorities.</p> <p>Work with the three Community Planning Partnerships in Forth Valley</p> <p>Community Planning Partnership Strategic Plans; Falkirk SOLD, Clackmannanshire Local Outcome Improvement Plan, Stirling Local Outcome Improvement Plan</p>
There are mechanisms within the organisation to develop leadership skills and that Executive and Non-Executive staff in leadership roles have the key skills and exhibit the behaviours which make them highly effective.	All staff receive an annual appraisal and have a personal development plan in place. Non-Executives receive appropriate induction, development and support.	NHS Board Staff Governance Committee	Bi-monthly Quarterly On-going	<p>TURAS Appraisal</p> <p>IMatter</p> <p>Learning Zone – NHS Forth Valley Intranet</p> <p>NHS Forth Valley Training Events</p> <p>Our People Strategy</p> <p>Leadership and Management Development Programme</p> <p>Talent Management and Succession Plan</p> <p>Non-Executive induction pack reviewed per guidance from Scottish Government.</p>
There is an explicit and systematic approach to integrating continuous improvement into everyday working practices and involving all staff in developing the organisation's approach to Best Value.	NHS Forth Valley supports staff to ensure they have the skills and knowledge to embed continuous improvement into their working practices.	NHS Board Clinical Governance Committee Performance & Resources Committee Systems Leadership Team	Bi-monthly Quarterly On-going	<p>Shaping the Future NHS Forth Valley Healthcare Strategy – current focus on NHS Forth Valley's 10 priorities however stocktake of current Healthcare Strategy carried out with work to determine vision, corporate objectives and priorities planned.</p>

		Corporate Management Team		<ul style="list-style-type: none"> • Prevention • Person-Centred • Inequalities • Personal Responsibility • Closer To Home • Partnership Working • Planning Ahead • Minimising Delays • Reducing Variation • Workforce <p>Corporate Programme Management Office model with links to Strategy, Savings and Forth Valley Quality</p>
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EFFECTIVE PARTNERSHIPS

The 'Effective Partnerships' theme focuses on how a Best Value organisation engages with partners in order to secure continuous improvement and improved outcomes for communities, not only through its own work but also that of its partners.

A Best Value organisation will show how it, and its partnerships, are displaying effective collaborative leadership in identifying and adapting their service delivery to the challenges that clients and communities face. The organisation will have a clear focus on the collaborative gain which can be achieved through collaborative working and community engagement in order to facilitate the achievement of its strategic objectives and outcomes.

REQUIREMENT	MEASURE/ EXPECTED OUTCOME	RESPONSIBILITY	TIMESCALE	OUTCOME/ EVIDENCE
An organisational culture which recognises the value of working with wider stakeholders and partners to achieve more effective and sustainable policy development, better services and customer-focused outcomes.	NHS Forth Valley actively works with IJBs in respect of delivering their Strategic Plans. Active participation in Regional Planning, predominantly West of Scotland however some services are aligned to South East & Tayside Regional Planning Group.	NHS Board IJBs Health & Social Care Partnerships Director of Public Health & Planning Systems Leadership Team Corporate Management Team	On-going	Membership on, and attendance at various groups including Strategic Planning Group Minutes of meetings including IJBs
Leaders and senior managers actively encourage opportunities for formal and informal partnerships, including through joint use of resources and joint funding options, where this will offer scope for improvement in outcomes, as well as continuous improvement in organisational performance.	Joint working is encouraged as the norm in terms of service developments. In support of efficiency saving opportunities, this is supported by joint funding bids, and joint funding across organisations where appropriate	NHS Board Systems Leadership Team Health & Social care partnerships IJBs Community Planning Partnerships	On-going	IJB Performance Reports Integration Schemes Minutes of meetings Funding applications Community Planning Partnership Local Outcome Improvement Plans Falkirk Health & Social Care Partnership Strategic Plan 2019/2022 Clackmannanshire & Stirling Health & Social Care Partnership Strategic Commissioning Plan

				2019/2022
The organisation is clear about the intended outcomes and likely impacts of partnership working and that it has identified, and is sensitive to, the needs of the potentially different communities it and its partners serve.	NHS Forth Valley works with partner agencies to ensure that all populations receive the same advantages ensuring that the diverse population is provided for.	NHS Board Nurse Director Senior Leadership Team (change to CMT) Systems Leadership Team (from Dec 19)	On-going	Fair For All Group Single Outcome Agreements Nursing & Midwifery Strategy Person Centred Health & Care Strategy Clinical and Care Governance Committees
Partnership plans have agreed a set of measures and targets to track progress and can clearly demonstrate (and regularly reports on) the impact of, and the outcomes from, any partnership working.	NHS Forth Valley works with local authority colleagues in terms of measuring and monitoring the performance of all joint activities including Integration Joint Boards, Community Planning Partnerships	NHS Board IJBs Systems Leadership Team Corporate Management Team Performance & Resources Committee	On-going	Community Planning Partnership Updates received by Performance & Resources Committee – Note that these have not been received throughout the pandemic but have been included in the forward planner for 2022/2023 IJB Performance Reports
Where the partnership is involved in joint delivery, governance arrangements include: (a) agreeing appropriate respective roles and commitments and areas of collective responsibility; (b) integrated management of resources where appropriate; (c) effective monitoring of collective performance; and (d) joint problem-solving and learning.	Clear governance arrangements are in place or being finalised, with reporting to relevant committees detailing the performance management and governance position.	NHS Board IJBs Health & Social Care Partnerships Systems Leadership Team Corporate Management Team	On-going	Joint performance reports. Integration Scheme Clinical and Care Governance Committees. Development and rollout of Pentana to support performance monitoring and reporting.
Where appropriate, the organisation participates effectively in Community Planning Partnerships and other joint working initiatives, working openly to agreed objectives, performance management and reporting mechanisms and integrating these into local planning mechanisms to deliver outcomes. The organisation seeks to explore and promote opportunities for efficiency savings and service	NHS Forth Valley participates in Community Planning with all relevant partners and supports the activities of the Community Planning Partnerships in delivering their plans in respect of improving outcomes for the local population,	NHS Board and partner organisations IJBs Health & Social care partnerships Director of Public Health & Strategic Planning Systems Leadership Team	On-going	IJB meeting papers Community Planning Partnership Updates received by Performance & Resources Committee – Note that these have not been received throughout the pandemic but have been included in the forward planner for 2022/2023

improvements through shared service initiatives with partners.	whilst exploring opportunities to ensure that appropriate efficiencies are made.	Corporate Management Team		Community Planning Partnership Local Outcome Improvement Plans
Leaders address impediments and barriers which inhibit integrated approaches to joint funding and joint management of activities with internal and external partners and undertake appropriate engagement (including with the Scottish Government) where this would help promote more effective use of resources and better value for money.	NHS Forth Valley is working with partners to ensure that any barriers to joint funding and management are minimised by ensuring a shared vision, common language and on-going dialogue	NHS Board IJBs System Leadership Team	On-going	IJB meeting papers including Finance Report NHS Board meeting papers including Finance Report Corporate Programme Management Office projects

GOVERNANCE AND ACCOUNTABILITY

The 'Governance and Accountability' theme focuses on how a Best Value organisation achieves effective governance arrangements, which help support Executive and Non-Executive leadership decision-making, provide suitable assurances to stakeholders on how all available resources are being used in delivering outcomes and give accessible explanation of the activities of the organisation and the outcomes delivered.

A Best Value organisation will be able to demonstrate structures, policies and leadership behaviours which support the application of good standards of governance and accountability in how the organisation is improving efficiency, focusing on priorities and achieving value for money in delivering its outcomes. These good standards will be reflected in clear roles, responsibilities and relationships within the organisation. Good governance arrangements will provide the supporting framework for the overall delivery of Best Value and will ensure open-ness and transparency. Public reporting should show the impact of the organisations activities, with clear links between the activities and what outcomes are being delivered to customers and stakeholders. Good governance provides an assurance that the organisation has a suitable focus on continuous improvement and quality. Outwith the organisation, good governance will show itself through an organisational commitment to public performance reporting about the quality of activities being delivered and commitments for future delivery.

REQUIREMENT	MEASURE/ EXPECTED OUTCOME	RESPONSIBILITY	TIMESCALE	OUTCOME/ EVIDENCE
The organisation has developed a corporate plan which is focussed on the successful delivery of outcomes, takes account of statutory responsibilities and is translated into specific actions to be carried out at both corporate and operational levels to achieve those outcomes.	The Annual Operational Plan is agreed by Forth Valley NHS Board along with supporting strategies.	NHS Board Performance & Resources Committee Systems Leadership Team	Monthly	Corporate Plan 2019/2020 approved by NHS Board in May 2019. Corporate objectives remain extant. Mobilisation Plan March 2020. Remobilisation Plan – second phase response to Covid-19 – June 2020. Remobilisation Plan August 2020 to March 2021. Remobilisation Plan April 2021 to March 2022. Remobilisation Plan October 2021 to March 2022.
Plans, priorities and actions are informed by an understanding of the needs of its stakeholders, citizens, customers and employees.	NHS Forth Valley has identified its stakeholders and works with them to ensure shared understanding and goals.	NHS Board IJBs Health & Social Care Partnerships Staff Governance Committee	On-going	Person Centred Health & Care Strategy 'What matters to you, matters to us' Person Centred Health Care section on NHS Forth Valley Intranet

		<p>Nurse Director</p> <p>Systems Leadership Team</p> <p>Corporate Management Team</p>		<p>NHS Forth Valley Complaints Handling Procedure</p> <p>Care Opinion</p> <p>Workforce Plan</p> <p>Staff Governance Standard</p>
Decision-making processes are open, transparent and clearly based on evidence that can show clear links between the activities and the outcomes to be delivered to customers and stakeholders.	NHS Forth Valley has a clear structure of delegation and decision making.	<p>NHS Board</p> <p>Assurance Committees</p>	On-going	<p>NHS Board papers</p> <p>Assurance Committee papers</p> <p>Code of Corporate Governance</p>
The approach to Public Performance Reporting is balanced, enabling the discharge of statutory requirements together with provision of concise, relevant and accessible reporting of information that is useful for the public and other stakeholders, including information on use of financial resources.	To ensure transparency, NHS Forth Valley Board meets in public bi-monthly with meeting papers published on the NHS Forth Valley website.	NHS Board	Bi-monthly	<p>Availability of NHS Board papers</p> <ul style="list-style-type: none"> • On website • At public meeting
Where delivery is through others, a robust framework of corporate governance is in place to manage that delivery which sets out roles and responsibilities, objectives and outcomes and a process for performance and risk management and reporting.	Integration Joint Boards meet as per their meeting schedule but no less than quarterly with meeting papers published on the respective websites.	<p>NHS Board</p> <p>IJBs</p>	On-going	<p>Integration Schemes</p> <p>IJB Directions</p>
The organisation has a framework for planning and budgeting that includes detailed and realistic plans linked to available resources together with an effective system for financial stewardship and reporting in order to achieve the organisation's goals, ensure appropriate financial governance, deliver high-quality and efficient services and ensuring continuous improvement in both performance and delivery of outcomes.	NHS Forth Valley has a robust financial plan in place which links to all activities across health and social care.	<p>NHS Board</p> <p>Performance & Resources Committee</p> <p>Systems Leadership Team</p>	On-going	<p>Financial Plan</p> <p>Corporate Programme Management Office</p> <p>Finance Reports received by NHS Board and Performance & Resources Committee</p> <p>Capital Projects, Property Transactions & Medical Equipment Update Report to Performance & Resources Committee</p>

Organisational budgets and other resources are allocated and regularly monitored to ensure that they are not only delivering agreed objectives but also (crucially) outcomes in a manner which is keeping a suitable balance between cost, quality and price in making the best use of resources.	The NHS Board, its Committees and the IJB work together to ensure that the decision-making process is evidence based and has clear links to activity and outcomes.	NHS Board IJBs	On-going	Finance and Performance Reports received by NHS Board and IJBs NHS Board and IJB meeting papers
The organisation has a robust framework of corporate governance to not only manage delivery of, and reporting on, outcomes but also provide assurance (using quantitative as well as qualitative indicators) to relevant stakeholders that there are effective internal control systems in operation which comply with the SPFM and other relevant guidance.	NHS Forth Valley has a robust framework of governance to provide assurance to relevant stakeholders that there are effective internal control systems in operation	NHS Board Assurance Committees	Annual	Forth Valley NHS Board Annual accounts and Performance report Blueprint for Good Governance and Governance Improvement Plan Update to NHS Board in September 2021 Assurance Committees Annual Reports
The approach to external accountability is supported by its governance arrangements, including an Outcomes Based Approach continually improving the clarity of reporting structures, responsiveness and accessibility for all stakeholders	Annual Review held in public on 12 December 2018 and 13 March 2019. Reviews delayed as a result of the pandemic with the Annual Review for 2019/2020 held in private on 11 December 2020 – Chair and Chief Executive. Next Annual Review anticipated in April 2022.	NHS Board Health & Social Care Partnerships Systems Leadership Team	Annual	NHS Forth Valley Annual Report 2019/2020 Annual Review paperwork available on NHS Forth Valley website Annual Review follow up letter from Jeane Freeman published on the website
The organisation regularly conducts review and option appraisal processes of all areas of work that are rigorous and transparent and develop improvement actions which are clearly described, readily understood, clearly explained in terms of importance, relevance and priority and demonstrably integrated into the organisation's management arrangements.	NHS Forth Valley continually monitors its own performance through the scrutiny of areas of poor performance.	NHS Board Assurance Committees Systems Leadership Team IJBs Corporate Management Team	On-going	Meeting Papers, presentations and minutes
The organisation has developed and implemented an effective and accessible complaints system in	NHS Forth Valley has developed an appropriate	NHS Board Clinical	Bi-monthly Quarterly	NHS Forth Valley Complaints Handling Procedure

line with all relevant Scottish Public Services Ombudsman (SPSO) guidance on complaints handling processes.	complaint handling system in line with guidance	Governance Committee	Annual	Complaints Report to Clinical Governance Committee Annual Report: Feedback, Comments, Concerns, Compliments and Complaints presented to NHS Board and submitted to Scottish Government.
The organisation has in place appropriate mechanisms for ensuring that it is aware of citizen, customer, partner and stakeholder views, perceptions, and expectations so that these can inform its actions including its improvement actions.	NHS Forth Valley actively listens to the views, perceptions and expectations of all its stakeholders including members of the public, to support continual learning and improvement	NHS Board Staff Governance Committee Nurse Director	On-going	NHS Forth Valley Complaints Handling Procedure Care Opinion IMatter

USE OF RESOURCES

The 'Use of Resources' theme focuses on how a Best Value organisation ensures that it makes effective, risk-aware and evidence-based decisions on the use of all of its resources.

A Best Value organisation will show that it is conscious of being publicly funded in everything it does. The organisation will be able to show how its effective management of all resources (including staff, assets, information and communications technology (ICT), procurement and knowledge) is contributing to delivery of specific outcomes.

REQUIREMENT	MEASURE/ EXPECTED OUTCOME	RESPONSIBILITY	TIMESCALE	OUTCOME/ EVIDENCE
The organisation is making the best use of public resources (including employees, ICT, land, property and financial resources) based on evidence and intelligence-led – keeping a considered and appropriate balance between quality, sustainability and cost.	NHS Forth Valley reports on the financial position along with operational performance aligned to key targets thus ensuring organisational budgets and resources are effectively managed.	NHS Board Performance & Resources Committee	Monthly	Finance Report Annual Financial Plan Performance Report Corporate Programme Management Office projects. Update presented to the Performance & Resources Committee 3 x year
Leaders and managers regularly review the management of resources across all activities, including their impact on outcomes. Interdependencies between different activities and outcomes are recognised, organisational budgets and other resources are allocated and regularly monitored to ensure that they are delivering agreed objectives and outcomes and effective co-ordination and alignment is actively championed by senior management in making the best use of public resources.	NHS Forth Valley evaluates and assesses opportunities for efficiency savings and service improvements including comparison with similar organisations. This takes into account the interdependency of varying activities and related outcomes.	NHS Board Performance & Resources Committee Systems Leadership Team	On-going	Finance Plan Finance Report Performance Report Corporate Programme Management Office projects.
The organisation ensures that it has the organisational capacity to implement its plans makes full use of its staff and that any relevant statutory and professional responsibilities of its staff are appropriately supported through an appropriate policy of Continuous Professional Development (CPD).	NHS Forth Valley manages its staff in a supportive, efficient and effective manner ensuring safe practice.	NHS Board Staff Governance Committee Area Partnership Forum	On-going	Workforce Plan Staff Governance Standard Staff Governance Committee papers and minutes Area Partnership Forum papers and minutes
All employees are treated as a key strategic resource and are	NHS Forth Valley staff are	NHS Board	On-going	Workforce Plan

<p>supported (by an appropriate combination of approaches, ideas and techniques) in actively managing how they bring further learning to their role and add value to the Public Body.</p> <p>The organisation ensures that all employees are managed effectively and efficiently, that they know what is expected of them, their performance is regularly assessed and they are assisted in improving.</p> <p>The contribution of staff to ensuring continuous improvement is supported, managed, reviewed and acknowledged by effective management.</p>	<p>performance managed in a way that recognises and monitors contribution to continuous improvement and quality whilst supporting and measuring personal learning and development in support of organisational objectives and standards.</p>	<p>Staff Governance Committee</p> <p>Remuneration Committee</p> <p>Area Partnership Forum</p>		<p>Staff Governance Standard</p> <p>Staff Governance Committee papers and minutes</p> <p>IMatter</p> <p>LearnPro</p> <p>Organisational Development</p> <p>Staff Coaching</p> <p>TURAS Appraisal</p> <p>Area Partnership Forum papers and minutes</p>
<p>The organisation has a strategy for procurement and the management of contracts (and contractors) which treats procurement as a key component in achieving its objectives and outcomes.</p> <p>The organisation is aware of the need to conduct its business in a manner which demonstrates appropriate competitive practice.</p> <p>Organisational procurement processes are economic, sustainable in the longer-term, efficient and ensure the outcomes of efficient contract management and comply with the SPFM and other relevant guidance which may reasonably be regarded as proper arrangements for this purpose.</p>	<p>NHS Forth Valley has a strategy for procurement and the management of contracts/ contractors which complies with the SPFM and demonstrates appropriate competitive practice.</p>	<p>NHS Board</p> <p>Systems Leadership Team</p> <p>Performance & Resources Committee</p>	On-going	<p>Code of Corporate Governance.</p> <p>Standing Financial Instructions.</p> <p>Scheme of delegation.</p> <p>Procurement Strategy</p> <p>NHS Forth valley Annual Procurement Report 2019-2020</p> <p>NHS Forth Valley Intranet - Sustainable Procurement (Link to Cross Cutting Theme – Sustainability)</p>
<p>The organisation maintains an effective system for financial stewardship and reporting in order to ensure appropriate financial governance as well as provide evidence to support continuous improvement.</p>	<p>NHS Forth Valley maintains an effective system for financial stewardship and reporting in line with the SPFM.</p>	<p>NHS Board</p> <p>Audit & Risk Committee</p>	Annual	<p>Forth Valley NHS Board</p> <p>Annual accounts</p>
<p>The organisation has in place a systematic approach to risk management in relation to the organisation's resources which is cascaded as appropriate throughout the organisation.</p>	<p>Risk Management in NHS Forth Valley is supported by a Risk Management strategy. Risk management updates are presented to the</p>	<p>NHS Board</p> <p>Assurance Committees including Audit & Risk Committee</p>	On-going	<p>Risk Management Strategy – currently under review</p> <p>Risk Management Annual Report</p>

	Forth Valley NHS Board.			
There is a robust information governance framework in place that ensures proper recording and transparency of all the organisation's activities and supports appropriate exploitation of the value of the organisation's information.	NHS Forth Valley's information Governance Strategy supports proper recording and transparency of all activities.	NHS Board Performance & Resources Committee	On-going	Information Governance Strategy Information Governance Policies: Corporate Records Management, Cryptographic Controls, Data Breach, Data Protection & Confidentiality, Data Protection Subject Access, FOI, Email & Internet Acceptable Use, Information Security, Moveable Media, Password Policy, Remote Access Policy, Remote or Off Site Working, Social Media, Secure Development, Transport of Health Records, Transport & Handling of Confidential or Sensitive Information, Website & Non-Clinical Apps Content and Development. Information Governance Annual Report P&RC Annual report
The organisation has evaluated and assessed opportunities for efficiency savings and service improvements, including through joint funding, joint management of activities with internal and external partners and sharing initiatives with partners.	Joint working is encouraged as the norm in terms of service developments. In support of efficiency saving opportunities, this is supported by joint funding bids, and joint funding across organisations where appropriate	NHS Board Health & Social Care Partnerships IJBs Systems Leadership Team	On-going	Meeting papers and minutes – NHS Board, IJB, Systems Leadership Team. Corporate Programme Management Office projects.
Fixed assets including land, property, ICT, machinery and vehicles are managed efficiently and effectively and that asset bases are aligned appropriately to organisational strategies.	NHS Forth Valley efficiently manages all assets relating to property	NHS Board Performance & Resources Committee	Annual On-going	Property Assets Management Strategy Annual state of NHSScotland Assets & Facilities Report.

		Systems Leadership Team		Financial Operating Procedure – Asset & Capital management. Medical Equipment Policy
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PERFORMANCE MANAGEMENT

The 'Performance Management' theme focuses on how a Best Value organisation embeds a culture and supporting processes which ensures that it has a clear and accurate understanding of how all parts of the organisation are performing and that, based on this knowledge, it takes action that leads to demonstrable continuous improvement in performance and outcomes.

A Best Value organisation will ensure that robust arrangements are in place to monitor the achievement of outcomes (possibly delivered across multiple partnerships) as well as reporting on specific activities and projects. It will use intelligence to make open and transparent decisions within a culture which is action and improvement oriented and manages risk. The organisation will provide a clear line of sight from individual actions through to the National Outcomes and the National Performance Framework. The measures used to manage and report on performance will also enable the organisation to provide assurances on quality and link this to continuous improvement and the delivery of efficient and effective outcomes.

