

There will be a meeting of the **Forth Valley NHS Board** via **MSTeams** on **Tuesday 26 July 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 31 May 2022](#)
[Minute of Forth Valley NHS Special Board meeting held on 24 June 2022](#)** Seek Approval
4. **Matters Arising from the Minute** Items 1 to 4
5 minutes
5. **Patient/Staff Story** 15 minutes
6. **FOR APPROVAL**

 - 6.1 **[Major Incident Plan](#)** Seek Approval
10 minutes
(Paper presented by Mrs Cathie Cowan, Chief Executive)
 - 6.2 **[Equality and Inclusion](#)** Seek Approval
15 minutes
(Paper presented by Mrs Gilliam Morton, Interim Executive Nurse Director)
 - 6.3 **[Strategic Risk Register](#)** Seek Approval
10 Minutes
(Paper presented by Mr Scott Urquhart, Director of Finance)
 - 6.4 **[Risk Management Strategy 2022-2025](#)** Seek Approval
10 Minutes
(Paper presented by Mr Scott Urquhart, Director of Finance)
 - 6.5 **[Strategic Workforce Wellbeing Plan 2022 -2025](#)** Seek Approval
10 Minutes
(Paper presented by Miss Linda Donaldson, Human Resources Director)
 - 6.6 **[Innovation Plan 2022-2027](#)** Seek Approval
10 Minutes
(Paper presented by Mr Andrew Murray, Medical Director)
 - 6.7 **[Falkirk Community Hospital Master Plan Strategic Assessment](#)** Seek Approval
10 Minutes
(Paper presented by Mrs Cathie Cowan, Chief Executive)
 - 6.8 **[Board Committee Membership Update](#)** Seek Approval
5 Minutes
(Paper presented by Mrs Cathie Cowan, Chief Executive)
7. **BETTER CARE**

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- 7.1 [Healthcare Associated Infection Reporting Template](#) Seek Assurance
(Paper presented by Mrs Gillian Morton, Interim Executive Nurse Director) 10 minutes
- 7.2 [Recovery & Performance Scorecard](#) Seek Assurance
(Paper presented by Mrs Cathie Cowan, Chief Executive) 10 minutes

8. **BETTER VALUE**

- 8.1 [Finance Report](#) Seek Assurance
(Paper presented by Mr Scott Urquhart, Director of Finance) 10 minutes

9. **BETTER GOVERNANCE**

- 9.1 [Annual Review 2021 Letter](#) Seek Assurance
(Paper presented by Mrs Cathie Cowan, Chief Executive) 5 Minutes

- 9.2 [Communications Update](#) Seek Assurance
(Paper presented by Mrs Elsbeth Campbell, Head of Communications) 10 minutes

- 9.3 [Annual Report Summary 2021/2022](#) Seek Assurance
(Paper presented by Mrs Elsbeth Campbell, Head of Communications) 10 minutes

- 9.4 [Governance Committee Minutes](#) Seek Assurance
15 minutes

- 9.4.1 [Performance & Resources Committee Update: 28/06/2022](#)
[Performance & Resources Committee Minute: 26/04/2022](#)
(Paper presented by Ms Janie McCusker, Chair)

- 9.4.2 [Audit & Risk Committee Update: 22/06/2022](#)
[Audit & Risk Committee Minute: 25/03/2022](#)
(Paper presented by Mr Martin Fairbairn, Committee Chair)

- 9.4.3 [Endowments Committee Minute: 25/03/2022](#)
(Paper presented by Mr Martin Fairbairn, Committee Chair)

- 9.4.4 [Area Clinical Forum Minute: 19/05/2022 & 24/03/2022](#)
(Paper presented by Mrs Kirstin Cassels, Committee Chair)

- 9.5 [Board Assurance Committee Annual Reports 2021/2022](#)

- 9.5.1 [Area Clinical Forum](#)
9.5.2 [Audit and Risk Committee](#)
9.5.3 [Clinical Governance Committee](#)
9.5.4 [Endowments Committee](#)
9.5.5 [Performance and Resources Committee](#)

10. **ANY OTHER COMPETENT BUSINESS**

- 10.1 Emerging Topics

11. **DATE OF NEXT MEETING**

Tuesday 27 September 2022 at 10.30am

Closed Session Agenda – 26 July 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 31 May 2022	

FORTH VALLEY NHS BOARD
TUESDAY 26 JULY 2022

For Approval

Item 3 – DRAFT Minute of the Forth Valley NHS Board Meeting held on Tuesday 31 May 2022 at 10.30am via MS Teams

Present:

Ms Janie McCusker (Chair)	
Ms Kirstin Cassels	Dr Michelle McClung
Mr Robert Clark	Mrs Gillian Morton
Mrs Cathie Cowan	Mr Andrew Murray
Mr Martin Fairbairn	Mr Allan Rennie
Mr John Ford	Mr John Stuart
Mr Gordon Johnston	Mr Scott Urquhart
Mr Stephen McAllister	

In Attendance:

Annemargaret Black, Director of Health & Social Care
(Clackmannanshire/Stirling)
Elsbeth Campbell, Head of Communications
Patricia Cassidy, Director of Health & Social Care (Falkirk)
Linda Donaldson, Human Resources Director
Morag Farquhar, Associate Director of Facilities & Infrastructure
Claire Giddings, Corporate Performance Manager
Sinead Hamill (Minute), Board Secretary
Jackie McEwan, Corporate Business Manager
Kathy O'Neil, General Manager
Phyllis Wilkieson, Acting Acute Services Director
Scott Williams, Deputy Medical Director

1. Apologies for Absence

The Chair welcomed everyone to the meeting.

Apologies were noted on behalf of Dr Graham Foster.

2. Declaration(s) of Interest(s)

There were no declarations of interest made.

3. Minute of Forth Valley NHS Board meeting held on

The minute of the meeting on Tuesday 29 March 2022 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. Patient/Staff Story

Mrs Gillian Morton, Interim Executive Nurse Director introduced the patient story which focused on a patient called Eddie. Eddie following screening was diagnosed with an Abdominal Aortic Aneurysm. Follow up assessments on Eddie's diagnosis were put in place and Eddie decided to have surgery supported by the medical team responsible for Eddie's care and treatment.

Eddie's story highlighted the effectiveness of vascular multidisciplinary team working across the region with NHS Greater Glasgow and Clyde. Board members noted the Vascular Service Level Agreement/Pathway for tertiary vascular services provided for Forth Valley residents at the Queen Elizabeth University Hospital in Glasgow.

Eddie throughout his story referred to being 'very lucky' that NHS Forth Valley and NHS Greater Glasgow and Clyde had a collaborative partnership approach where screening for Forth Valley residents took place locally by NHS Forth Valley and with surgery taking place in the Queen Elizabeth University Hospital Glasgow.

Eddie described having had a great care journey and thanked the NHS Forth Valley screening team, preoperative team, community staff and the staff at the Queen Elizabeth University Hospital.

Mr Stuart wished to highlight the importance of sharing positive patient stories shared with staff. Mrs Campbell identified that a Board summary is issued after every Board meeting, the summary highlights the patient story. Mr McAllister wished to acknowledge the good collaborative approach between the two NHS Boards which shows another really good example of integrated regional working.

6. FOR APPROVAL

6.1 Primary Care Premises Programme Initial Agreement (PIA)

The NHS Board considered a paper 'Primary Care Premises Programme Initial Agreement (PIA)' introduced by Mrs Cathie Cowan, Chief Executive.

Mrs Cowan before inviting Mrs O'Neil to present the Primary Care Premises Programme Initial Agreement (PIA) paper highlighted the uniqueness of the programme approach and thanked Mrs O'Neill and the wider Team for their engagement and work to date. Mrs O'Neil informed Board members that the paper presents an initial agreement document and appendices to be submitted to the Scottish Government Capital Investment Group (CIG) following approval from the Board. The role of CIG will be to review the PIA and give approval (or not) to proceed to the next stage of business planning in order to secure capital to fund the Programme.

Board members considered the proposal to support a major programme of investment to redesign and improve access to GP and primary care services across Forth Valley. Board members discussed the case for change and the proposed service model based on a series of locality-based business cases which were intended to benefit every GP practice and the Forth Valley communities served. In considering the proposal Board members noted the progress made in implementing the GMS contract and the transformation work undertaken to support GP sustainability. The changes in the nationally agreed contract and investment in primary care had resulted in the appointment of just under 200 staff to support greater multidisciplinary team working

however with the increase in staff numbers, this had resulted in accommodation challenges. In addition, demands on GP practices are increasing and this will continue given the increase in population and ongoing housing developments.

Mrs O'Neil identified that in developing the proposal the project had to follow a detailed process set out in the Scottish Capital Investment manual. Board members noted that there are a number of stages that have to be followed to make the case for capital investment. Mrs O'Neil identified that the programme is at Stage 2, the initial agreement stage. Board members noted that the next stage is to develop an outline business case where a detailed appraisal of the options and capital investment will be set out.

Board members noted that the possible options that had developed along with the capital and revenue costs were included in the initial agreement and are indicative rather than definitive. Board members noted that this gives a helpful indication to the Scottish Government and the Health Board of the likely scope and scale of the investment required. Mrs O'Neil identified that at this stage the Board is not asked to commit to or approve a particular option as this will be developed and evaluated through a formal option appraisal process at the next stage.

Board members noted that Mrs Cowan oversees the work presented and chairs the Programme Board which in turn provides regular updates to the Integration Authorities and NHS Board.

Mr Fairbairn wished to underline that detail of the full options of the appraisal will be conducted at the next stage and will not be endorsed today, this was acknowledged. Mr Rennie wished to understand if the appraisal would take account of access to transport as he had been informed that there had been a lack of access to healthcare and a lack of transport. Mrs O'Neil identified that public transport is regularly mentioned and will be a consideration. Dr Williams wished to highlight that transport and accessibility is a balance and that trying to get the balance right is very complex.

Mr Clark highlighted the growing Stirling locality and wished to seek clarity on what the plan will be. Mrs O'Neil identified that the locality had been the same as the other localities; however, the locality had not emerged as an area which needs a lot of capital investment.

Mr Johnston identified that he liked the approach of combining the programme approach with also more local assessment. Mr Johnston also identified a future proofing point as the Board needs to consider the changing nature of services and mixed economy, as some of the premises are owned by the GP practices and others are leased. Mr Johnston wanted to know the implications for capital investment when investing in premises that are leased.

Mrs O'Neil identified that the new GMS would take the Board towards the GPs not owning their own premises. Board members noted that conversations have been happening with all GP practices across Forth Valley about the opportunities. This is for the next stage and Mrs O'Neil believes many of the practices will take up this opportunity. Dr Williams also identified that it is more expensive for GP practices to move into health board accommodation however it is the more preferable option.

The Forth Valley NHS Board:

- ***Approved the primary care Initial Agreement document for onward submission to the Scottish Government Capital Investment Group.***

- ***Noted the following approval of the PIA, work would commence to progress with 4 separate Outline Business Cases; (one for each locality where capital investment is required), assuming the Falkirk Central locality requirements (fifth locality) are addressed as part of the FCH Master Planning project.***

6.2 Establishing Anchor Institution

The NHS Board considered a presentation 'Establishing Anchor Institution' presented by Mrs Cathie Cowan, Chief Executive.

Mrs Cowan by way of introduction referred to Anchor organisations as large non-profit organisations e.g., Health Boards, Local Authorities, Colleges, Universities whose long-term sustainability is tied to the health and wellbeing of the population it serves.

Board members noted that work started earlier supported by the Health Foundation was paused due to Covid-19 related system pressures. Mrs Cowan proposed the time was now right to establish an Anchor Board led by Ms McCusker, Board Chair.

Mrs Cowan identified that NHS Forth Valley is keen to expand its duty of care beyond treatment and care to contribute to the wider health and wellbeing economy whilst taking account of e.g.:

- inclusive ownership
- spending, investing and maximising community benefits
- use of land and property
- employment

Board members noted that the Anchor concept is a key priority for Government and features in one of the Government's Care and Wellbeing Programmes, with an expectation that Health Boards implement the concept.

'Anchor' related activities are ongoing e.g., the partnership with the University and College and how this in turn links to learning and employment opportunities for the people of Forth Valley. Such work will feature highly in the Board's partnership approach.

Mr Stuart wished to seek clarity on how other NHS Health Boards are progressing their anchor opportunities and if there is a cost associated with participation. Mrs Cowan confirmed there was no cost unless the Board chooses to invest in e.g., employability champions, anchor was more about culture and how we work and behave as a Board with our partners and communities.

Board members after a focused conversation agreed to support the recommendation to establish an Anchor Board.

The Forth Valley NHS Board:

- ***Approved the recommendation to establish an Anchor Board***
- ***Requested an update on progress to the September Board meeting***

7. BETTER CARE

7.1 Healthcare Associated Infection Reporting Template

The NHS Board considered a paper 'Healthcare Associated Infection Reporting Template' presented by Mrs Gillian Morton, Interim Executive Nurse Director.

Mrs Morton invited Mr Jonathan Horwood to present the Health Associated Infection Reporting Template.

Mr Horwood identified that the report provided was for April 2022. Board members noted that there were five Staph aureus bacteraemia's reported for April 2022 with two being hospital acquired SABs. There were six reported Device Associated Bacteraemia with two being hospital acquired. Board members noted that rates remained low and remain within control limits.

Board members noted that there were eleven E coli bacteraemia's reported with three hospital acquired. Mr Horwood informed the Board that E Coli Bacteraemia standard is being reviewed nationally. There was one hospital acquired Clostridium difficile infection and one surgical sight infection reported for April.

Mr Horwood identified that the Estate and Cleaning Compliance for Bellsdyke Hospital had improved from last quarter to 90%. Board members noted that Falkirk Community Hospital had slightly decreased compared to the previous quarter of 89%. Mr Horwood identified that the remaining hospital sites have remained stable.

Board members noted that there was one ward Covid-19 outbreak on the Forth Valley Royal Hospital site. Mr Horwood identified that there had been no Covid-19 outbreaks for May 2022.

Board members noted that there are still two members of the Infection Prevention & Control (IPC) Team providing special expertise to the care assurance team and to care homes to minimise the risk of transmission of Covid-19. Following the consultation period of the new IPC Standards, the publication of the standards is expected in May 2022.

Mrs Cowan wished to acknowledge the work led by Mr Horwood and his team.

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***

7.2 Recovery & Performance Scorecard

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

Mrs Cowan wished to put on record her thanks to staff and also to staff working in the Partnerships for their ongoing commitment and efforts in what continued to be very difficult and challenging times.

Mrs Cowan also wished to apologise to the people of Forth Valley for the delays being experienced within unscheduled care services. Pressures on the acute hospital site continued and additional capacity using a fifth bed in a four bedded bay and treatment rooms continued, Mrs Cowan acknowledged this situation was less than ideal for both patients and staff and demonstrated the ongoing Covid-19 challenges.

Board members noted that the 4-hour access standard continues to be well short of the national 95% standard with the month to date reporting a performance of 54%. Mrs Cowan reminded Board members that the 4-hour emergency standard was a good barometer for system wide health and care pressures, e.g., demand, acuity and delays relating to discharge or transfer - all of which contributed to patient flow. Board members in considering the system pressures noted bed waits and wait for first assessment continued to be key factors contributing to breaches in the 4-hour wait standard. Delayed discharges and/or transfer waits regularly exceeded 100 per day on site which contributed to the need for additional contingency beds (e.g., use of treatment rooms). Mr Clark referred to the impact on staff and staffing levels.

Mrs Cowan informed Board members that Out of Hours continues to be fragile with recruitment to GP and advance nurse practitioner vacancies being progressed. In addition, the Board was exploring hybrid (in and out of hours) posts and joint appointment opportunities with the Scottish Ambulance Service.

Board members noted that at the end of April 2022: 2861 patients were waiting beyond 6 weeks for imaging with 54.6% compliance and 188 patients were waiting beyond 6 weeks for endoscopy with an improvement of 61.2% compliance.

A performance trajectory had been submitted to the Scottish Government with NHS Forth Valley working towards achieving the standard by March 2023. Mrs Cowan identified that the Child & Adolescent Mental Health Service (CAMHS) had exceeded an improvement trajectory however performance had fell and this was likely to continue as the Board focuses on long waits. Psychological therapies exceeded an improvement trajectory and reported 66.1% performance for April 2022.

Mrs Cowan highlighted that Board Members took a decision in May 2021 to approve a business case to support service sustainability in Scheduled or Planned Care. This decision supported recurring investment in permanent posts. Board members noted that this had impacted positively in the Board's ability to maintain day and inpatient surgery to minimise long waits.

Board members noted the challenges in diagnostic due to increased demand notably in radiology. Mrs Cowan confirmed that there will be a mobile CT scanner at Forth Valley Royal Hospital to help address the backlog whilst improving performance in the 6-week target.

Mrs Cowan informed Board members that absence remains stubbornly static at 5.52% which is above the national 4% standard.

Mr Stuart expressed concern in regard to unscheduled care performance and how can the organisation improve its position. Mrs Cowan agreed performance was poor and referred to performance in each of the Flow categories and the timing of presentations e.g., in the evening. Flow 1 the minor flow saw on average 50% of all ED presentations with up to 30% of people presenting in this category who could and should be seen elsewhere. Signposting people to the right service remained a priority and with investment in Same Day Emergency Care being almost completed the opportunities

to schedule people rather than wait in ED provided an opportunity to improve performance. Work being led by the Clinical Team in Urgent and Unscheduled Care was being supported. The other key area contributing to performance was the high boarding rates and patient delays in excess of 100 per day on the acute site. Covid was also a factor contributing to flow when it came to accessing beds and maintaining good infection prevention and control standards. Board Members also noted that NHS Forth Valley only has one acute receiving site so had less opportunity to redirect to another receiving unit within its geographical Board area.

Mrs Cowan proposed that she would like to set aside time at the next Board Seminar for Board Members to hear from both herself, Mr Murray, and Mrs Morton about the additional actions intended to improve performance whilst supporting the staff. Ms McCusker supported this proposal.

Mr Fairbairn identified the importance of flow through unscheduled care within the domain of Board resources and also with partners. Mrs Cowan agreed and also referred to the equally challenging situation in social care as reported by Chief Officers. Mr Murray highlighted that at the Performance and Resources Committee a theoretical trajectory for recovery had been outlined. Board members noted that there is a significant refocus on unscheduled care happening nationally with all Boards being asked to submit their draft Plan to support unscheduled care recovery.

Mr Johnston wished to note that the statistics for mental health is consistently significantly lower than the overall figure and wished to seek clarity if there had been any investigation carried out. Mrs Cowan asked that she review this in more detail and provide an explanation to Mr Johnston, this was supported.

The Forth Valley NHS Board:

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

7.3 Whistleblowing Standards and Activity Report

The NHS Board considered a paper 'Whistleblowing Standards' presented by Mrs Gillian Morton, Interim Executive Nurse Director.

Mrs Morton invited Mr Johnston to present the Whistleblowing Standards and Activity Report. Mr Johnston identified that the paper refers to the Whistleblowing quarter 4 figures which went through NHS Forth Valley's Staff Governance Committee.

Board members noted that numbers remain very low in terms of Whistleblowing which is being mirrored across NHS Boards. Mr Johnston identified that the Key Performance Indicators (KPIs) for the Board are where they need to be with NHS Forth Valley being on target.

Mr Johnston informed Board Members that work to raise awareness would be progressed this was intended to ensure staff are aware of all the processes in place.

The Forth Valley NHS Board:

- ***Noted Whistleblowing activity in NHS Forth Valley in Quarter 4 of 2021/22***

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 introduced the Finance Report which provided an update on the 2021/22 outturn position and annual accounts process together with a high-level summary of the early 2022/23 financial position.

Mr Urquhart confirmed that the draft accounts for 2021/22 had been submitted to auditors in line with the agreed timetable. Board members noted that the draft accounts reported a revenue surplus of £0.290m and a balanced capital position, subject to external audit review. NHS Forth Valley's annual accounts will be considered at the Audit and Risk Committee on the 22 June 2022 and then presented to NHS Forth Valley Board on the 24 June 2022 for approval.

Mr Urquhart informed Board members that the financial performance for month one of the new financial year 2022/23 was an overspend of £0.886m, reflecting high levels of supplementary staffing spend, cost pressures relating to medicines inflation and new drugs, and uncertainty on in-year funding allocations which were being reviewed with Scottish Government.

Mr Urquhart highlighted that a range of factors had led to an increased risk on financial sustainability and noted that NHS Boards including NHS Forth Valley were facing significant financial challenges for 2022/23 and beyond, which would require a focused and system wide approach on innovation, service redesign and value improvement to mitigate.

Board members noted that the Director of Finance was in the process of leading financial engagement and cost improvement sessions with each member of the Executive Leadership Team (ELT) individually and with ELT as a group, supported by the CPMO team, to highlight the financial risks, strengthen financial governance arrangements and to construct a portfolio of savings plans and opportunities. An in-depth review will be undertaken at Quarter 1 which will underpin the financial forecast. Board members noted that the cost improvement plans were continuing to develop against the total savings requirement for the year of £29.4m. Board members noted the challenging position ahead and acknowledged the approach in terms of the cost improvement plan along with CPMO behind to support the delivery.

Mr Urquhart identified that a multi-year resource spending review and Medium-Term Financial Framework was expected to be published by Scottish Government on 31st May which would provide an insight to longer financial planning parameters.

The Forth Valley NHS Board:

- ***Noted that progress with finalising the year-end annual accounts and audit process for 2021/22 remains on track within planned timescales***
- ***Noted the updated draft year-end revenue position for 2021/22 is a surplus of £0.290m, subject to External Audit confirmation***
- ***Noted the early financial position reported for Month 1 2022/23 and the associated financial risks and uncertainties***

- ***Noted the progress on development of recurring Cost Improvement Plans with an update scheduled to the June Performance and Resources Committee meeting***

9. BETTER GOVERNANCE

9.1 Climate Change and Sustainability: National Direction and local response

The NHS Board considered a paper 'Climate Change and Sustainability: National Direction and local response' introduced by Mrs Cathie Cowan, Chief Executive.