REQUIREMENT	MEASURE/ EXPECTED OUTCOME	RESPONSIBILITY	TIMESCALE	OUTCOME/ EVIDENCE
<p>Leaders champion the use of performance management (including self assessment) as a key means for achieving improvement. Leaders lead by example in proactively managing performance and talking publicly about improving performance.</p> <p>Performance is systematically measured across all key areas of activity and that a performance management framework for the organisation extends throughout the structures of delivery in order to ensure effective governance and accountability and enable public performance mechanisms which track delivery outputs and outcomes through to high level objectives.</p> <p>The organisation's performance management system is based on a culture of constructive challenge that is effective in addressing areas of underperformance, identifying the scope for improvement, agreeing remedial action, sharing good practice and monitoring implementation.</p> <p>Performance is reported upon systematically to staff and management, Executive and Non-Executive leadership, users</p>	<p>NHS Forth Valley Board receives a performance report at its public meeting bi-monthly highlighting performance but focussing on areas of poor performance and actions being undertaken to improve performance.</p> <p>The Board and its Committees review the format and content of the performance reports they receive.</p> <p>The Senior Leadership Team receives a weekly performance update highlighting key areas of performance based around the 8 key targets that matter to patients.</p> <p>The IJBs receive</p>	<p>NHS Board</p> <p>Performance & Resources Committee</p> <p>IJBs</p> <p>Systems Leadership Team</p> <p>Key managers and leaders system-wide</p>	<p>On-going</p>	<p>Recovery & Performance Scorecard presented to the NHS Board and published on the NHS Forth Valley website bi-monthly.</p> <p>Recovery & Performance Scorecard presented to the Performance & Resources Committee bi-monthly.</p> <p>Short life working group convened to support regular review of Recovery & Performance Scorecard.</p> <p>IJB Performance Reports.</p> <p>Senior Leadership Team Weekly Performance Update.</p> <p>Daily Covid-19 scorecard.</p> <p>Recovery & Performance Scorecard updated and circulated Board members and SLT</p>

<p>and the public.</p> <p>Performance management is seen as part of the day job – integral to the way in which all staff operate. There is learning across the organisation on how to improve performance with time and opportunities explicitly made available to do so.</p>	<p>a performance report at its quarterly meeting highlighting performance and focussing on areas of poor performance and any key actions to support improvement.</p> <p>The performance management system addresses poor performance, identifies scope for improvement, notes remedial action and monitors implementation.</p>			weekly.
<p>The organisation links Performance Management with Risk Management to support prioritisation and decision-making at Executive level and support continuous improvement.</p>	<p>NHS Forth Valley overtly links Performance Management with Risk Management to support prioritisation and decision-making at Executive level, support continuous improvement and provide assurance on internal control and risk.</p>	<p>NHS Board</p> <p>Performance & Resources Committee</p> <p>Systems Leadership Team</p>	On-going	<p>Committee papers and minutes.</p> <p>Strategic risks have been aligned to relevant Assurance Committees.</p> <p>Quarterly update presented to relevant committee in order to effectively track and scrutinise risk mitigation progress, in order to effectively provide assurance to NHS Board on the successful management of risk.</p> <p>Risk Management Strategy in place – currently under review.</p> <p>Strategic Risk Register presented to NHS Board quarterly and publish on website.</p>
<p>The performance management system is sufficiently flexible to allow for any necessary differences across the organisation and encourage wide ownership of performance management.</p>	<p>NHS Forth Valley has a system in place which supports all levels within the organisation to take ownership of</p>	<p>NHS Board</p> <p>Performance & Resources Committee</p> <p>Systems</p>	On-going	<p>Development of Pentana system-wide to support the linkage, monitoring and reporting of risk, performance and action plans. The</p>

	their own performance.	Leadership Team		<p>hierarchy system allows data, reports, performance and progress to be split at various levels to support appropriate levels of scrutiny and assurance</p> <p>Performance Management Framework (awaiting review)</p>
<p>The information provided through public performance reporting allows stakeholders to compare performance against:</p> <ul style="list-style-type: none"> ◇ objectives, targets and service outcomes; ◇ past performance; ◇ improvement plans; ◇ where relevant, the performance of other bodies; <p>and allows stakeholders to make a reasonable and informed judgement on how the organisation is likely to perform in future.</p> <p>Information provided in each case is relevant to its audience and clearly shows whether strategic and operational objectives and targets are being met.</p> <p>Reports are honest and balanced, and include information about what improvements are required during the forthcoming period.</p>	<p>Forth Valley NHS Board, its Committees, IJBs and the Senior Management Team receive reports that are honest and balanced.</p> <p>Performance reports are subject to proportionate and appropriate scrutiny and challenge.</p> <p>Information within reports is as accurate and up to date as possible.</p>	<p>NHS Board</p> <p>Assurance Committees</p> <p>Health & Social Care Partnerships</p> <p>IJB</p> <p>Systems Leadership Team</p>	On-going	<p>Recovery & Performance Scorecard</p> <p>Performance Reports</p> <p>Forth Valley NHS Board Annual accounts</p> <p>Performance report</p>

CROSS-CUTTING THEMES

The National Performance Framework for Scotland aims to: create a more successful country; give opportunities to all people living in Scotland; increase the wellbeing of people living in Scotland; create sustainable and inclusive growth; and, reduce inequalities and give equal importance to economic, environmental and social progress.

To help achieve its purpose, the framework sets out 11 National Outcomes which describe the kind of Scotland it aims to create.

The outcomes:

- reflect the values and aspirations of the people of Scotland
- are aligned with the United Nations Sustainable Development Goals
- help to track progress in reducing inequality

The work of NHS Forth Valley and its role within Community Planning Partnerships is central to supporting achievement of these outcomes. This is realised through participation in the development, design and delivery of local improvement plans and locality plans as well as in their review, revision and reporting.

CROSS-CUTTING THEME – SUSTAINABILITY

The ‘Sustainability’ theme is one of the two cross-cutting themes and focuses on how a Best Value organisation has embedded a sustainable development focus in its work.

The goal of Sustainable Development is to enable all people throughout the world to satisfy their basic needs and enjoy a better quality of life without compromising the quality of life of future generations. Sustainability is integral to an overall Best Value approach and an obligation to act in a way which it considers is most sustainable is one of the three public bodies’ duties set out in section 44 of the Climate Change (Scotland) Act 2009. The duty to act sustainably placed upon Public Bodies by the Climate Change Act will require Public Bodies to routinely balance their decisions and consider the wide range of impacts of their actions, beyond reduction of greenhouse gas emissions and over both the short and the long term.

The concept of sustainability is one which is still evolving. However, five broad principles of sustainability have been identified as:

- promoting good governance;
- living within environmental limits;
- achieving a sustainable economy;
- ensuring a stronger healthier society; and
- using sound science responsibly.

Individual Public Bodies should consider comparisons within the wider public sector, rather than within their usual public sector “family”. This will assist them in getting an accurate gauge of their true scale and level of influence, as well as a more accurate assessment of the potential impact of any decisions they choose to make.

A Best Value organisation will demonstrate an effective use of resources in the short-term and an informed prioritisation of the use of resources in the longer-term in order to bring about sustainable development. Public bodies should also prepare for future changes as a result of emissions that have already taken place. Public Bodies will need to ensure that they are resilient enough to continue to deliver the public services on which we all rely.

REQUIREMENT	MEASURE/ EXPECTED OUTCOME	RESPONSIBILITY	TIMESCALE	OUTCOME/ EVIDENCE
<p>The organisation is making a contribution to sustainable development by actively considering the social, economic and environmental impacts of activities and decisions both in the shorter and longer term, underpinning the principles of <i>promoting good governance</i> actively supporting effective participative system of governance in all levels of society – engaging people’s creativity, energy and diversity.</p> <ul style="list-style-type: none"> <i>living within environmental limits</i> respecting the limits of the planets environment, resources and biodiversity – to improve our environment and ensure that the natural resources needed for life are unimpaired and remain so for future generations. <i>achieving a sustainable economy</i> building a strong, stable and sustainable economy which provides prosperity and opportunities for all, and in which environmental and social costs fall on those who impose them (polluter pays) and efficient resource use is incentivised <i>ensuring a strong, healthy and just society</i> meeting the diverse needs of all people in existing and future communities, promoting personal well-being, social cohesion and inclusion, and creating equal opportunity. <i>using sound science responsibly</i> ensuring policy is developed and implemented on the basis of strong scientific evidence, whilst taking into account scientific uncertainty (through the precautionary principle) as well as public attitudes and values. <p>Use of diagnostic questions to assist public bodies in equipping</p>	<p>NHS Forth Valley demonstrates that it is making a contribution to sustainable development by actively considering the social, economic and environmental impacts of activities and decisions both in the shorter and longer term.</p> <p>NHS Forth Valley demonstrates that it respects the limits of the planet's environment, resources and biodiversity in order to improve the environment and ensure that the natural resources needed for life are unimpaired and remain so for future generations.</p>	<p>NHS Board</p> <p>Performance & Resources Committee</p> <p>Audit & Risk Committee</p>	<p>Annual</p>	<p>Sustainability and Environmental report incorporated in the Annual Accounts</p> <p>Property Assets Management Strategy update to Scottish Government - updated 2019</p> <p>Annual Sustainability update to the Performance & Resources Committee</p> <p>Annual state of NHSScotland Assets & Facilities Report</p> <p>Annual Public Bodies Climate Change reports 2019/2020 for:</p> <ul style="list-style-type: none"> • Clackmannanshire & Stirling IJB • Falkirk IJB • NHS Forth Valley Reports reviewed and published by Sustainable Scotland Network. <p>Sustainability Strategy 2019-2024</p> <p>NHS Forth Valley Intranet - Sustainable Procurement (link to Use of Resources section)</p>

themselves available in the Public Bodies Climate Change Duties Guidance				
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CROSS-CUTTING THEME – EQUALITY

This section should be read in conjunction with guidance on the UK Equality Act 2010.

The 'Equality' theme is one of the two cross-cutting themes and focuses on how a Best Value organisation has embedded an equalities focus which will secure continuous improvement in delivering equality.

Equality is integral to all our work as demonstrated by its positioning as a cross-cutting theme. Public Bodies have a range of legal duties and responsibilities with regard to equality. A Best Value organisation will demonstrate that consideration of equality issues is embedded in its vision and strategic direction and throughout all of its work.

The equality impact of policies and practices delivered through partnerships should always be considered. A focus on setting equality outcomes at the individual Public Body level will also encourage equality to be considered at the partnership level.

REQUIREMENT	MEASURE/ EXPECTED OUTCOME	RESPONSIBILITY	TIMESCALE	OUTCOME/ EVIDENCE
The organisation meets the requirements of equality legislation, has a culture which encourages equal opportunities and is working towards the elimination of discrimination.	NHS Forth Valley meets its requirements in respect of equality legislation	NHS Board NHS Board Governance Committees	On-going	Equality & Inclusion Strategy 'everyone means everyone' 2021/2025. Taking forward Equality and Diversity In NHS Forth Valley progress report Equality Declaration NHS Board and Committee papers. Equality impact assessment of policies, procedures and guidelines as laid down in the development framework for policies, procedures and guidelines. This is also detailed in HR Connect.
Executive and Non-Executive leadership and senior managers recognise the diversity of their customers and stakeholders, engage in an open, fair and inclusive dialogue to ensure information on services and performance is accessible to all and commit to contribute to the achievement of equal opportunities in all it does. The organisation ensures that all	Within NHS Forth Valley, the Board and senior managers understand the diversity of their customers and stakeholders.	NHS Board Staff Governance Committee Corporate Management Team Systems Leadership Team Community Planning	On-going	Equality & Inclusion Strategy 'everyone means everyone' 2021/2025. Taking forward Equality and Diversity In NHS Forth Valley progress report NHS Forth Valley Equality and Diversity Employment Duties

<p>members of staff are informed of the organisational commitment to, and objectives for, equality outcomes and that the contribution by the organisation to the achievement of equality outcomes is reflected throughout the corporate processes.</p> <p>The organisation can demonstrate that all leaders and senior officers within the organisation are committed to considering the needs of equality groups in their policies, functions and services, where relevant.</p> <p>Equality is mainstreamed into all processes.</p>		<p>Partnerships</p> <p>Health & Social Care partnerships</p> <p>IJBs</p>		<p>Progress Report</p> <p>NHS Forth Valley website – Disability Equality & Access Service.</p> <p>Equality, Diversity & Human Rights Policy</p> <p>LGBTI Awareness training</p> <p>NHS Forth Valley Foundation Equality and Diversity LearnPro module</p> <p>Equality impact assessment of policies, procedures and guidelines as laid down in the development framework for policies, procedures and guidelines. This is also detailed in HR Connect.</p>
<p>The organisation reflects in its planning, design and continuous improvement of services that different groups within the community have different needs, which must be taken into account to allow them to access those services.</p> <p>The organisation, wherever relevant, collects information and data on the impact of policies, services and functions on different equality groups to help inform future decisions and that it engages with and involves equality groups to improve and inform the development of relevant policy and practice.</p>	<p>NHS Forth Valley policies, functions and service planning consider the different current and future needs and access requirements of all groups within the community.</p> <p>NHS Forth Valley collects, where relevant, information and data on the impact of policies, services and functions on different equality groups to help inform future decisions.</p>	<p>NHS Board</p> <p>Board Assurance Committees</p>	On-going	<p>Committee papers and minutes</p> <p>Equality, Diversity & Human Rights Policy</p> <p>Taking forward Equality and Diversity In NHS Forth Valley progress report</p> <p>NHS Forth Valley website – Disability Equality & Access Service.</p> <p>Equality, Diversity & Human Rights Policy</p> <p>Fair For All Group</p> <p>Interpreter & Translation Services</p> <p>Staff intranet - Gender Based Violence</p>
<p>As part of the Performance Management approach the organisation regularly measures and reports their performance in contributing to the achievement of</p>	<p>NHS Forth Valley ensures that all members of staff are aware of its equality</p>	<p>Staff Governance Committee</p>	On-going	<p>Committee papers and minutes</p> <p>Taking forward Equality and Diversity</p>

equality outcomes.	objectives.			In NHS Forth Valley progress report
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FORTH VALLEY NHS BOARD
TUESDAY 25 JANUARY 2022

8.3 Clackmannanshire & Stirling HSCP Annual Performance Report For Assurance

Executive Sponsor: Annemargaret Black, Chief Officer Clackmannanshire and Stirling Health and Social Care Partnership

Author: Wendy Forrest, Head of Strategic Planning and Health Improvement Clackmannanshire and Stirling Health and Social Care Partnership

Executive Summary

This report offers assurance that the Integration Joint Board continues to fulfil its ongoing responsibility to ensure effective monitoring and reporting on the delivery of services, and relevant targets and measures included in the delegated functions, and as set out in the current Strategic Commissioning Plan.

The Integration Joint Board has a statutory responsibility to ensure effective performance monitoring and reporting of all services delegated in the Health and Social Care Partnership. The Health and Social Care Partnership is the delivery vehicle for the community health and social work/care services delegated by NHS Forth Valley, Clackmannanshire Council and Stirling Council.

Recommendation

The Forth Valley NHS Board is asked to: -

- **note** the activity outlined within the Draft Annual Performance Report 2020 / 2021.

Key Issues to be considered

Under the Public Bodies (Joint Working) (Scotland) Act 2014 Section 42 the Integration Authority must produce an Annual Performance Report (APR) for the reporting period, in this case 1 April 2020 to 31 March 2021. The report must be published by 31 July. However, the Scottish Government extended the Coronavirus Scotland Act (2020) through to the 30 September 2021.

This meant that IJBs were able to extend the date of publication of Annual Performance Reviews through to November 2021, using the same mechanisms as last year, which is laid out in the Coronavirus Scotland Act (2020), Schedule 6, and Part 3. Deadlines around the Annual Performance Report have therefore been extended.

As set out in The Public Bodies (Joint Working) (Content of Performance Reports) (Scotland) Regulations 2014 No. 326 the Annual Performance Report must cover a range of areas, these include:

1. An assessment of performance in relation to national health and wellbeing outcomes, integration delivery principles, strategic planning.
2. Financial planning and performance
3. Best value in planning and carrying out integration functions
4. Performance in respect to Localities
5. Inspection of services

6. Review of Strategic Plan
7. Any other information related to assessing performance during the reporting year in planning and carrying out integration functions as the integration authority thinks fit.

We must recognise the impact of the COVID-19 pandemic which was declared by the World Health Organisation on the 11 March 2020. Staff within the Health and Social Care Partnership, alongside colleagues in our partner organisations across the statutory, third & independent sectors, have worked tirelessly to ensure the continued safe and effective provision of community health and social care support across the HSCP area to support people in all our communities.

The Health and Social Care Partnership's performance has been, and will continue to be, impacted by the COVID-19 pandemic. We will continue to monitor the impact of the pandemic, reviewing closely performance as an integral part of the recovery and renewal work to ensure, as far as possible, maintenance of quality care and support across communities.

Whilst the Health and Social Care Partnership did not, during this period, observe a negative impact on key performance indicators during last year; supported people, families and carers have been impacted and the demands on services over recent months which is likely to be reflected in the next year's Annual Performance Report. As Scotland progresses through the phases of emerging from lockdown, increased pressures and therefore costs were being experienced. The full impact of this continues to be difficult to forecast at this point.

The Annual Performance Report (Appendix 1) reflects on our progress together as a Health and Social Care Partnership from 1 April 2020 to 31 March 2021.

The Health and Social Care Partnership vision remains "to enable people in the Clackmannanshire and Stirling Health and Social Care Partnership area to live full and positive lives within supportive communities". However, this report also reflects the significant work and efforts of all people who supported the communities of Clackmannanshire & Stirling throughout the pandemic.

It must also be noted that public behaviours have changed during the period of lockdown and then the easing of restrictions over the period, which at times and without precedent, has continued to put serious strain on already pressured care and support services. These behaviours have had an impact on data trends and performance. For example, numbers to Accident and Emergency dropped when the public were under movement restrictions, but the needs and system demands did not go away. As restrictions eased and once the public felt safer then demand on health and social care was returned with even greater levels of demand.

Across community health and social care services there has been fluctuating demand and fluctuating capacity caused by Covid 19. Most especially within Care Homes and Care at Home services, with ongoing infections & outbreaks resulting in staff self-isolating which then restricts access and availability for care and support.

All services across community health and social care have been affected by the pandemic, with some services stopped or reduced whilst staff were diverted into more critical areas of work. This has allowed some good areas of work to develop and transform, however there are also significant pressures on other areas of care and support for example on unpaid carers.

The Annual Performance Report also evidences that there is much to be proud of, however it also shows that we have work to do to continue to meet the challenge of the growing and changing level of need in our population. This challenge is against a backdrop of financial challenge, as well as responding to the flexes in the system caused by the pandemic.

There are a number of aspects within the APR which are set out below as they demonstrate progress achieved over 2019 / 2020:

- Changes have taken place in Primary Care, for example, all practices now have a Primary Care Mental Health Nursing service.

- The HSCP is taking forward a Transforming Care programme of work, of which the implementation of the Social Work Review is an important aspect. This work includes service modernisation across adult social work, Locality planning, support for unpaid carers, a refresh of how we are implementing Self-directed Support and how we deliver Adult Support and Protection.
- As part of the community health and social care response to COVID-19, and in line with Scottish Government guidance, a new team was developed to support the care home sector across Forth Valley. An integrated Care Home Assessment and Response Team (CHART) was established to work across the two HSCPs and independent sector and Council run care homes.

The level of support required for people in the Clackmannanshire & Stirling communities is changing due to an increasing proportion of older adults and increasing numbers of people with more than one long term condition (also known as co morbidities). As previously noted within the HSCP Strategic Needs Assessment.

This is all against a backdrop of financial challenge: savings required through our Transformation Programme; cost implications of COVID-19 pandemic.

Financial Implications

The management of performance is critical to managing the overall budget of the Integration Joint Board and is scrutinised via Finance and Performance Committee and subsequently the Integration Joint Board.

Workforce Implications

Any workforce implications are highlighted within the Annual Performance Report.

Risk Assessment

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

Relevance to Strategic Priorities

Within the Annual Performance Report, Appendix 1 illustrates the linkages between the Strategic Plan priorities, National Health and Wellbeing Outcomes and the National Health and Care Standards.

Equality Declaration

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

- Paper is not relevant to Equality and Diversity

Consultation Process

Quarterly Performance Reports are presented to the Strategic Planning Group throughout the year and member of the public and stakeholders have the opportunity to review HSCP performance and seek additional data and information.

Annual Performance Report

2020 – 2021



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Our Fifth Year

Message from the Chair

Welcome to our 5th Annual Performance Report, which reflects on our progress together as Clackmannanshire and Stirling Health and Social Care Partnership from 1st April 2020 to 31st March 2021.

Our vision is to enable people in the Clackmannanshire and Stirling Health and Social Care Partnership area to live full and positive lives within supportive communities.

This is a unique partnership in Scotland as there are two local authority areas and one health board all of whom have voting members on the Integrated Joint Board alongside representatives of the wider partnership including third sector, carers and community representatives.

Progress on our key priorities made throughout 2020/2021 is set out in further detail within this report.

"We found the performance of the service in relation to infection control practices to support a safe and clean environment to be very good"

Care Inspectorate feedback from an inspection at the Bellfield Centre

Staff within the Health and Social Care Partnership alongside colleagues in our third and independent sector partners have worked tirelessly to ensure the safe and effective provision of community health and social care across the HSCP area to support people in our communities.

This report will reflect some of the significant work and efforts of all people who supported the communities of Clackmannanshire & Stirling throughout the last year of the pandemic.

This 5th Annual Report evidences that there is much to be proud of but it also shows that the HSCP continues to meet the challenge of the growing older people's population and increasing levels of need in our population against a backdrop of financial challenge.



Cllr Les Sharp
Chair Clackmannanshire & Stirling

However we must recognise the impact of the COVID-19 pandemic which was declared by the World Health Organisation on the 11 March 2020.

Vision	Priorities	Enabling Activities				Strategies and Initiatives to deliver change
...to enable people in the Clackmannanshire and Stirling Health & Social Care Partnership area to live full and positive lives within supportive communities	Care Closer to Home	Technology Enabled Care	Workforce Planning and Development	Housing / Adaptations	Infrastructure	Intermediate Care Strategy
	Primary Care Transformation					Primary Care Improvement Plan
	Caring, Connected Communities					Carers (Scotland) Act 2016 Community Empowerment (Scotland) Act 2015 Free Personal Care for under 65's 'A Connected Scotland: our strategy for tackling isolation and loneliness and building stronger social connections' Public Health Priorities for Scotland
	Mental Health					Mental Health Strategy
	Supporting people living with Dementia					Dementia Strategy
	Alcohol and drugs					Forth Valley ADP Strategy

The Year In Figures 2020-2021

45% of reablement clients reduced their care hours because they were more independent at the end of the intervention.

2020-2021 Adult Support Plans

496 ASP's for Carers completed by local Carers Centres and 290 ASP's completed in Adult social Care.



Clients seen within 5 weeks

97.5%
Clackmannanshire & Stirling ADPs

20/21
Average

Target
90%

Alcohol & Drug
Treatment Wait Times



729 clients received a Reablement Service, re-learning daily skills to help them be more independent.
2020/21

Number of Adults at Risk of Harm subject to an Adult Support and Protection Investigation:



176



6 ESSENTIAL
ACTIONS
Unscheduled Care



91% of Care services graded good, or better by Care Inspectorate Inspections



3,827
Adult Care
Referrals



**Change
Grow
Live**

Section 1 - Introduction

Introduction to the 5th Annual Performance Report

Clackmannanshire and Stirling Integration Joint Board is responsible for strategic planning and budget management of community health and social care services for adults.

This report is the Integration Joint Board's assessment of progress towards "enabling people in Clackmannanshire and Stirling to live full and positive lives within supportive communities".

Clackmannanshire and Stirling Health and Social Care Partnership is the delivery vehicle for all community health and care services delegated by the three constituent authorities of Clackmannanshire Council, Stirling Council and NHS Forth Valley.

The HSCP area is served by one acute hospital, Forth Valley Royal Hospital, and community hospitals based in Clackmannanshire and Stirling, which also incorporate a minor injuries unit.

The HSCP covers a large mixed urban and rural geographical area with some of the most stunning scenery in Scotland. The HSCP has a population of approximately 145,730 across three Localities: Rural Stirling (25,137); Stirling City (69,193) and, Clackmannanshire (51,400)¹, with 65% of the population residing in Stirling and 35% in Clackmannanshire.

Both Clackmannanshire and Stirling have ageing populations. The numbers and proportion of older adults is projected to double, evidence points to older people being more intensive users of health and social care services and this will impact significantly on demand in the years ahead.

There are close working relationships with supported people, people accessing services and unpaid carers, local communities, staff and

professionals and key partners in the third and independent sectors to develop and deliver on an ambitious programme of transforming care and strategic improvement.

For more than eighteen months the Health and Social Care Partnership has been responding to the COVID-19 pandemic, and continues to be in an emergency response phase.

Initially all non-essential activity was stood down in line with Government restrictions, however mobilisation and recovery planning has been put in place across community health and social care services to reflect a community first approach and an outcomes based service model within communities.

It is projected that more people living in Clackmannanshire and Stirling will have long term conditions, multiple conditions and complex needs.

Transforming our current care pathways and guidelines away from current disease specific models towards a greater focus on the holistic needs of patients is required and is already underway within community health and care services.



¹ Available in Locality Profiles here
<https://clacksandstirlinghscp.org/about-us/strategic-plan/>

Information and data we use to measure our performance

To compile this report, data has been accessed from a range of published national and local data sources.

The Annual Performance Report will set out how well the Health and Social Care Partnership is meeting the outcomes of local people. The Report will lay out, measure the impact of the changing model of care, and support being delivered for the people of Clackmannanshire & Stirling.

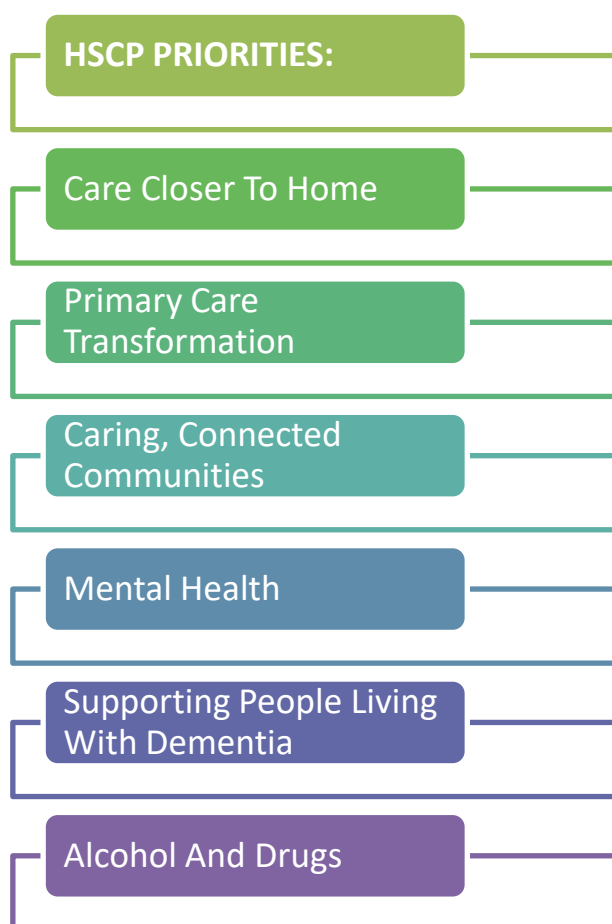
The Strategic Commissioning Priorities form the focus of this Annual Performance Report, drawing attention to day-to-day performance as well as to areas of good practice and plans for improvement.

To provide a wider context, appendix 1 lays out how the current Strategic Plan 2019-2022 priorities link with the National Health and Wellbeing Outcomes and the National Health and Care Standards.

Ongoing local data delays in SMR01 returns make reporting linked to the Core Suite of Integration Indicators more difficult however activity over the past few months has resulted in more up to date data. For the purpose of this report, measuring progress against the National Health and Wellbeing Outcomes has been estimated and therefore not comparable to other Health and Social Care Partnerships.

Appendix 2 provides the estimated National Health & Wellbeing indicators which are included for reference. An improvement plan is in place and being locally implemented to ensure SMR01 returns are completed timeously.

Our Strategic Commissioning Plan and Partnership Priorities 2019-2022



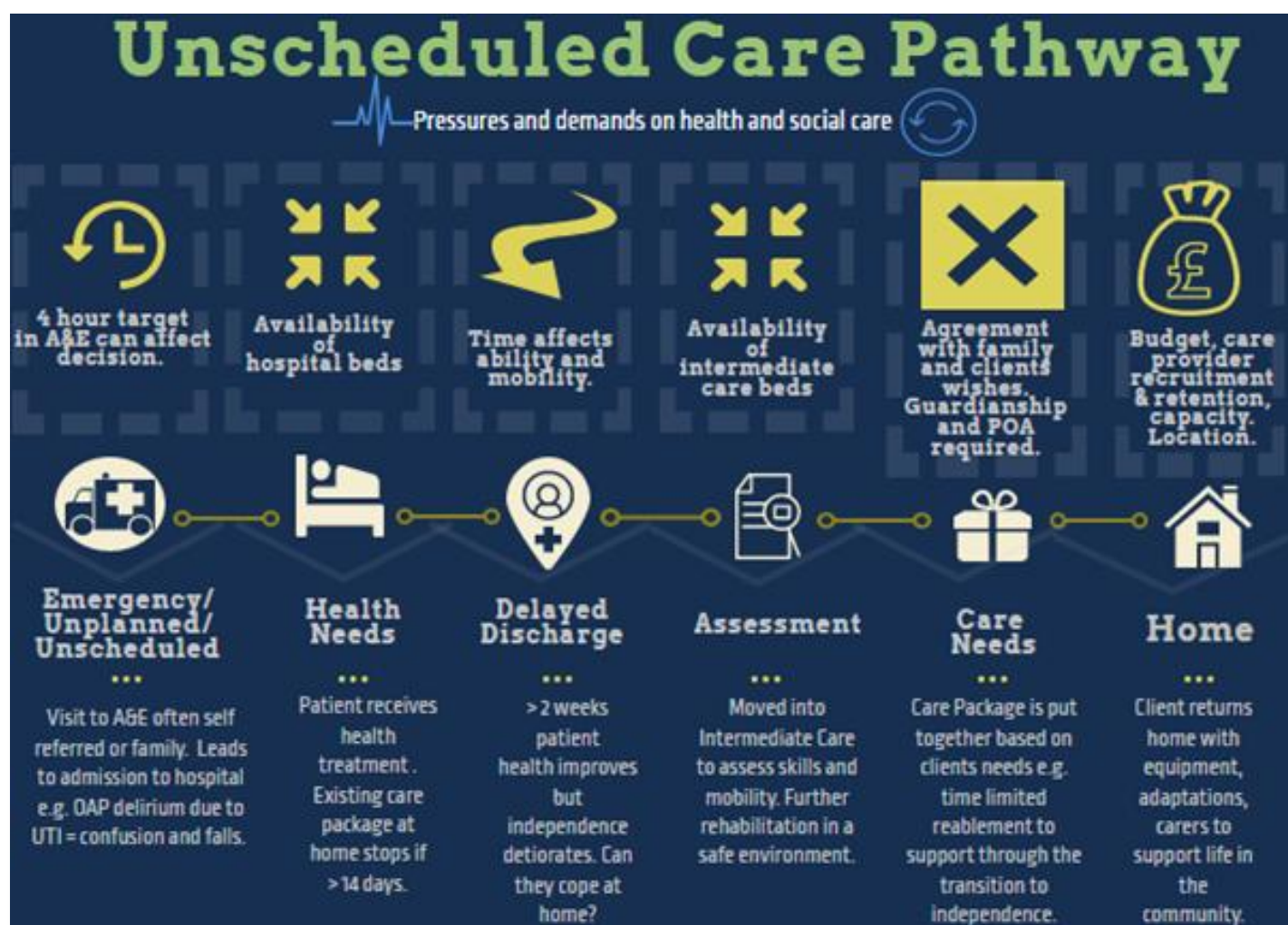
Section 2 - Care Closer To Home

"We will work to reduce people going to hospital, support more people to stay well at home, improve timely access to community services, and build enablement approaches across the HSCP."

Strategic Plan 2019-2022

Integrated community health and social care creates the conditions to shift the balance of care away from acute hospital. To ensure that **'people live independently at home or in a homely setting in their community'**.

People also have the right to make **personal choices at the end of life**, to be supported in their home or within the community in a care home or community hospice.



Improving emergency or unscheduled care within hospitals is a key priority for the Scottish Government and locally for the HSCP.

The National Unscheduled Care – 6 Essential Actions Improvement Programme aims to improve the timeliness and quality of patient care from arrival to discharge back into the community.

The common ways to arrive at Emergency Departments (ED) are²:

Number	Self Referral	Ambulance	GP Referral
Attended	15,963	8,341	981
Admitted	1,744	4,950	162
%	11%	59%	16%

Source: PHS Source

48% attend once, 44% between 2-4 times, and 8% over 5 times.

Operational services are working with individuals and their carers to ensure people are attending the right service at the right time. There is ongoing work with those who frequently attend hospital to be supported with community based interventions.



Cost per attendance:
FVRH - £151
SCH - £93
Hospital outside health board - £141.

Source: PHS Source



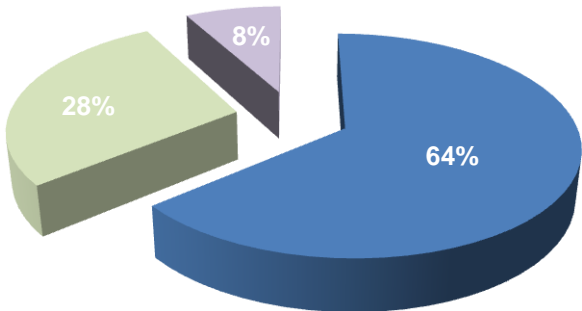
'Emergency Admission Rate'
Rank 10/31
More than Scottish average
National Indicator 12 - 2020/2021

Emergency attendances have a significant impact on both acute and community services. People who may have had no need for very little social care support before admission, often require increased support after leaving hospital. Often people's independence may have reduced following a hospital stay regardless of their presenting health condition.

The ongoing programme of service re-design is focused on a home first ethos to minimise any delays to discharge, and access to care and support to avoidance of unnecessary admissions.

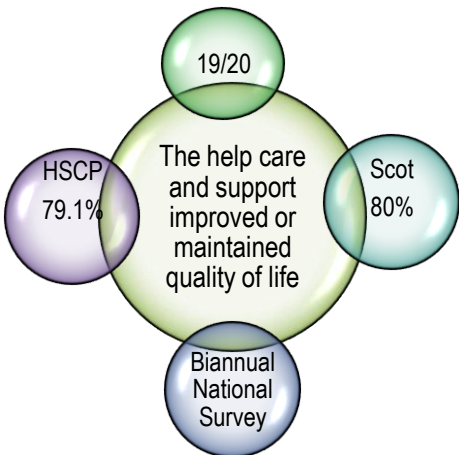
The graph opposite shows a drop in new patients who were delayed in their discharge from hospital, compared to the previous year. The COVID-19 pandemic had an impact on behaviours, with many people avoiding going to hospital especially during lockdowns restrictions.

Where Do People Go?



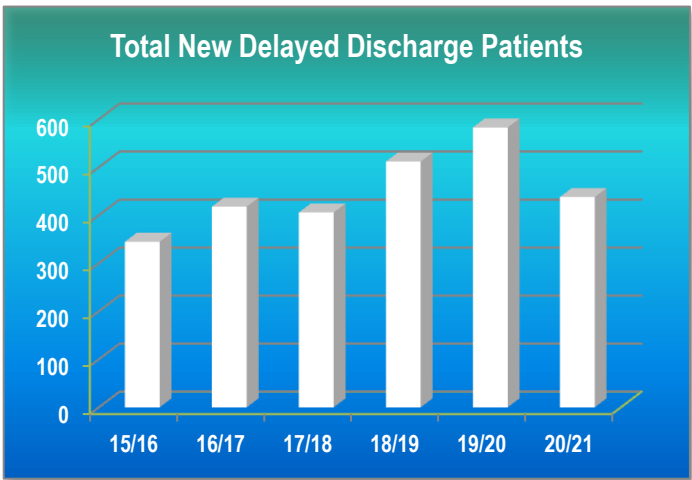
- Forth Valley Royal Hospital Emergency Department
- Stirling Community Hospital Minor Injuries Unit
- Hospitals Outside Forth Valley

Source: PHS Source



Source: National Core Indicators

Total New Delayed Discharge Patients



Source: Local NHS FV

² This relates to 19/20 data which is the most up to date national data available for this type of analysis and includes minor injuries unit.

Locality Data 2019-2020

Source: Scotpho



Clackmannanshire

Highest rate amongst localities of alcohol & drug related hospital admissions
Highest rate of emergency hospitalisations all ages, and multiple emergency hospital admissions for over 65s but lower than Scottish average
Highest rate of Psychiatric patient hospitalisations and above Scottish average

Stirling City & Eastern Villages

Highest rate of alcohol specific deaths and the same as Scottish average
Highest rate of Chronic obstructive pulmonary disease (COPD) hospitalisations but lower than Scottish average



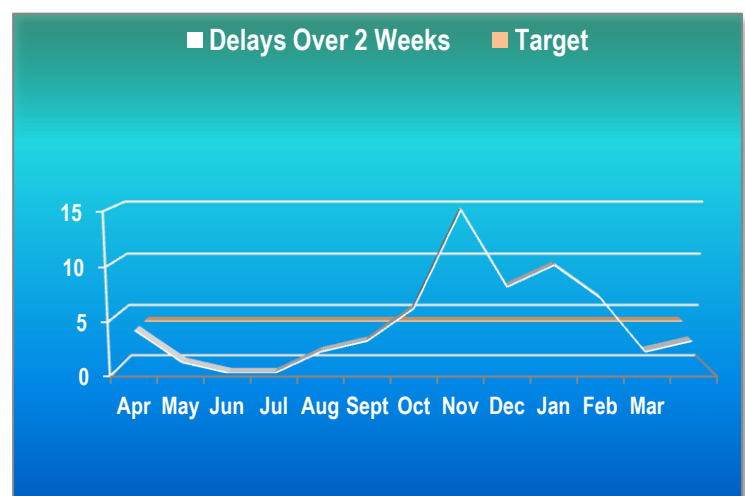
Stirling Rural

Highest rate of life expectancy for both sexes and above Scottish average
Highest rate of People living in 15% most 'access deprived' areas and well above Scottish average
Highest population % estimate - aged 65-74 years, above Scottish average

In line with other HSCPs, managing delayed discharges over the past year has proved challenging. In addition, capacity within care homes fluctuated due to ongoing COVID-19 outbreaks and staff sickness. Care at home services were also challenged by cyclical outbreaks and workers self-isolating.

These pressures had an ongoing impact on the level and type of care and support organisations were able to provide during the height of the pandemic.

Our performance for those patients waiting 2 weeks or more to go home shows a variable trend for 20/21 with the drops attributable to the COVID-19 pandemic.



Source: Local NHS FV



'% Health Care Resources spent on hospital stays where patient was admitted in an emergency'
Rank 10/31
More than Scottish average
National Indicator 20- 20/21



KEY ISSUES



Covid- 19 patient testing positive or self isolating

Within hospital ward



Care Homes affected by COVID-19

Either closed to new
residents, or
require 2 negative covid
tests



Covid- 19 staff self isolating or sick

Within Care @ Home sector



Higher Care Needs

More staff more often to
enable someone to live
independently at home

Alternatives To Admission And Supported Discharge

Many adults and older people can be supported at home, even when unwell, because it is well documented that staying unnecessarily in hospital can be detrimental to a person's ability to be re-abled or rehabilitated which may lead to a loss of function.

This has led to a strong focus on working to improve pathways to reduce delays in patient discharge planning. Planning for an effective discharge from hospital is vital in also reducing the risk of re-admission.

District Nursing

The community nursing team is available 24 hours a day, 365 days a year, and provides planned and unplanned care and support.

Activity over 20/21 included:

	Jan-Mar 20	20/21
Home Visits	17,201	77,066
Treatment Room	6,325	14,424
Telephone Calls	408	1,362

Source: Local Data – NHS FV

District Nurses supported 102 patients in the community who chose to die at home

The main challenge faced over the last year has been the response to Covid 19.

This had a huge impact on the delivery of care and support. As such, an ambitious programme of change was undertaken:

- Geriatricians began working in the community team providing 7 day cover
- A change of working patterns for nurses who moved to 10 hour shifts.
- Increase in housebound COVID-19 assessments.
- Direct access into community based hospital beds.
- Access to specialist services via consultants in working in acute hospital.

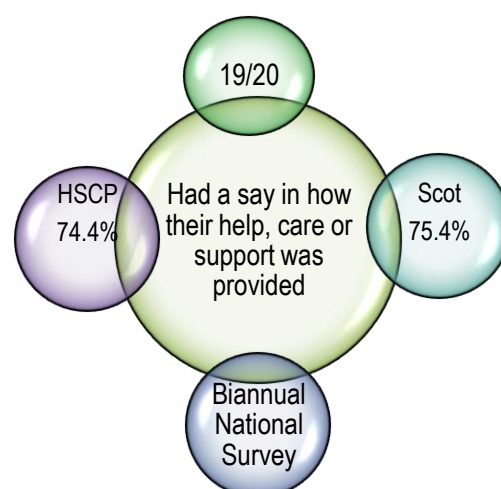
In 20/21 the ECT service took on approximately 600 cases, preventing 450 admissions to hospital.

As a result, the Enhanced Community Team, and Adult Social Care worked together to offer support to people in their own homes and seek to prevent the need for unnecessary hospital admissions.

Enhanced Community Team (ECT) provides support to frail, elderly patients and those with complex health problems.

The aim of the service is:

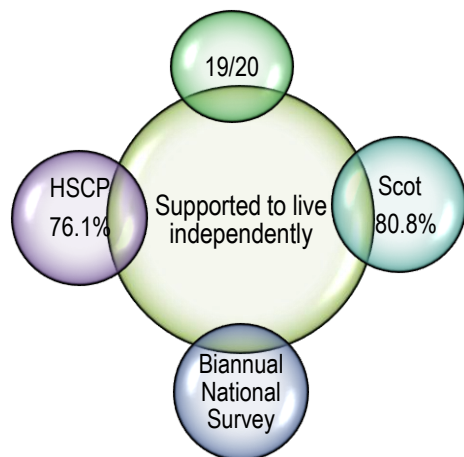
- A reduction in avoidable attendances, emergency hospital admissions and readmissions.
- A more coordinated community health and social care response to patient's need particularly during times of crisis.



Source: National Core Indicators

The prevention of unnecessary hospital admission can be achieved when people can

regain or maximise their independence by being offered reablement or access to intermediate care. This can be offered to prevent an individual from having to go into hospital or when someone is leaving hospital to go home.



Source: National Core Indicators

Adult Social Care services such as; Intermediate Care, Reablement Services, and Care at Home, support people to achieve their agreed personal outcomes. Such as preparing their own meals, accessing care and support, or being able to continue to access community resources they previously enjoyed.