Mrs Cowan before handing over to Mrs Farquhar referred to Scotland's First Minister Climate Emergency declaration in the summer of 2019 and a commitment to Scottish legally-binding 'net zero emissions' targets. The global pandemic has impacted on progress.

Mrs Farquhar by way of introduction referred to November 2021 DL (2021) 38 attached at appendix 1. Board members noted DL 38 is underpinned by the NHS Scotland Climate Emergency and Sustainable Strategy 2022 - 2026, the Strategy is currently being finalised by Government following consultation.

Board members noted that a national NHS Scotland Climate Sustainability Board had been established to provide leadership, governance, and monitoring NHS Board's efforts in responding to the global climate emergency.

Mrs Farquhar referred to five national priority areas and a number of 'asks' for the NHS Boards including establishing a strong management response to reduce carbon emissions to net-zero by 2040. Board members noted that there are some linkages identified with the anchor institution and the priority areas were identified and noted as buildings, land, travel, goods, services, sustainable care, and sustainable communities. Board members acknowledged that there are hard targets set out to reduce carbon emissions.

Mrs Farquhar identified that in order to meet the aims of DL38 some roles and responsibilities had been set out. Board members noted that NHS Forth Valley need to appoint a member of the Board to act as the Climate and Emergency Champion. An Executive lead is needed for climate change and sustainability along with the need for a climate emergency sustainability group. Mr Farquhar identified that there was previously a sustainability working group which reviewed the DL and the arrangements needed to be put in place proposing a restructure to meet targets going forwards.

Board members noted that the Board Level Champion is a Scottish Government requirement, but the appointment had not yet been made. Mrs Farquhar informed the Board that the Climate response and sustainability team is required and will need to be resourced with the right people as part of the team. It had been proposed that the team is cochaired by Mrs Farquhar and Mr Procter.

Board members noted that there are capital and revenue financial implications to meet the agenda going forward. A bid was put to the Scottish Government November 2021, but no formal response had been received with national discussions ongoing.

Mrs Farquhar identified that the process for the post of the Head of Climate Change and sustainability is still ongoing. Board members noted that there is financial and reputational risk.

Ms McCusker noted the need to appoint Board member to act as the NHS Forth Valley Champion. Ms McCusker also wished to propose to take a deep dive on Climate Change and Sustainability in the future.

Mr Clark identified that he is very conscious but also supportive of the DL38 and wished to let the Board know that there are a huge number of staff who are keen to help. Mr Clark also wished to seek clarity in relation to the reporting arrangements. Mr Farquhar identified that amendments will be made to identify that the report will be taken through the sustainability board and will then go to the Performance and Resources Committee.

Mr Ford identified this item to be a huge challenge with the need to make sure that the Performance and Resources Committee can support this item or if there is an opportunity for a separate committee to be established to drive this forward. Mr Fairbairn identified that an additional committee may not be beneficial due to Board capacity. Ms McCusker proposed that this work could fit with 'anchor' work and it was agreed that this be looked into.

The Forth Valley NHS Board:

- ***Acknowledged the scale of the climate emergency and net zero challenge***
- ***Noted the governance, operational and reporting arrangements***
- ***Supported the whole-system change-management process that will be required to shift climate emergency considerations to the core of this organisation's decision-making***
- ***Considered appointing a Board member to act as the NHS Forth Valley champion***
- ***Noted the Resourcing and Financial Implications and associated risks***

9.2 ED Improvement Action Plan

The NHS Board considered a paper 'ED Improvement Action Plan' presented by Mrs Cathie Cowan, Chief Executive.

Mrs Cowan by way of introduction set out the purpose of the paper was for each of the Board Directors to lead on the area of delegated responsibility placed on each of the Committees. Board members noted that the role of each Assurance Committee was to oversee ED recommendation implementation, monitor progress and escalate issues and/or risks to the Board.

Mrs Cowan reminded Board members of the Internal Audit commission and process underway and a need to evaluate the impact of the changes and/or investments made. Board members noted these changes also needed time to properly bed-in before an evaluation was undertaken.

Mrs Cowan invited Mrs Morton to provide an update on the Nursing Workforce and Professional Oversight of Safe Staffing from the ED Action Improvement Plan. Mrs Morton wished to provide thanks to Professor Wallace for the work progressed noting that the majority of the recommendations had been completed through her leadership. Mrs Morton also thanked Louise Boyle, Acting Chief Nurse for her contribution in this key area of work.

Mrs Morton highlighted ongoing work to complete Recommendation 2 with Ms Boyle and Mrs Morton scheduled to meet with the Deputy Director of Finance to go through the paper before it goes to ELT to focus on the workforce structure.

Mrs Morton identified in relation to recommendation 3b that an eRostering System will go live on the 13 June 2022. Mrs Morton also identified that the departmental induction process is in place and an evaluation had been completed and was yet to report.

Mr Murray provided an update on Clinical Governance for the ED Improvement Action Plan. Board members noted that there had been a huge amount of progress for Recommendation 1 which reports back to the Clinical Governance Committee. Mr Murray identified that the timeline was extended due to the Clinical Governance Committee wishing to expand on this recommendation.

Mr Murray identified that the Clinical Governance members interviews to identify training and education requirements had taken place and been collated in relation to Recommendation 2. Board members noted that this information will report back to the chair of the Clinical Governance Committee with an action plan to follow.

Mr Murray identified that Recommendation 8 had been extended to let the SAER leads settle into their role before carrying out any revision. Board members noted that Recommendation 14 from the Clinical Governance section will report separately to the Unscheduled Care Programme Board and thereafter P&R and/or Board and will be transitioned.

Miss Donaldson provided an update on the Staff Governance Recommendations for the ED Improvement Action Plan. Miss Donaldson identified that 13 of the 14 recommendations had been completed.

Miss Donaldson informed the Board that the iMatter process had been reviewed with the next process due to take place on the 13 June 2022. The self assessment against the five strands of the Staff Governance Standards had also undertaken a review which had been shared with all directorates and health and social care partnerships and the Staff Governance Committee March 2022. Board members noted that updates will be provided to every Staff Governance Committee against the progress on the Staff Governance standard action plan.

Board members noted that the Speak up service is in place (5 months) with the key themes to be provided at the next Staff Governance Committee. Miss Donaldson highlighted that recommendation 14 is not yet completed and is sitting at 85% with progress being made. Board members noted that the timeline had been changed to July 2022 to be in line with national requirements for Band 2-3 work.

Mrs Cowan provided an update to the Board on the Corporate Governance recommendations from the ED Improvement Action Plan. Mrs Cowan identified that five recommendations had progressed, notably the external assessment work had been completed and was informing OD support, Blueprint reporting to Board was in place, the Code of Corporate Governance had been updated and approved by the Board and a programme of visibility and engagement events linked to Patient Safety had been progressed by the Medical Director. Feedback from these visits had been very positive. Three recommendations continued. Mrs Cowan informed the Board that the assurance framework development had been paused due to a staff member lead being absent. Board members noted that this work is now progressing and is near completion. Board

members noted that both recommendations 7 and 8 were dependent on completion of workforce reviews.

Mrs Cowan wished to thank Prof Angela Wallace for her leadership in implementing the Nurse Staffing related recommendations and her general support to herself and colleagues to progress this work.

Dr McClung wished to seek clarity from Mr Murray in relation to Recommendation 14 for Clinical Governance and if this recommendation will be taken out of Clinical Governance Committee and moved to the Performance and Resources Committee and if so, why had this been moved. Mr Murray informed the Board that it did not sit comfortably with the time limited action plan for the Clinical Governance Committee and will sit best with the Performance and Resources Committee.

Mr Clark raised the issue of the workforce tool for the Staffing Levels to be presented to the Staff Governance Committee for assurance, this request was outstanding. Mrs Cowan referred to Page 2 of her paper and work relating to ED and wider clinical nurse leadership 24/7 requirements and Mrs Morton's update on a workforce paper being developed. This paper would be presented by Ms Boyle to a future ELT once concluded. Supplementary staffing continued to cover gaps in nursing establishments.

Mr Rennie wished to propose for a follow up to see the impact and effectiveness of the recommendations and would like to gather staff feedback on the recommendations, Board members supported this request.

Mrs Cowan confirmed this paper would be shared with IJBs.

The Forth Valley NHS Board:

- ***Considered the content of the paper and acknowledge the responsibility placed on the Health Board to seek assurance from Committee/ED Improvement Action Plan Executive Leads on the implementation of the Nursing, Clinical, Staff and Corporate Governance ED Improvement Action Plan recommendations and actions***
- ***Noted that the Chief Executive will be sharing quarterly reports (having been considered by the Health Board) with the Integration Joint Boards to enable the IJBs to fulfil their oversight role***
- ***Noted the commission of Internal Audit to provide assurance on the Health Board's response to the ED external review***

9.3 Governance Committee Minutes

9.3.1 Performance & Resources Committee Update: 26/04/2022 Performance & Resources Committee Minute: 01/03/2022

Mr Ford informed Board members that the Performance & Resources Committee Forward Planner outlined the major items and areas of work the Performance & Resources Committee had to consider as part of its schedule of work for 2022/2023 in supporting the committee to fulfil its terms of reference.

Board members noted that a presentation was also provided to the Performance and Resources Committee in relation to Scheduled Care which included the immediate response to Covid-19 and the impact of delays to treatments which had the potential to cause harm and poorer outcomes for patients living in Forth Valley.

An update was also provided by Corporate Portfolio Management Office, the Office continues to support priority projects and initiatives at pace with the continued deployment of resources to support the National Treatment Centre, the Unscheduled Care Programme, and the implementation of a new eRostering system.

The NHS Board noted the assurance provided through the minutes of the Performance and Resources Committee Meeting 01/03/22.

9.2.2 Audit & Risk Committee Update: 25/03/2022
Audit & Risk Committee Minute: 21/01/2022

Mr Urquhart informed Board members that the External Audit Plan was presented to the Audit & Risk Committee 25 March 2022 which set out the targeted timetable plan for the annual accounts review. Board members noted an update was also provided on the strategic risk register.

The NHS Board noted the assurance provided through the minutes of the Audit & Risk Committee Meeting 21/01/22.

9.3.3 Staff Governance Committee Minute: 18/03/2022

Mr Rennie informed Board members that the workforce plan has to be submitted to the Scottish Government 22 July 2022 which misses the approval cycle of the Board and the Staff Governance Committee. Board members noted that this will be circulated to all Board members and come back to a future Board Meeting.

The NHS Board noted the assurance provided through the minutes of the Staff Governance Committee Meeting 18/03/22.

9.3.4 Clinical Governance Update: 17/05/2022

The NHS Board noted the assurance provided through the update of the Staff Governance Committee Meeting 17/05/22.

10. ANY OTHER COMPETENT BUSINESS

There being no other competent business the Chair Closed the meeting.

FORTH VALLEY NHS BOARD
TUESDAY 26 JULY 2022

For Approval

Item 3 DRAFT Minute of the Forth Valley NHS Special Board Meeting held on Friday 24 June 2022 at 8.00am via MS Teams

Present: Ms Janie McCusker (Chair)

Ms Kirstin Cassels

Mr Robert Clark

Mrs Cathie Cowan

Mr Martin Fairbairn

Dr Graham Foster

Mr Gordon Johnston

Mr Stephen McAllister

Dr Michelle McClung

Mrs Gillian Morton

Mr Andrew Murray

Mr Scott Urquhart

In Attendance:

Elsbeth Campbell, Head of Communications

Linda Donaldson, Human Resources Director

Sinead Hamill (Minute), Board Secretary

Kerry Mackenzie, Head of Policy & Performance

Jackie McEwan, Corporate Business Manager

Kathy O'Neil, General Manager

Jillian Thomson, Deputy Director of Finance

Phyllis Wilkieson, Acting Acute Services Director

1. Apologies for Absence

The Chair welcomed everyone to the meeting.

Apologies were noted on behalf of Mr John Ford and Mr Allan Rennie.

2. Declaration(s) of Interest(s)

There were no declarations of interest made.

3. NHS Forth Valley Annual Accounts 2021/22

The NHS Board considered a paper 'NHS Forth Valley Annual Accounts 2021/22' presented by Mr Scott Urquhart, Director of Finance.

Mr Urquhart informed Board members that the NHS Board Accounts timescales for 2021/22 had reverted to broadly pre-pandemic timescales with final audited Annual Accounts required to be submitted to the Scottish Government by 30 June 2022.

Board members noted that the Audit and Risk Committee had considered the 2021/22 Forth Valley NHS Board Annual Accounts, Patients Funds Annual Accounts and Endowment Annual Accounts on 22 June 2022, together with the associated Internal

and External Audit reports to provide assurance. The Audit and Risk Committee recommended the accounts to the NHS Board for approval.

Mr Urquhart informed the Board that the audited 2021/22 NHS Board Annual Accounts confirmed a surplus of £0.290m against a total Revenue Resource Limit of £751.260m consistent with the draft outturn position reported to the NHS Board on 31 May 2022. Board members noted that one minor disclosure note amendment, approved by external auditors, had been made following the Audit and Risk Committee meeting. (The disclosure related to national guidance on accounting treatment for LFD test kits donated by UK Government and had no impact on the reported financial position).

Mr Urquhart identified that a draft letter of representation which provided written assurance by the Chief Executive/Accountable Officer on aspects of the financial statements, judgements and estimates had been presented to the Audit and Risk Committee. Board members noted that the letter had been finalised for submission to Audit Scotland.

Board members noted that there were no specific issues to highlight in relation to the audited Patients Funds Accounts 2021/22, or the audited Endowment Fund Accounts 2021/22, both of which had been considered by the Audit and Risk Committee.

The Forth Valley NHS Board:

- ***Approved Forth Valley NHS Board Annual Accounts for the year ended 31 March 2022***
- ***Approved Patients Funds Annual Accounts of NHS Forth Valley for the year ended 31 March 2022***
- ***Approved Endowment Accounts of NHS Forth Valley for the year ended 31 March 2022***
- ***Noted delivery of all financial targets and requirements for 2021/22***
- ***Noted that the approved Annual Accounts will be made public following confirmation that they have been laid before Parliament***

4. ANY OTHER COMPETENT BUSINESS

There being no other competent business the Chair Closed the meeting.

FORTH VALLEY NHS BOARD
TUESDAY 26 JULY 2022

6.1 NHS Forth Valley Major Incident Plan For Approval

Executive Sponsor: Mrs Cathie Cowan, Chief Executive

Author: Mrs Nicola Watt, Emergency Planning & Resilience Manager; Mrs Pauline Jones, Emergency Planning Officer

Executive Summary

The NHS Forth Valley Major Incident Plan and associated Action Cards have been through an annual review and revision and to reflect outcomes from Internal Audit and learning from Major Incident Declared in September 2021. Minimal changes have been required with the addition of Section 9: Equality, Diversity & Human Rights, Section 10: Vulnerable Groups (Adults & Children). The Operational Section has a One-Way System pathway for Scottish Ambulance Service (SAS) at Forth Valley Royal Hospital, Emergency Department.

The Board version of the plan (this part) is a strategic, public facing document and does not include the individual action cards and detailed information about how the activation, response and recovery processes will be delivered during an incident. These details (Operational Section) were revised and approved at the NHS Forth Valley Emergency Planning & Resilience Group in March 2022. This involved a consultation process with key participants and stakeholders for comment before publication and implementation on 5 April 2022. As with previous Major Incident Plan versions participants are signposted to an appropriate action card for the role they will be expected to deliver during a major incident.

It was agreed that the Major Incident Plan will be reviewed on a 3-yearly basis, with minor revisions as required.

Recommendations

The Forth Valley NHS Board is asked to:

- **approve** the Forth Valley Major Incident Plan Version 3

Key Issues to be Considered

- Statutory requirement to deliver Major Incident Management arrangements
- Significant and anticipated turnover in staff, that previously held, or currently hold new leadership roles in Incident Management Teams and ongoing refresher awareness training.

Financial Implications

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

Workforce Implications

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

Risk Assessment

High level risks have been identified including:

- Staff in new roles and within the management structure will require training in emergency and incident procedures and situation awareness raising of incident management and facilities.
- NHSFV requires to train and develop staff emerging from organisational changes and post-covid arrangements; especially when taking on new roles and responsibilities both clinical and non-clinical.

Relevance to Strategic Priorities

- Continued delivery of NHS Forth Valley's statutory role under the Civil Contingencies Act as a 'Category 1 Responder' in emergency planning and resilience arrangements.
- Ensure services are in place to meet health service commitments in supporting response to major incidents
- Partnership working and delivery of a workforce trained and exercised for any future major incidents

Equality Declaration

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

Further to an evaluation it is noted that:

- Paper is not relevant to Equality and Diversity

Consultation Process

NHS Forth Valley Emergency Planning and Resilience Group

NHS FORTH VALLEY MAJOR INCIDENT PLAN

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

Date of First Issue	Nov 2019
Approved	31 / 03 / 2022
Current Issue Date	05 / 04 / 2022
Review Date	05 / 04 / 2025
Version	3
EQIA	Y
Author / Contact	NHS Forth Valley Emergency Planning and Resilience Team
Group Committee –	NHS Forth Valley Emergency Planning & Resilience Group
Final Approval	NHS Board

CONSULTATION AND CHANGE RECORD

Contributing Authors:		Emergency Planning and Resilience Team	
Consultation Process:		Via Email	
Distribution:		ELT, FV FV EMERGENCY PLANNING AND RESILIENCE GROUP, Forth Valley Royal Hospital MEPG, HSCP JMT. FVRH HMT	
Change Record			
Date	Author	Change	Version
14 Aug 19	RLS	<p>Renaming Major Incident Plan and including SG definitions on Incidence levels to reflect national guidance and Major Incident with Mass Casualties Guidance.</p> <p>Reorganised to reflect different levels of Incident Management Teams and expected role of Health and Social Care Partnerships and Primary Care, Mental and Prison Services Directorate in response arrangements.</p> <p>Incorporated issues in relation to Training, merging Business Continuity/Infrastructure Failure with Major Incident Response and Recovery requirements.</p>	1.1
14 Aug 19	PJ	Revised tactical and operational activation and response procedures, adapted action cards to reflect new roles, organisational structures and physical layout of buildings, creation of Incident Management packs	1.2
Oct 2019	RS/PJ/JA	Changes incorporated following stakeholder process and exercise held on 31 October 2019 including education training requirements, Board risk and governance and emerging HSCP structures.	1.3
March 2021	PJ	Refresh & terminology Senior to Systems Leadership Team	2
March 2022	PJ	Annual refresh – including addition of Section 9: Equality, Diversity & Human Rights, Section 10: Vulnerable Groups (Adults & Children) following outcome from Internal Audit. SGHRU renamed to NHS Scottish Government - Emergency Preparedness, Resilience & Response Division (EPRR)	3

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Foreword

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

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

This Major Incident Plan and associated Action Cards (Operational Section) has been produced following the publication of national guidance including Major Incident with Mass Casualties and the establishment to reflect the NHS Forth Valley management structures and the role of two Health and Social Care Partnerships (Falkirk, Stirling & Clackmannanshire).

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

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

Dr Graham Foster
Director of Public Health and Strategic Planning

Section 1: Major Incident Plan - Context

Introduction

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

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

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

Aim

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

Purpose

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

Scope

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

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

Legislation, Statutory Requirements and Guidance

Emergency planning and resilience requirements are set out in accordance with Scottish Government and UK Government legislation and guidelines, including the following:

- Civil Contingencies Act 2004 (Contingency Planning) (Scotland) Amendment Regulations 2013 (<https://www.readyscotland.org/ready-government/legislation/>)
- Preparing Scotland – Suite of Guidance (<https://www.readyscotland.org/ready-government/preparing-scotland/>)
- Preparing for Emergencies – Guidance for Health Boards in Scotland (2013)
- <https://www.gov.scot/publications/preparing-emergencies-guidance-health-boards-scotland/pages/4/>
- NHS Scotland, Standards for Organisational Resilience (May 2018)
- NHS Scotland, Major Incident with Mass Casualties (currently under review for 2022) (available from Emergency Planning and Resilience Team)

Definitions of a Major Incident

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

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

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

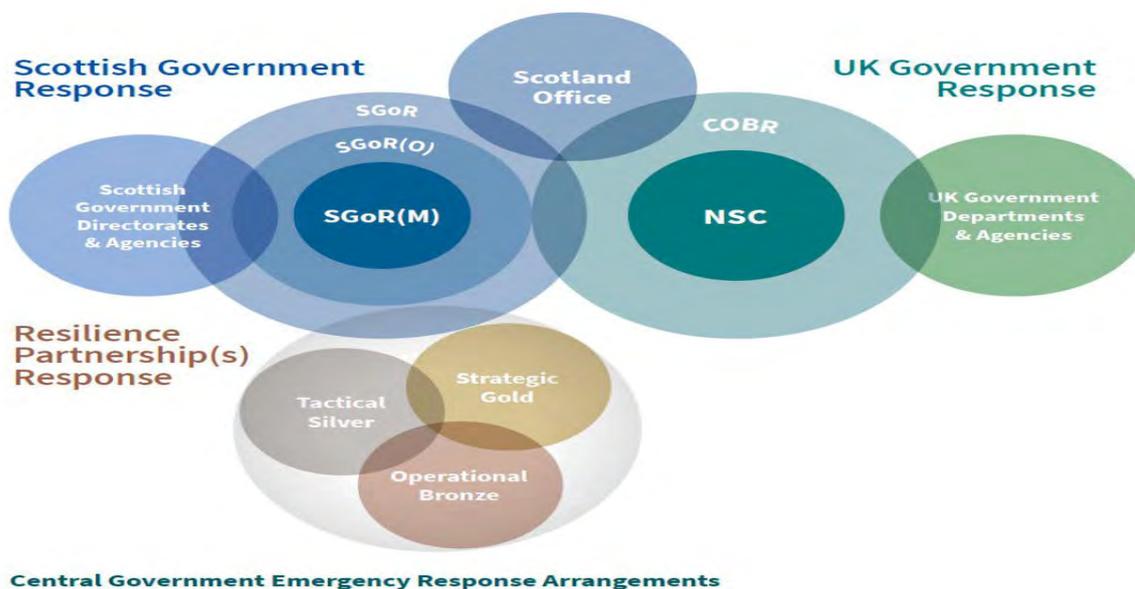
Fig. 1 Incident scale, impact, response and reporting action and timeframe for notifying Scottish Government

Level	Scale	Impact	Response	Reporting action and timeframe for notifying EPRR (SG)
1	Minor – local	Low. Business continuity issues - impact is localised.	Can be managed by the Department/Hospital within BAU capabilities and BCP's	No reporting required
2	Medium	Moderate. Larger business continuity issues such as local IT outages, major infrastructure damage, larger Road Traffic Collisions, and other issues impacting on a larger part of the hospital; has led to or likely to lead to suspension or delay to healthcare services; contained to one hospital site.	<p>NHSFV: Dependent on location and scope of incident</p> <ul style="list-style-type: none"> Forth Valley Royal Hospital IMT to be established with Health & Social Care Partnership, if required 	Submit SitRep to EPRR within 3 hours.
3	Significant	Impact on the whole Board and service provision / performance, as well as neighbouring NHS Boards. Loss of critical services and functionality. Normal functions interrupted /suspended. No workaround exists.	<p>IMT team / C3 set up at Hospital and / or Board Level.</p> <p>Possible regional and national co-ordination established.</p>	Immediate by phone followed by SitRep within 2 hours
4	Major	The specific functionality is mission critical to the business and the situation is considered an emergency. Severe weather affecting the whole or part of Scotland, terrorist incidents, any incidents/accidents which cause mass casualties, major business continuity issues such as pan-Scotland IT outages.	<p>Requires Board C3 group to be set up. Potentially an SHG would be established.</p> <p>Regional and national co-ordination in place.</p>	Immediate by phone, followed by SitRep within 2 hours

NHS Scottish Government - Preparedness, Resilience & Response Division (EPRR)

Section 2: Roles and Responsibilities

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



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

Command, Control and Coordination (C3)

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

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

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

- Roles, responsibilities and tasks to be undertaken by the Board and Forth Valley Royal Hospital as the designated receiving hospital, both generally and under specific circumstances during a Major Incident including the roles of the Major Incident Management Team based in Forth Valley Royal Hospital and Executive Leadership Team.

- Arrangements for the control and co-ordination of community services response and the procedures to be used for community health services including those provided by the Health and Social Care Partnerships and the Primary Care, Mental Health and Prison Services Directorate.

Fig. 3. Incident Management Levels, Groups and Role

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

Incident Management Teams

The roles of the Incident Management Teams that co-ordinate and deliver the response are summarised below:

- **Major Incident Management Team:** The Team is based in Forth Valley Royal Hospital has overall responsibility for co-ordinating the acute hospital Major Incident response arrangements and tactical response to a Major Incident. This may also include operational / tactical leads from with the community i.e. H&SCP or Primary Care depending on the incident. Dependant on the nature of the incident this may involve additional support from the following Incident Teams:
- **Executive Leadership (Incident) Team:** The purpose of the Executive Leadership (Incident) Team is to provide a focus for the strategic leadership of the NHS Forth Valley response to a Major Incident. This would include the role and duties described in delivering the co-ordination and management of a 'Major Incident with Mass Casualties'. In this respect the role of the Executive Leadership Incident Team will include the following:
 - facilitate all external offers of assistance
 - provide a focal point for procuring whatever type of support may be required
 - maintain links with the Scottish Government, other NHS Boards, Emergency Services, Local Authorities and other Agencies as required
 - advise on any Public Health issues which arise from the circumstances of the emergency
 - co-ordinate VIP visits in liaison with the Scottish Government
 - leadership roles for Major Incident with Mass Casualties (see below)
- **Resilience Partnership (Multi Agency Group):** In the event of a multi agency Major Incident it is critical that NHS Forth Valley planning is co-ordinated on a multiagency basis with that of the Emergency Services, Local Authorities, voluntary services and other agencies at local level in order to maximise the effect of the response to the Major Incident. This includes ensuring that issues impacting on health and social care services are addressed and resources are adequately deployed to support the overall response. This will involve having the right partners round the table at the right time. This group is usually chaired by Police Scotland.
- **Strategic Health Group (Major Incidents – Mass Casualties):** NHS Forth Valley will be required to establish a Strategic Health Group if local capacity is exceeded or another Board Chief Executive asks for additional support when resources in their area cannot cope with the incident. This group would be expected to co-ordinate the response over a number of Board areas and potentially involve a number of different Chief Executives and services.

More detailed information and guidance is available in the Operational Section & other Emergency Planning & Resilience Plans.

Incident Management Team Roles

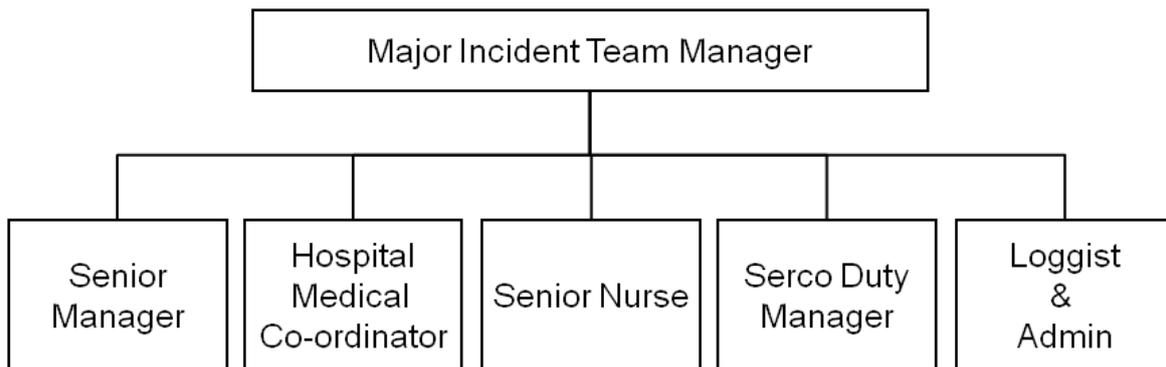
Dependent of the nature and scale of the incident there may be a requirement for direct liaison with the Teams identified above to participate or respond to requests from the Major Incident Management Team for additional resources or support to manage the incident.

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

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

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

Fig. 4 Major Incident Management Team Roles



Each of the Incident Management Teams has a core complement of staff that are required to deliver an effective response. In the case of the Major Incident Management Team the core team roles and responsibilities are summarised in Fig. 5. In the case of a Major Incident being declared, with FVRH designated as the receiving hospital, there are around 50 other roles who may be involved on co-ordinating different aspects of the response including delivery of clinical care.

Fig.5 Major Incident Management Team – Core Roles and Responsibilities

Action Card No	Major Incident Management Team Role	Role Assigned to:	Responsibilities
1	Major Incident Management Team Manager	Executive On Call or Deputy	Overall leadership, control of incident response & management of Major Incident Management Team.
2	Senior Manager	Duty Manager	Has responsibility, together with other members of the Major Incident Management Team for controlling and co-ordinating the hospital's response.
3	Hospital Medical Coordinator	Associate Medical Directors or On Call Consultant Physician	Overall responsibility for clinical co-ordination of incident response.
4	Senior Nurse	Executive Nurse Director or Deputy Nurse Director of Chief Nurse or Head of Nursing	Overall co-ordination of Nursing provision.
5	Serco Duty Manager (Soft & Hard Facilities)	Serco Manager	Responsible for provision of Facilities / non-clinical Services.
6	Loggist & Admin Support	Suitably trained member of staff	Recording of events and accurate notes of actions.

For full list of key roles for Major Incident management in Forth Valley Royal Hospital (see Operational Section).

Action Cards

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

Major Incident with Mass Casualties

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

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

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

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

Section 3: Response Framework - Plan Activation

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

- Declaration
- Reception
- Definitive Care
- Recovery

Declaring a Major Incident

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

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

- A 'Major Incident **Standby**; or **Declared**'
- A 'Major Incident with Mass Casualties'

Activation Procedures

The Scottish Ambulance Service notifies the Senior Emergency Department Physician of a Major Incident (MI) (Standby, Declared or Major Incident with Mass Casualties) and provides a METHANE update (Fig. 6).

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

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

Fig. 6 METHANE Report

METHANE Report - Recording Sheet

M	Major Incident	Has a major incident or standby been declared? (Yes/No? If no, then complete ETHANE message)
E	Exact Location	What is the exact location or geographical location of the incident?
T	Type of Incident	What type of incident is it?
H	Hazards	What hazards or potential hazards can be identified?
A	Access	What are the best routes for access and egress?
N	Number of Casualties	How many casualties are there, and what condition are they in?
E	Emergency Services	Which and how many, emergency responder assets/personnel are required or are already on-scene?

At this point the Major Incident Management Team should be established.

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

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

Actions for Major Incident - Declared

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

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

Reception Phase

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

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

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

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

Clinical Care

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

A senior doctor or senior nurse with relevant triage experience will be designated as Triage Officer and charged with the medical supervision of casualty reception and assessment. They will retain close links with the Senior Emergency Department Physician.

On occasion casualties might well have left the site of the emergency prior to the establishment of fully organised site medical facilities. It is therefore important that every casualty is assessed on arrival at the hospital and given an individual triage priority category, even if they have been previously triaged at the scene. This assessment will also effectively update any priority classification given as a result of triage at the site or while on route to the hospital.

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

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

Definitive Care Phase (In Patient Phase)

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

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

Major Incident Information Centre

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

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

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

Standing Down a Major Incident

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

- Scottish Ambulance Service
- Police Scotland
- Scottish Fire and Rescue Service

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

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

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

Some areas may be stood down before others once their part in the Major Incident is over for example the Emergency Department. Leads in each area should ensure all Major Incident paperwork is complete and correct. Health and Corporate Record Services will work in the recovery phase to collate and process all information from Major Incident paperwork.

Section 4: Recovery Arrangements

Resumption of Business as Usual

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

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

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

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

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

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

Support & Welfare

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

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

Incident Debrief and Report Process

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

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

The debrief process should be 'blame free' and carried out in an open environment. Participants should identify any error or failures that could improve the response during future incidents. A reporting mechanism is in place for NHS Boards with the NHS Scottish Government Emergency Preparedness, Resilience & Response Division (EPRR) following significant incidents.

Staff Debrief

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

Formal Investigations

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

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

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

Recovery Framework

A Recovery Template has been developed to assist getting back to 'Business as Usual' and is available in the Operational Section or copy obtained from the Emergency Planning and Resilience Team.

Section 5: Communications

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

Responsibilities

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

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

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

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

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

Preparation

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

- Agreeing and publicising an incident-related #hashtag which can be used as a single authoritative source
- Agreeing retweeting arrangements to maximise coverage
- Jointly communicating key messages
- Correcting misinformation
- Senior staff who would be supported to act as spokespersons during an incident
- On call communications officers who would provide advice and support as part of Incident Management response mechanisms (they can be contacted via the switchboard at Forth Valley Royal Hospital on 01324 566000)

- Use of NHS 24 emergency helplines and its social media outlets, where appropriate, to keep the public informed
- Guidance on the actions to be taken during the various phases during and after an emergency has occurred which takes account of lessons learned from previous emergencies and exercises
- Access to suitably equipped space for use as a media centre in the event of an emergency

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

Response

In relation to the response phase, the key communication priorities are to:

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

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

Internal communications

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

VIP Visits

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

Recovery

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

NHS24 can be accessed through the Emergency Planning and Resilience Team.

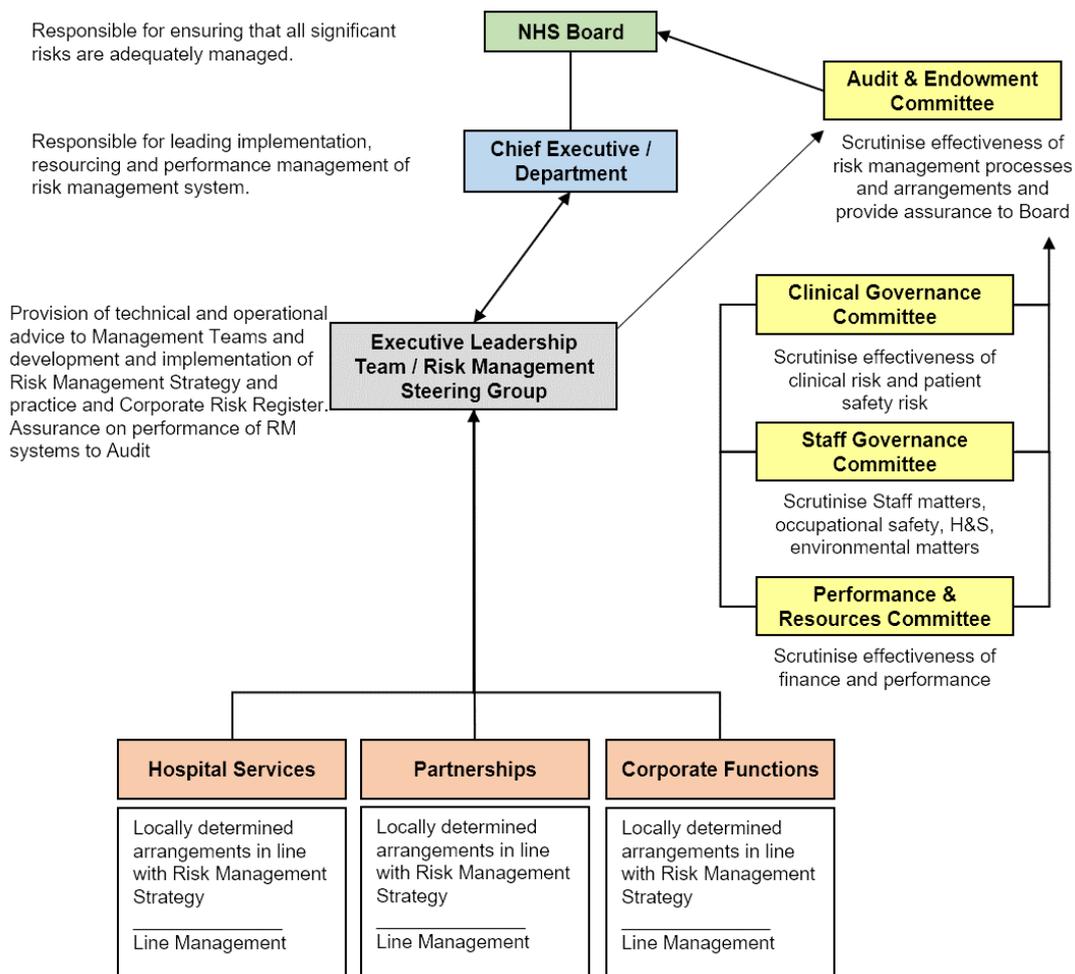
Section 6: Risk Management

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

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

The Director of Public Health & Strategic Planning is the nominated Executive Director for managing the principal risks relating to business continuity, emergency planning and service recovery. However all staff have a responsibility for identifying risks, mitigation actions and when to escalate if it impacts on the wider organisation. The overall framework for identifying and managing risk is summarized in Fig. 7 below.

Fig. 7 NHS Forth Valley Risk Management Framework



This is a process that ensures significant risks identified that are deemed impossible or impractical to manage by a local team or function, are escalated appropriately following the Health Board's line management arrangements. Assessment and improvement/mitigation would then be monitored through inclusion in the Strategic Risk Register.

The natures of risks that may need to be escalated include:

- Significant threat to achievement of Government objectives and/or standards
- Assessed to be a substantial or intolerable risk, above the agreed risk appetite
- Widespread beyond local area span of control
- Significant cost of control beyond scope of budget holder
- Potential for significant adverse publicity

Emergency Planning and Resilience Risk Process

Emergency Planning and Resilience hold a local departmental risk register to ensure risks are monitored appropriately. This is reviewed by the FV EMERGENCY PLANNING AND RESILIENCE GROUP bi-annually.

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

Community Risk Register

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

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

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

The risks and actions, required to mitigate them are incorporated into the Emergency Planning and Resilience Annual Work Plan. Information about current risk registers in relation to emergency planning and business continuity are available from the Emergency Planning and Resilience Team.

Section 7: Business Continuity

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

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

NHS Forth Valley will continue to work towards the NHS Standards for Organisational Resilience, specifically Standards 5, 6 and 7 relating to Business Continuity arrangements. This incorporates the statutory requirements placed on the Board from the Civil Contingencies Act 2004.

NHS Board Incident Levels

Level	Scale	Impact	Response
1	Minor – local	Low. Business continuity issues – impact is localised.	Can be managed by the department/hospital within BAU capabilities and MCP's.
2	Medium	Moderate. Larger business continuity issues such as local IT outages, major infrastructure damage, larger Road Traffic Collisions, and other issues impacting on a larger part of the hospital; has led to or is likely to lead to suspension or delay to healthcare services; contained to one hospital site.	Dependent on location and scope of incident <ul style="list-style-type: none"> • Forth Valley Royal Hospital IMT to be established • Health and Social Care Partnership/Community IMT to be established.
3	Significant (Major Incident)	Impact on the whole Board and service provision / performance, as well as neighbouring NHS Boards. Loss of critical services and functionality. Normal functions interrupted / suspended. No workaround exists.	IMT/C3 set up at Hospital and/or Board Level. Possible regional and national co-ordination established.

4	Major (Major Incident Mass Casualties)	The specific functionality is mission critical to the business and the situation is considered an emergency. Severe weather affecting the whole or part of Scotland, terrorist incidents, any incidents/accidents which cause mass casualties, major business continuity issues such as pan-Scotland IT outages.	Requires Board C3 group to be set up. Potentially an SHG would be established. Regional and national co-ordination in place.
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*adapted from MIMC Incident Reporting Levels

** Levels 2-4 require reports submitted to NHS Scottish Government - Preparedness, Resilience & Response Division (EPRR)

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

Overview of Business Continuity Process

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

The key elements of the site based approach are summarised below:

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

3. Each department will utilise information from the Business Impact Assessment, and action cards developed specifically for their department for instructing staff to perform priority actions with-in specified time period i.e. actions in the first 4 hours etc.
4. Activation procedures for incident escalation which is aligned to pre determined Incident category levels as provided by NHS Scottish Government - Preparedness, Resilience & Response Division (EPRR).
5. Each hospital will be required to provide an Identified Incident Management Team to respond to infrastructure failure incidents.
6. Exercise the plans to ensure effectiveness of arrangements and provide staff BC awareness.
7. Audit & review process to include key suppliers BC arrangements to ensure lessons are learned and improvements to the BCMs are maintained.
8. The NHS Forth Valley Response Framework for Business Continuity/Infrastructure Failure is integrated into the Major Incident Response Framework with Level 3 triggering the Major Incident Management Team.

Section 8: Training and Exercise Requirements

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

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

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

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

For example:

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

Training and Exercises

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

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

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

Regular reports will be provided to FV EMERGENCY PLANNING AND RESILIENCE GROUP on training and exercises undertaken and planned.

Training / Exercise Audit

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

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

Section 9: Equalities, Diversity and Human Rights

It is important that NHSFV understand how different people will be affected by their activities when responding to major incidents so that services are appropriate to meet the needs of different people.

The public sector equality duty (known as the 'General Duty') covers protected characteristics: age, disability, gender, gender reassignment, pregnancy and maternity, race, religion or belief, sexual orientation and marriage and civil partnerships. It requires public authorities, in the exercise of their functions, to have due regard to the need to:

- Eliminate unlawful discrimination, harassment and victimisation and other prohibited conduct;
- Advance equality of opportunity between people who share a relevant protected characteristic and those who do not; and
- Foster good relations between people who share a protected characteristic and those who do not.

The Human Rights Act 1998 applies in its entirety, but some rights can be derogated in exceptional circumstances including in cases of public emergency. This is defined as, '*an exceptional situation of crisis or emergency which afflicts the whole population and constitutes a threat to the organised life of the community of which the community is composed*'.

A public emergency must be actual or imminent, potentially affect the whole nation and threaten the continuance of the organised life of the community.

There may be a range of situations where human rights issues are engaged in times of an emergency, be it a pandemic outbreak such as Covid-19 / Norovirus or a Natural Disaster / Major Terrorist Attack. It is important that all measures taken by Government to enable services to cope with significant staff shortages and other impacts of emergencies respect human rights, including the avoidance of arbitrary limitation of rights, and discriminatory treatment, and it is vital that individuals are protected from ill-treatment and detention.

If for any reason, there is a necessity to restrict any Human Right in an emergency situation, such as freedom of movement or freedom of assembly, this should be proportionate and only for the minimum duration possible. The reason for such a decision being taken should be communicated to the people affected by it and accurately recorded.

NHSFV have considered the Equality, Health & Human Rights – Impact Assessment Checklist which was published by Scottish Government Guidance for Health Boards in Scotland 2013 – (*Annex: Equalities, Human Rights and Resilience Planning*). This is also supported by existing NHSFV policies and procedures to ensure that they do not negatively affect particular populations, thus perpetuating existing inequalities.

This plan has been reviewed in line with the Human Rights Act 1988, where possible (given the nature of this plan) all reasonable support will be offered to those who require to promote the Fairness, Respect, Equality, Dignity and Autonomy principles.

Section 10: Vulnerable Groups (Children and Adults)

NHSFV are partners with the Care for People Local Authority Person's At Risk Database, which shares NHS data of vulnerable individuals known in the community. This was done in consultation with the Caldicott Guardian and appropriate Information Sharing Protocols are in place. This allows NHSFV and Local Authorities (Falkirk, Stirling and Clackmannanshire Councils) to hold joint lists of individuals which enables a quick response in the interests of vulnerable people being identified quickly during emergency situations. This may be vulnerable individuals requiring priority assistance, support and visits etc.

NHSFV are part of the Resilience Partnership Care for People Group, which also has sub-groups with the Voluntary and Third Sector, these groups provide access to resources and support during a major incident. NHSFV may also be asked to provide support and assistance from Primary Care colleagues in the event of the activation to rest centres / humanitarian assistance centres through the appropriate local authority.

NHSFV has access to interpreter facilities / faith groups to support vulnerable people from minority ethnic communities who are casualties of or caught up in/affected by a major incident or special assistance to people with disabilities, in support of the emergency services effort. Appropriate signposting can be put in place for Psychological First Aid and support post incident.