"During the inspection of Bellfield Intermediate Care Service. Inspectors spoke with a number of people supported and some family members during the visit. People said they were able to keep in touch with family. The service and staff were reported on positively. Families said they had been kept informed of important information and included in meetings and discussions about a person's care appropriately".

Source: Care Inspectorate



Source: Local Data – Adult Social Care

Reablement services focus on helping people to regain daily skills they may have lost due to a deterioration in their condition, a crisis or as a result of hospital admission. Supporting people to regain confidence and their independence, can potentially avoid a hospital admission or readmission, and can support live safely at home for as long as possible.

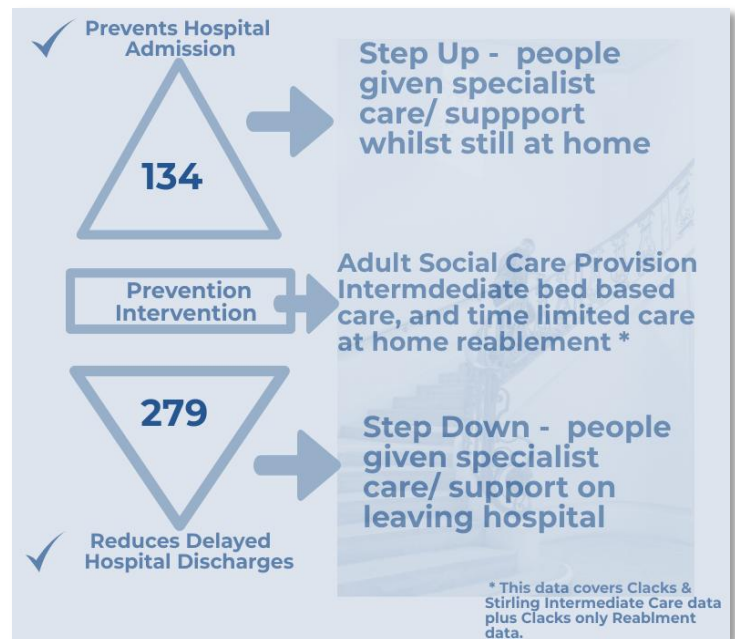


Review of adult social care

The HSCP is taking forward a transformation programme of which the implementation of the Social Work Review is an important aspect. This work includes service modernisation across adult social work and also a refresh of how we are implementing Self-directed Support and how we deliver Adult Support and Protection.

Over the past year, work has begun on defining that in detail, and a local Steering Group has been established to plan the priority activities, to review the resource and governance implications, and to scrutinise the initial implementation in 2021.

The group has representation from stakeholders from across the Partnership, including our third sector partners, people with lived experience, unpaid carers and our frontline staff.



Source: Local Data – Adult Social Care

Care Home Assessment and Review Team (CHART)

As part of the community health and care response to COVID-19, and in line with Scottish Government guidance, a new team was developed to support the care home sector across Forth Valley.

An integrated Care Home Assessment and Response Team (CHART) was established to work across the two HSCPs and independent sector and Council run care homes.

This innovative approach was nationally recognised and has developed to be mainstreamed across the whole care home sector to support consistency and assurance of quality of care as well as access to clinical care and support for local care homes.

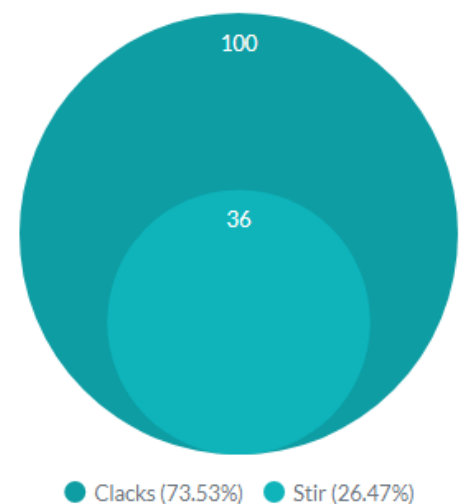


'Proportion of care services graded good or better in care inspectorate inspections'
Rank 3/31
More than Scottish average

When people are no longer able to live at home independently they often move to a residential or nursing care home.

The high number of admissions needs to be balanced against the number of residents who also died during the period. With total resident numbers, especially in Clacks remaining the same or less.

Care Home Admissions 2020/21



What Can Delay A Move Into A Care Home?



Time

- . Getting legal powers of Guardianship when no Power of Attorney in place and client has no capacity to make their own decisions.



Location

- . Finding a care home near to family that also provides the care the client needs.
- . Waiting on a vacancy in the chosen home.



Finances

- . Legal action for Guardianship
- . Completion of financial assessment
- . Agreement on a budget



Covid -19

- . Must have a negative test
- . Care Home must be clear of any outbreaks

Section 3 – Primary Care Transformation

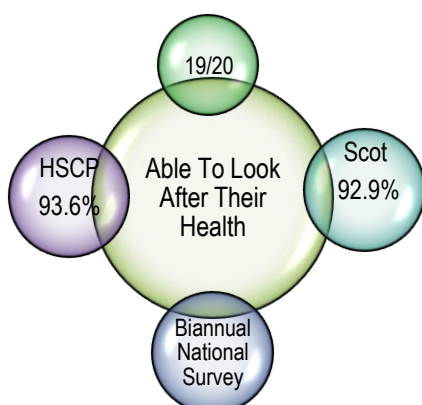
“Work together and take a multi-disciplinary approach to improving primary care. Scale up the support to all GP practices.”

Strategic Plan 2019-2022

The Primary Care Improvement Plan 2018-2021 has been updated and encourages General Practices (GP) to work together and take a multi-disciplinary approach to improving primary care including working on a Locality based model.

By developing the role of community health professionals such as pharmacists, physiotherapists, mental health professionals and advanced nurse practitioner, we are able to free up GPs time to focus on patients with more complex needs.

All practices now have a Primary Care Mental Health Nursing service. Evaluation over three years, has noted that less than 3% of people required to go on to see a Doctor.



Source: National Core Indicators

The HSCP have recorded people's stories including the impact of the mental health nurses on people living in our communities. The stories were published to fall within mental health awareness week.

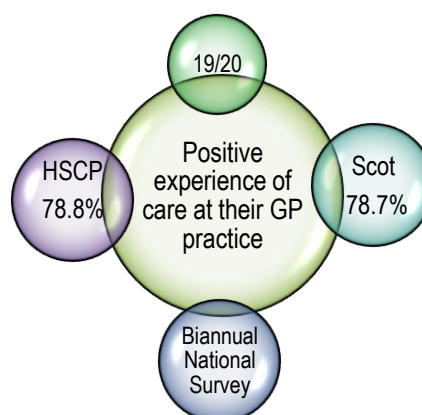
A positive patient story and short companion video about the mental health primary care model can be found below:



- [Service User Experience Video Link](#)
- [Service Perspective Video Link](#)

All practices now have a level of multidisciplinary support in place, and the model of care is now well embedded. Into 2021 – 2022 Locality based planning and delivery will be significantly developed.

Despite a challenging year, there continues to be a significant focus on service quality and evaluation.



Section 4 – Caring Connected Communities

“Work with unpaid carers to support them in their role. Work with the Third Sector to reduce isolation and loneliness of older adults. Expand the neighbourhood care model to other localities. Expand housing with care opportunities across all localities.”

The Health and Social Care Partnership strives to support people to remain independent and safe within their own home or a homely setting for as long as they are able to: maintaining their connections with their communities and their quality of life.

The HSCP has three distinct localities Clackmannanshire, Stirling Rural and Stirling Urban. Each of these areas is sufficiently large enough to support area based service planning and development, whilst also providing scope for local involvement.

It is well documented that population changes mean a changing demand and use of services, particularly for older people and people with multiple and complex health conditions.

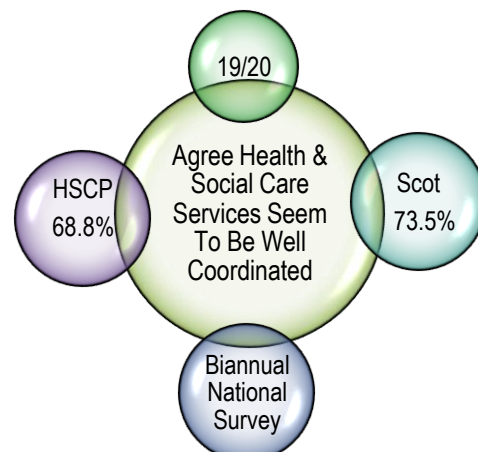
However there are some significant variances in terms of socio economic opportunity across the Localities. This has an impact on health and wellbeing within our communities, as demonstrated within the locality profiles which are published on our [website](#).



In early 2020, as part of the development of the new Health and Social Care Partnership Senior Management Team, dedicated resource was allocated to support the development of Localities to ensure community participation and co-produced local services models.

Some preparatory work has been undertaken during spring; however this had to be paused due to the Covid-19 pandemic.

During 2021-2022 this work will recommence, with the development of an approach to supporting Localities which is inclusive and addresses disparity.



Source: National Core Indicators

Completed activities included:

- A refresh of Locality Planning arrangements
- A refresh of the Participation & Engagement Strategy
- Test of the concept of a community hub model
- Establishment of local task groups to address locally identified priorities
- Establishment of a Locality network
- Explore establishment of Community Link Workers (linked to Primary Care Improvement)



In October 2019 Stirling Health and Care Village opened, which **has transformed the way we provide bed based short stay assessment** and Primary Care services and facilities in Stirling.

This coupled with the development of our first Neighbourhood Care Team is **beginning to create a locality model which will support service change further.**

The ongoing review of the model of care ensures the delivery of an outcomes focused service that is in line with national policy; of effectively delivering care closer to home and the continuation of the shift away from institutional bed based care where possible towards flexible and person centred care and support in communities.



'Falls rate per 1,000 population aged 65+'
Rank 18/31
Less than Scottish average.
National Indicator 16 - 20/21

These commitments align to the priorities of the HSCP Strategic Plan which describes the move towards more outcomes focused care and support; access to modern technology enabled care; integrated community health and social care, as well as individual choice and control.

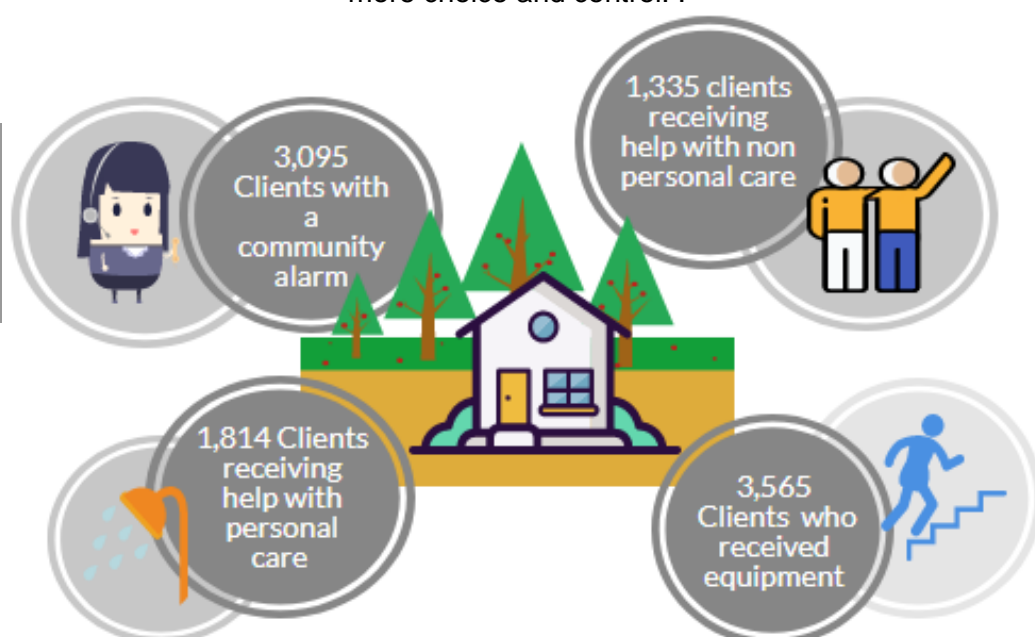
The model of care and support for Rural Southwest Stirling was been developing by working alongside our communities, third sector partners, primary care colleagues as well as leaders within community health and social care services.

Additional resources to support communities have been identified to provide more community reablement; more local providers to support personal care at home; appropriate long term nursing care, based on choice as well as a developing offer to increase technology enabled care in the rural area.

The HSCP continues to focus on the development of care and support which will offer individuals, their families and carers more choice and control. .



'Emergency readmissions to hospital within 28 days of discharge' (rate per 1,000).³
Rank 3/31
More than Scottish average
National Indicator 14 - 20/21



Adult Social Care – All clients - 2020/21

Adult Social Care 20/21

Strategic Priority Related Care Groups Only; Dementia, Mental Health, Terminal Illness, Learning Disability/Autism, Alcohol/Drugs

654

Referral - People

42% - dementia
22% - mental health
15% - terminal illness
13% - learning disability/autism
8% - alcohol/drugs



Triage/Criteria

If considered that a need is critical or substantial. Then a referral will progress to an outcome focussed assessment.



Review

Cases are reviewed within standard timescales or when there is a change in circumstances.

267

Help/Service - People

55% - dementia
24% - terminal illness
13% - mental health
5% - alcohol/drugs
4% - learning disability/autism

301

Assessment - People

The needs of a client can cover more than one area of service or item of care. A client can have more than one assessment within a year.



What Do We Know About Carers in Scotland:³

- Caring responsibilities affect many carers' physical and mental health.
- Nearly half of carers have long-term conditions themselves.
- Many carers are looking after people with complex needs.
- There are more older carers and a higher number of carers looking after more than one person.
- The time individuals spend caring is also increasing.
- Almost half of carers in the most deprived areas care for 35 hours a week or more. This is almost double the level in the least deprived areas



national implementation plan

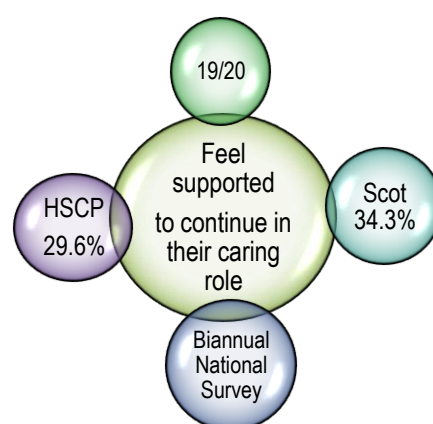


We know that respite services, especially within care homes, was affected by the Covid Pandemic. With placements moving to a more crisis only response.

³ Scotland's Carers, Scottish Government, 2015 - www.gov.scot/Publications/2015/03/1081

The HSCP Carers Strategy outlines how we will support unpaid carers as well as meets our statutory requirements. This strategy dovetails with the HSCP Short Break Services Statement, which sets out our approach to short breaks from caring and what is available.

The HSCP Carers Planning Group was refreshed and the membership expanded to include more unpaid carers and the options for the Carers Forums to feed in directly to the local planning and delivery of carers care and support. An updated Action Plan was agreed based on good outcomes for carers and ensuring the needs of carers are being met.



Source: National Core Indicators

Local Carers Centre's are funded to undertake Adult Carer assessments, offer carers information and advice as well as provide training to carers and workers across the HSCP. Carers organisations locally are key partners of the HSCP as representing the voice of carers and offering carers locally focused care and support.



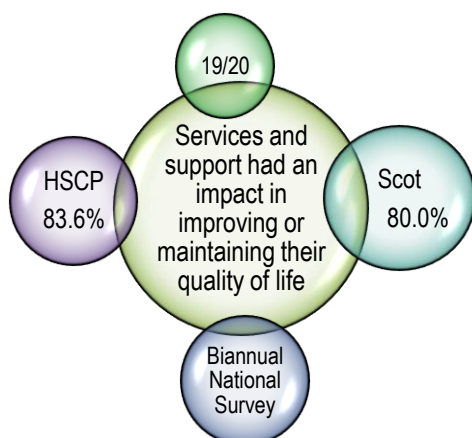
Source: Local Data – Adult Social Care/Carers Centres

Support more people at end of life

Palliative and/or end of life care is provided by community health and social care services across our communities. There are also specialist services for those with more complex health needs.

The number of people with complex long term conditions and palliative care needs are increasing based on the current demographic trajectories.

The HSCP works to offer choice of care and support for individuals at end of life.



Source: National Core Indicators

We aim is to ensure everyone who has palliative/end of life needs is identified and their needs are met.



'Proportion of last 6 months of life spent at home or a community setting.'
Rank 10/31
More than Scottish average
National Indicator 15 - 20/21

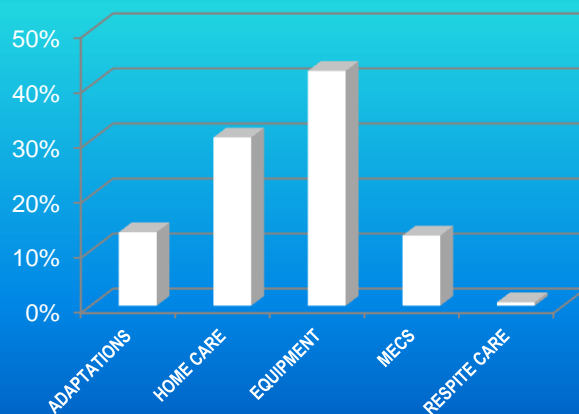
96 referrals to Adult Social Care for those in Terminal Illness care group over 2020-21

38 referrals assessed

63 clients received a care package

Source: Local Data – Adult Social Care

20/21 Adult Social Care Terminal Illness Referrals Who Received A Service



Source: Local Data – Adult Social Care

Palliative care services also provide support to care homes to manage patients with complex needs during an end of life.

Learning Disabilities

Our commitment to improving outcomes for people with learning disabilities reflects the national strategy, and our outcome focussed approach promotes person centred assessment and planning.

Health and social care staff have been integrated to ensure a consistency of service. The wider use of self directed support allows service users and their unpaid carers to exercise choice and control over their care.

88 referrals to Adult Social Care for those in Learning Disability/Autism care group over 2020-21

27 referrals were assessed

10 clients received a care package

Source: Local Data – Adult Social Care

Section 5 - Mental Health

Scotland's Mental Health Strategy emphasises the need to prevent and treat mental health problems with the same commitment as physical health problems. In line with the national strategy the HSCP aims to support prevention and early intervention.

Community Support

Primary care is the first point of contact with the NHS. This includes contact with community based services such as general practitioners (GPs), community nurses, and Allied Health Professionals (AHPs).

The mental health nurse team are now embedded in the majority of GP practices offering around 500 weekly appointments across the area. The service is redirecting consultations which would otherwise be with a GP: We know that: 96% of new consultations were appropriate for the service, and less than 3% of people required to go on to see a Doctor.

The primary reasons for seeking medical support are known to be:

1) Anxiety, 2) Low mood and 3) stress

Community Support – Outpatients

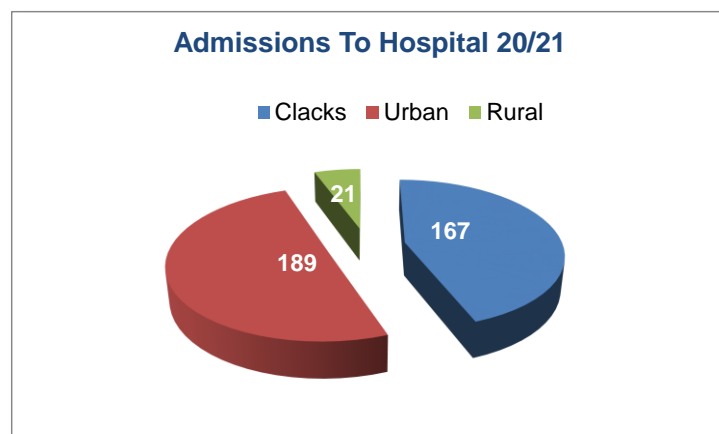
Patients who require the medical opinion of a specialist clinician may be referred to an outpatient clinic for treatment or investigation. Outpatients are not admitted to a hospital and do not use a hospital bed.

Community Mental Health Teams (CMHTs) support people with severe and enduring mental health in the community. They saw 1,375 new referrals in the period, and 21,024 return appointments over 20/21.

Acute Support

Acute hospital care includes activity occurring in major teaching hospitals, district general hospitals and community hospitals. It includes services such as consultation with specialist clinicians; emergency treatment; routine, complex and life saving surgery; specialist diagnostic procedures; close observation; and short-term care of patients.

There were 390 admissions to hospital over 20/21, and the chart below shows the proportion by locality area.



Source: Local Data – NHS FV

The Mental Health Acute Assessment and Treatment Service (MHAATS) receive urgent referrals from the Emergency Department at Forth Valley Royal Hospital and General Practitioners across Forth Valley.

Social Care

19% of people with mental health problems who were referred in Quarter 4 2021, went on to receive a care package from Adult Social Care that provided them with practical support and personal/non-personal care.



Source: Local Data – Adult Social Care

Section 6 - Supporting People With Dementia

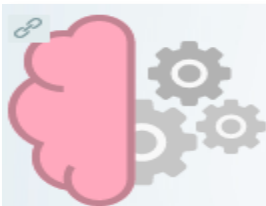
"Progress the redesign of services in order to provide support to people with a diagnosis of dementia in a multi-professional way which meets the individual needs of the person and their carers. Spread dementia friendly community work to all areas within the partnership with the Third Sector."

Every person with a new diagnosis of dementia in Scotland is entitled to a minimum of one year of Post Diagnostic Support (PDS) from a named person who will work alongside the person and those close to them.

Dementia is a common condition which can include problems with memory loss, thinking speed, mental agility, language, understanding and judgement.



The 5 Pillars Model provides a framework for people living with dementia, their families and carers with the tools, connections, resources and plans to allow them to live as well as possible with dementia and prepare for the future.



**HSCP
Dementia
Prevalence 0.73
Scotland 0.77
18/19**

Approximately 37.6% of newly diagnosed people within the HSCP were referred to post diagnostic support in 2020/21. However, both the Dementia Post Diagnostic Support service provision and data submission to Public Health Scotland were affected by the COVID-19 pandemic. Most of the PDS referrals for 2020/21 are still ongoing, and therefore the percentage quoted is subject to change.

Social Care also works to ensure that those clients with dementia and their unpaid carers are supported to remain living at home and with their family for as long as possible.

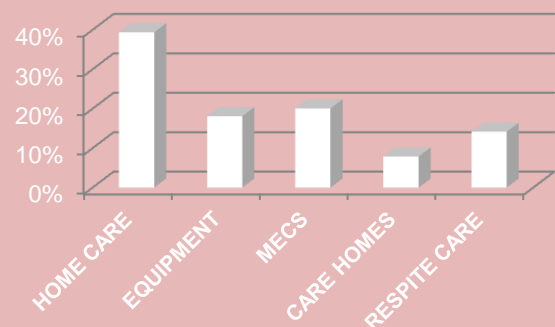
277 referrals to Adult Social Care for those in Dementia care group over 2020-21

135 referrals were assessed

146 clients received a care package

Source: Local Data – Adult Social Care

20/21 Adult Social Care Dementia Referrals Who Received A Service



Source: Local Data – Adult Social Care

Section 7 - Alcohol & Drugs

“Work jointly with the Clackmannanshire and Stirling ADP to deliver outcomes for our community and relieve the burden of alcohol and drugs related harm, together, across the partnership.”

Strategic Plan 2019-2022

Community addiction services support people to participate in meaningful activities within their communities.



Recovery Service

Forth Valley

Waiting Times 2020/2021

The national waiting times target - 90% of people should wait no longer than 3 weeks to access Drug and Alcohol treatment.

Clackmannanshire

96.1%

Stirling 96.7%

Scotland 95.9%

Source: National Data



95.4% received alcohol or drug treatment within target time. 20/21

Source: National Data

Social Care provides support and care to enable those in this care group to remain at home or a homely setting.

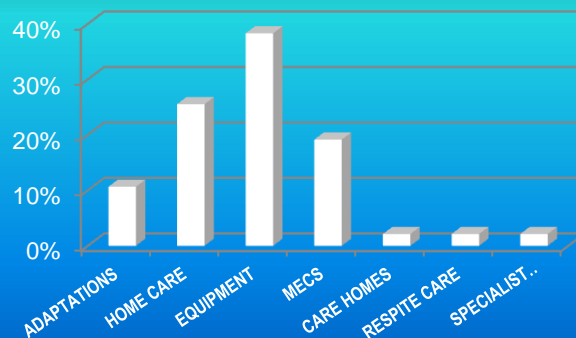
50 referrals to Adult Social Care for those in Alcohol or Drugs care group over 2020-21

31 referrals were assessed

14 clients received a care package

Source: Local Data – Adult Social Care

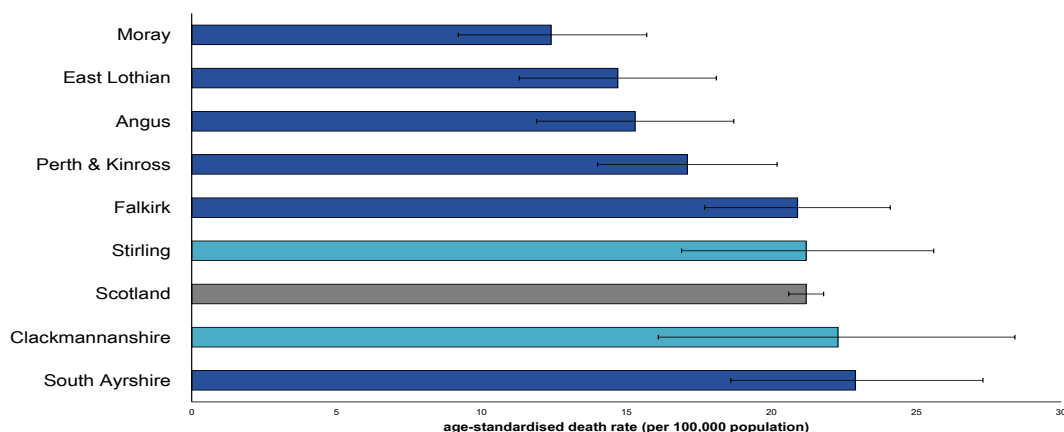
20/21 Adult Social Care Alcohol/Drug Referrals Who Received A Service



Source: Local Data – Adult Social Care

Alcohol related hospital admissions in 19/20 for Partnership residents was below the national average. The most deprived areas of the HSCP have on average 112% more alcohol specific deaths than the overall average. Which is higher than national figures. The Clackmannanshire locality is the highest with 122%.

Drug-related deaths for selected council areas, age-standardised death rates, Scotland 2016-2020



Source

Section 8 - Adult Protection

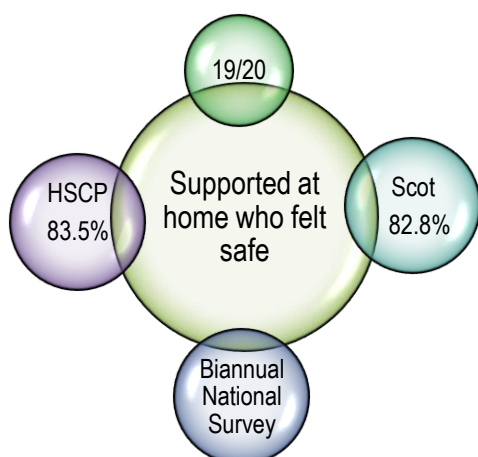


Adult Protection (ASP) offers support and protection to adults who may be at risk of harm or neglect. It aims to balance people's rights and taking action, where necessary, to support and protect them.

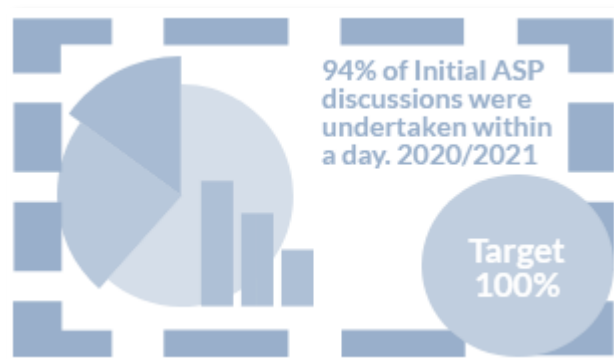
An 'adult at risk' of harm is defined as a person aged 16 years or over, who may be unable to protect themselves from harm, exploitation or neglect, because of a disability, mental disorder or mental illness, physical or mental infirmity.

Clackmannanshire and Stirling Adult Support and Protection Committee assures that each of the community services in place for adult protection are performing well and keeping the residents of the HSCP area safe.

When a concern is reported (called a referral), initial inquiries/discussions are made before taking action. This information helps make the best decision with the involvement of the adult concerned. It may lead to immediate action or a more planned response. In 20/21 there were 1,261 initial discussions undertaken in Adult Social Care.

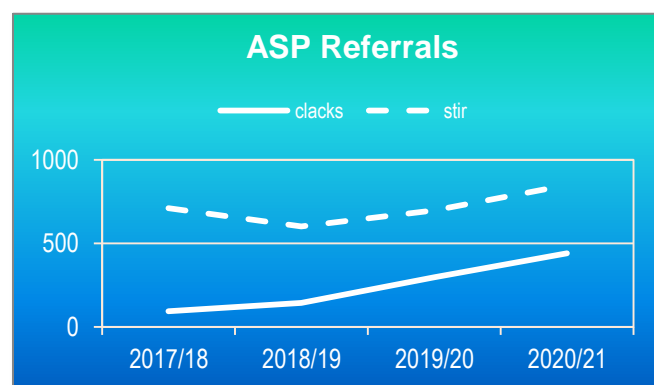


Source: National Core Indicators



Source: Local Data – Adult Social Care

There is a rising trend of ASP Referrals over the period.



Source: Local Data – Adult Social Care

The term “no further action” means that it did not lead to a formal ASP investigation.

In the majority of all referrals, work has been done by Social Care to support the adult and manage risks proportionate to the circumstances.



Source: Local Data – Adult Social Care

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Section 9 - Finance & Governance

Annual Financial Statement

We will continue to use the funding available to the Partnership to improve services for people and pursue our Strategic Plan priorities. Over time our alignment of use of resources (both financial and non-financial) to Strategic Plan priorities and key performance measures is improving and will continue to do so.

Financial Performance

The funding available to support the delivery of the Strategic Plan comes from payments from the constituent authorities (Clackmannanshire and Stirling Councils and NHS Forth Valley), the Set Aside budget for Large Hospital Services and allocations for specific purposes within the responsibilities of the Integration Joint Board from Scottish Government.

The Integration Joint Board directs partners to deliver and/or commission services across the Partnership on its behalf.

For the financial year ended 31 March 2021 the IJB recorded an operational underspend on day to day activities of £3.323m and reserves increased by £12.516m. The increase in reserves is anticipated to be temporary and includes £6.642m of Covid-19 funding from Scottish Government which is the first call on Covid-19 costs during 2021/22.

The expenditure of the Integration Joint Board for year ended 31 March 2021 is detailed in the table below. These figures are subject to statutory audit and it is useful to read the content of the IJBs Annual Accounts alongside this report. The 2020/21 Annual Accounts and accounts relating to previous financial years are published here: <https://clacksandstirlinghscp.org/about-us/finance/>

Service Area	2017/18	2018/19	2019/20	2020/21
	£'000	£'000	£'000	£'000
Set Aside Budget for Large Hospital Services	19,985	20,633	22,006	23,588
Adult Social Care: Clackmannanshire Locality	16,539	17,136	16,130	17,326
Adult Social Care: Urban and Rural Stirling Localities	32,383	34,889	37,733	36,895
Health Services under Operational Responsibility of Integration Joint Board	33,543	36,039	36,129	37,623
Universal Family Health Services including Primary Care Prescribing	67,034	70,365	76,594	82,090
Integration (Social Care) Funding *	8,860	8,808	8,838	23,072
Shared Partnership Posts & Statutory Costs of Integration Joint Board	262	292	284	301
Transformation	3,086	2,734	2,202	2,454
TOTAL EXPENDITURE	181,692	190,897	199,916	223,349

* For 2020/21 this figure includes Covid-19 funding passed through to Local Authorities and is therefore not directly comparable with previous years.

Best Value

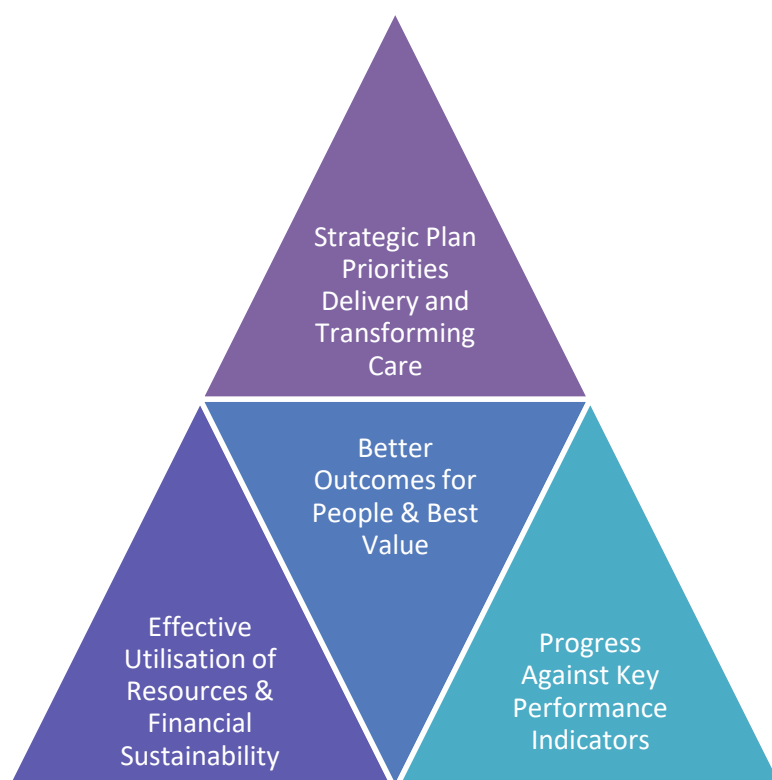
Clackmannanshire Council, Stirling Council and NHS Forth Valley (the constituent authorities) delegate budgets, referred to as payments and Set Aside budget for Large Hospital Services, to the Integration Joint Board which decides how to use these resources to pursue the priorities of the Strategic Plan and progress on performance against the national health and wellbeing indicators. The Board then directs the partnership through the constituent authorities to deliver services in line with this plan.

The governance framework is the rules, policies and procedures by which the Integration Joint Board ensures that decision making is accountable, transparent and carried out with integrity. The Integration Joint Board has legal responsibilities and obligations to its stakeholders, staff and residents of Clackmannanshire and Stirling Council areas.

The Board ensures proper administration of its financial affairs by having a Chief Financial Officer (section 95 of the Local Government (Scotland) Act 1973).

As part of governance arrangements the Chief Officer leads the Senior Leadership Team (SLT) and chairs the Senior Leadership Management Team (SMLT).

The Partnership views the triangulation of key performance indicators, measureable progress in delivering the priorities of the Strategic Plan, and financial performance as forming the cornerstone of demonstrating best value. This is set out graphically below.



Therefore the evidence of best value can be observed through:

- The Performance Management Framework and Performance Reports
- Development and Approval of the Annual Revenue Budget and Update of the Medium Term Financial Plan (MTFP)
- Development of and reporting on the Transforming Care Programme
- Regular Financial Reports
- Regular Reporting on Strategic Improvement Plan
- Topic Specific Progress Reporting e.g. Primary Care Improvement Plan
- Reporting on Strategic Plan Priorities to the Integration Joint Board and topic specific reports.
- Best Value Statement

Good Governance

The Integration Joint Board is responsible for ensuring that its business is conducted in accordance with the law and proper standards, and that public money is safeguarded and properly accounted for, and used economically, efficiently and effectively. The Integration Joint Board accounts contain an Annual Governance Statement which reports progress on the review and improvement of governance arrangements identifies any weaknesses apparent during the year and sets out a governance action plan for the coming year to continually improve governance arrangements.

The Integration Joint Board is supported by two committees – Audit and Risk Committee and Finance and Performance Committee which report to the Integration Joint Board through committee chairs who are voting members of the Integration Joint Board. The terms of reference of the committees are periodically reviewed.

Appendix 1 – Strategy Map

National Health & Wellbeing Outcomes	Strategic Plan Priorities					
	Care closer to home	Primary Care Transformation	Caring, connected communities	Mental Health	Supporting people living with Dementia	Alcohol and Drugs
People are able to look after and improve their own health and wellbeing and live in good health for longer.					✓	
People, including those with disabilities or long term conditions, or who are frail, are able to live, as far as reasonably practicable, independently and at home or in a homely setting in their community.	✓					
People who use health and social care services have positive experiences of those services, and have their dignity respected.	✓	✓	✓	✓	✓	✓
Health and social care services are centred on helping to maintain or improve the quality of life of people who use those services.	✓	✓	✓	✓	✓	✓
Health and social care services contribute to reducing health inequalities.	✓	✓	✓	✓	✓	✓
People who provide unpaid care are supported to look after their own health and wellbeing, including to reduce any negative impact of their caring role on their own health and well-being.	✓	✓	✓	✓	✓	
People who use health and social care services are safe from harm.	✓	✓	✓	✓	✓	✓
People who work in health and social care services feel engaged with the work they do and are supported to continuously improve the information, support, care and treatment they provide.		✓		✓		
Resources are used effectively and efficiently in the provision of health and social care services.	✓	✓	✓	✓	✓	✓

National Health & Care Standards	Strategic Plan Priorities					
	Care closer to home	Primary Care Transformation	Caring, connected communities	Mental Health	Supporting people living with Dementia	Alcohol and Drugs
I experience high quality care and support that is right for me	✓	✓	✓	✓	✓	✓
I am fully involved in all decisions about my care and support	✓	✓	✓	✓	✓	✓
I have confidence in the people who support and care for me	✓	✓	✓	✓	✓	✓
I have confidence in the organisation providing my care and support	✓	✓	✓	✓	✓	✓
I experience a high quality environment if the organisation provides the premises	✓	✓	✓	✓	✓	✓

Vision	Priorities	Enabling Activities				Strategies and Initiatives to deliver change
...to enable people in the Clackmannanshire and Stirling Health & Social Care Partnership area to live full and positive lives within supportive communities	Care Closer to Home	Technology Enabled Care	Workforce Planning and Development	Housing / Adaptations	Infrastructure	Intermediate Care Strategy
	Primary Care Transformation					Primary Care Improvement Plan
	Caring, Connected Communities					Carers (Scotland) Act 2016 Community Empowerment (Scotland) Act 2015 Free Personal Care for under 65's 'A Connected Scotland: our strategy for tackling isolation and loneliness and building stronger social connections' Public Health Priorities for Scotland
	Mental Health					Mental Health Strategy
	Supporting people living with Dementia					Dementia Strategy
	Alcohol and drugs					Forth Valley ADP Strategy

Appendix 2 - Core Indicators

	Indicator	Title	Partnership			
			15/16	17/18	19/20	20/21
Outcome indicators	NI - 1	Percentage of adults able to look after their health very well or quite well	95%	94%	93.6%	No Data
	NI - 2	Percentage of adults supported at home who agreed that they are supported to live as independently as possible.	82%	82% <small>Not comparable with 19/20</small>	76.1%	No Data
	NI - 3	Percentage of adults supported at home who agreed that they had a say in how their help, care, or support was provided.	76%	74%	74.4%	No Data
	NI - 4	Percentage of adults supported at home who agreed that their health and social care services seemed to be well co-ordinated.	73%	76% <small>Not comparable with 19/20</small>	68.8%	No Data
	NI - 5	Total % of adults receiving any care or support who rated it as excellent or good	78%	78% <small>Not comparable with 19/20</small>	75.2%	No Data
	NI - 6	Percentage of people with positive experience of the care provided by their GP practice	87%	87% <small>Not comparable with 19/20</small>	78.8%	No Data
	NI - 7	Percentage of adults supported at home who agree that their services and support had an impact on improving or maintaining their quality of life	77%	79%	79.1%	No Data
	NI - 8	Total combined % carers who feel supported to continue in their caring role	32%	38% <small>Not comparable with 19/20</small>	29.6%	No Data
	NI - 9	Percentage of adults supported at home who agreed they felt safe	82%	86% <small>Not comparable with 19/20</small>	83.5%	No Data
	NI - 10	Percentage of staff who say they would recommend their workplace as a good place to work	No data	No data	No Data	No Data

The 'outcome' indicators above are normally reported every 2 years from the [Scottish Health and Care Experience Survey](#) commissioned by the Scottish Government. The most current data for 2019/20 was available after the publication of last year's Annual Performance Report. It was published by the Scottish Government on 15 October 2020 with local level results available via dashboards on the [PHS website](#). However, in regard to many of the indicators above, the data for 2019/20 there has been potential changes in methodology that affect the presentation of indicators 1 to 9.

Indicator	Title	Partnership					
		Baseline 15/16	Current				
			16/17	17/18	18/19	19/20	
NI - 11	Premature mortality rate per 100,000 persons aged under 75 years	425	389	379	371	429	459
NI - 12	Emergency admission rate (per 100,000 adult population)	10,373	10,011	10,685	10,450	13,189	11,741
NI - 13	Emergency bed day rate (per 100,000 population)	118,800	112,450	111,813	112,593	106,833	90,415
NI - 14	Readmission to hospital within 28 days (per 1,000 population)	104	105	107	108	135	156
NI - 15	Proportion of last 6 months of life spent at home or in a community setting	86%	87%	87%	88%	88%	90.9%
NI - 16	Falls rate per 1,000 population aged 65+	18	16	20	21	23	20.4
NI - 17	Proportion of care services graded 'good' (4) or better in Care Inspectorate inspections	82%	88%	96%	93%	91%	91.6%
NI - 18	Percentage of adults with intensive care needs receiving care at home	70%	70%	67%	67%	70%	69.2%
NI - 19	Number of days people aged 75+ spend in hospital when they are ready to be discharged (per 1,000 population)	640	723	503	579	665	456
NI - 20	Percentage of health and care resource spent on hospital stays where the patient was admitted in an emergency	21%	21%	23%	24%	26%	21.2%
NI - 21	Percentage of people admitted to hospital from home during the year, who are discharged to a care home	No Data	No Data	No Data	No Data	No Data	
NI - 22	Percentage of people who are discharged from hospital within 72 hours of being ready	No Data	No Data	No Data	No Data	No Data	
NI - 23	Expenditure on end of life care, cost in last 6 months per death	No Data	No Data	No Data	No Data	No Data	

The 'data' indicators above are based on returns from the Health Board called "Standardised Mortality Ratio" (SMR). Public Health Scotland (PHS) who collect and publish this data state there are ongoing issues with SMR data completeness in NHS Forth Valley. PHS have therefore estimated data for 2019/20 financial year for the Integration Authority areas within Forth Valley (Clackmannanshire and Stirling, and Falkirk) for indicators 12, 13, 14, 15, 16, and 20.

Indicator 20 – cost update

Previously, 2017/18 cost information was used to calculate figures for indicator 20 for all Partnerships, costs for 2018/19 are now available and have been used from 2018/19 onwards for all Partnerships apart from those in Forth Valley.

Indicator 17 - "Advice from directors of Public Health in Scotland was that inspection visits would present a real risk of introducing and spreading COVID-19 in Scotland's care homes. Therefore, to limit the spread of COVID-19, and with agreement from Scottish Government the Care Inspectorate restricted their presence in services unless necessary. This approach resulted in the majority of services not being graded as normal and instead retaining the grades they had last received. Instead the Care Inspectorate intensified oversight using a range of remote and virtual approaches to ensure services were supported and operating well throughout the pandemic."