Detailed Incident Management Team Packs, Operational Response Arrangements, Action Cards and Supplementary Information is provided in the Operational Section – Contact the Emergency Planning and Resilience Team for access.

FORTH VALLEY NHS BOARD
TUESDAY 26 JULY 2022

6.2 Equality & Inclusion Strategy Progress Update For Approval

Executive Sponsor: Gillian Morton, Interim Executive Nurse Director

Author: Charlene Condeco, Head of Equality/Disability Advisor

Executive Summary

NHS Forth Valley Equality & Inclusion Strategy “Everyone Means Everyone” 2021-25 was approved by the NHS Board in November 21.

The strategy was developed with patient and public partners, Equality & Diversity advisors, local equality groups, national benchmarking and staff across the system.

This paper is presented to Board as an update on progress since the strategy approval, reflecting the learning from covid and changes implemented to aspects of service delivery as a result and achievements thus far.

This Equality & Inclusion strategy and delivery plan supports implementation of Government Policy. NHS Forth Valley has a legal duty under the terms of the Equality Act 2010 (Specific Duties) (Scotland) Regulations 2012:

- to produce and publish an Equality Outcomes Report every four years
- update reports every two years,
- set out what we wish to achieve in the area of each of the 9 “protected characteristics” of equality as defined by the Equality Act 2010.

Recommendation

The Forth Valley NHS Board is asked to:

- **note** the progress update on the implementation of the Equality & Inclusion Strategy “Everyone Means Everything” 2021-25. The strategy was approved by the NHS Board in November 2021.
- **note** progress to continue to deliver the Equality & Inclusion work plan to achieve the outcomes as outlined.
- **note** the learning from covid and changes implemented to aspects of service delivery and staffing as a result.
- **note** the transfer of corporate leadership and management of Equality and Inclusion from the Nursing Directorate to the HR Directorate.
- **support** leadership requirement for maintaining Equality & Inclusion with service delivery, staff support and employment practice.

Key issues to be considered

1. Purpose of the Paper

- 1.1 NHS Forth Valley Equality & Inclusion Strategy “Everyone Means Everyone” 2021-25 was approved by the NHS Board in November 21. The strategy was developed with patient and public partners, Equality & Diversity advisors, local equality groups, national benchmarking and staff across the system.
- 1.2 This paper is presented to Board as an update on progress since the strategy approval, reflecting the learning from covid and changes implemented to aspects of service delivery as a result and achievements thus far.
- 1.3 This Equality & Inclusion strategy and implementation plan supports implementation of Government Policy. NHS Forth Valley has a legal duty under the terms of the Equality Act 2010 (Specific Duties) (Scotland) Regulations 2012:
 - to produce and publish an Equality Outcomes Report every four years
 - update reports every two years,
 - set out what we wish to achieve in the area of each of the 9 “protected characteristics” of equality as defined by the Equality Act 2010.

2. Background

- 2.1 As an NHS organisation, we have a statutory duty to promote equality across our services and to demonstrate fairness and equality. We recognise the need to advance equality and are committed to developing as an organisation in which all our patients, users of our services, informal carers and/or their advocates, families and our staff feel valued, respected and able to be themselves.
- 2.2 The Equality & Inclusion strategy sets out how we will deliver our ambition and the high standards we expect of ourselves. It demonstrates the efforts we will undertake to build an inclusive culture within our workforce and organisation. It also sets out how we will shape services which actively address inequality and exclusion and address the progressive building of good relations between different communities.
- 2.3 The delivery plan supports the implementation of the strategy which is underpinned by the belief that equality, equity and inclusive practice enhance our service delivery, patient, informal carers and/or their advocates experience and staff fulfilment.

3. Approach

- 3.1 Our 8 strategic objectives are outlined in the table below and the delivery plan has been developed to support the implementation of the 8 objectives. A copy of the delivery plan can be found at **Appendix 1**.

Objective 1	Users of services have a positive experience, have their dignity, rights and needs respected, are provided with person centred care and are equal partners in the planning of it. We aim to remove barriers and reduce inequalities experience by those users of our services.
Objective 2	Staff and users of our services will know how to recognise, identify and report hate crime incidents and feel confident and supported in the process of doing so.
Objective 3	All people accessing or receiving palliative and end of life care will not experience inequalities, with a specific focus on barriers experienced by those in protected characteristic groups.
Objective 4	To prevent, treat and improve access to mental health services for all people, with a specific focus on barriers experienced by ethnic communities and young transgender people.
Objective 5	People accessing sexual health services will not experience inequalities, with a specific focus on understanding barriers experienced by those in protected characteristic groups
Objective 6	All staff, experience a care and work environment which is free from discrimination, specific focus will be given to monitoring experiences of those from protected characteristic groups
Objective 7	Robust data on the characteristics of the people in Forth Valley (including equality and socio-economic disadvantage data) will be collected.
Objective 8	All staff will have a better knowledge of EQIA processes and the importance of them in relating to the nine protected characteristics and in giving due consideration to areas of disadvantage as set out by the Fairer Scotland Duty.

3.2 Due to the ongoing pressures caused by the pandemic our equality and inclusion leadership group has been paused, however we have taken the opportunity to continue to capture our activity in relation to the priority areas and the objectives, which is reflected in the delivery plan. Due to the covid restrictions the ability to engage with key stakeholders remains limited to a virtual space and our planned face to face engagement events will be rescheduled during autumn 2022.

4 Learning and changes implemented as a result of covid:

- Over the pandemic period there has been a pause to many services, however within the equality and access service there has been an increase in some areas of work. As PPE was implemented many staff with disabilities including hearing loss, mental health issues and conditions such as asthma were in contact with the service seeking assistance or advice.
- Working with occupational health, risk management and procurement some practical supports or reasonable adjustments were made available.
- Communication for those whose first language is not English and for those with a sensory loss was impacted severely during the pandemic period and for some it remains difficult. Much support was required by these communities especially relating to the most up to date pandemic information.

- Support to use telephone interpretation was provided, and explanation of the process and any cultural considerations identified. Those individual who use British Sign Language or who lip read found the use of PPE impossible as without lip movement or facial expression they had no means of communicating. The disability liaison officer contacted those individuals directly via Facetime etc to put in place communication support for health appointments, making calls on their behalf, arranging Near Me appointments linked to BLS interpreter etc.
- As service needs have changed during this period other roles have adapted to meet those needs. As a result roles have been reviewed and the Disability Liaison Officer post is now being put forward for re-evaluation in line with HR processes. This work has also required an increase in administrative hours within the Equality and Access service.

5 Our key areas of progress

- Interpretation and Translation Audits will commence in September 22 covering three strands. 1: users of interpretation, 2: services who utilise interpretation, 3: interpreters who provide services to NHS Forth Valley. This information will be utilised for future planning of Interpretation and Translation provisions.
British Sign Language audits for users due to commence.
- Continuing to expand utilisation of Telephone interpreting - and supporting education for staff teams to be able to be more confident in utilising the telephone interpretation service.
- EQIA: the new portal will be launched in December 2022. The on-line tool will be accessed from the main staff intranet page replacing the current system. The new portal will enable better audit and review of associated action plans and also identify where further support is required to meet requirements.
The new system will enable reports to be prepared relating to the specific protected characteristics being reported on, identification of services or directorates submitting the EQIAs, and identification of any barriers or issues being raised. The portal also includes a section focusing on achieving the Fairer Scotland Duty. The portal will enable a more transparent process in meeting our legal requirements.
- LGBT Youth Scotland and CAMHS have planned a meeting in August to discuss possible on-line support for young transgender people across Forth Valley. It is hoped further face to face work can commence in line with remobilisation activity.

6 Our next steps will be to:

- Support the smooth transition of the Equality and Inclusion service (inclusive of the Equality and Access service and staff) from the Nursing Directorate to the HR Directorate from the end of August 2022.
- Remobilise the refreshed stakeholder forum (previously Fair for All)
- Plan for dedicated Equality & Inclusion development session to be rescheduled for ELT and the NHS Board when business as usual is in place.
- Reschedule Equality & Inclusion bi-annual reports to the NHS Board and ELT to ensure that our governance supports enables us to:
 - produce and publish an Equality Outcomes Report every four years,
 - provide update reports every two years
 - set out what we wish to achieve in the area of each of the 9 “protected characteristics” of equality as defined by the Equality Act 2010.
- Remap the Equality & Inclusion Strategy to the NHS Boards objectives for 2022/23

- Continue to implement the delivery plan which has been designed to ensure focus is across the Executive/ Senior Leaders and their teams objectives and performance will be monitored via the CMT and onward to the NHS Board
- Develop ways of working so that Equality and Inclusion is integrated as part of Forth Valley wide person-centred work.

7 Wider Organisational Impact

- Better Governance

Governance and Accountability:

- This Equality & Inclusion Strategy and the Equality outcomes ensures that the NHS Board meets legal duties
- In addition it ensures that the Board and the wider organisation has a focus on achieving the Fairer Scotland Duty, paying due regard to how the organisation can reduce inequality of outcome caused by socio-economic disadvantage
- NHS Forth Valley Board members are committed to support and champion Equality and Human Rights throughout the organisation.
- Vacancies on the Board are widely advertised across the organisation including a dedicated communications focus aimed at local community's key stakeholders. This is to ensure a wide and diverse group of applications for these Board appointments.
- The implementation of the strategy will continue to be steered by the Fair for All group and progress will be presented quarterly at the Corporate Management team (CMT) and bi-annually to the NHS Board.

Corporate Objectives

- Equality & Inclusion Strategy is mapped to the NHS Boards objectives
- In addition is aligned and integrated across the NHS Boards strategies and annual operating plan
- The implementation plan ensures focus across the senior leaders and their teams objectives and performance will be monitored via the CMT and onward to the NHS Board

8 Financial Implications

There are no financial implications associated to the Equality & Inclusion Strategy "Everyone Means Everyone".

9 Workforce Implications

Workforce implications relating to the Equality and Access service are outlined at section 2.5 above.

10 Risk Assessment

The content of this paper is to note the progress update on the implementation of the Equality & Inclusion Strategy "Everyone Means Everything" 2021-25. There are no risks identified at this time.

11 Relevance to Strategic Priorities

Equality and Inclusion work streams form an integral part of NHS Forth Valley's Annual Operating Plan and the review of the Healthcare Strategy. This work should also influence actions taken within Integrated Joint Boards.

12 Equality Declaration

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

Further to an evaluation it is noted that: *(please tick relevant box)*

- Paper is not relevant to Equality and Diversity
- Screening completed - no discrimination noted
- Full Equality Impact Assessment completed – report available on request.

13 Consultation Process

Nil of note for this update report.

10. Recommendations

Board is asked to:-

- Note the progress update on the implementation of the Equality & Inclusion Strategy “Everyone Means Everything” 2021-25. The strategy was approved by the NHS Board in November 2021.
- Note progress to continue to deliver the Equality & Inclusion work plan to achieve the outcomes as outlined.
- Note the learning from covid and changes implemented to aspects of service delivery and staffing as a result.
- Board to note the transfer of corporate leadership and management of Equality and Inclusion from the Nursing Directorate to the HR Directorate.
- Board to support leadership requirement for maintaining Equality & Inclusion with service delivery, staff support and employment practice.

Appendix 1

- **Equality & Inclusion Delivery Plan**



E_I Delivery Plan
Refresh Aug22docx.c

FORTH VALLEY NHS BOARD
TUESDAY 26 JULY 2022

6.3 Strategic Risk Register – Q4 2021/22 For Approval

Executive Sponsor: Mrs Cathie Cowan, Chief Executive

Author: Mrs Sara MacKenzie, Corporate Risk Manager

Executive Summary

Effective Risk Management is a fundamental cornerstone of good Corporate Governance and Internal Control and is an essential component in the delivery of the NHS Board's corporate objectives.

The Board of NHS Forth Valley is corporately responsible for ensuring that significant risks are adequately controlled.

The enclosed report presents an update to the Strategic Risk Register for Quarter 4 2021/22.

Recommendation

The Forth Valley NHS Board is asked to:

- **consider** the assurance provided regarding the effective management and escalation of Strategic Risks
- **approve** the proposed changes to the Strategic Risk Register for Quarter 4 2021/22

Key Issues to be Considered

Since the previous review of the Strategic Risk Register, there are two proposed changes for the Quarter 4 Reporting Period:

- **SRR.005 Financial Sustainability – increase from 20-25**
- **SRR.012 COVID-19 Remobilisation – proposed for closure**

If these changes are approved the Strategic Risk Register will comprise a total of 11 risks, 6 Very High, 5 High.

The enclosed review report provides detailed analysis on the Quarter 4 strategic risk profile. Page 3 of the report provides an update in relation to SRR.015 Cyber Resilience following discussion at the March NHS Board.

Appendix A contains a copy of the full Strategic Risk Register.

Financial Implications

There are no financial implications associated with this paper.

Workforce Implications

There are no workforce implications associated with this paper.

Risk Assessment

Subject of the paper.

Relevance to Strategic Priorities

Risk Management is an essential tool in supporting the organisation to achieve its strategic objectives and implement management arrangements to mitigate threats to those objectives.

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

One-to-one risk review meetings with Risk Owners and Risk Leads during the period April-June 2022.
Staff Governance Committee 13 May 2022
Clinical Governance Committee 17 May 2022
Audit and Risk Committee 22 June 2022
Performance and Resources Committee 28 June 2022



RISK INCREASING IN SCORE

Ref	ID	Date	Risk Title	Risk Description	Untreated Likelihood	Untreated Impact	Untreated Score	Current Controls In Place	Current Likelihood	Current Impact	Current Score	Current Risk Trend	Further Controls Required	Further Controls Owner	Further Controls Target Date	Target Likelihood	Target Impact	Target Score	Last Review Date	Review Notes	Risk Owner	Risk Lead
SRR 005		15-Jun-22	Financial Sustainability	If NHS FV financial plans are not aligned to strategic plans and external drivers of change, there is a risk that our recurring 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	5	5	25	<p>Directorate budgets are set in advance of each new financial year in line with best practice. Regular financial performance review meetings with the Director of Finance, Directorate Leads and Finance Business Partners to review current financial performance, including forecast outturn projections and re-emerging risks.</p> <p>Integration Authority budgets are set in advance of each new financial year in line with best practice, and as per the business case process outlined in the Integration Scheme.</p> <p>Five Year Financial Plan in place linked to annual delivery plan informed by service plans, workforce plans and budget setting process.</p> <p>Infrastructure Programme Board in place and being led by DCF</p> <p>Fortnightly senior finance meetings, including attendance from JLB Chief Finance Officers to ensure regular communication, planning and review of existing and emerging financial issues/risks.</p> <p>National monthly Finance Directors meetings in place to update on strategic financial issues as well as COVID-19 related costs and issues.</p> <p>National monthly Corporate Finance Network and FHS Execs group meetings are in place to lead on implementation of operational finance financial management and current issues. Both groups report in to National Finance Directors meetings.</p> <p>CPMO established to support transformation and delivery of savings targets in a structured manner, with overarching Cost Improvement Board established to meet quarterly. Cost improvement proposals from each Directorate are being collated.</p> <p>Standing Financial Instructions are in place underpinned by Financial Operating Procedures and a scheme of delegation which are subject to annual review.</p> <p>Monthly national Finance Directors meetings in place to consider strategic financial issues, including COVID-19 related costs and issues.</p> <p>Process in place for Senior HR and Finance teams to review and discuss significant workforce/finance related issues on a routine basis.</p> <p>Cost Improvement Oversight Group established to raise profile of financial performance and cost and value improvement with Director colleagues.</p> <p>Finance Business Partnering - ARCLUS training carried out 21/22</p> <p>Refresh SLT Terms of Reference to clarify in-year investment and disinvestment prioritisation process.</p> <p>Establishment of national cost improvement workstreams via CEOs and DOFs.</p> <p>Engagement at Director level to secure buy in and leadership as part of the cost improvement programme.</p> <p>Financial performance and projections are routinely reported at all NHS Board and the Performance and Resources Committee meetings as a standing agenda item. Standardised local monthly financial performance reporting arrangements are in place for each service area/Directorate. National financial reporting to the Scottish Government on a quarterly basis.</p> <p>Virtual round table events led by Scottish Government to inform financial planning.</p>	5	5	25	<p>Transformation Programmes - Delivery of a range of transformation programmes and projects to achieve savings targets</p> <p>Set Aside Budget - Conclude arrangements in respect of the baseline set aside budget and develop a future capacity and financial model in line with statutory guidance and the requirements of the Public Bodies Joint Working (Scotland) Act</p> <p>Finance Team Development - Create capacity for Finance team to better support business decisions and priorities for senior service managers through structured improvement workstreams</p> <p>Value Management - Further roll out of value management collaborative approach in line with plans</p> <p>Develop of Decision Matrix to inform decision making and the appropriate governance process for business case/service development approvals (incorporating both capital and revenue investment/investment proposals). This will reflect the recently revised terms of reference for the ELT and previously agreed integration governance principles via the ULBs.</p> <p>Review and strengthening of the system of internal control. This will include financial controls (in terms of Financial Operating Procedures, Standing Financial Instructions, Scheme of Delegation etc) and other controls in relation to procurement regulation and workforce (eg vacancy management process, use of agency staff)</p> <p>Review and refresh the current 3 year financial plan (2022-2025) to reflect the post-Covid operating environment, the local delivery plan, national policy developments and the recent resource spending review and medium term financial frameworks published by the Scottish Government at end May.</p>	Patricia Cassidy, Cathie Cowan	01-Oct-22	3	3	9	13-Jun-22	Financial break-even position was achieved for 2021/22 (however it is recognised that this was on a non-recurring basis). Further work on cost improvement plans, supported by ELT colleagues and aligned to COVID recovery plans, is underway for 2022/23. The recurring savings requirement for 2022/23 is £29.4m and this brings a significant level of challenge to maintain financial break-even on a recurring and sustainable basis. The Scottish Government published the Resource Spending Review and Medium Term Financial Plan on 31 May, this indicated that financial pressures are likely to continue across the public sector in the next 3 to 5 years, reflecting non-pay inflationary pressures and workforce sustainability. In addition, the Scottish Government has advised that limited Covid funding will be available for 2022/23 and ongoing costs beyond 2022/23 (such as the national covid vaccination programme) must be met from existing baselines. Given the impact of the spending review together with the magnitude of the ongoing Covid costs, the untreated score has been revised upwards. The untreated and current impact has been increased to 5, giving an overall increased untreated score of 25. It is recognised that we are experiencing a period of extreme uncertainty around the financial position and this increases the inherent risk score, as well as the current score while additional controls are added and existing controls are recalibrated and strengthened.	Scott Urquhart	Jill Thomson	

STATIC RISKS

Ref	ID	Date	Risk Title	Risk Description	Untreated Likelihood	Untreated Impact	Untreated Score	Current Controls In Place	Current Likelihood	Current Impact	Current Score	Current Risk Trend	Further Controls Required	Further Controls Owner	Further Controls Target Date	Target Likelihood	Target Impact	Target Score	Last Review Date	Review Notes	Risk Owner	Risk Lead
SRR 002		22-Jan-19	Unscheduled Care	If NHS FV fails to deliver on the 6 Essential Actions Improvement Programme there is a risk we will be unable to deliver and maintain appropriate levels of unscheduled care, resulting in service sustainability issues and poor patient experience (including the 4 hour access standard)	5	5	25	<p>Unscheduled Care Programme Management Office established to ensure consistent approach to improvement and governance of the programme.</p> <p>Unscheduled Care Programme Board re-focus in line with UCC PMO governance.</p> <p>Unscheduled Care Programme Board co-chaired by Medical Director and Chief Officers from both HSCPs to provide whole system governance of unscheduled care developments.</p> <p>5 EA Programme Management structure and associated resources in place - Programme Manager and further resources for unscheduled care made available through RUC.</p> <p>Unscheduled Care Delivery Groups established, reporting to UCCPD and in line with new Scottish Government Unscheduled Care programme - 3 workstreams established: Access; Optimise; Transfer</p> <p>Establishment of Flow Navigation Hub, building on Call MIA, to ensure patient is directed to the most appropriate service in an appropriate timeframe - this redirection can include access to a Senior Clinical Decision Maker to ensure most appropriate direction and avoiding unnecessary attendance and waits in ED or MIU.</p> <p>Establishment of Urgent Care Centre to include a range of services that can be more appropriate provided outwith an ED (e.g. MIU, A&P, Pharmacy, OHS, Mental Health).</p> <p>Establishment of Whole System Patient Flow Programme building on previous and current unscheduled care work encompassing the 6 Essential Actions.</p>	5	5	25	<p>Implementation of transformational opportunities in unscheduled care</p> <p>Establish same day emergency care approach within UCC</p> <p>Quality Improvement Team to support Criteria Led Discharge, Access metrics dashboards, improvement to internal processes in ED</p> <p>Implementation of 7 day working for AHPs to support flow and address admission / discharge imbalance at FVRH at weekends</p> <p>Establish a Whole System High Impact Action Plan for 30-60-90 days for early 2022.</p> <p>Flow 3 Workstream with Scottish Government</p>	Bc	31-Dec-22	3	3	9	10-May-22	15th March 2022 - The UCCPD now meeting and programme board also. The ADHCC oversight group ran from October - to January and has now stood down following improvements in performance.	Andrew Murray; Arlene Stewart	Sankara Langley; Phyllis Wilkeson	