Please note that information for indicators 10, 21, 22 and 23 is not available. These indicators are not currently reported as either national data is not available or there is not yet a nationally agreed definition.

Appendix 3 - Inspections

The Partnership underwent a strategic inspection in 2018 which examined the effectiveness of strategic planning in the Partnership and details were explored in the 18/19 Annual Performance Report.

Registered services owned by the Partnership are inspected annually by the Care Inspectorate, there was 1 service inspected during 2020/21. Additional information and full detail on inspections can be found at the Care Inspectorates website www.careinspectorate.com.

Since 1 April 2018, the new Health and Social Care Standards have been used across Scotland. In response to these new standards, the Care Inspectorate introduced a new framework for inspections of care homes for older people.

Unit	Date Inspection Completed	How well do we support people's wellbeing?	How well is our care and support planned?	How good is our leadership?	How good is our staff team?	How good is our setting?	How good is our care and support during the COVID-19 pandemic?	Recommendations	Requirements	Areas for improvement
Bellfield Centre Care Home	15/03/21	Good	N/A	N/A	Good	N/A	Good	0	0	1

Source: Care Inspectorate

Rec - A recommendation sets out actions that a provider should take to improve or develop service quality, but where failure to do so would not directly result in enforcement.

Req - A requirement sets out what a care service must do to improve outcomes for people who use services and must be linked to a breach in statutory requirements. Requirements are enforceable in law.

Inspection Requirements, Recommendations, and Areas For Improvement

Unit	Action
Bellfield Centre Care Home	
Previous 1. The service should increase the number of people who can notify the Care Inspectorate within 24 hours of any unforeseen event including accidents and incidents resulting in harm or injury to a person. They must also ensure that staff have the competence to do so.	Action taken since then The service had trained senior social care workers to also be able to make notifications. Suitable notifications have been getting made within the expected timescale. The service has met this area for improvement.
Previous 2. The service must now put in place their planned supervision and appraisal schedule.	Action taken since then The service made plans to meet this area for improvement but we found formal arrangements for regular, effective supervision and appraisal were not established. Staff discussion and records sampled confirmed that there were gaps. We saw examples of meaningful and supportive discussion to assist individuals' practice and development but the outcomes agreed were not completed. Staff felt well supported and led but the organisation was not meeting the standards set in their supervision policy. This area for improvement was not met. We have made another area for improvement at this inspection in relation to this. See 'Key Question 3 – How good is our staff team?'.
Previous 3. To ensure that the Certificate of Registration for the Bellfield Centre reflects service provision, the service should submit a variation request to the Care Inspectorate so that conditions 1 and 4 can be reviewed	Action taken since then The service submitted a variation to address this matter. This area for improvement was met.
Previous 4. Assessment and support planning should consistently inform all aspects of the care and support people experience. Strong leadership, staff competency, meaningful involvement and embedded quality assurance and improvement processes support this happening	Action taken since then The service had developed a range of audit tools to assist monitoring and evaluation of this area. Whilst there were several systems in place to monitor aspects of service delivery, it was evident these systems were not consistently used to support improvement. The current Improvement plan, for example, referred to falls and medication practice. The actions planned were detailed but there was no evidence of implementation, timescales, outcomes or evaluation. We have repeated this area for improvement. See 'Key Question 1 – How well do we support people's wellbeing?'.
Assessment and support planning should consistently inform all aspects of the care and support people experience. Strong leadership, consistent staff practice, meaningful involvement and embedded quality assurance and improvement processes support this happening. The quality assurance and improvement planning should include timescales, outcomes and evaluations.	
To ensure staff have the right knowledge, competence and development to care for and support people, the provider should ensure that staff have access to regular supervision, appraisal, and appropriate training. Staff competency and learning should be regularly assessed and evaluated with effective systems in place to evidence this.	
Source Care Inspectorate	

Appendix 4 – Unscheduled Care

To support the delivery of the National Priorities Partnerships we completed a self assessment and improvement action plan as well as agreeing local targets for the following key areas: Nationally this is monitored by the Ministerial Strategic Group for Health and Community Care (MSG).

MSG Performance Measures

Accident & Emergency Attendances

Community

Unplanned
Bed Days

Emergency
Admissions

Delayed
Discharge Bed
Days

65+ living at
home
supported and
unsupported

Last 6 months
of Life

Due to the late submission of data by NHS Forth Valley it is not possible to report on the annual performance for 20/21 with any certainty as most figures are likely to change. Where there are completeness issues this has been noted and the figure is highlighted in italics.

18+ age group

1. Emergency admissions

Baseline year	Baseline total	% change	19/20 Target
15/16	11,141	5% decrease	10,584
16/17		0.5% decrease	11,082
17/18		5.5% increase	11,755
18/19		5% increase	11,699
19/20		31% increase	14,561
20/21	all months 97% and above complete but none 100%		12,591

Source: National Data

2. Number of unscheduled hospital bed days

	Baseline year	Baseline total	% change	19/20 Target
Acute	15/16	94,472	6% decrease	88,783
	16/17		5.79 % decrease	88,996
	17/18		4.68 % decrease	90,043
	18/19		1.5% decrease	93,050
	19/20		5.98% increase	100,124
	20/21	all months 97% and above complete but none 100%		82,499

Source: National Data

Geriatric Long Stay	Baseline year	Baseline total	% change	19/20 Target
	15/16	18,109	18% decrease	14,884
	16/17			14,884
	17/18			14,151
	18/19	Coding issues affect this area		11,421
	19/20	Coding issues affect this area		9,047
	20/21	Completedness issues		613

Source: National Data

Mental Health	Baseline year	Baseline total	% change	19/20 Target
	15/16	24,851	maintain baseline	24,851
	16/17		1% decrease	24,599
	17/18		3.8% increase	25,799
	18/19		7.8% increase	26,800
	19/20		0.32% decrease	24,771
	20/21	Completedness issues		22,048

Source: National Data

3. A&E attendances

Baseline year	Baseline total	% change	19/20 Target
15/16	26,585	maintain baseline	26,585
16/17		0.58% decrease	26,430
17/18		6.31% increase	28,264
18/19		13.91% increase	30,284
19/20		20.51% increase	32,040
20/21	Covid	13.1% decrease	23,091

Source: National Data

4. Delayed discharge bed days (18+)

All reasons	Baseline year	Baseline total	% change	19/20 Target
	15/16	10,069	maintain baseline	10,069
	16/17		17.69% increase	11,851
	17/18		20% decrease	8,054
	18/19		9.4% increase	11,016
	19/20		25.4% increase	12,630
	20/21	Covid	7% decrease	9,355

Source: National Data

5. Percentage of last 6 months of life spent in community (all ages)

Baseline year	Baseline percentage	Percentage point change	19/20 Target%
15/16	85.9%	4.10%	90.0%
16/17		1% increase	86.90%
17/18		1% increase	86.90%
18/19		1.9% increase	87.80%
19/20		2.12% increase	88.02%
20/21		5.2% increase	91.1%

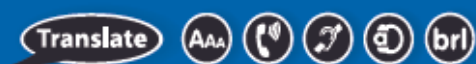
Source: National Data

6. Proportion of 65+ population living at home (supported and unsupported)

Baseline year	Baseline percentage	Percentage point change	19/20 Target %
15/16	96.5%	0.10%	96.6%
16/17		0.10% increase	96.60%
17/18		0.10% increase	96.60%
18/19		0.30% increase	96.80%
19/20		0.70% increase	97.20%
20/21	Not available		

Source: National Data

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FORTH VALLEY NHS BOARD
TUESDAY 25 JANUARY 2022

8.4.1 Minute of the Performance & Resources Committee – 26 October 2021
For Assurance

Chair: Mr John Ford, Non-Executive Board Member

Present:	Mr John Ford (Chair)	Ms Janie McCusker
	Mr Robert Clark	Mr Andrew Murray
	Mrs Cathie Cowan	Mr Allan Rennie
	Dr Graham Foster	Cllr Les Sharp
	Mr Gordon Johnston	Mr Scott Urquhart
	Mr Stephen McAllister	Prof Angela Wallace

In Attendance:	Mr Simon Dryburgh	Ms Jackie McEwan
	Mr Andrew Gibson	Mrs Susan McGill
	Ms Claire Giddings	Mrs Kathy O'Neill
	Ms Laura Henderson (Minutes)	Mr Juan Perez-Olaizola
	Ms Sharon Horne-Jenkins	Mr Jonathan Procter
	Ms Kerry Mackenzie	Ms Jacqueline Sproule
	Mr Brian McAuley	Mrs Phyllis Wilkieson

1. DECLARATIONS OF INTEREST

There were no declarations of interest offered at this time.

2. APOLOGIES FOR ABSENCE

Apologies for absence were intimated on behalf of Mrs Elsbeth Campbell, Dr Michele McClung and Miss Linda Donaldson.

3. MINUTE OF PERFORMANCE & RESOURCES COMMITTEE MEETING HELD ON 31 AUGUST 2021

The Minute of the meeting held on 31 August 2021 was approved with the following addition to item 6.1 Elective Care Waiting Times:

- Ms Murray highlighted the human cost behind the waiting list figures and the impact on quality of life, saying that some waiting for hip or knee operations rated their pain as "worse than death". She called for support to reduce waiting lists by fully utilising fallow theatre sessions.

4. MATTERS ARISING

There were no matters arising.

5. ROLLING ACTION LOG

It was noted that items 1, 2 and 3 on the rolling action log featured on the agenda. Other items would be presented to the Performance & Resources Committee at a later date.

6. FOR APPROVAL

6.1 ED Improvement Implementation Plan Costs

The Performance & Resources Committee received a paper, 'ED Improvement Implementation Plan Costs', led by Mr Scott Urquhart, Director of Finance supported.

The NHS Board at their meeting of 6 August 2021 approved the Emergency Department Improvement Action Plan, which was developed to address, not only the recommendations from the independent review of the Emergency Department, but also additional proposed improvements put forward by local emergency department staff and staff side representatives. Many of these recommendations required no additional financial resource but Clinical Governance and Nursing were two areas identified as requiring additional investment.

Clinical governance proposed to recruit 6 new posts and 5 clinical sessional roles to develop a clinical governance framework and tool kit, support clinical governance and patient's safety, support and administer Significant Adverse Event Reviews, Duty of Candour, safety improvement workstreams, safety metrics, safety outcomes and shared learning. It was noted that this would support clinical governance organisation wide. The cost of this additional workforce is £0.367m.

Following a re-run of the national emergency department workforce planning tool and taking account of the current position and working assumptions there is a requirement for the equivalent of approximately 4 additional registered nurse posts and 2 unregistered nurse posts to ensure appropriate staffing levels on each shift. The financial requirement in terms of nursing is £0.268m.

The full year recurring funding requirement of £0.635m in relation to meeting recommendations of the Emergency Department External Review Report was noted and endorsed for presentation to the NHS Board in November for full approval.

The Performance & Resources Committee:

- ***Noted and approved a full year recurring funding requirement in relation to staffing resources of £0.635m in relation to meeting recommendations of the Emergency Department External Review Report***

7. BETTER CARE

7.1 Child & Adolescent Mental Health Services

The Performance & Resources Committee received a presentation on 'Child & Adolescent Mental Health Services' led by Mrs Gillian Morton, CPMO Director supported by Ms Jacqueline Sproule, Ms Sharon Horne-Jenkins, Mr Juan Perez-Olaizola, Mr Brian McAuley.

Mrs Morton introduced the CAMHS team to deliver the presentation and formally welcomed Mr Brian McAuley the new Clinical Service Manager for CAMHS, Paediatrics & Neonatal.

It was highlighted that in July 2021 Forth Valley CAMHS reviewed all patients on the waiting list and recoded 396 of them in order to create a separate Paediatric Neurodevelopmental Waiting List. This brought Forth Valley in line with other Health Boards and the national CAMHS Service Specification.

Performance information comparing March 2020 to March 2021 and September 2021 was presented detailing the position across various measures including RTT, Urgent Referrals, Waiting List and Activity detailing the trends. It was noted that RTT had improved to 70%, the waiting list had decreased by 330, DNAs had increased by 6.5%, the number of new patients seen had decreased by 25, returns had decreased by 36, and discharges had increased by 11.

The RTT, Urgent Referrals, Waiting List and Activity data was presented on one graph to show the complexities involved in delivering the CAMHS clinical service. Positive peaks in RTT performance were largely due to increased urgent referrals and emergency appointments and did reflect improved performance of the service. It was noted that activity had remained relatively unchanged, and the waiting list had continued to increase. The improvement work planned, and the implementation of Choice and Partnership Approach would have a significant impact on RTT performance with a reduction anticipated. This was the result of the need to tackle the substantial waiting list based on dealing with those waiting longest first. The measurement for the teams to determine performance was noted to be the reduction in longest wait and reduction of waiting list. It was suggested that the inclusion of local CAHMS measures alongside the nationally agreed measures may support the underlying detail.

The additional £2,577,529 funding granted by Scottish Government to support the improvements was outlined noting that this was across various Mental Health, CAHMS and Learning Disability services to assist with specific quality and improvement initiatives.

The Performance & Resources Committee:

- ***Noted the Child & Adolescent Mental Health Services presentation***

7.2 Recovery & Performance Scorecard

The Performance & Resources Committee received a paper 'Recovery and Performance Scorecard' presented by Ms Kerry Mackenzie, Head of Policy & Performance.

Due to the current demand on unscheduled care the Chief Executive and the Medical Director had been invited to meet with the Cabinet Secretary to discuss system pressures and performance. It was noted that a diagnostic had been completed and the Scottish Government was currently providing support with active performance management underway.

Ms Mackenzie noted the Recovery & Performance Scorecard continued to be circulated on a weekly basis with monthly updates to the NHS Board and Performance & Resources Committee.

Following a review of the scorecard two new measures remained under development. It was noted there was a recording issue in terms of mental health attendance at the Emergency Department which required investigation from Information Services. Work continued to review clinic utilisation where progress had been made at specialty level however several issues needed to be addressed to enable accurate recording. Ms Mackenzie was liaising with Mr Andy Rankin, Head of Access around this.

Ms Mackenzie provided clarity around an issue raised in relation to a marked increase in the number of deaths in hospital over the week 16 October to 22 October. Patient level detail had been reviewed and an issue with duplicates discovered. This had happened for patients who have had the Covid+ signifier added more than once. The figure of 433 reported on Friday should have been 358 with the correct figure for 16 October, 351 highlighting 7 deaths over the period rather than the 13 reported. The reporting issue had now been resolved and an ongoing review for the recovered patients.

System pressures continued to be managed on a day by day basis to minimise the impact on scheduled care activity however the position remains challenging with a resultant reduction in the inpatient/daycase activity over the previous few weeks. An increase in the total number of inpatients/daycases waiting and in those waiting beyond 12 weeks was noted at the end of September.

Despite a reduction in the percentage compliance in September there had been a month on month reduction in the number of patients waiting over 6 weeks for endoscopy. Aligned to this was a reduction in the total number of patients waiting. Following a significant increase in the numbers of CT and Ultrasound requests from June 2021 the department was working to increase activity and address the long waiters with patients being seen on a priority basis.

In August, 84.0% of patients with a suspicion of cancer were treated within 62 days of referral which was an improvement from the previous month. It was noted that the 31-day target continues to be met.

There was significant attention being given to delayed discharges to support flow of patients through Forth Valley Royal Hospital and the Community sites with work continuing in partnership to ensure appropriate care and to support timely discharge. At the September census, including code 9 and guardianships, there was a total of 121 delays with 2847 bed days occupied by delayed discharges.

Mrs McCusker added that Boards continue to meet weekly with the Cabinet Secretary for regular updates and to discuss next steps.

The Performance & Resources Committee:

- ***Noted the current key performance issues***
- ***Noted the detail within the Recovery & Performance Scorecard***

8. BETTER VALUE

8.1 Finance Report

The Performance & Resources Committee received a paper, 'Finance Report', presented by Mr Scott Urquhart, Director of Finance.

Mr Urquhart reported that the in-year financial performance to 30 September 2021 was an overspend against budget of £0.052m, comprising an overspend on Clinical Directorates including set aside services and Corporate services of £0.935m, together with an underspend on services delegated to Health & Social Care Partnerships of £0.883m.

Mr Urquhart added that the latest assessment of the 2021/2022 position remains consistent with previous reports, at a break-even outturn against budget. This remained subject to key risks including supplementary staffing costs supporting capacity

requirements, and funding assumptions related to managing COVID-19 costs. The position also carried a level of potential variability aligned with ongoing requirements from the pandemic

Further updates were being made to estimated annual Covid-19 related costs, Mr Urquhart highlighted that the Quarter 2 financial return and cost projections would be submitted to Scottish Government on 29 October. The return would also include an updated assessment of recurring funding requirements into 2022/23.

Mr Urquhart reported that system wide capacity challenges were driving additional workforce costs with additional beds in place to support delivery of services. These measures, coupled with management of staff absence and vacancy backfill, have significantly increased the requirement for temporary staffing, with spend in this area totalling £12.6m for the six-month period to 30 September 2021 compared to a cost of £8.7m to the same point in 2020.

An update on 2022/23 financial planning would commence during November with an update presented to the next Performance and Resources Committee meeting in December.

A mid-year review of the capital plan had been prepared and the revised capital expenditure forecast was presented for approval, noting updated funding arrangements, and revised phasing of expenditure against approved programmes. The capital programme was forecast to break even against budget at year-end.

The Performance & Resources Committee:

- ***Noted an overspend of £0.052m for the 6-month period to 30 September 2021 against an annual budget of £754.9m***
- ***Noted a projected break-even financial position against revenue and capital resource limits for 2021/22 year-end, based on current assumptions and risks***
- ***Noted that a mid-year assessment is underway in relation to Q2 financial returns, incorporating Covid-19 costs, due for submission on 29 October***
- ***Approved an update to the 2021/22 capital plan taking account of anticipated slippage and additional allocations received***
- ***Noted that a detailed review of strategic financial risks will be presented under separate cover***

8.2 Capital & Infrastructure Projects, Property Transactions, Medical Equipment and Digital & eHealth Update

The Performance & Resources Committee received a paper, 'Capital & Infrastructure Projects, Property Transactions, Medical Equipment and Digital & eHealth Update', presented by Mr Jonathan Procter, Director of Facilities & Infrastructure, Digital & eHealth Lead.

It was highlighted that construction continued to be affected by Covid-19 in certain instances with cost impacts still being determined and responses impacted as companies face staffing challenges with infection/self-isolation as well as procurement issues.

The Facilities & Infrastructure Team continued to support care services with recent activity associated with the effort to reduce capacity pressures in Forth Valley Royal Hospital.

Work was on-going in respect of preparation of the Falkirk Community Hospital Strategic Assessment. A number of workstreams are in place with stakeholders having been

involved in workshops. Much of Block 9, which held Units 1-4, had been repurposed to facilitate easing of capacity issues in Forth Valley Royal Hospital and to support the Primary Care plan. Units 1 and 2 house the Phlebotomy and Immunisation Hubs; Unit 4 Health Records which were moved to facilitate Pharmacy storage accommodation associated with the Immunisation Hub; the Physiotherapy gym from Unit 5 was moved to Unit 4 to enable additional bed capacity and Unit 3 houses Hospital @ Home, relocated from Stirling Health & Care Village.

The Variation for the design of the new ward at Forth Valley Royal Hospital was being progressed with the first phase Variation having been approved by the NHS Board. The project was noted to be fully engaged with the new NHSScotland Assure process with a plan in place for the Key Stage Assurance Review for the design of the ward. Slippage was being experienced in the project due to Portakabin's 'loss' of a manufacturing slot for the necessary modular units with completion now envisaged in October 2022.

In respect of Forth Valley Royal Hospital (FVRH) Energy Efficiency and Carbon Reduction, Facilities & Infrastructure had been successful in securing a grant from Scottish Government to pursue installations at FVRH. The formal Variation Enquiry was issued by the Board to Project Co ('Forth Health') on 3 June 2021. The Enquiry was built upon the most likely and appropriate technologies that would meet the funding, contractual and programme constraints, and as prioritised in the Energy Conservation Measure (ECM) sensitivity analysis carried out in May 2021. No formal or part response to the Variation Enquiry had been received however, fortnightly discussions with Forth Health confirm that they are focusing on 3 key ECMs: Solar Photovoltaic Arrays (Roof and Ground mounted); Lighting replacements with LED/Lighting controls programmes; and Chiller optimisation / replacement.

Urgent Care Centre Expansion commenced in 2020/21 and continued into 2021/22, developing alternative accommodation for MSK Physiotherapy and Women & Children's AHP services from the Therapies Suite. Bungalow 6 on the Lochview site was refurbished for Women & Children's AHP services which were noted to be operational. Alterations and refurbishment in the Westburn Building, Falkirk Community Hospital have been completed and the service became operational on 11 October 2021.

The Performance & Resources Committee:

- **Noted the presented updates regarding Capital & Infrastructure, Medical Equipment and Digital / eHealth**
- **Noted the update in relation to the Energy Efficiency Variation at Forth Valley Royal Hospital**

8.3 Queen Elizabeth University Hospital Review Report – Scottish Government and Health Board Actions

The Performance & Resources Committee received a paper, 'Queen Elizabeth University Hospital Review Report – Scottish Government and Health Board Actions', presented by Mr Jonathan Procter, Director of Facilities & Infrastructure, Digital & eHealth Lead.

Key recommendations from the independent review of the QEUH and the Scottish Government responses were highlighted noting that both had implications for all Health Boards. The review covers site selection for new buildings through construction and operation, and key competencies for staff, especially the Infection Prevention and Control Team. NHS Forth Valley had considered the 63 recommendations with the NHS Forth Valley response reported to the Infrastructure Programme Board, the Health & Safety Committee and the Area Prevention and Control of Infection Committee. The Forth Valley

response was developed in liaison with Estates & Capital Planning and Infection Prevention and Control Team colleagues.