SRR004	22-Jan-19	Scheduled Care	If there are delays in delivery of scheduled care there is a risk that NHS FV will be unable to meet its obligations to deliver the National Waiting Times Plan targets, resulting in poor patient experience and outcomes with the potential for harm.	5	4	20	Acute Service Directorate has, as part of the recovery process, reorganised scheduled care. Clinicians have been incorporated into the delivery structure. A local Scheduled Care Delivery Group has been established which is chaired by the Associate Medical Director for Scheduled Care. Clinical Directors and Clinical Leads attend along with operational managers. Strategic Deployment Plans to agree priorities and align resources prepared annually in line with Annual Delivery Plan guidance to meet National Waiting Times Plan trajectories	5	4	20	Apply Realistic Medicine principles to Scheduled Care Julette Murray 31-Mar-22	3	3	9	10-May-22	9th May 2022 - Deputy Medical Director further presented to Performance & Resources Committee in April 2022. The impact of long waiting times and the issues of potential harm were discussed along with progress made to date in tackling long waits. A number of priorities and opportunities were highlighted during the presentation, including the opportunity to radically re-design sustainable services and scale up new ways of working, making sure that all follow capacity is staffed, proactively replacing posts where people are retiring in next 5 years where capacity is needed, improving theatre productivity and looking at new models of working.	Cathie Cowan	Stephanie McNamee; Phyllis Wilkeson		
							Scheduled Care Performance Management process in place FVRH Weekly site and monthly meetings in place to review trajectories and identify relevant mitigating actions. Onward reporting to P&R Committee. All urgent and suspected cancer pathways are maintained via tracking and reporting carried out by Cancer Service Manager A flexible capacity mobilisation plan has been developed to maximise scheduled care services including adoption of virtual clinics and implementation of Advanced Referral Clinical Triage (ANCT) across scheduled care services. Recurrent and non recurrent capacity deficits within scheduled care service identified and sustainability plan created to match requirements. Approval given by NHS Board to invest NTRAC across recurrently on a sustainable solution 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 hours. 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.				Implement a performance management framework and align with the risk management strategy to report how risks are being managed. Escalation policies for adverse performance are required with key triggers of when to escalate and to whom. Implement a Scheduled Care Dashboard to show live performance against standards and train all staff in its use. Seek assurances and evidence each month that services are closing their capacity gaps. Escalate to AMD Develop a non consultant model of care delivery for OPD. Comprehensive Job Plan Review to free up scheduled care capacity. Ongoing recruitment as per Investing in Sustainability programme schedule for Scheduled Care Work ongoing to establish local clinical and management ownership of waiting times Enhanced 3 stage validation exercise to be undertaken and completed by the end of April 2022: Stage 1 Administrative Validation, Stage 2 Patient Validation, Stage 3 Clinical Validation.									
SRR010	22-Jan-19	Estates and Supporting Infrastructure	If there is insufficient Capital funding to develop and improve the property portfolio there is a risk the Estate and supporting infrastructure will not be maintained in line with national and local requirements.	5	4	20	Infrastructure developments prioritised and funded through the NHS Board capital plan. Regular Property and Asset Management Strategy (PAMS) report submitted to Government. Operational condition of estate regularly assessed and monitored through the Estates Asset Management System. Annual review of the estate performance and condition monitored through the Performance and Resources Committee (PAMS reporting) GP and Community Premises current condition and planning review completed to support capital priorities (rolling review). Longer term planning for future accommodation requirements (linked to PAMS and GP premises review, FCH review). Accommodation Options for Health Records drawn up in consultation with Health Records and other partners Regular reviews with PFP partners for FVRH, SHCV, CCHC and planned preventative maintenance programmes in force including Blackstart. Compliance group established which reports to Infrastructure Programme Board, Health & Safety Committee, Area Prevention & Control of Infection Revenue and Capital budget planning process in place for Estates Horizon scanning national publications / positions for areas for improvement across the Estate. Established Programme governance structure for FCH and GP premises review via CPMD Completed Strategic Assessment for Falkirk Community Hospital site for submission through internal governance. Completed Initial Agreement for Primary Care premises for submission through internal governance.	5	4	20	Outline Business Case for Locality Project 1 - estimated completion June 2023. Outline Business Case for Locality Project 2 - estimated completion December 2023. Outline Business Case for Locality Project 3 - estimated completion March 2024 Outline Business Case for Locality Project 4 - estimated completion September 2024. Initial Agreement for FCH to be completed (including Falkirk Central Primary Care). PAMS Refresh - Baseline information gathering : May/June '22 Review of Healthcare Strategy/other service information : July/September '22 Consultation/Outing : October/December '22 Governance/P&R Committee : January/February 2023	3	3	9	07-Jun-22	At and May 2022: The overarching Programme Board has now met twice and a programme of meetings set to Nov 2022. The SA for FCH has been completed and due to be considered at the July NHS Board meeting. The Programme IA for Primary Care has been completed and submitted in draft to the Capital Investment Group with the NHS Board due to consider it on 31 May 2022. Resource has been agreed for Healthcare Premier services and a bid for 'one capital' funding is to be made to SG.	Jonathan Procter	Moring Farquhar		
							Regular reviews with PFP partners for FVRH, SHCV, CCHC and planned preventative maintenance programmes in force including Blackstart. Compliance group established which reports to Infrastructure Programme Board, Health & Safety Committee, Area Prevention & Control of Infection Revenue and Capital budget planning process in place for Estates Horizon scanning national publications / positions for areas for improvement across the Estate. Established Programme governance structure for FCH and GP premises review via CPMD Completed Strategic Assessment for Falkirk Community Hospital site for submission through internal governance. Completed Initial Agreement for Primary Care premises for submission through internal governance.				Review and progress implementation of recommendations from annual NIS audit (2021) Scott Jeffrey, Phil Penman 31-Oct-22	4	4	16	14-Jun-22	The National Cyber Security Centre issued communications regarding increased threat in relation to cyber attacks, with an assessment that there is an increased likelihood of a cyber attack on UK infrastructure. The risk has been reviewed and at this stage not considered that the score is increased due to the other compensating controls. This will continue to be monitored for any changes to the environment which would indicate risk increase.	Andrew Murray, Jonathan Procter, Ariene Stewart	Scott Jeffrey, Phil Penman		
SRR015	09-Sep-21	Cyber Resilience	If NHS Forth Valley does not build and maintain effective cyber resilience, there is a risk that the cyber security of the organisation may be compromised, resulting in disruption to our ICT systems and service delivery. Increased Cyber risk as reported by National Cyber Competent authorities (NCSC, SG Cyber Unit)	5	5	20	Digital and eHealth Strategy outlining resilience and cyber security plans approved by Health and Safety Committee Cyber security objectives and initiatives included in the annual programme of work Patching activity is ongoing on hardware and software, approximately 80% is planned, 20% unplanned. Planned patching takes place monthly. Infrastructure PB supported CISCO software and security system rolled out 2021 Resources required to discharge NIS audit recommendations scoped and paper supported by SLT and year 1 and 2 funding agreed as part of HB financial plan in March 2021 Cyber Security Group re-established and focusing on rolling out control environments and training Annual NIS Audit recommendations further progressed in 2021 - Year 2 of a 3 year activity plan Improvements made and actions implemented to enhance ICT infrastructure. Funding for cyber resilience solutions granted and funding awaiting implementation. This protects us from business resilience and enhances continuity/disaster recovery. Respond to Actions as notified by competent authorities (NCSC, SG Cyber Unit etc). Cyber Resilience BC approved by CMT in FEB 22. Procurement commenced and implementation of key controls and systems are planned as part of the 2023 Digital Delivery Plan. Cyber security awareness communications strategy implemented during cyber Scotland week March 22	4	5	20	Improvement of supplier management procedures relevant to cyber security. Supplier management process to be improved in relation to cyber security 31st March 2023 and progress updated and reviewed in July 2022, report received in November 2022 once quality assurance check is completed by SG.									
							Improvements made and actions implemented to enhance ICT infrastructure. Funding for cyber resilience solutions granted and funding awaiting implementation. This protects us from business resilience and enhances continuity/disaster recovery. Respond to Actions as notified by competent authorities (NCSC, SG Cyber Unit etc). Cyber Resilience BC approved by CMT in FEB 22. Procurement commenced and implementation of key controls and systems are planned as part of the 2023 Digital Delivery Plan. Cyber security awareness communications strategy implemented during cyber Scotland week March 22				Working with the Scottish Ambulance service to implement a routine regular feature of support at weekends which would diminish the overhead of late or missed home visits as ambulance resources are available. The opportunity for recruiting - Advertising for the recruitment of GPs and advanced practitioners.	3	3	9	10-May-22	18th March 2022 - The Out of Hours Service (OOHS) are exposed to a number of risks associated with the overall provision of care provided to patients. There is a lack of adequate staff levels to cover the clinical rota, resulting in service information as patients will not receive home care within the targeted time, placing NHSFV at risk of providing lamished patient experience and furthermore resulting in complaints. OOHS staffing levels are also impacted by normal sickness related absences and COVID-19 related absences, straining the timely services and increasing risk exposure. OOHS are also experiencing organisational change and therefore adding further complexities internal to the service.	Judith Rooney; Karyn Webster			
SRR016	16-Mar-22	Out of Hours Service (OOHS)	If NHS Forth Valley is unable to provide a fully staffed and functioning OOHS, there is a risk of instability within the service leading to an inability to provide robust and timely care to patients.	5	4	20	Reviewing the rota on a weekly basis and highlighting key shifts where gaps are evident, implementing coverage in all areas where the availability of staff is low. The development of clinical nurse advisors in the urgent care department to work with the OOHS team. Co-ordinating with partner teams such as the clinical nurse advisors in urgent care, the Scottish Ambulance services who support OOHS at weekends with clinicians to improve the timely services.	5	4	20										

SRR003	22-Jan-19	Information Governance	If NHS Forth Valley fails to implement effective Information Governance arrangements there is a risk we will not comply with a range of requirements relating to GDPR and the Network and Information System Regulation (NIS), resulting in reputational damage and potential legal breaches leading to financial penalties	5	4	20	Mandatory Information Governance training in place for all staff GDPR compliance workplan monitored through IGG NIS and DPA / GDPR supporting policies in place Privacy Notices developed/agreed and displayed in public areas and web site Incident reporting process in place Privacy Breach detection system in place and being audited Web filtering system partially in place to monitor internet usage Business continuity plans in place and tested NIS compliance workplan monitored through the Information Security Group and IGG Data Protection Officer in post. Information Asset Register in place and utilised. NIS Audit recommendations are key part of Cyber Security Team work plan annually Work completed on identifying new and reviewing existing Information Sharing Agreements	4	4	16	Delivery of Cyber Security Awareness training and Information Implementation of OneTrust - DPA management	Deirdre Coyle	31-Mar-22 30-Sep-22 31-Mar-23	3	3	9	19-May-22 Update from Phil Penman 19th May 2022 - there is no significant change to the risk, although the risk position is expected to improve as the year goes on. Preparation is ongoing for our next mandatory audit in relation to NIS. Feedback from this will help inform additional controls to manage the risk. Also ICO audit is upcoming. Progress notes have been added to the actions.	Andrew Murray; Arlene Stewart	Deirdre Coyle; Phil Penman
SRR009	22-Jan-19	Workforce Plans	If NHS FV does not implement effective strategic workforce planning (including aligning funding requirements) there is a risk that we will not have a workforce in future that is the right size, with the right skills and competencies, organised appropriately within a budget we can afford, resulting in sub-optimal service delivery to the public.	4	4	16	Submission of costed overarching workforce plan in line with annual plan to Scottish Government Detailed demographic profiling completed due to age range of medical workforce in particular to inform recruitment plans Developing service passed workforce plans in line with strategy and integration requirements Regular workforce monitoring reports against WFP and Our People Strategy - Workforce Plan and People Strategy reviewed and reported to SSC quarterly	4	4	16	3 year workforce plan to be established Joint HR / Finance service planning meetings to ensure affordability of 3 year workforce plan is taken into account throughout planning phase	Linda Donaldson Linda Donaldson	31-Jul-22 31-Jul-22	2	3	6	10-May-22 8th May 2022 - Scottish Government issued guidance (DL 2022 (09)) on submission of 3-year Workforce Plans for Health and Social Care. Draft plan to be submitted to Scottish Government by 31 July 2022, after review and feedback. Final plans to be published on websites by 31 October 2022. 3-year workforce plan on track to be submitted by 31 July 2022.	Linda Donaldson	Elaine Bell; Linda Robertson
SRR014	07-May-21	Healthcare Strategy	If the planned review of the NHS Forth Valley Healthcare Strategy (2016-2021) does not incorporate learning from the COVID-19 pandemic and does not align with government policy and / or Integration Authorities Strategic Commissioning Plans there is a risk the Board's vision, corporate objectives and key priorities will be incorrect, resulting in services that are not sustainable in the long term and an inability to deliver transformation	4	5	20	Current Healthcare Strategy in place for 2016-2021 linked to national strategy / policy COVID Remobilisation plans (4th iteration) in place for Directorates / services and the Board as a whole. Planning guidance received from Scottish Government for a one-year operational plan building upon the 4th iteration of the remobilisation plans and the work currently underway Partnership Strategic Plans in place which run to 2022 Regional partnership mutual aid arrangements in place in response to COVID in order to continue delivering strategic priorities. These arrangements will be built on within future plans to ensure sustainability of services. Cancer service plans responding to COVID to ensure ongoing delivery of strategic priorities. National and regional cancer delivery plans and mutual aid arrangements in place NHS Forth Valley Strategic Programme Boards in place responsible for delivery of key elements of the Healthcare Strategy (including strategic deployment matrices) - following a pause as a result of COVID-19, work is ongoing to resurrect the programme boards, linking in with planning for 22/23. Mechanisms in place for performance reporting against key strategic priorities via Performance & Resources Committee and Board in order to provide assurance and/or escalation of issues Primary Care Improvement Plan delivering significant improvement and resilience in GP services Forward plan and timeline for Healthcare Strategy refresh complete. This includes scale and scope requirements of the strategy refresh. Stocktake of existing strategy complete, and staff conference in June will look at compassionate leadership and launch of refresh of healthcare strategy. Agreed with internal audit that this will be completed at end of October, to go to November NHS Board. National stakeholder engagement takes place with Scottish Government and other Board Chief Executives to inform and influence strategy at a national level. Regional Planning Meetings - Chief Executives meet on a monthly basis to inform Healthcare Strategy.	3	5	15	National Elective Centre development providing additional capacity alongside local inpatient Review requirements and use of Strategic Deployment Matrices aligned to Healthcare Strategy Work with Partnerships in collaboration to ensure alignment of strategies and plans Culture and values events for staff scheduled for 24th and 25th March 2022. The outputs from the events will inform the healthcare strategy refresh.	Gillian Morton Cathie Cowan Cathie Cowan	31-Dec-22 31-Dec-22 30-Sep-22 30-Jun-22	1	3	3	14-Jun-22 Paper on Healthcare Strategy submitted to first meeting in July 2021, verbal updates and papers issued to subsequent meetings. Culture and values events for staff scheduled in March had to be postponed due to COVID-19, and has been rescheduled for 23 and 24 June 2022. The outputs from the events will inform the healthcare strategy refresh. Stocktake complete and key findings presented to SLT. Further work on alignment to other local and national policy, plans and strategies undertaken and strategy map prepared. A small working group is in place to progress activity.	Cathie Cowan	Janette Fraser
SRR001	22-Jan-19	Primary Care	If there is insufficient funding and recruitment, there is a risk that NHS FV will not implement the Primary Care Improvement Plan, resulting in an inability to fulfil the Scottish Government Memorandum of Understanding as part of the GP contract, jeopardising GP practice sustainability and potential financial penalty for non-implementation	5	4	20	Primary Care Improvement Plan (iteration 3) agreed and endorsed by partners which delivers a range of improvements to recruitment, retention, tripartite statement (as part of PCIP) outlines constraints / risks / challenges re full delivery of the plan. Transfer of vaccination risk to Board Governance structure for delivery in place - implementation group; leadership group; workstreams. Reporting against progress etc (90 day reporting tool) Investment in quality clusters and leads to ensure GPs and multidisciplinary teams (MDT) are informed and involved in primary/community care developments, quality improvement resources to support PCIP and patient safety implementation Support focus on infrastructure, e.g Primary Care IT, premises Targeted recruitment to build GP and MDT capacity and capability - promoted NHS FV as an employer of choice for Primary Care roles - e.g. engaging investment in investors in people, promote i-matter, work to achieve gold healthy working lives rating, support CPD. Strong working relationships between partners, PCIP steering group, committees. Alternative / complementary sources of funding have been prioritised to support gaps in plan (e.g. Action 15 Mental health funding) Accelerated implementation of elements of the plan that can be resourced sustainably in line with FV tripartite MOU workstream priorities (High impact to GP sustainability). This way forward was informed by options appraisal. Slippage funding in place to fund the remaining plan this financial year (21/22) with agreement in place to underwrite the recurring gap in the PCIP plan Strong and regular engagement with SG and BMA in place regarding national MOU funding allocations / requirements Primary Care Premises Group established	4	3	12	Explore opportunities for resource sharing where there is clear whole system benefit (e.g. MSK physio, physiotherapy, MRI)	Cathie Cowan; Scott Williams	31-Mar-22	2	3	6	12-May-22 Implementation has progressed in line with our PCIP plan with additional risk mitigations in place as described, in particular pro-active planning and use of slippage funding which has facilitated assurance for the remaining plan. Despite a revised MOU, there remains some ambiguity around some of the contractual definitions and future national funding to ensure full delivery of the contract avoiding any transitional payments.	Cathie Cowan	Kathy O'Neill
SRR011	21-Jan-19	IT Infrastructure	If there are significant technical vulnerabilities there is a risk the NHS FV IT Infrastructure could fail, resulting in potential major incidents or impact to service delivery	4	4	16	Annual Digital and eHealth delivery plan identified, approved and monitored by the Programme Board and Senior Leadership Team Lifecycle System matrix reviewed annually by the Digital and eHealth Programme Board to shape future investment plans Cyber security objectives and initiatives included in the annual programme of work Windows/Office Programme team in place Patching activity is ongoing on hardware and software, approximately 80% is planned, 20% unplanned. Planned patching takes place monthly. Programme of work to upgrade ICT infrastructure at FVRH as part of 2021 delivery commenced and on track for completion this FY Infrastructure FB supported CISO software and security system rolled out 2021 Resources required to discharge NIS audit recommendations scoped and paper supported by SLT and year 1 and 2 funding agreed as part of HB financial plan in March 2021 Cyber Security Group Re-established and focusing on rolling out control environments and training	3	4	12	Implementation of ICT owned actions from NIS audit Review WAN Bandwidth to reflect significantly increased use of VOTransferMe As per update on the 28/01/22.	Scott Jeffrey	31-Oct-22 31-Dec-22 31-Dec-22	2	3	6	14-Jun-22 Infrastructure maintenance and support is being progressed in line with plans. Increased requirement for patching of hardware and software - 80% planned, 20% unplanned. The planned patching activity takes place monthly. Score reviewed and remains static at this time. A review of the National Delay in the GPH Programme was carried out by the General Manager for Primary Care through the PCIP IT Project Team. This was further considered by the ELT in May 22 and a review of the impacts and mitigating plans presented. This area will continue to be monitored through the Digital & EHPB and other key stakeholders as the project progresses.	Jonathan Procter	Scott Jeffrey

RISK PROPOSED FOR CLOSURE

Ref	ID	Date	Risk Title	Risk Description	Untreated Likelihood	Untreated Impact	Untreated Score	Current Controls In Place	Current Likelihood	Current Impact	Current Score	Current Risk Trend	Further Controls Required	Further Controls Owner	Further Controls Target Date	Target Likelihood	Target Impact	Target Score	Last Review Date	Review Notes	Risk Owner	Risk Lead		
SRR 012		20-May-20	COVID-19 Re-mobilisation	If NHS FV 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	4	5	20	Mobilisation plans prepared and enacted across services Tabletop exercises in place to test robustness of plans Weekly SLT meetings to coordinate actions and dedicated management support structure in place Regular cost information shared with Scottish Government Full engagement with staff side colleagues Staff wellbeing resources in place Additional workforce recruited (past and protect testing centres, flu immunisation programme) Local and national PPE updates to control stocks Daily metrics update shared and circulated with weekly/monthly monitoring and circulation of the position against the Recovery Plan Support mobilised for care homes aligned to assurance and assessment Testing in place Daily Acute Services huddles Regular comms and working between Acute services and Partnerships Risk assessments in place for shielding staff SG advice and guidance followed to support organisation decision making Physical distancing arrangements in place in FV premises / sites (e.g. including office, acute site, GP practices etc.) Regular comms via staff intranet site for COVID safe working practices Remote working arrangements in place (supported by ICT) to support physical distancing requirements 'Near Me' and telephone alternative appointments in place for patient services Pharmacy hub in place Roll out of mass testing for COVID rolled out COVID Vaccination Programme in Place Implementation of Winter preparedness response complete	4	5	20										08-Jun-22	Risk to be closed - COVID considerations are now part of business as usual planning. We have moved out of the re-mobilisation phase into consideration of Annual Delivery Plans, and guidance has been received from Scottish Government around the development of these plans. The existing internal controls have either been moved to the strategic risk to which they relate, or status updates provided. Outstanding actions are complete. COVID-19 considerations will be part of the reviews of all of the existing strategic risks, with additional controls added where necessary.	Cathie Cowan	Janette Fraser, Nicola Watt

Strategic Risk Review June 2022

Reporting Period: Q4 2021/22

Contents

1. Summary and Key Messages
2. Strategic Risks in Focus
3. Risk Controls Progress Update
4. Risk Trend Analysis

Appendix A – Strategic Risk Register

1. Summary and Key Messages

Summary of changes:

One risk has increased in score:

- **SRR.005 Financial Sustainability (increased from 20-25)**

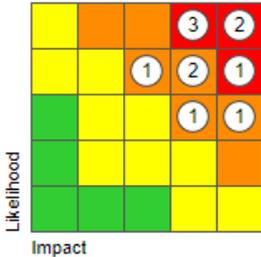
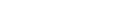
One risk has been closed:

- **SRR.012 Covid-19 Re-mobilisation**

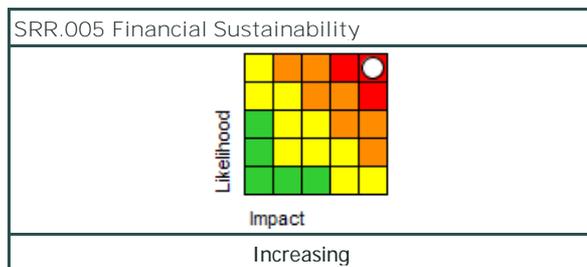
Emerging Risks/Hotspots:

Following discussion at NHS Board in March, the scoring of SRR.015 Cyber Resilience was reviewed in the context of an increase in threat from cyber attacks. Consideration was given by both the Head of ICT and the Cyber and Information Security Manager, however, due the compensating controls in place the risk scoring remains static at this time. The risk will continue to be closely monitored for any changes.

2. Strategic Risks in Focus - Dashboard

Ref	Risk Title	Q2 Risk Score	Q3 Risk Score	Q4 Risk Score	Risk Trend	Target Risk Score	Heat Map - Current Risk Score	
SRR.005	Financial Sustainability	20	20	25		9		
SRR.002	Unscheduled Care	25	25	25		9		
SRR.015	Cyber Resilience	20	20	20		16		
SRR.016	Out of Hours Service		20	20		9		
SRR.004	Scheduled Care	20	20	20		9		
SRR.010	Estates and Supporting Infrastructure	20	20	20		9		
SRR.003	Information Governance	16	16	16		9		
SRR.009	Workforce Plans	16	16	16		6		
SRR.014	Healthcare Strategy	15	15	15		3		
SRR.001	Primary Care	12	12	12		6		
SRR.011	IT Infrastructure	12	12	12		6		
Closed Risk								
SRR.012	COVID-19 Re-mobilisation	20	20	20		6		

2. Strategic Risk in Focus – Increased



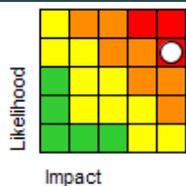
Risk Description	Risk Owner	Risk Lead
If NHS FV financial plans are not aligned to strategic plans and external drivers of change, there is a risk that our recurring cost base for our services over the medium to long term could exceed our future funding allocation, resulting in an inability to achieve and maintain financial sustainability, and a detrimental impact on current/future service provision	Scott Urquhart	Jillian Thomson

Reason for Change
<p>Financial break-even position was achieved for 2021/22 (however it is recognised that this was on a non-recurring basis. The recurring savings requirement for 2022/23 is £29.4m and this brings a significant level of challenge to maintain financial break even on a recurring and sustainable basis. The Scottish Government published the Resource Spending Review and Medium Term Financial Plan on 31 May, this indicated that financial pressures are likely to continue across the public sector in the next 3 to 5 years, reflecting non-pay inflationary pressures and workforce sustainability. In addition, the Scottish Government has advised that limited Covid funding will be available for 2022/23 and ongoing costs beyond 2022/23 (such as the national covid vaccination programme) must be met from existing baselines. Given the impact of the spending review together with the magnitude of the ongoing Covid costs, the untreated score has been revised upwards. The untreated and current impact has been increased to 5, giving an overall increased untreated score of 25. It is recognised that we are experiencing a period of extreme uncertainty around the financial position, increasing the current score while additional controls are added and existing controls are recalibrated and strengthened.</p> <p>Further Controls Required:</p> <ul style="list-style-type: none"> • Transformation Programmes • Set Aside Budget • Finance Team Development • Value Management • Development of Decision Matrix • Review and Strengthening of system of internal control • Review and refresh current 3 year financial plan (2022-2025)

Current Controls in Place
<p>BUDGET SETTING & PLANNING</p> <ul style="list-style-type: none"> • Directorate budgets are set in advance of each new financial year in line with best practice. This includes the budgets for Integration Authorities as per the business case process outlined in the Integration Scheme. • Five Year Financial Plan in place linked to annual delivery plan informed by service plans, workforce plans and budget setting process. • Virtual round table events led by Scottish Government to inform financial planning. <p>REPORTING</p> <ul style="list-style-type: none"> • Financial performance and projections are routinely reported at all NHS Board and the Performance and Resources Committee meetings as a standing agenda item. • Standardised local monthly financial performance reporting arrangements are in place for each service area/Directorate. • National financial reporting to the Scottish Government on a quarterly basis. <p>MEETINGS & GROUPS</p> <ul style="list-style-type: none"> • Infrastructure Programme Board in place and being led by DOF. • Fortnightly senior finance meetings, including attendance from IJB Chief Finance Officers to ensure regular communication, planning and review of existing and emerging financial issues/risks. • Monthly national Finance Directors meetings in place to consider strategic financial issues, including COVID-19 related costs and issues. • Process in place for Senior HR and Finance teams to review and discuss significant workforce/finance related issues on a routine basis. • Regular financial performance review meetings with the Director of Finance, Directorate Leads and Finance Business Partners to review current financial performance, including forecast outturn projections and new/emerging risks. • National monthly Corporate Finance Network and FHS Execs group meetings are in place to lead on implementation of operational finance financial management and current issues. Both groups report in to National Finance Directors meetings. • Establishment of national cost improvement workstreams via CEOs and DOFs. <p>GOVERNANCE</p> <ul style="list-style-type: none"> • Standing Financial Instructions are in place underpinned by Financial Operating Procedures and a scheme of delegation which are subject to annual review. • CPMO established to support transformation and delivery of savings targets in a structured manner, with overarching Cost Improvement Board established to meet quarterly. Cost improvement proposals from each Directorate are being collated. • Engagement at Director level to secure buy in and leadership as part of the cost improvement programme. • Audit and Risk Committee and Performance and Resources Committee are well established.

2. Strategic Risk in Focus – Closed

SRR.012 COVID-19 Re-mobilisation



Constant

Risk Description

If NHS FV 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

Risk Owner

Cathie Cowan

Risk Lead

Kerry MacKenzie

Reason for Closure

COVID considerations are now part of business as usual planning. We have moved out of the re-mobilisation phase into consideration of Annual Delivery Plans, and guidance has been received from Scottish Government around the development of these plans. The existing internal controls have either been moved to the strategic risk to which they relate, or status updates provided. Outstanding actions are complete. COVID-19 considerations will be part of the reviews of all of the existing strategic risks, with additional controls added where necessary.

Status of Current Controls

Mobilisation Plans – planning now in place for Annual Delivery Plan for 22/23 and beyond
 Weekly ELT meetings – BAU, with potential to step up Gold Command Structure if required
 Financial Tracking – Internal Control SRR005.11 – Financial Sustainability
 Staff Side Engagement
 Staff wellbeing resources in place
 Additional workforce recruited - Test and Protect is now complete, and efforts are being made to redeploy the staff elsewhere until their contracts are complete. The staff are either on the redeployment register, or have returned to their substantive posts. Status reports are provided to the Staff Governance Committee. Testing centres and the vaccination programme are now part of our core business
 Local and national PPE updates to control stocks - Procurement carry out a weekly audit of PPE stocks - these processes are established as part of BAU activity
 Metrics - COVID-19 scorecard is regularly updated to align with the extant plan at that current time.
 Care Homes Support - the Executive Nurse Directors were charged with oversight of care, and infection prevention and control in May 2020. This will continue to March 2021.
 Daily Acute Services huddles - BAU
 Regular comms and working between Acute services and Partnerships - BAU
 Risk assessments in place for shielding staff – requirement for shielding is no longer applicable.
 SG advice and guidance followed to support organisation decision making
 Physical distancing - Policies remain in place with regards to physical distancing, including in non-clinical spaces.
 Staff Communications - Regular staff briefs continue to be issued via email and on intranet.
 Remote working - Remote working facilities are still in place, with hybrid working arrangements taking place.
 'Near Me' and telephone alternative appointments in place for patient services - BAU
 Phlebotomy hub in place - BAU
 COVID Mass Testing – now finished
 COVID Vaccination now part of overall vaccination programme
 Winter Preparedness Response – completed every year, in line with guidance from the Scottish Government

3. Risk Controls Progress Update

Risk Management

124

Total SRR Internal Controls in Place

32

Actions Completed in Last 12 Months

10

Actions Completed This Quarter

43

Total Outstanding SRR Actions

16

Overdue Actions

13

Actions Due in Next Quarter

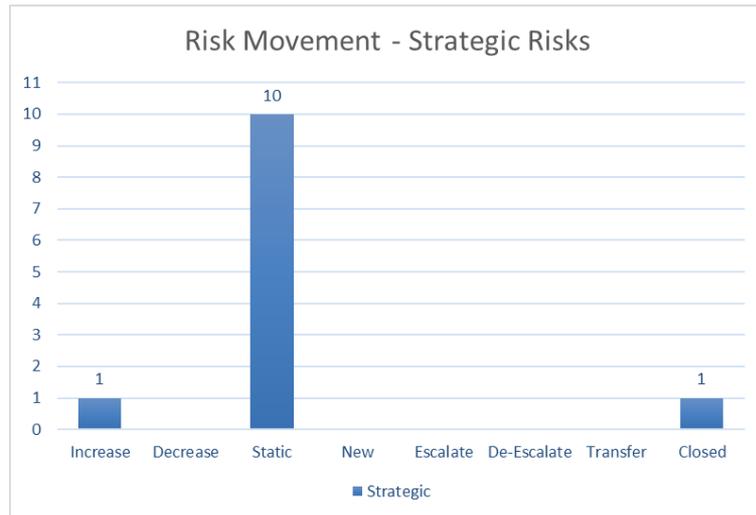
21

Actions due in the next 12 months

Commentary:

- 32 actions completed since June 2021
- 13 actions due across 6 risks in Q1 2022-23, with three already in progress with completion rates of between 50-80%
- 21 actions are due in the next 12 months
- 16 actions are overdue, progress updates have been noted for 3 of these, and work is ongoing to ascertain the status of the remaining overdue controls

4. Risk Trend Analysis



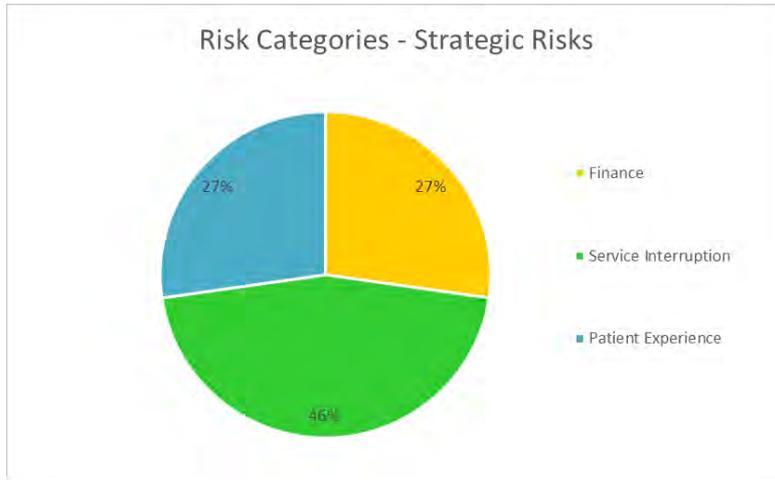
Commentary:

Increased risk score of SRR.005
Pending approved closure of SRR.012, total number of strategic risks will be 11

Commentary:

Closure of SRR.012 results in the Medium & High profiles shifting slightly, with 6 Very High compared to 5 High risks.

4. Risk Trend Analysis



Commentary:

Due to the closure of the COVID-19 Remobilisation risk, Service Interruption now represents 46% of the risk profile (previously 50%)

FORTH VALLEY NHS BOARD
TUESDAY 26 JULY 2022

6.4 Risk Management Strategy 2022-2025 For Approval

Executive Sponsor: Mrs Cathie Cowan, Chief Executive

Author: Mrs Sara MacKenzie, Corporate Risk Manager

Executive Summary

Effective Risk Management is a fundamental cornerstone of good Corporate Governance and Internal Control and is an essential component in the delivery of the NHS Board's corporate objectives.

The Board of NHS Forth Valley is corporately responsible for this Risk Management Strategy and for ensuring that significant risks are adequately controlled.

Recommendation

The Forth Valley NHS Board is asked to:

- **approve** the Risk Management Strategy
- **note** that further amendments will be made to the Strategy during the three-year period to reflect developments such as the setting of appetite and tolerance statements and further detail around partnership arrangements

Key Issues to be Considered

An interim Risk Management Strategy was approved by the NHS Board in December 2020. Building upon this, the 3-year Strategy has been revised and updated.

The principal changes are as follows:

- Risk Appetite – the proposed approach to Risk Appetite was presented to the Board Seminar in August, and subsequently to the standing Assurance Committees where it was endorsed. Section 3 (page 10) outlines this approach. There will be further refinement to the Strategy when the Risk Appetite and Tolerance statements are approved, outlining the implications for risk escalation, and risk treatment and control.
- Assurance – section 2.3 (page 7) outlines Risk Management Roles and Responsibilities and has been expanded to capture Assurance responsibilities. Section 4.7 (page 21) has also been expanded to include Assurance as part of the monitoring and review of risk.
- Partnership working – page 9 provides a broad statement around Risk Management activities with Integration partners. Work is ongoing with partners to align the respective Risk Management strategies following which the Strategy will be developed to include greater detail on partnership working arrangements.

The strategy was submitted to Internal Audit for review, and the majority of recommendations made have been incorporated into the strategy. Recommendations around risk escalation criteria and partnership working will be fully addressed at the first revision as per the bullet points above.

Financial Implications

There are no financial implications associated with this paper.

Workforce Implications

There are no workforce implications associated with this paper.

Risk Assessment

Subject of the paper.

Relevance to Strategic Priorities

Risk Management is an essential tool in supporting the organisation to achieve its strategic objectives and implement management arrangements to mitigate threats to those objectives.

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

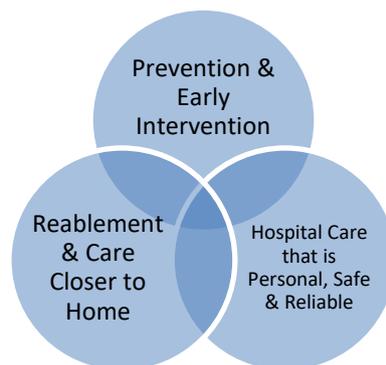
Consultation Process

Consultation took place with Internal Audit who reviewed the strategy, with the majority of recommendations being incorporated into the Strategy.

Audit and Risk Committee 22 June 2022



Risk Management Strategy 2022 – 2025



At NHS Forth Valley we strive to be better every day.....

Written by	Sara MacKenzie, Corporate Risk Manager
Approved By	Audit and Risk Committee
Approval Date	22nd June 2022
Review Date	31st March 2023
Notes	New 3 year strategy 2022 – 2025

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Foreword

Effective Risk Management is a fundamental cornerstone of good Corporate Governance and Internal Control and is an essential component in delivery of the Health Board's corporate objectives. This Risk Management Strategy has been written for and with staff and is intended to:

- Influence culture by helping staff better understand how to evaluate and take actions on all their risks to increase the probability of success whilst reducing the likelihood of failure.
- Ensure high conformity with applicable rules, regulatory regulations and mandatory obligations.
- Provide assurance to the Health Board, Integration Joint Boards and its Audit and Assurance Committees that risk management and internal control activities are proportionate, aligned, comprehensive, embedded and dynamic.
- Support decision making using a risk based approach.
- Adopt 'rules of engagement' whilst working in partnership with external stakeholders that are clear and unambiguous to support a culture of engagement and collaboration.

A good understanding and awareness of risks, based on the identification, assessment and mitigation processes as outlined in this Strategy, will enable the Health Board to successfully deliver the vision as set out in our Healthcare Strategy 2016-2021: 'Shaping the Future' and the Health Board's corporate objectives.

I want NHS Forth Valley to be a high performing Health Board. High performing organisations have good governance and management arrangements in place. I believe effective risk management is a key component of these arrangements. This Strategy aims to support a risk management culture that encourages us to be risk aware but not risk averse.

I want us to adopt good risk management behaviours and practice and this will require all of us to be familiar with our systems, policies and processes and to be able to identify, assess and respond to risks within our operating environment. Training and support will be available to staff to underpin this Strategy.

In summary, risk is unavoidable. It is an important part of life that allows us all to move forward and develop. Successful risk management is about ensuring that we have the correct level of control in place to provide sufficient protection from harm, without stifling our development. This Strategy sets out our approach to risk management and outlines the key objectives and responsibilities for the management of risk throughout our organisation.

This Strategy applies to all staff and contractors who work on our NHS owned sites. It will be distributed in electronic format and made accessible to all staff through the Health Board's staff intranet and internet sites. I believe we should not shy away from risk but instead seek to proactively manage it. This will allow us not only to meet the needs of today, but also be prepared to meet the future challenges of tomorrow.

Cathie Cowan
Cathie Cowan
Chief Executive

1. Introduction

The Risk Management Strategy sets out the principles and approaches to risk management which are to be followed throughout NHS Forth Valley. Its objective is to achieve a consistent and effective application of risk management and enable it to be embedded into all core processes, forming part of the day-to-day management activity of the organisation. Risk Management, when deployed effectively, should add value by supporting day-to-day activities as opposed to being seen as a separate, self-contained process and this Strategy supports this approach.

1.1. What is a Risk?

A risk can be defined as ‘the effect of uncertainty on objectives’ (*ISO31000*). It is essentially any uncertain event which can have an impact upon the achievement of an organisation’s objectives – either reducing the likelihood of achievement or stopping it altogether.

Not every perceived problem or adverse event is a risk. An important distinction must be made between what is a risk and what is an issue – or in other words, an uncertainty and a certainty. A risk is an event that may or may not happen. An issue or adverse event is something that is currently happening or has already happened. Issues and adverse events should therefore not be recorded and treated as risks – we want to adopt a proactive rather than reactive stance.

1.2. What is Risk Management?

Risk management is a systematic way of dealing with that uncertainty which involves the identification, analysis, control and monitoring of risk. Risk Management activities are designed to achieve the best possible outcomes and reduce the uncertainty. An effective system of risk management will draw together all types of risks and enable an interrelated view of the organisation’s risk profile.

1.3. Why do we need Risk Management?

An effective system of risk management will deliver a range of outputs:

- Ensuring that decision making is informed and risk-based, to maximise the likelihood of achieving key strategic objectives and effective prioritisation of resources
- Ensuring compliance with legislation, regulations, and other mandatory obligations
- Providing assurance to internal and external governance groups that risks are being effectively controlled

- Supporting organisational resilience
- Raising awareness of the need for everyone to adopt consistent risk management behaviours and actions in our everyday business
- Empowering all staff to make sound judgements and decisions concerning the management of risk and risk taking – fostering a “risk aware” rather than “risk averse” culture
- Achievement of effective and efficient processes throughout the organisation
- Anticipating and responding to changing political, environmental, social, technology and legislative requirements and / or opportunities
- Preventing injury and / or harm, damage and losses.

Effective risk management will be achieved by:

- Clearly defining roles, responsibilities and governance arrangements for individuals, teams and assurance committees within NHS Forth Valley
- Incorporating risk management in all Executive Leadership Team, Health Board, Integration Joint Board and Assurance Committee reports and when taking decisions
- Maintaining risk registers at all levels that are linked to the organisation’s strategic objectives
- Staff at all levels understanding risk management principles, and consistently applying them through their everyday activities, confidently identifying risks and taking actions to bring them down to an acceptable level for the organisation
- Monitoring and reviewing risk management arrangements on a regular basis
- Seeking assurance that controls relied on to mitigate risks are effective

2. Risk Architecture

The arrangements for communication, governance, reporting, roles and responsibilities forms the organisation's overarching risk architecture. Defining a consistent approach to how and where risk information is communicated is essential to developing a positive risk culture and to ensuring risk management is appropriately implemented to support NHS Forth Valley activities.

Risks, once identified, are captured on risk registers. Each Department and Specialty will hold a risk register for its area – these form the bottom level of risk registers. Overall there are four levels of risk register and an escalation route exists for risks that cannot be fully mitigated at the Department / Specialty level. This risk register hierarchy is detailed below.

Risk Register Hierarchy



Strategic Risk Register

Risks contained in the Strategic Risk Register (previously known as the Corporate Risk Register) are the high level risks that could impact the delivery of longer term strategic objectives of the organisation. Risks are not escalated/de-escalated from lower-level risk registers to the Strategic Risk Register. Instead, risk identification for the Strategic Risk Register is facilitated through twice yearly review and horizon scanning sessions led by the Executive Leadership Team.

Organisational Risk Register

Risks contained in the Organisational Risk Register are top level, cross cutting risks that present a significant short-medium term threat to multiple Directorates. Risks are escalated and de-escalated via the Directorate Risk Register(s).

Directorate Risk Registers

Each Directorate holds a risk register that contains a cut of the most significant risks from its component Departments / Specialties. Risks are escalated to the Directorate level via the individual Department / Specialty risk registers.

Department

Each Department and Specialty will hold a risk register for its area – these form the bottom level of risk registers.

2.1. Risk Escalation

Risk escalation is a process that ensures significant risks that cannot be managed by a local team, department or specialty are escalated appropriately following the risk register hierarchy and line management arrangements. The following questions should be asked when deciding whether to escalate a risk:

- Does the risk present a significant threat to the achievement of Government objectives and/or standards?
- Is the risk score assessed to be intolerable or beyond the organisation's risk appetite?
- Does the risk have a widespread impact beyond a local area, e.g. does it affect multiple Departments or Directorates or does it have dependencies on multiple Departments or Directorates to mitigate?
- Does the risk present a significant cost/decision making beyond the scope of the budget holder, or require change driven at an organisational level?

Risk score and organisational risk appetite should be key considerations when recommending risks for escalation.