There is a requirement for assurance that recommendations have been implemented noting that a national process will be established to track progress. Jonathan Procter, Director of Facilities & Infrastructure, Digital and eHealth Lead has been nominated as the NHS Forth Valley lead director for the implementation of the report's recommendations however it was highlighted that close links with Angela Wallace, Director of Nursing, will be key to implementation.

The Performance & Resources Committee:

- ***Noted the position outlined below and in the attached.***
 - ***Noted the nomination of the Director of Facilities & Infrastructure, Digital & eHealth Lead as the lead director for implementation of the QEUH report's recommendations and that he will work closely with the Director of Nursing in this regard.***
-

9. BETTER GOVERNANCE

9.1 Strategic Risk – Financial Breakeven

The Performance & Resources Committee received a presentation, 'Strategic Risk – Financial Breakeven', led by Mr Andrew Gibson, Corporate Risk Manager supported by Mr Scott Urquhart and Mr Simon Dryburgh.

An overview of the proposed assurance assessment process which would provide committees with an expert analysis of the control environment for each strategic risk was provided. It was noted that the risks would be formally reviewed and completed by the risk owner and Corporate Risk Manager supporting the committee to receive and agree the appropriate level of assurance for the risk. The detailed analysis would focus on reviewing the effectiveness and appropriateness of each risk control to establish an assurance level and identify any gaps in controls for risk owners to focus on.

The first pilot assessment carried out was against SRR005: Financial Break-Even. An overview of the current risks and opportunities facing the Board in terms of financial sustainability was presented along with a detail of the assessment for SRR005. This assessment focused on the risk description, current controls, future planned controls, and target risk score. As part of the assessment the 1st, 2nd, and 3rd line of assurance activity for each risk control was detailed. The summary assessment was that, in the assessor's opinion SRR005 had "Moderate Assurance" with some opportunities for improvement, particularly in terms of 1st line assurance activity and additional further controls.

It was suggested that there would be merit in displaying a note/text box against the control effectiveness and that the committee would benefit from knowing the progress against the current controls action plan and the status of each action aligned to the strategic risk.

The Performance & Resources Committee:

- ***Noted the Strategic Risk – Financial Breakeven deep dive presentation***

9.2 Strategic Risk Register

The Performance & Resources Committee received a paper, 'Strategic Risk Register', presented by Mr Andrew Gibson, Corporate Risk Manager.

Mr Gibson noted that since the previous review of the Strategic Risk register, approved by NHS Board in July 2021, there were three proposed changes to the risks assigned to Performance & Resources Committee and one new risk identified. The proposed changes were noted as:

SRR015: Cyber Resilience, which had previously been incorporated into SRR011, had now been created as a standalone strategic risk.

SRR003: Information Governance had decreased from very high to high risk. The annual NIS audit had shown improved compliance and reduced risk exposure. The audit had reported an improvement in service resilience, media management, asset management and network security.

SRR011: IT Infrastructure had decreased from 16, High to 12, High. By removing the Cyber element to a standalone risk and progress with other mitigation the risk was reduced.

SRR013: Brexit had decreased and de-escalate from high to medium. Current risk to the organisation was minimal with impacts being less significant than originally anticipated. The risk will remain open, but it was recommended to de-escalate to the Local Resilience Risk Register to be monitored quarterly by the Emergency Planning & Resilience Group.

The Performance & Resources Committee:

- ***Considered the assurance provided regarding the effective management and escalation of Performance & Resources risks***
- ***Endorsed the Performance & Resources Strategic risks for Quarter 2, 2021/22 for onward reporting to NHS Board***

9.3 Emergency Planning and Resilience Group Minutes: 30 March 2021

The Performance & Resources Committee received a paper, 'Emergency Planning and Resilience Group Minutes: 30 March 2021', presented by Dr Graham Foster, Director of Public Health & Strategic Planning

Mr Foster highlighted the key points for consideration from the Emergency Planning and Resilience Group Minute.

The Performance & Resources Committee:

- ***Noted the Emergency Planning and Resilience Group Minutes: 30 March 2021***

9.4 Information Governance Group Minutes: 8 April 2021; 10 June 2021

The Performance & Resources Committee received a paper, 'Information Governance Group Minutes: 8 April 2021; 10 June 2021', presented by Mr Andrew Murray, Medical Director

Mr Murray highlighted key points for consideration from the Information Governance Group Minutes.

The Performance & Resources Committee:

- ***Noted the Information Governance Group Minutes: 8 April 2021; 10 June 2021***

10. ANY OTHER COMPETENT BUSINESS

There was no other competent business offered at this time.

11. DATE OF NEXT MEETING

Tuesday 21 December at 9.00am via MS Teams

Forth Valley NHS Board

**This report relates to
Item 3.1 on the agenda**

FORTH VALLEY NHS AUDIT & RISK COMMITTEE

21 JANUARY 2022

MINUTES OF NHS FORTH VALLEY AUDIT COMMITTEE MEETING

Minute of NHS Forth Valley Audit Committee Meeting
held on 22nd October 2021

AUDIT and RISK COMMITTEE

DRAFT Minute of the NHS Forth Valley Audit and Risk Committee meeting held on Microsoft Teams on Friday 22nd October 2021.

Present: Cllr Les Sharp (Chair)
Mr John Ford
Cllr Susan McGill
Mr Robert Clark

In Attendance: Mr Scott Urquhart, Director of Finance
Mrs Cathie Cowan, Chief Executive
Ms Janie McCusker, Chair, NHS Forth Valley
Mr Tony Gaskin, Chief Internal Auditor, FTF Audit Services
Mrs Jocelyn Lyall, Regional Manager, FTF Audit Services
Ms Shona Slayford, Principal Auditor, FTF Audit Services
Mr Adam Haahr, Audit Scotland
Mr Andrew Gibson, Corporate Risk Manager
Mr Simon Dryburgh, Ass Director of Finance
Mr Graeme Bowden, Capital Accountant

1/ APOLOGIES

There were no apologies for absence intimated.

2/ DECLARATIONS OF INTEREST

There were no declarations of interest intimated.

3/ MINUTES OF PREVIOUS MEETING

The Minute of the Audit Committee meeting held on 13th August 2021 was approved as a correct record.

4/ MATTERS ARISING – ACTIONS FROM PREVIOUS MEETINGS

4.1 National Shared Services – Payroll

Mr Urquhart provided the Audit and Risk Committee with an update on progress made in the South East Payroll Consortium programme. Mr Dryburgh also provided the Committee with a more detailed summary of the process to date, including key milestones. Mr Dryburgh highlighted that the project had been stood down during the initial period of the Covid-19 pandemic but had recommenced towards the end of September. A Sub-group of the Project Board had established a Business Case Addendum which was being presented to the Consortium Directors

of Finance on 21st October after which it would be submitted to the NHS Forth Valley Area Partnership Forum and Performance and Resources Committee for consideration. Mr Urquhart confirmed there had been positive progress and that remaining staff concerns were being considered and addressed. Cllr Sharp queried timescales for implementation and Mr Urquhart indicated the process and anticipated timeline for Business Case approval and implementation.

The Committee noted the update on the progress update on South East Payroll Services Consortium.

4.2 Service Audit Reports

Mr Urquhart presented a paper in relation to progress on the NHS National Services Scotland Service Audits. Mr Dryburgh reported on work underway by the National Services Scotland team in respect of the future approach to the Service Audit process due to challenges faced during the 2020/21 reviews. Mrs Cowan queried what the exposure was to NHS Forth Valley and Mr Urquhart indicated that the risk raised within the reports were all categorised as Low Risk.

The Committee noted the Service Audit Reports paper.

5/ INTERNAL AUDIT

5.1 Internal Audit Progress Report

Mrs Lyall presented the Internal Audit Progress and indicated the aim of the paper was to brief the Audit and Risk Committee on the progress made in delivering the 2021/22 Annual Internal Audit plan and also the completion of outstanding reviews from the 2020/21 plan. Mrs Lyall highlighted that since the last meeting two reports had been issued as final, and a further three had been issued in draft. In addition, two Integration Joint Board (IJB) reports had also been issued in draft. Mrs Lyall provided the Committee with a summary of Audit Findings in relation to the Response to External Reports review.

Mrs Lyall updated the Committee on recruitment ongoing within the FTF Audit team and the Committee noted the Internal Audit Progress report.

6/ EXTERNAL AUDIT

6.1 External Audit Progress Report

Mr Haahr confirmed that the Annual Accounts process for 2020/21 was now complete and Audit Scotland were now working on drafting the NHS Scotland 2021 Overview report and inputting relevant NHS Forth Valley information. With regard to the 2021/22 Annual Accounts process, initial timescales indicate a forecast sign off date of 31st August 2022. Mr Haahr asked the Committee to note that this would be the final year of Audit Scotland's term as External Auditors to NHS Forth Valley, and the Board should get an indication who the new audit team will be prior to Christmas with finalisation by Spring 2022.

The Committee noted the External Audit Progress update.

7/ AUDIT FOLLOW-UP

7.1 Audit Follow-Up Report

Mr Bowden presented the Internal Audit Follow-Up Report and reported that:

- 36% of Audit Actions due to be responded to are Complete;
- 28% of Audit Actions are not yet due for response; and
- 36% of Audit Actions were Overdue.

Mr Bowden noted that the Director of Finance and Internal Audit colleagues had considered ways of improving compliance on audit follow up actions and that this would be followed up with a discussion at Systems Leadership Team (SLT) supported by Cathie Cowan.

Mr Ford highlighted concern over a number of follow up actions which had passed their planned due date and suggested that the escalation process be reviewed to invite relevant officers to the Audit and Risk Committee to explain delays. Mr Gaskin also highlighted that officers should be encouraged to only give realistic timescales.

The Committee noted the Audit Follow-Up Report.

8/ RISK

8.1 Quarter 2 Strategic Risk Register Draft Update

Mr Gibson presented the Strategic Risk Register Quarter 2 update and indicated that since the previous review six amendments were proposed, one of which was a new risk in relation to Cyber Security. Mr Gibson highlighted that should the changes be approved, the Strategic Risk Register would comprise a total of eleven risks with six reported as Very High, and the remaining five High.

The Committee noted the Strategic Risk Register – Q2 2021/22 update.

9/ GOVERNANCE ISSUES

9.1 Best Value Update

Mr Urquhart provided the Committee with a verbal update on Best Value and advised that the current content and format of the report was in the process of being reviewed. The new format would be presented to the Audit & Risk Committee at the January 2022 meeting.

The Committee noted the Best Value update.

10/ COUNTER FRAUD SERVICES

10.1 Counter Fraud Services Quarterly report ~ Quarter ending 30th June 2021

Ms Slayford presented the Counter Fraud Services (CFS) Quarterly Report for the period ending 30th June 2021 and highlighted that there had been two new referrals made relating to NHS Forth Valley during the quarter. Ms Slayford provided a

summary of the new referrals and updated the Committee on the status of the live investigations. Regarding Patient Exemption Checking, Ms Slayford indicated that for the period 1st April 2021 to 30th June 2021 NHS Forth Valley had made patient recoveries to the value of £4,253 that represented 4.1% of the Scotland wide total.

Ms Slayford highlighted that during February and March 2021 Counter Fraud Services had delivered a programme of live events covering:

- Anti-bribery and corruption
- Once for Scotland Internal Investigation Training
- General Fraud Awareness; and
- Guidance on Sickness Absence Related Fraud Investigations

The Committee noted the Counter Fraud Services Quarterly Report for period ending 30th June 2021.

10.2 Counter Fraud Services Consultation on Fraud Standards

Ms Slayford presented a paper on a Counter Fraud Services Consultation on Fraud Standards and asked the Committee to note that NHS England had adopted new Fraud Standards from 1st April 2021, and National Services Scotland Counter Fraud Services were leading a consultation period on the introduction of the Fraud Standards to Scottish Health Boards. Ms Slayford highlighted there were twelve components on the new standards and a summary had been appended to the report. A further report would be provided to the Committee when the consultation was complete.

The Committee noted the consultation on the proposed Fraud Standards.

11/ ANY OTHER COMPETENT BUSINESS

11.1 Post Transaction Monitoring

Mr Urquhart advised the Committee that to comply with the NHS Scotland Property Transaction Handbook, NHS Forth Valley are required to draft an annual report on property transactions completed during the previous financial year and present it to the Audit Committee. Mr Urquhart highlighted that during 2020/21 there had been two property sales transacted, the detail of which was attached to the report. Following review by the Audit Committee, a monitoring report summarising the property transaction made during the year, would be submitted to the Scottish Government Health Department by 31st October 2021.

Mrs Lyall presented the Post Transaction Monitoring Internal Audit Report and advised the Committee that the two Property Sale transactions reviewed had merited a Category “A” audit opinion and had been properly conducted. Mrs Lyall further indicated that two recommendations had been made within the action plan of the report regards performing a future Tender exercise for Property Advisors, and also drafting a formal Standard Operating procedure for Property Transaction Monitoring.

The Committee noted the Post Transaction Monitoring Reports.

12/ DATE OF NEXT MEETING

The next meeting of the NHS Forth Valley Audit Committee will take place on Friday 21st January 2022 via Microsoft Teams.

FORTH VALLEY NHS BOARD
TUESDAY 25 JANUARY 2022

8.4.3 Staff Governance Committee Minute – 17 September 2021
For Assurance

Chair: Mr Allan Rennie, Non-Executive Board member

STAFF GOVERNANCE COMMITTEE

Item 3.1 - Minute of the Virtual Staff Governance Committee meeting held on Friday 17 September 2021

Present:

- Mr. Allan Rennie, Non-Executive Director (Chair)
- Ms Susan McGill, Non-Executive Director
- Mr Gordon Johnston, Non-Executive Director, (*Whistleblowing Champion*)
- Ms Janett Sneddon, RCM
- Mr Robert Clark, Employee Director
- Ms Karren Morrison, Unison

In Attendance:

- Mrs Cathie Cowan, Chief Executive
- Ms Linda Donaldson, Director of HR
- Mrs Elaine Bell, Interim Associate Director of HR
- Mrs Margaret Kerr, Head of Organisational Development
- Professor Angela Wallace, Director of Nursing
- Mrs Linda Robertson, HR Service Manager
- Mr Jonathan Procter, Director of Facilities & Infrastructure
- Mr Andrew Gibson, Corporate Risk Manager (*Item 5.2*)
- Mr Cameron Raeburn, Head of Health and Safety
- Ms Nicholle Cockburn, Health and Safety Adviser (*Observing*)
- Ms Elaine MacDonald, Service Manager – Operational HR (*Observing*)
- Ms Rachel Tardito – Management Trainee (*Observing*)
- Ms Marian Smith, Personal Assistant (*Minute*)

1. Welcome and Introductions

Mr Rennie welcomed everyone to the meeting.

2. Apologies for absence

Apologies for absence were noted on behalf of Ms Janie McCusker

3. Minute of Meetings

3.1. Draft minute of Staff Governance Committee meeting held on Friday 14 May 2021

The draft minute of the Staff Governance Committee meeting held on Friday 14 May 2021 was approved as a correct record.

3.2 Draft Minute of the Remuneration Committee held on Monday 12 July 2021

The Staff Governance Committee noted the draft minute of the Remuneration Committee held on Monday 12 July 2021.

4. Matters Arising from the Minute

There were no matters arising.

5. ED Review

Mrs Cowan provided an update on the Improvement Plan in response to the ED External Review. She advised that the findings from the ED report were identified as distressing and had been taken seriously. The implementation of these recommendations was being led by the Chief Executive, supported by the Executive Directors and the wider System Leadership Team.

Mrs Cowan extended her thanks to staff, staff-side, and the External Team for undertaking the review and highlighted that it would have been difficult for staff to share their personal experiences.

All the recommendations had been accepted by the Board, several of them being governance related issues which had been addressed or are in the process of being implemented. After sharing the External Review ED Report with all ED staff both Mrs Cowan and the Chair invited ED staff to attend drop-in sessions where staff could discuss the review process, the ED Report and share their ideas and suggestions for improvement. There were four key themes which were identified, teamwork, leadership, learning environment and quality. It was agreed that these additional actions would be implemented.

A workshop had taken place at the end of June 2021 where Staff had come together led by Sankara Langley to develop their vision for the redesign of urgent and emergency care.

It was noted that the improvement plan was dynamic and would allow for additional work to be added to the plan as and when required. This was just the start of the journey. Mrs Cowan gave an assurance that the actions would be kept on track and make a positive difference to staff experience.

Mrs Cowan advised that progress was being made with the recruitment for the Clinical Nurse Managers and the Practice Education Facilitators. It was anticipated that appointments would be made by the end of September 2021.

The Staff Governance Committee noted that the ED Assurance and Oversight Committee, would oversee the implementation of the recommendations. A RAG status report would be developed to measure and note progress against implementation of the recommendations.

The links to the Speak Up Initiative, the National Whistleblowing Standards and the need to ensure staff and staff side representatives were kept updated on the progress with implementation of the recommendations were noted. Mrs Cowan advised that regular updates would be provided to, Governance committees, Staff, Staff Side Representatives and Non-Executive Board Members

The Staff Governance Committee

- **NOTED the update**

6. RISK MANAGEMENT

6.1 Health & Safety Quarterly Report – (Q1)

The Staff Governance Committee considered a paper 'Health and Safety Quarterly Report - Quarter 4 (January 2021 – March 2021)', presented by Mr Jonathan Procter, Director of Facilities and Infrastructure and Mr Cameron Raeburn, Head of Health and Safety

Mr Procter advised the report focussed on Quarter 1, April to June 2021. The format of the Health and Safety report was evolving with a focus on key performance indicators and links to the Health and Safety Strategy and Governance Framework. Mr Procter introduced Ms Nicholle Cockburn who was observing the meeting. Ms Cockburn had recently been appointed as Health and Safety Adviser.

Mr Procter highlighted the key points of note, from the report as:-

- HSE Notification
- Adverse events
- Violence and Aggression reported events
- Training Compliance reporting
 - Manual Handling
 - Violence and Aggression

Mr Procter invited the Staff Governance Committee to provide feedback on the new report format.

Health & Safety Executive Involvement

The HSE at the request of the Procurator Fiscal's Service undertook a review of a serious in-patient self-harm event that occurred in late December 2020 in the Mental Health Unit at FVRH. This concluded with a communication being received from HSE on the 9 July 2021 noting insufficient evidence of a causal link between health and safety failings and the event. However, three Material Breaches were identified as part of the review resulting in a Notification of Contravention letter. The breaches were highlighted as:-

- Policies not being applied
- Lack of information
- Lack of robust systems in place for monitoring purposes

Work is currently underway to address the issues raised with a response to the HSE being required by 8 October 2021. Learning from the HSE's review and subsequent actions taken will be shared in the 2nd Quarter Health & Safety report and will be applied across the organisation.

Mr Raeburn provided a summary of the key issues for consideration, as detailed in the report, these included:-

- RIDDOR Reportable events, including COVID
- Adverse Events
- Training Compliance Reporting
- Control Book Audits
- Significant Adverse Events

There was a discussion on the reasons for the increase in adverse event reporting, the range of options being used to improve control book completion, compliance across the organisation with manual handling and violence and aggression training, including staff bank members, control book key performance indicators and the outcome from the trial of the lone worker device. Mr Raeburn advised that a progress report, on the device, would be issued in due course. It was noted that substantive staff received protected time to complete mandatory training and staff bank staff would receive payment for completion on their mandatory training.

In response to a question from Mr Allan Rennie regarding the issuing of the report on Psychoactive Substances, Mr Raeburn advised that he would report back to Mr Allan Rennie following the meeting.

The Staff Governance Committee: -

- ***NOTED the report and the on-going work in support of improving Health & Safety across the organisation***

6.2 Strategic Risk Register (Q2)

Consideration was given to a paper 'Strategic Risk Register– Q2 2021/22' presented by Mr Andrew Gibson, Corporate Risk Manager

Mr Gibson advised that since the previous review of the Strategic Risk Register, approved by NHS Board in July 2021, there was one proposed change to the risks assigned to the Staff Governance Committee and no new risks had been identified. Therefore, there remain two risks assigned to Staff Governance Committee

The proposed change was highlighted as:-

- **SRR001: Primary Care – Decrease (20, Very High to 12, High)**

The Staff Governance Committee will receive regular update reports on the assigned risks on a quarterly basis in order to appropriately track and scrutinise risk mitigation progress, therefore providing assurance to the NHS Board on the successful management of staff and people risks.

The Staff Governance Committee:

- ***CONSIDERED the assurance provided regarding the effective management and escalation of Strategic Risk***
- ***APPROVED the proposed changes to the Strategic Risk Register for Quarter 2 2021/22***

7. REGULAR REPORTS

7.1 Equality and Inclusion Strategy

Consideration was given to a paper 'Equality and Inclusion Strategy' presented by Professor Angela Wallace, Director of Nursing.

Professor Wallace highlighted that a review of the Equality and Inclusion Strategy, had been undertaken, to reflect current events and the transformational work that had been delivered over the past two years. The Covid-19 pandemic had tested the organisation's ability to consider equality and inclusion impacts and address the differing needs of Forth Valley's people.

Professor Wallace provided an overview of the Equality and Inclusion Strategy 2021-2025.

NHS Forth Valley had a statutory duty to promote equality across services and to demonstrate fairness and equality. The aim of the Equality & Inclusion Strategy 2021 - 2025 is to shape the future of healthcare, to help improve the access, experiences, and health outcomes for patients and communities and to become a more inclusive employer. The strategy seeks to set out key actions to advance this agenda over the next few years in relation to how services which actively address inequality and exclusion will be shaped and address the progressive building of good relations between different communities. The implementation plan is designed to ensure flexibility and agility to amend the approach taken if required to meet the longer-term strategic objectives. Objectives will be reviewed annually with the implementation plan amended as required to meet identified outcomes.