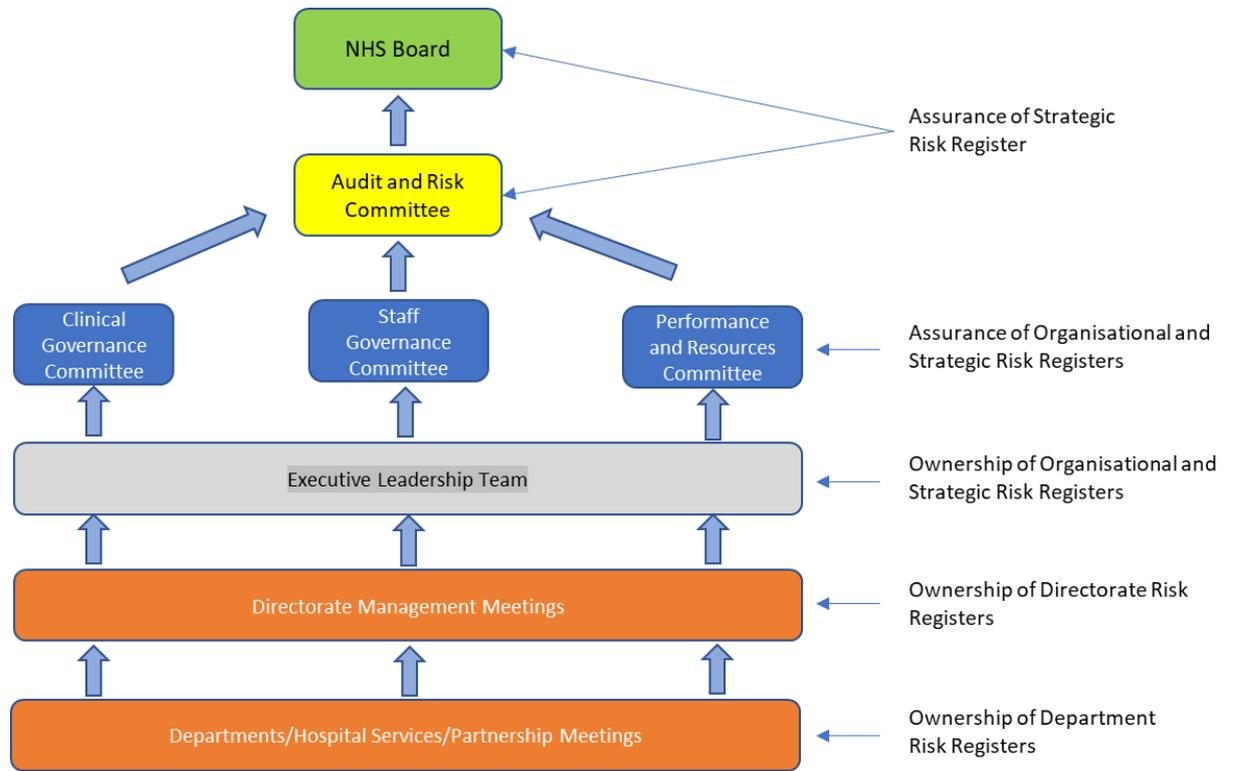
2.2. Governance & Reporting

The Board of NHS Forth Valley is corporately responsible for the Risk Management Strategy and for ensuring that significant risks are adequately controlled. To support the Board a number of formal committees have been established and are responsible for various aspects of risk management, principally these are the Audit and Risk, Performance & Resources, Clinical Governance and Staff Governance Committees. All Health Board Committees are responsible for providing assurance on the effective management of risks relevant to their area of responsibility. In addition, the Audit and Risk Committee has a responsibility for

overseeing the operation of the Risk Management Strategy, taking assurance from the Executive Leadership Team.

Diagram 1 illustrates NHS Forth Valley’s risk management governance structure.

Diagram 1: Risk Management Governance Structure



2.3. Roles & Responsibilities

Risk Management Roles & Responsibilities	
NHS Board	<ul style="list-style-type: none"> • Provide Oversight and Scrutiny of NHS Forth Valley’s risk management arrangements to seek assurance on their effectiveness • Approve risk appetite within NHS Forth Valley
Chief Executive	<ul style="list-style-type: none"> • To have overall accountability for the management of risk across NHS Forth Valley

Executive Leadership Team

- Set risk appetite within NHS Forth Valley
- Ensure risk management processes are supported to provide them with adequate information and assurance related to strategic and organisational risks

Audit and Risk Committee

- To evaluate and recommend approval of the strategies and frameworks in respect of risk management to the NHS Board, and provide assurance on the effectiveness of the risk management arrangements, systems and processes
- To approve updates and provide direction in respect of risks held within the strategic and organisational risk registers
- To review the organisation's risk culture and maturity and direct action in pursuit of continuous improvement in this area
- To formally approve the strategic risk register for onward reporting to the NHS Board

Assurance Committees

- To ensure that an appropriate approach is in place to deal with risk management across the system working within the NHS Forth Valley Risk Management Strategy, and consider the assurance provided by the Executive Leadership Team and Senior Management regarding the effective management and escalation of risks

Executive and Non Executive Directors

- To ensure that risk management processes are providing appropriate information and assurances relating to risks in Directorates
- Promote the importance of risk management and foster a good risk culture within their area of responsibility
- Approve escalation of Directorate level risks where appropriate

Corporate Risk Manager

- Responsible for the implementation of the Risk Management Strategy
- Ensure risks are properly identified, understood and managed across all levels within the organisation
- Report on the organisation's risk profile at various levels to Directorates, Assurance and Audit Committees and NHS Board
- Periodically review the Risk Management Strategy and arrangements, identifying areas for potential improvement
- Drive an improving risk culture through risk education, awareness and embedding into day-to-day management

Risk Management Advisor

- Assist the Corporate Risk Manager with the development and implementation of the Risk Management Strategy
- Act as a key point of contact for Risk Management, providing expert advice and guidance and supporting the Directorates and Partnerships
- Assist the Corporate Risk Manager with reporting on the organisation's risk profile, providing Risk Management representation at various levels
- Support an improving risk culture through delivery of training, awareness and supporting Directorates and Partnerships to embed risk considerations into day-to-day management

Risk Owner

- Accountable for ensuring the effective management of a risk, and providing assurance that key controls are operating effectively

Risk Lead

- Responsible for managing a risk on a day-to-day basis, assessing the risk score and updating the management plan, reviewing the risk on a regular basis and identifying sources and levels of assurance regarding control effectiveness, to allow risk owners to provide assurance

Risk Champion

- Responsible within an individual speciality, department or Directorate area for maintaining lines of communication with the risk function, administering the risk register and co-ordinating all risk activities
-

Integrated Risk Management: Health & Social Care Partnerships

In order to ensure strong risk management partnership arrangements, it will be necessary to agree how some emerging risks have an impact on more than one partner at a strategic level. Risks will be discussed and agreed across partners, with particular focus on:

- Where the risk was first identified
- Date of identification
- Nature of emerging risk
- Impact areas (e.g. service delivery, performance, strategic commissioning intentions etc)
- Mitigation required

Risks with the potential to impact more than one partner will be identified for inclusion in one or more of the following risk registers:

- NHS Forth Valley Strategic Risk Register
- Clackmannanshire and Stirling IJB Strategic Risk Register
- Falkirk IJB Strategic Risk Register

Any such emerging risks will be submitted to the NHS Forth Valley Executive Leadership Team for approval to the Strategic Risk Register.

Operational risks will continue to be managed by partner bodies, with relevant risk specialists working together to ensure consistent practice, and that respective Risk Management strategies are aligned. The IJBs will also have a defined risk appetite acting as a trigger point for escalation. It is recognised that partners may not have the same appetite, however these variances will be taken into consideration when the risks are being managed and reported.

Reciprocal assurances on the operation of the Risk Management arrangements and of the adequacy and effectiveness of key controls will be provided to/from partners. Receipt/provision of assurance will be facilitated by risk specialists from partner bodies, who will attend regular meetings to discuss risks and provide relevant advice.

3. Risk Appetite

Utilising risk appetite principles can help the organisation identify and set appropriate thresholds for risks, whereby the Board establishes the level of risk impact they are willing and able to absorb in pursuit of objectives.

The delivery of public services can be inherently high risk and the concept of applying risk appetite can be challenging. However, the application of risk appetite, particularly in a resource-finite environment, is essential to avoid over or under management of risk. Deployed effectively, risk appetite can act as an enabler to the delivery of key services.

Risk Appetite:

The amount and type of risk we, as an organisation, are willing to seek or accept in the pursuit of our objectives.

Key considerations when applying risk appetite:

- It is not always possible to manage every risk down the minimum or most desirable level and maintain service delivery
- It is not always financially affordable or manageable to fully remove risk and uncertainty from decision making and service delivery
- Risk management is concerned with balancing risk and opportunity (or downside risk and upside risk)

When a risk increases to a point where it is no longer within appetite, it may initially fall within a range which is not desirable, but the organisation has the capacity to tolerate. This is known as the risk tolerance range.

Risk Tolerance:

The maximum level of risk the organisation can tolerate regarding each type of risk before it is significantly impacted.

If a risk is out of appetite and falls within the tolerance range, this indicates that close monitoring and corrective action is required to bring the risk back within appetite. A risk with a current score out with the tolerance range requires escalation and immediate corrective action.

There are benefits to the practical application of Risk Appetite:

- supports decision making (resources can be allocated to risks further away from the desired appetite level)
- allows further prioritisation (if you have several risks with the same score, mitigate those further from appetite first)
- subjectivity is taken away from the setting of target scores (the appetite range becomes the target score)

Risk appetite is also useful when budget setting or considering approval of business cases, such as those relating to innovation activity. Identifying associated risks and their appetite levels allows focus on activities which mitigate the risks furthest from the organisation's desired risk appetite/tolerance levels.

3.1. Risk Appetite Levels

There are four levels of risk appetite within NHS Forth Valley. Each risk category in the risk assessment matrix is assigned one of the risk appetite levels described below. The risk appetite levels and their application to each risk category is set and approved by the NHS Board. Risk appetite may vary depending on internal and external circumstances; therefore the levels will be reviewed on an annual basis.

Averse:

- Very little appetite for this type of risk
- Avoidance of risk and uncertainty is a key organisational objective
- Exceptional circumstances are required for any acceptance of risk

Cautious:

- Minimal appetite for this type of risk.
- Preference for ultra-safe delivery options that have a low degree of inherent risk and only reward limited potential.

Moderate:

- Acceptance that a level of risk will be required to pursue objectives, or that a greater level of risk must be tolerated in this area.
- Preference for safe delivery options that have a low degree of inherent risk and may only have limited potential reward.

Open:

- Acceptance that risk must be more actively taken in the pursuit of transformation or that a high level of risk must be tolerated.
- Willing to consider all potential delivery options and choose the one most likely to result in successful delivery while also providing an acceptable level of reward (and Value for Money).
- Eager to be innovative and confident in setting high level of risk appetite as controls are robust.

Each risk appetite level correlates with risk score levels on our risk assessment matrix as shown below. Refer to the NHS Forth Valley Risk Appetite Statement for details on risk appetite levels for each risk category.

Risk Appetite: Averse

	5	10	15	20	25
5	5	10	15	20	25
4	4	8	12	16	20
3	3	6	9	12	15
2	2	4	6	8	10
1	1	2	3	4	5
	1	2	3	4	5

Demonstrates that if the risk appetite is 'Averse', a risk score of between 1-3 and the range of associated outcomes is within appetite

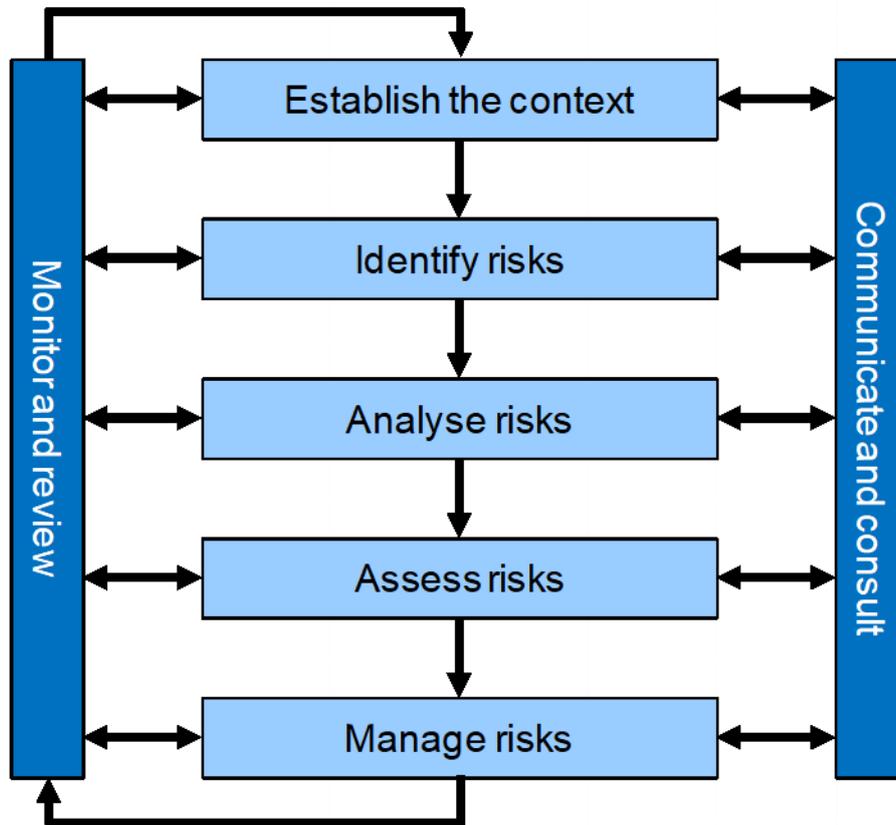
Risk Appetite: Open

Likelihood	5	5	10	15	20	25
	4	4	8	12	16	20
	3	3	6	9	12	15
	2	2	4	6	8	10
	1	1	2	3	4	5
		1	2	3	4	5
		Impact				

Demonstrates that if the risk appetite is 'Open', a risk score of between 20-25 and the range of associated outcomes is within appetite

4. Approach to Risk Management

4.1. Risk Management Process – ISO31000



The above diagram demonstrates the whole process and cycle of risk management under the international standard ISO 31000.

The standard as outlined above makes clear that risk management is a dynamic process, with frequent review of existing risks and monitoring of the environment necessary to ensure the risks captured represent the current profile of the organisation.

Continual communication of risks within the organisation is essential to allow for informed decision-making. Communication to the Health Board and other stakeholders is also imperative to allow effective scrutiny and provide assurance that our risk profile is being effectively managed. It is also imperative to consult with and receive information from other departments within the organisation and our stakeholders to inform the management of our risks.

4.2. Step 1: Establish Context

The purpose of establishing context is to customise the risk management process, enabling effective risk analysis and appropriate risk treatment. In order to identify risks, we need to understand what we are assessing risk *against*. We must set risks within the context of the team, specialty, department and overall organisation. In addition, we need to recognise the internal and external drivers that could create risk.

Risks should be set against what we are trying to achieve as an organisation – our strategic objectives. In this stage it is important to ensure there is a common understanding of what those objectives mean at a team, specialty, department and organisational level in order that risk identification is not based on an inconsistent set of assumptions.

4.3. Step 2: Identify Risks

Once a clear, common set of objectives are agreed, the next step of the process is to identify potential risks that will prevent us from achieving them.

A range of techniques can be used for risk identification. Some prompts to consider:

- What might impact on your ability to deliver your objectives
- What does our performance data tell you?
- What do our audit and scrutiny reports and external reviews tell us?
- Do you have experience in this area? Do you know or do you need to involve others?
- Should you involve partners or specialists in your risk identification?
- Lessons learned – what happened before?

Risk can be identified in a multitude of ways, through focused identification sessions or as a product of other work:

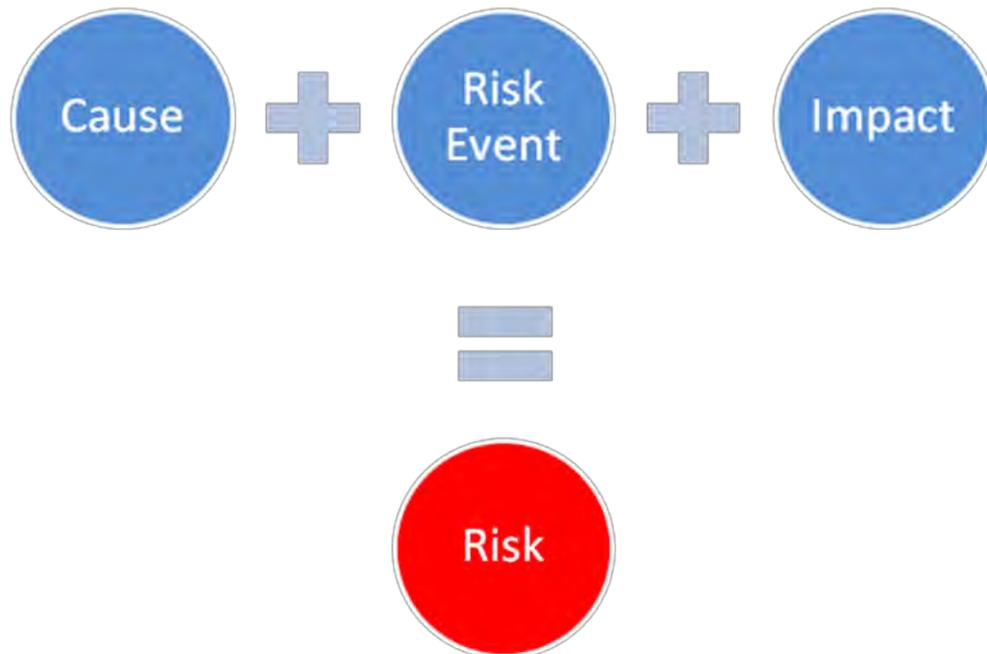
Focused Identification Methods	Other Identification Opportunities
<ul style="list-style-type: none">• Risk Identification Workshops• Risk Questionnaires• Review & refresh of existing risk registers• Interviews	<ul style="list-style-type: none">• Horizon scanning• Board meetings / working groups / management meetings• Audit & scrutiny reports• Performance data• Risk Management training

The Risk Management function facilitates risk identification workshops with Departments to direct an in-depth review of new or emerging risks.

It is important to note that just because a risk cannot be fully mitigated by the organisation alone does not mean that it should not be captured. If the risk exists to the organisation, then it should be captured, managed as far as practicable and then monitored. Ongoing management of the risk may well be in conjunction with partner agencies or influence can be exerted over those capable of mitigating the risk to within an acceptable level.

4.4. Step 3: Analyse Risks

Once a risk has been identified it must be described in a certain way in order to effectively understand, manage and mitigate it. The risk description should contain three essential components:



These three components can be included within the description as follows:

**“If [insert cause here], there is a risk that
[a certain event that may happen], resulting in
[describe impact this will have if it manifests]”**

An example of an effective risk description might be:

If there is insufficient in external funding and continued uncertainty over our cost base there is a risk that NHS FV will be unable to achieve financial sustainability, resulting in Scottish Government intervention and a detrimental impact on service delivery.

Without understanding the underlying causes of the risk and all the potential impacts, it would be very difficult to design and implement effective controls.

4.5. Step 4: Assess Risks

The assessment, or scoring, of risk allows for prioritisation by severity. Determining the likelihood and impact of a risk and utilising a standardised assessment criteria to assign a

score based on these factors allows us to understand and prioritise which risks to mitigate first. Three scores must be assigned to cover the full trajectory and lifespan of the risk:

Untreated Score

This is the inherent risk score, that is the score with no controls applied. This score represents the “worst case scenario” for the risk. If there were no controls, mitigation or contingency plans in place, how likely is it the risk would materialise and what would the impact be?

Current Score

Considering any controls that are currently in place to manage the risk, how does the risk score compare to the untreated score? This is the current score. Current risk score is assessed on a regular basis to establish the effectiveness of the controls applied to the risk. It is also the current score that is the key indicator used to determine if the risk should be considered for escalation.

Target Score

The target risk score is the optimum position for the risk. Once all controls have been adequately implemented, what will the residual risk score be? Target risk scores should reflect the organisation’s risk appetite and align with the amount and type of risk NHS Forth Valley is willing to accept (refer to section 3 on Risk Appetite). Risk controls should be designed to actively reduce the risk score towards the target level.

Risk Assessment Matrix

The risk assessment matrix is a 5x5 scoring mechanism which will identify a score between 1 (1x1) at the lowest and 25 (5x5) at the highest possible score.

When utilising the impact criteria on the assessment matrix, a score must be applied for every category of impact applicable to that risk. For example, one risk may have a financial impact, an impact to patient experience and reputational/public confidence implications. The impact category with the highest scoring criteria will identify the overall impact score for that risk.

Assessment of likelihood is considered on a sliding scale from 1 to 5, with 1 representing ‘very unlikely’ and 5 ‘very likely.’

Once both scores have been identified, they are multiplied giving the overall score at *untreated*, *current* and *target* levels.

The risk assessment matrix is summarised below, and a full copy included at Appendix B.

LIKELIHOOD	5	Medium 5	High 10	High 15	Very High 20	Very High 25
	4	Medium 4	Medium 8	High 12	High 16	Very High 20
	3	Low 3	Medium 6	Medium 9	High 12	High 15
	2	Low 2	Medium 4	Medium 6	Medium 8	High 10
	1	Low 1	Low 2	Low 3	Medium 4	Medium 5
		IMPACT				
		1	2	3	4	5

Categorisation

All risks, once identified, must be categorised into one of the recognised impact categories in order to understand the overall risk profile for the organisation. Categorisation of a risk is based upon the impact score, with the impact category which has the highest scoring criteria for that particular risk determining the risk category.

For example, a risk scoring a 3 for impact in Patient Experience but scoring a 5 in Finance will categorise that risk as Finance overall. Risk categories are outlined in the risk assessment matrix:

- Patient Experience
- Objectives / Project
- Injury / Illness (physical and psychological) to patient / staff / visitors
- Complaints / claims
- Service / Business interruption
- Staffing and competence
- Financial (including damage / loss / theft / fraud)
- Inspection / audit
- Public Confidence

Where more than one category has the same impact score, select the category which has the lower risk appetite level. For example, if Patient Experience and Finance both score 5, but Patient Experience has an averse appetite but Finance has a cautious appetite, select Patient Experience. If both categories have the same risk appetite level, use professional judgement.

4.6. Step 5: Manage Risks

The purpose of this step is to select and implement the appropriate action to respond to the risk. There are four broad ways we can respond to risk, known as the 4 Ts:

- Tolerate: this is the decision to accept the risk at its current level (usually after treatment). The ability to do anything may be limited, or the cost of taking action may be disproportionate to the benefit gained. Generally, it is risks that are within appetite that are tolerated.