The Staff Governance Committee acknowledged that Equality and Inclusion is integrated in business as usual, noted that the strategy is integral to NHS Forth Valley's annual operating plan and is underpinned by the belief that equality, equity, and inclusive practice enhance service delivery, patient, informal carers and/or their advocates experience and staff experience.

Professor Wallace advised that the Strategy had been approved by the NHS Board at its meeting held in July.

The Staff Governance Committee:

- ***NOTED the Equality & Inclusion Strategy 2021-25 "Everyone means Everyone"***

8. STAFF GOVERNANCE STANDARD ACTIVITY

8.1 HR Directors Report

The Staff Governance Committee considered a paper 'HR Directors Report', presented by Ms Linda Donaldson, Director of HR.

Ms Donaldson highlighted Appendix 2 of the paper. In order to improve reporting on workforce data the Staff Governance Committee had requested high level workforce information as contained in Pentana. As this was the first report on workforce data, the Staff Governance Committee were asked to provide feedback to Ms Donaldson.

Mrs Cowan gave an assurance to the Staff Governance Committee that workforce data was available to all Directors and the Health and Social Care Partnerships. It was noted that

monthly workforce performance meetings had been arranged with HR and Directorates along with regular meetings with staff side colleagues.

Ms Linda Robertson advised that the phase three of the programme of work on the Once for Scotland policy development would commence in November/December 2021 with a one-month consultation period of 'Supporting Work Life Balance' policies. The remainder of the individual policies, as detailed in the paper will be reviewed in January/February 2022.

Following approval there will be a 'soft launch' of the policies, for a period of three months to allow HR and Staff Side colleagues time to prepare to launch the policies with staff and managers. It was anticipated that the full programme of work would be completed by the end of 2022.

She further advised that work was continuing in the Youth and Employability Framework, including working with partners, Project Search fourth cohort and the anchor institution.

Ms Donaldson advised that work was ongoing in preparation to relaunch the Staff Support and Wellbeing programme. Ms Rachel Tardito, Management Trainee, had begun work to progress the programme. The priorities being to develop a system wide wellbeing strategy and Corporate Health and Wellbeing Plan by the end of 2021.

Ms Robertson reported on the July 2021 absence position, absence had increased by 0.06% during July from 6.15% in June to 6.21% in July 2021. The Directorate absence summary, top reasons for absence by Directorate and summary by job family were detailed in appendix one of the paper.

The Staff Governance Committee discussed the top reasons for absence amongst the unregistered nursing/midwifery cohort, within the health and social care partnerships (HSCPs) and the number of covid related absences. A deep dive into the top reasons, including socio economic reason, travel and patterns of absence had been discussed by the Area Partnership Forum.

There was a further discussion regarding the number of newly qualified nurses being employed by the Board, international recruitment, staff turnover including within HSCPs and the ongoing recruitment for Healthcare Support Workers to compliment the Social Care staff in the community to assist with easing pressures on the Acute site. The Staff Governance Committee received an assurance that the recruitment of Health Support Care Workers to the NHS Forth Valley Staff Bank, would not be replacing any local authority posts.

The Staff Governance Committee:-

- ***NOTED the content of the paper***
- ***REQUESTED presentation on the work to improve absence rates***

8.2 Staff Governance Monitoring Return

The Staff Governance Committee considered a paper, 'Staff Governance Monitoring Return', presented by Ms Linda Robertson, Service Manager – Staff Governance and HR Workforce.

The draft Staff Governance Monitoring report was discussed. The draft return was due to be submitted to the Scottish Government on 24 September 2021.

Ms Robertson advised that the 2021 Staff Governance return was based on the interim workforce plan which in turn reflected workforce expectations identified within the remobilisation plans.

Ms Robertson highlighted the following key strands: -

- Sturrock Review
- Whistleblowing
- Staff Experience and Wellbeing
- Partnership Working
- Appraisals
- Bullying and Harassment Policy
- Attendance Management

Mr Clark advised that the Healthy Working Lives Group would be re-launched, with support from the Health Promotion Team, and work would commence towards achieving the Healthy Working Lives Gold Award.

The Staff Governance Committee: -

- ***NOTED the content of the paper***
- ***APPROVED the submission of the staff Governance Monitoring Return to the Scottish Government by 24 September 2021***
- ***REQUESTED a copy of the Staff Governance Monitoring Tool be circulated***

8.3 Update on Organisational Development Priorities, Including Learning, Education and Training and iMatter

Consideration was given to a paper, 'Update on Organisational Development Priorities including Learning, Education, Training and iMatter,' presented by Mrs Margaret Kerr, Head of Organisational Development.

Mrs Kerr updated the Staff Governance Committee on the key areas of focus for the Organisational Development team. All non-essential training had been paused due to the current pressures within the system and it was anticipated that this training would recommence as soon as possible. It was noted that local leadership programmes had also been paused.

Mrs Kerr highlighted the increase in requests received for Coaching and advised that a Regional approach to the delivery of Coach training was being taken, and discussions were underway to adopt a similar approach to Supervision, CPD and Mediation to improve resource utilisation across NHS Boards. The Organisational Development Team continued with the delivery of Compassion Focused Resilience workshops; supported by the Occupational Health Psychology Team. Work was also continuing with the delivery of the Reflection and Appreciation Sessions

The 2021 iMatter survey closed on 13 September 2021. NHS Forth Valley had achieved a 53% return across the organisation. Reports will be provided to Teams with a request to complete action plans within an 8-week timescale. The NHS Board report and action plans would be published on 22 November 2021. The main changes to iMatter reporting were highlighted, noting that Teams with less than four members of staff required to have a 100% response rate to generate a report.

NHS Boards had been asked to submit timelines for the 2022 cycle, the timeline for NHS Forth Valley reflected the time for the 2021 cycle, which allows for sufficient time to embed the learning from the action plans. It was noted that some NHS Boards had submitted earlier timelines. The Staff Governance Committee were supportive of the timeline for the 2022 cycle as detailed in the paper.

Mrs Kerr advised that an organisational development plan had been developed to support ED. Discussions had taken place with Executive Leads. Operational managers within Acute Services and staff side representatives. Focus groups and one to one conversations will be arranged with staff going forward. It was noted that appointments had been made to the ED Practice Education posts.

Mediation, corporate induction, and the move from LearnPro to Turas were also highlighted as detailed in the paper.

The Staff Governance Committee: -

- ***NOTED the contents of the paper and that further updates would be provided.***

8.4 Update on Implementation of the National Whistleblowing Standards

The Staff Governance Committee received a verbal update from Professor Angela Wallace, Director of Nursing.

Professor Wallace advised that work was ongoing to align reporting on the national whistleblowing standards to Governance Committees in advance of NHS Board meetings.

During the previous reporting period, two live cases were considered and investigated. The Whistleblowing Guardians with key staff led the review of the cases which resulted in agreement that one case be investigated under HR Policy. The second case was investigated under Stage 1 of the Whistleblowing process and an Independent Senior Manager was identified to investigate the concerns raised. Full support was given to the individual and a written response was provided within the Stage 1 requirement of 5 working days. It was noted that the Guardians had now been stood down, however conversations were still required to ensure the concerns were being raised and investigated using the correct policies.

NHS Forth Valley had received a further case reported using the new Whistleblowing National Standards, which is currently being investigated under Stage 1.

Good progress was being made with the implementation. The Whistleblowing Oversight Group were continuing with the implementation plan, reviewing processes, development of key performance indicators, lessons learned from the first two cases and staff engagement. There would be a further awareness raising session as part of the launch of the 'Speak Up' initiative.

Mr Johnston advised that other NHS Boards were similarly reporting small numbers of concerns being raised, however, it was anticipated that this may change over time as people become more aware of the new standards.

The Staff Governance were assured that good progress was being made with the implementation of the new standards.

The Staff Governance Committee:-

- ***NOTED the update***

8.5 Speak Up Initiative

Consideration was given to a paper 'Speak Up', presented by Mrs Elaine Bell, Associate Director of HR.

Mrs Bell provided an update to the Staff Governance Committee on the progress to date with the appointment of Speak Up Ambassadors and Advocates.

Following a recruitment campaign which sought expressions of interest for the roles of Speak Up Ambassador and Speak Up Advocates. Interviews were held for the Speak Up Ambassadors on the 2 September 2021. The panel consisted of the Director of HR, Employee Director and our Non-Executive Director who has responsibility as our Whistleblowing Champion. Following the interviews two successful appointments have now been confirmed.

Whilst there had been significant expressions of interest in the Speak Up Advocate roles the interest did not translate into the required number of applications. The closing date was extended until the 10 September 2021 and a targeted advertising campaign commenced. As a result, further applications were received. Interviews are scheduled to take place during September. The interviews will be led by the newly appointed Ambassadors with staff side and Human Resources participation. It is anticipated that the required number of advocates would be appointed.

An initial introductory meeting with both Ambassadors with Senior HR colleagues is planned to take place on 14 September 2021.

A two-day bespoke training programme, provided by CMP for the Ambassadors and Advocates will take place on 20 and 26 October and will incorporate the key aspects required for the role including: -

- Encouraging how to use informal, mediation style resolution,
- Focus on prevention of inappropriate attitudes and behaviours,
- How to build rapport and demonstrate impartiality

The Ambassadors will receive enhanced training on the National Whistleblowing Standards including an understanding of the triage process and the key linkages that will be required whilst importantly maintaining confidentiality.

Mrs Bell advised that preparations were being made for a formal launch, a further update on progress will be presented to the Staff Governance Committee at its meeting in December 2021.

The Staff Governance Committee: -

- ***NOTED the progress and next steps as contained within the paper***

8.6 Health and Safety Strategy and Governance Framework

Consideration was given to a paper 'Health and Safety Strategy and Governance Framework 2021 – 24', presented by Mr Johnathan Procter, Director of Facilities, and Infrastructure.

Mr Procter advised that the framework document had been presented to the appropriate governance groups and would be submitted to the NHS Board at its meeting at the end of September 2021. Mr Procter thanked everyone for their contribution, including staff side and Non-Executive Board Members.

The Health and Safety Strategy and Governance Framework described NHS Forth Valley's Health & Safety arrangements, strategic aims and the key objectives which will constitute the focus of this three-year strategy.

He further advised that the framework, once approved by the NHS Board would complete one of the actions from the ED Improvement Action Plan. Mr Procter invited the Staff Governance Committee to provide any final comments on the paper in advance of the NHS Board meeting.

The Staff Governance Committee: -

- ***NOTED the paper and that any final comments should be submitted to Mr Procter.***

8.7 Staff Governance Committee Workplan 2021 - 22

Consideration was given to the Staff Governance Committee Workplan 2021 – 22, presented by Ms Linda Donaldson, Director of HR.

Ms Donaldson gave an assurance to the Staff Governance Committee that all reports as detailed within the paper had been presented to the Committee and gave a brief outline of the reports to be presented at the December meeting. The Workplan would be a standing agenda item going forward.

Ms Donaldson advised that a Staff Governance Assessment Tool has been drafted and would be circulated to Directors to complete in advance of the December meeting and would provide further assurance to the Committee that progress was being made against the Staff Governance Monitoring strands.

The Committee requested a copy of the assessment tool be circulated to Committee members in advance.

The Staff Governance Committee: -

- ***NOTED the progress with the Staff Governance Workplan 2021 – 22***

9. REPORTS FROM COMMITTEES

9.1 Area Partnership Forum – 9 April 2021, 13 August 2021, and 3 September 2021

The Staff Governance Committee noted the minutes of the Area Partnership Forums held on 9 April 2021, 13 August 2021 and 3 September 2021.

9.2 Acute Services Forum – 2 June 2021 and 17 August 2021

The Staff Governance Committee noted the minute of the Acute Services Partnership Forums held on 2 June 2021 and 17 August 2021.

Ms Sneddon advised that the membership of the Acute Services Forum would be reviewed in terms of management side attendance due to recent staff moves.

9.3 Health and Safety Committee – 25 May 2021

The Staff Governance Committee noted the minutes of the Health and Safety Committee meeting held on 25 May 2021.

9.4 Facilities and Infrastructure Partnership Forum – 13 May 2021

The Staff Governance Committee noted the minutes of the Facilities and Infrastructure Partnership Forum held on 13 May 2021.

9.5 Joint Staff Forum – Clackmannanshire & Stirling - 1 April 2021 and 3 June 2021

The Staff Governance Committee noted the minutes of the Clackmannanshire & Stirling Joint Staff Forums held on 1 April 2021 and 3 June 2021.

9.6 Falkirk Joint Staff Forum – 1 April 2021 and 27 May 2021

The Staff Governance Committee noted the minutes of the Falkirk Joint Staff Forums held on 1 April 2021 and 27 May 2021.

10. ITEMS FOR NOTING

10.1 Circulars and Policies

The Staff Governance Committee noted the circulars and policies as detailed in the paper.

Ms Donaldson advised that the Discretionary Points process for Consultants 2020 -21 had started with the Decision Making Group meeting on 6 October 2021 to agree final scores.

11. Staff Governance proposed meeting dates 2022 23

The Staff Governance Committee approved the proposed meeting dates for 2022 – 23 as detailed in the paper and diary invites will be issued in due course.

12. ANY OTHER COMPETENT BUSINESS

It was noted that Staff Governance Committee meetings would continue on MS Teams with the aim of being able to meet in person, at a future date, in line with Scottish Government Guidance.

There being no other competent business the Chair closed the meeting at 11.10 am.

13. DATE OF NEXT MEETING

Friday 10 December 2021

FORTH VALLEY NHS BOARD
TUESDAY 25 JANUARY 2022

8.4.4 Area Clinical Forum Minute – 18 November 2021
For Assurance

Chair: Mrs Kirstin Cassels, Non-Executive Board member

Minute of the **Area Clinical Forum** meeting held on **Thursday 18 November 2021 at 6.15pm** via MS Teams.

Present: Kirstin McIntosh (Chair) Glenn Carter Claire Neil
James King Rhona McNab Alison McMullan

In Attendance: Cathie Cowan
Suzanne Ferra (for Liz Kilgour)
Sarah Smith, Corporate Services, (*Minute Taker*)

Item 2 was taken at this point in the Agenda

2. Minutes of Area Clinical Forum 16 September 2021

The note of the meeting held on 16 September 2021 was approved as an accurate record.

Item 4 was taken at this point in the Agenda.

4. Remobilisation Plan v4

The Remobilisation Plan was presented by Cathie Cowan. This was also known as RMP4 and the Plan and appendices had been circulated to the Forum.

The Plan was set out in 5 sections, which were

1. What is this Plan
2. Remobilisation
3. Better Health
4. Better Care / Better Value
5. Bringing all areas together.

Cathie highlighted page 9 which set out the what was being taken into account and what work would be continued. Consideration was required around Covid capacity, noting high levels of Covid within the Communities. The current hospital position was provided, noting there were currently 7 people in Intensive Care with Covid, with 2 ventilated (Level 3) and 5 were high acuity (Level 2). There were also another 27 Covid patients within the Hospital. Concern was noted around the number of people going into Intensive Care.

Page 10 of the document set out the assumptions within the Plan and Page 11 noted the Governance arrangements and how these translated into Corporate or Strategic Risks.

The Plan has been submitted to Scottish Government and feedback was awaited, which would then be taken through the NHS Board.

The significant work undertaken by Team in preparing the document was acknowledged by Cathie. It was also noted there had been a substantial amount of investment around Hospital at Home, Elective Care and Stroke/Thrombectomy.

Primary Care funding remained an area of focus. Cathie confirmed she sat on the National Group around contract and implementation, with confirmation of the need for recurring funding. It was noted that this funding was required in recognition of the linkage between efficiency of Primary Care and Acute.

The ACF recognised the workforce and capacity challenges, with concerns around the approach of Winter. This was recognised in all areas, including Primary Care, Community, Community Services and Acute. The need for staff to look after each other was noted in order to be able to look after patients.

Cathie then left the meeting as she was on call.

1. Welcome and apologies

The Chair welcomed everyone to the meeting. Apologies were noted on behalf of Liz Kilgour; Fiona McPhail and Andrew Murray. Rhona McNab had joined the meeting, with introductions undertaken. Suzanne Ferra was in attendance for Liz Kilgour.

3. Minutes of Reporting Groups/Feedback from Chairs

3.1 Area Pharmaceutical Committee - 4 August 2021

Kirstin provided feedback from the meeting, noting HePMA was a rolling agenda item for the Committee. Read only access had been rolled out to the Primary Care Pharmacy Team, however this had been paused following challenge raised by GP colleagues. This was in relation to the quality of Discharge Letters and concern read only access could impact on this.

An update had been provided around the Covid vaccine, with a holding centre now established within Falkirk Community Hospital. This was noted as a great space which was making a difference to staff. Proximity to one of the Immunisation Hubs was recognised.

Flu vaccines had just commenced within Community Pharmacy at the time of the meeting. Issues around orders were picked up as well as ensuring access to VMT and that vaccines were being recorded within 24 hours.

Pharmacy Closure was a main topic for discussion, noting workforce was a significant challenge. The majority have only one Pharmacist, with legal requirement for a Pharmacist to physically sign in, otherwise there were a number of functions that could not be performed. This included issuing of assembled prescriptions. Impact on neighbouring Pharmacies and GP Practices was noted. Work had been undertaken to try and ensure partial day closures only. At the Remobilisation meeting today, a buddy system had been proposed.

Topics for the December meeting were noted. This included an increase in serial prescribing and reduction of acute requests. A number of new Pharmacists had started,

with challenge around their securing designated medical practitioners required to enable Independent Prescribing courses.

3.2 Psychology Advisory Committee – 8 September 2021

Alison McMullan introduced Claire Neil as Vice Chair. Note was made of the significant work she had undertaken to install new ways of working.

The circulated minute focussed on the new ways of working with benefits and efficiencies for Psychology noted.

A piece of work had been undertaken around establishing consistency in supporting letters requested. It was noted that DWP would now be requesting patients obtain supporting information.

Workforce remained a key topic, noting Psychological Therapy waiting times was a Scottish Government target. Associated staff pressure was noted, along with numerous IT system requirement.

3.3 Allied Health Professionals – 18 August 2021

Glenn advised the meeting for early November had been cancelled, due to staffing challenges.

At the previous meeting Paul Smith presented on Quality Strategy with the Committee noted relation to AHPs.

An ACF update was provided to the Committee.

Associate Director, Pauline Beirne had been appointed on a temporary basis to end of March 2022.

Discussion took place around Wellbeing and exploration of challenges for staff.

Driver diagram was discussed and further refined.

Alison McMullan advised she sat on a Wellbeing Group within Psychology. Glenn's paper had been circulated and was well received. Other groups were encouraged to circulate this.

Healthcare Science Forum *(not on the Agenda)*

Suzanne Ferra provided a verbal update noting the last meeting did not go ahead due to staffing challenges.

A flash report had been prepared around the Healthcare Science Leads meeting. Suzanne updated on some key points.

National Delivery Plan – awaiting finalisation which was due this year.

New Scottish Government posts had been appointed to, Healthcare Sciences Advisor – Education and training pathways. Role and remit was mapping requirements to identify gap and advise Scottish Government accordingly. An additional post had been

appointed to with focus on Workforce Coding data, specifically around Clinical Physiology.

An update from Laboratories Executive Board had been provided, noting focus on re allocation of funding from the now defunct National Laboratories Group. Successful Business Cases were around Digital Pathology / Integrated Diabetes Pathway / Thrombocytopenia Diagnostic Pathway.

The Medical Physics and Clinical Engineering Executive Board membership had been established with first meeting held.

Clinical Physiology Executive Board update was provided. Workforce data was area of focus. Also, work had progressed around 3D printing of ear boards for audiology, with opportunities sought around obtaining funding from different routes.

AMC *(Item not on Agenda)*

James King advised of aim to seek Organisational Development support to refresh Committee.

It was noted that the GP Sub Committee remained active and vibrant with good attendance. Potentiality for Chair, Dr David Herron, to attend future Area Clinical Forum meetings was proposed.

Area Optical Committee *(not on Agenda)*

Rhona King provided an update on meeting held 25 October 2021. Several Ophthalmologists had been in attendance to provide update around eye department waiting times. Utilisation of Shared Care Funding was noted from Scottish Government, with Community Clinics in place to address Glaucoma Waiting Lists which were currently in excess of 12 months.

Ophthalmology were also aiming to revamp referral pathways to streamline and improve referrals from Community Optometry.

Charlotte Ward, Forth Valley Area Optometric Advisor, reported that Practice Inspections had recommenced. Update for minor eye conditions was noted within Pharmacy First. GPs were being written to around patients attending without referral letters being received. Kirstin noted similar challenge within Pharmacy.

IP Prescribing for Clinical Placements remained a key challenge for all prescribing optometrists undertaking training. Virtual options have been established, but Forth Valley had submitted request for funding to NES.

A Vice Chair for the Committee was being sought.

5. Vice Chair

Kirstin advised that one application had been received from Glenn Carter. However he would be leaving the organisation in January 2022. The ACF wished Glenn well in his new role and thanked him for his contribution to the Committee.

It was therefore agreed that this item would now be deferred to the March 2022 meeting.

6. Proposed ACF dates 2022

The Area Clinical Forum reviewed and agreed the proposed 2022 dates. It was agreed diary invitations would be issued. The July date was discussed, noting annual leave challenges. It was agreed this would be reviewed at the March 2022 meeting.

7. AOCB

Alison McMullan noted ongoing challenge of admin support for Committees. It was agreed that Sarah Smith would complete the outstanding minute for the Psychology Advisory Committee.

Action: Admin

It was noted that Admin Support had been allocated by the Board, however lead in and training requirement was noted.

Action: Admin

8. Future Agenda Items

- Workforce Planning (January 2022)
- Action Plan from ED Report, with linkage to Whistleblowing – Angela Wallace to be invited to January meeting.

Action: Admin

9. Date of next meeting

The next meeting of the Area Clinical Forum will be held on Thursday 20 January 2022 at 6.15 pm via MS Teams.