- Treat: this is the decision to retain the activity or process creating the risk and to take action to implement risk controls that reduce either the likelihood of the risk occurring or minimising the impact. Risks which are out of appetite or tolerance will have to be treated.
- Transfer: this is the decision to transfer the impact of the risk either in full, or in part, to a third party. The most common form of risk transfer is insurance.
- Terminate: this is the decision to stop doing the activity associated with the risk. This may not always be possible and may create risks elsewhere as a result.

Risk Controls

Risk controls are management measures put in place to effectively manage a risk to within acceptable levels (i.e. to target score range). It is essential that the controls put in place to manage a risk are effective. The identification of effective controls is the most important part of the whole risk management process as without this element we would simply be identifying risks and doing nothing to manage them.

To assess whether the controls we identify are or will be effective, it is important to consider the following:

- What do you already have in place to manage the cause and / or impact of the risk? e.g. policies, procedures, projects, training courses, business continuity plans etc
- Do they work and what evidence do you have of the effectiveness? A policy which is in place but never complied with is not an effective one.
- Are there any gaps in your controls?
- Do you have all the information that you need about this risk or do you need to find out more?
- What more should you do?
- If several activities are required to manage the risk, how will you prioritise these?
- Are these controls within the remit of your department? If not, you will need to liaise with stakeholders to ensure that appropriate controls are put in place.

If you implement the controls you have identified, will this manage the risk to within acceptable levels for that risk category? If the answer is no, further controls are required. There are two main types of control measure that can be put in place to manage a risk:

- *Preventative Controls*: These are mitigating actions which will work to control the cause of the risk and prevent it happening in the first place
- *Contingency Controls*: These are actions that can be put in place to reduce the impact of the risk if it does materialise. Contingency controls are often aligned to the business continuity plans of an organisation.

As an example, consider fire safety measures. Segregation of flammable materials and sources of ignition is a control which prevents the risk of fire. Smoke detectors, sprinkler systems and fire evacuation plans are contingency controls should the risk of fire materialise.

If a risk has been effectively analysed (see section 4.4), it will be much easier to identify appropriate preventative and/or contingency controls.

4.7. Monitor and Review

Risk Review

Once the process of identifying, analysing and assessing a risk are complete, it is imperative that it is subject to regular review. Ongoing management and review of a risk is the most important part of the process, as maintaining or reducing the risk score to within an acceptable level assures the overall management of the organisation's risk profile.

Required risk review timescales are outlined below:

Very High (20-25)	Monthly
High (10-16)	Monthly
Medium (4-9)	Quarterly
Low (1-3)	Quarterly

During a risk review, the risk score must be re-assessed. If it is identified that the risk continues to exist, the list of current controls and further controls required must be checked and added to where necessary. On the basis of progress with controls and an assessment of the risk environment (i.e. are there any significant changes to the internal/external context), a re-assessment of the current score must be made using the risk assessment matrix. This will show whether the risk is decreasing, increasing or remaining static. Depending on its escalation level, a change to risk score will be reported at the appropriate assurance committee.

Review of the Risk Management Process

In addition to review of the risks themselves, the Risk Management team also reviews the whole system of risk management – are the right risks being escalated at the right time? Are the tools we provide sufficient to allow staff to effectively identify, analyse, assess and manage their risks? This enables learning and improvement and ensures that risk management adds value to the organisation's activities.

Assurance

A fundamental component of any risk management framework is the expert and objective assessment of risk controls to ensure they are well designed and operate effectively. Implementing a process to critically review risk controls provides the Board with assurance on the effective management of key strategic risks. To facilitate the provision of assurance, NHS Forth Valley utilises the "three lines of defence" model.

Operating as the first line, operational management has ownership, responsibility and accountability for directly assessing, controlling and mitigating risks, understanding what the

key controls are, and how effectively and consistently those controls are operating, in order to provide assurance to the Board. The second line is provided by governance/compliance functions such as Risk Management, who will assist the first line in developing an approach to fulfilling their assurance responsibilities. Internal Audit forms the third line, (providing independent assurance, and checking that the risk management process and framework are effective and efficient).

The levels of assurance and associated system and control descriptors are shown below:

Overall Risk Assurance Assessment		
Level of Assurance	System Adequacy	Controls
Substantial Assurance	A sound system of governance, risk management and control, with internal controls operating effectively and being consistently applied to support the achievement of objectives.	Controls are applied continuously or with only minor lapses
Reasonable Assurance	There is a generally sound system of governance, risk management and control in place. Some issues, non-compliance or scope for improvement identified which may put at risk the achievement of objectives.	Controls are applied frequently but with evidence of non-compliance
Limited Assurance	Significant gaps, weaknesses or non-compliance identified. Improvement is required to the system of governance, risk management and control to effectively manage risks to the achievement of objectives.	Controls are applied but with some significant lapses
No Assurance	Immediate action is required to address fundamental gaps, weaknesses or non-compliance. The system of governance, risk management and control is inadequate to effectively manage risks to the achievement of objectives.	Significant breakdown in the application of controls

Assurance should be provided to the relevant committees for their consideration on an ongoing basis. Any papers submitted as a source of assurance for the committee should explicitly reference the related strategic risk and should provide a conclusion as to whether performance indicates that controls are operating effectively and as intended. At the start of the year, assurance mapping principles will be used to determine the assurance requirements, and this will be set out in the committee assurance workplan. Assurance provision over the course of the financial year will be tracked and managed utilising the Pentana system.

Risks on the strategic risk register are subject to a rolling programme of 'deep dives' managed by the relevant assurance committee. Deep dive reviews are facilitated by the Risk Owner and Corporate Risk Manager and provide expert, objective assessment of the following key areas:

- Comparison of current risk score and target risk score
- Requirements to achieve the target risk score – success criteria for managing the risk
- Assessing the importance and effectiveness of implemented controls
- Assessing the proportionality of further controls required – i.e. will they help to achieve target score?
- Reviewing the assurance activity aligned to the risk controls in order to establish an overall assurance statement for the risk

Refer to Appendix C for guidance on risk controls assurance.

4.8. Communicate and Consult

Communication at all levels is important to allow for informed decision making, and provision of assurance that our risk profile is effectively managed – this is achieved through risk reporting.

Risk Reporting

A quarterly risk management report is presented to the Health Board which reports on our strategic risks. In addition, Assurance Committees are provided with a regular risk management report on strategic and organisational risks assigned to their area of scrutiny.

The Executive Leadership Team acts as the Risk Management Steering Group and provides recommendations to the Board on the status of strategic level risks. Directorates and Departments are expected to carry out regular review, monitoring and reporting on their risk registers (supported by the risk management function) to ensure that risks are identified and escalated to the appropriate level at an early stage.

The risk management reporting in place includes a range of risk management KPIs and trend analysis that enhances oversight and assurance for the Health Board. An annual report on risk management is also produced for the Health Board.

The Health and Social Care Integration Schemes for both Falkirk Integration Joint Board (IJB) and Clackmannanshire and Stirling IJB, detail the requirements and responsibilities regarding Risk Management for the IJBs and constituent parties. The IJBs will establish a Risk Management Strategy including a risk monitoring framework. Risks to delegated services which are identified will require to be communicated across partner organisations with clear responsibilities, ownership and timescales, and with mechanisms to ensure that assurance can be provided to the relevant Boards. Risk specialists from all parties will work together to ensure that Risk Management strategies are aligned to facilitate effective escalation of risks and provision of assurance.

APPENDIX A: GLOSSARY

Assurance. Stakeholder confidence in our service gained from evidence showing that risk is well managed, achieved by risk owners and leads confirming that significant risks are being adequately managed, that critical controls have been identified, implemented and are effective.

Contingency. An action or arrangement that can be implemented to minimise impact and ensure continuity of service when things go wrong.

Current Risk Score: The risk score identified taking into account any controls that are currently in place to manage the risk.

Governance. The system by which organisations are directed and controlled to achieve objectives and meet the necessary standards of accountability, probity and openness in all areas of governance.

Internal Control. Corporate governance arrangements designed to manage the risk of failure to meet objectives.

Issue: Something that has happened and is currently affecting the organisation in some way and needs to be actively dealt with and resolved.

Likelihood. Used as a general description of probability or frequency which can be expressed quantitatively or qualitatively.

Risk: An uncertain event, or set of events, which, should it occur, will have an effect on the organisation's ability to achieve its objectives.

Risk Appetite. The level of risk that an organisation is prepared to accept in pursuit of its objectives.

Risk Architecture: All of the Risk Management arrangements within an organisation – sets out lines of communication and reporting, delegation and roles / responsibilities.

Risk Assessment. The scoring of a risk to allow prioritisation. Determining the likelihood and impact of a risk.

Risk Champion: The person / role with responsibility within an individual department or business area for maintaining lines of communication with the Risk Management team, administering the risk register and co-ordinating all risk activities.

Risk Control: Management measures put in place to effectively manage a risk to within an acceptable level. Can be preventative or contingency in nature and will reduce the likelihood or impact of consequence.

Risk Culture: The reflection of the overall attitude of every part of management of an organisation towards risk.

Risk Target Score: An acceptable level of risk based on the category of risk and risk appetite.

Risk Escalation. The process of delegating upward, ultimately to the Board, responsibility for the management of a risk deemed to be impossible or impractical to manage locally.

Risk Lead: The person / role responsible for managing a risk on a day-to-day basis, assessing the risk score and updating the management plan, reviewing the risk on a regular basis.

Risk Management: The integrated approach (culture, processes, structures) to the identification, analysis, control and monitoring of risk.

Risk Management Policy: Statement outlining the objectives of the risk management practices within the organisation.

Risk Management Strategy: Sets out the basis for the principles, processes and approaches to risk management to be followed in order to achieve a consistent and effective application of risk management and allow it to be embedded into all core processes.

Risk Matrix: A scoring mechanism used to identify the severity of a risk, using a multiplication of likelihood and impact, across pre-set categories.

Risk Maturity: The level of risk management capability within an organisation.

Risk Owner: The person / role with accountability for ensuring the effective management of a risk

Risk Register: A tool used to capture and monitor risks. Includes all information required about that particular risk and is intended to be used both as a management tool and conduit for risk reporting.

Risk Tolerance. The maximum level of risk the organisation can tolerate regarding each type of risk before the organisation is significantly impacted.

Threat: A negative scenario which could give rise to risks.

Untreated Risk Score: The risk score identified by assessing the risk with no controls, mitigation or contingency plans in place.

APPENDIX B: RISK ASSESSMENT MATRIX

Impact – What could happen if the risk occurred? Assess for each category and use the highest score identified.

The impact scale is from an organisational level perspective. It reflects the key areas that if impacted could prevent the organisation achieving its priorities and objectives. The scale is a guide and cannot cover every type of impact therefore judgement is required.

Category	Negligible (1)	Minor (2)	Moderate (3)	Major (4)	Extreme (5)
Patient Experience	Reduced quality patient experience/clinical outcome not directly related to delivery of clinical care	Unsatisfactory patient experience/clinical outcome directly related to care provision – readily resolvable	Unsatisfactory patient experience/ clinical outcome, short term effects – expect recovery less than 1wk Increased level of care/stay less than 7 days	Unsatisfactory patient experience /clinical outcome, long term effects - expect recovery over more than 1week Increased level of care/stay 7 -15 days	Unsatisfactory patient experience/clinical outcome, continued ongoing long term effects
Objectives/ Project	Barely noticeable reduction in scope/quality/schedule	Minor reduction in scope/quality/ schedule	Reduction in scope/quality/project objectives or schedule	Significant project over-run	Inability to meet project/corporate objectives, reputation of the organisation seriously damaged
Health and Safety (Injury /illness (physical and psychological) to patient/visitor/staff)	Adverse event leading to minor injury not requiring first aid No staff absence	Minor injury or illness, first aid treatment required Up to 3 days staff absence	Agency reportable, e.g. Police (violent and aggressive acts) Significant injury requiring medical	Major injuries/long term incapacity /disability (e.g. loss of limb), requiring, medical treatment and/or counselling	Incident leading to death(s) or major permanent incapacity

			treatment and/or counselling RIDDOR over 7- day absence due to injury/dangerous occurrences	RIDDOR over 7- day absence due to major injury/dangerous occurrences	
Complaints/Claims	Locally resolved verbal complaint	Justified written complaint peripheral to clinical care	Below excess claim. Justified complaint involving lack of appropriate care	Claim above excess level. Multiple justified complaints	Multiple claims or single major claim Complex Justified complaint
Service/ Business Interruption	Interruption in a service which does not impact on the delivery of patient care or the ability to continue to provide service	Short term disruption to service with minor impact on patient care/service provision	Some disruption in service with unacceptable impact on patient care Temporary loss of ability to provide service Resources stretched Potentially impaired operating capability Pressure on service provision	Sustained loss of service which has serious impact on delivery of patient care resulting in major contingency plans being invoked Potentially impaired operating capability Temp service closure	Permanent loss of core service/ facility Disruption to facility leading to significant "knock on" effect -- Inability to function
Staffing and Competence	Short term low staffing level temporarily reduces service quality (less than 1 day) Short term low staffing level (>1 day), where	Ongoing low staffing level reduces service quality Minor error due to lack of/ ineffective training/	Late delivery of key objective/service /care due to lack of staff Moderate error due to lack of/ ineffective training /	Uncertain delivery of key objective/service/care due to lack of staff Major error due to lack of/ ineffective training /	Non-delivery of key objective/ service/care due to lack of staff. Loss of key staff Critical error due to lack of/ ineffective

	there is no disruption to patient care	implementation of training	implementation of training Ongoing problems with staffing levels	implementation of training	training/ implementation of training
Financial (including Damage/Loss/Theft / Fraud	Negligible organisational/ personal financial loss up to £100k	Minor organisational/ personal financial loss of £100k - £250K	Significant organisational/personal financial loss of £250k - £500k	Major organisational/personal financial loss of £500k - £1m	Severe organisational financial loss of more than £1m
Inspection/ Audit	Small number of recommendations which focus on minor quality improvement issues	Recommendations made which can be addressed by low level of management action	Challenging recommendations that can be addressed with appropriate action plan Improvement Notice	Enforcement/prohibition action Low Rating Critical report	Prosecution Zero rating Severely critical report
Public Confidence	Rumours, no media coverage Little effect on staff morale	Local media coverage – short term Some public embarrassment Minor effect on staff morale/public attitudes	Local media - long-term adverse publicity Significant effect on staff morale/public perception of the organisation Local MSP/SEHD interest	National media adverse publicity less than 3 days Public confidence in the organisation undermined Use of services affected	National/International media/ adverse publicity, more than 3 days MSP/MP/SEHD concern (Questions in Parliament) Court Enforcement/Public Enquiry/FAI

Likelihood – What is the likelihood of the risk occurring? Assess using the criteria below.

Rare (1)	Unlikely (2)	Possible (3)	Likely (4)	Almost Certain (5)
It is assessed that the risk is <u>very unlikely</u> to ever happen.	It is assessed that the risk is <u>not likely</u> to happen.	It is assessed that the risk <u>may</u> happen.	It is assessed that the risk is <u>likely</u> to happen.	It is assessed that the risk is <u>very likely</u> to happen.
Will only occur in exceptional circumstances	Unlikely to occur but potential exists	Reasonable chance of occurring - has happened before on occasions	Likely to occur - strong possibility	The event will occur in most circumstances

Risk Assessment Table – Multiply likelihood score by impact score to determine the risk rating (score).

LIKELIHOOD	5	Medium 5	High 10	High 15	Very High 20	Very High 25
	4	Medium 4	Medium 8	High 12	High 16	Very High 20
	3	Low 3	Medium 6	Medium 9	High 12	High 15
	2	Low 2	Medium 4	Medium 6	Medium 8	High 10
	1	Low 1	Low 2	Low 3	Medium 4	Medium 5
		1	2	3	4	5
		IMPACT				

Review Timescales – When a risk rating has been assigned the criteria below should be used to assess the review timescales.

Very High or High	Requires monthly monitoring and updates.
Medium	Requires quarterly monitoring and updates.
Low	Requires quarterly monitoring and updates.

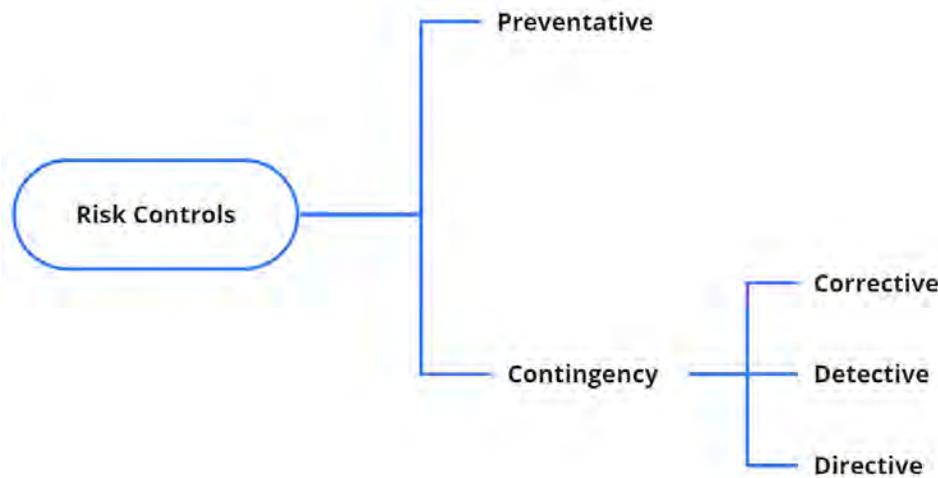
APPENDIX C: RISK CONTROLS ASSURANCE GUIDANCE – NHS Forth Valley

Risk Controls Assurance Guidance – NHS Forth Valley

Overall Risk Assurance Assessment		
Level of Assurance	System Adequacy	Controls
Substantial Assurance	A sound system of governance, risk management and control, with internal controls operating effectively and being consistently applied to support the achievement of objectives.	Controls are applied continuously or with only minor lapses
Reasonable Assurance	There is a generally sound system of governance, risk management and control in place. Some issues, non-compliance or scope for improvement identified which may put at risk the achievement of objectives.	Controls are applied frequently but with evidence of non-compliance
Limited Assurance	Significant gaps, weaknesses or non-compliance identified. Improvement is required to the system of governance, risk management and control to effectively manage risks to the achievement of objectives.	Controls are applied but with some significant lapses
No Assurance	Immediate action is required to address fundamental gaps, weaknesses or non-compliance. The system of governance, risk management and control is inadequate to effectively manage risks to the achievement of objectives.	Significant breakdown in the application of controls

Control Types		
Type	Description	Examples
Preventative	Activity to control the underlying risk cause and prevent it happening in the first place	<ul style="list-style-type: none"> • Removal / substitution of a hazard • Employee vetting / checks • Segregation of duties / authorisation levels to reduce fraud • Restricting access to assets (physical / information) • Password protection • Policies, standards, processes for planning

Contingency (Reactive)	<p>Corrective – limits the scope for loss, reduced undesirable outcomes</p> <p>Directive – direct activity to ensure a particular outcome is achieved</p> <p>Detective – designed to identify occasions when undesirable outcomes have been realised</p>	<ul style="list-style-type: none"> • Policies, standards, processes to provide direction as to steps required in a certain situation • Budget review / reconciliation process • Performance review – budget-to-actual comparison to identify variance, Key Risk Indicators • Reporting • Inventories • Business Continuity / Disaster Recovery Plans • Whistleblowing / Fraud Detection
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Risk Control Effectiveness Assessment	
Effectiveness Score	Description
Fully effective: 100% Review and monitor existing controls	<p>Nothing more to be done except review and monitor the existing control. Control is well designed for the risk, and addresses root causes. Management believes it is effective and reliable at all times.</p> <p>Full compliance with statutory requirements, comprehensive procedures in place, no other controls necessary, ongoing monitoring only</p>

	Control is likely to be of a preventative nature (for example, prevents the risk from occurring) and be systematic or automatic (for example, electronic banking authorisation process)
Mostly Effective: 80-99% Most controls are designed correctly and are in place and effective.	Control is designed correctly and largely in place, effective and regularly reviewed. Some more work to be done to improve operating effectiveness or management has doubts about operational effectiveness and reliability. Control is likely to be of a preventative nature (for example, prevents the risk from occurring) but may not be automated and require manual intervention / review
Partially effective: 50-79% Some controls poorly designed or not effective	While the design of control may be largely correct in that it treats the root of the risk, it is not currently very effective. or While it operates effectively, the control does not seem correctly designed in that it does not treat root causes. Reasonable compliance with statutory requirements established, some preventative measures in place, controls can be improved Control is likely to be either reactive (for example, business continuity plan) or of a deterrent nature (for example corporate policy, training) and as such would not be considered as effective as a purely preventative control
Not effective: <50% Significant control gaps due to poor control design or very limited operational effectiveness	Significant control gaps. Either control does not treat root causes or does not operate at all effectively. Virtually no credible control. Management has no confidence that any degree of control is being achieved due to poor control design or very limited operational effectiveness Insufficient control, weak procedures, limited attempt made to implement preventative measures Control is either not in place or not working as intended

Effectiveness of Controls – Questions to Ask:

- Do the controls in place already work – have they prevented the risk materialising or mitigated its effects?
- Are there any gaps in controls?
- Is further information required about the cause and impact of the risk in order to design and implement appropriate controls?
- If several controls are required for mitigation, how are they prioritised?

- Are there any dependencies or critical points of failure in implementing the controls?
- Will planned controls be sufficient to bring the risk to target score?

Risk Control Criticality Assessment	
Control Rating	Description
Low Importance	The control is of negligible importance in effectively mitigating the risk. Failure of the control will not result in an increase in the likelihood or impact of the risk.
Moderately Important	The control is of moderate importance in effectively mitigating the risk. Failure of the control will result in an increase in the likelihood or impact of the risk, but the risk score will remain within appetite.
Important	The control is important in effectively mitigating the risk. Failure of the control will result in an increase in the likelihood and impact of the risk beyond risk appetite, but within tolerance. Additional controls will be required to mitigate the risk if this control cannot be executed.
Very Important	The control is very important in effectively mitigating the risk. Failure of the control will result in an increase in the likelihood and impact of the risk beyond risk appetite and tolerance. Significant additional controls will be required to mitigate the risk if this control cannot be executed.
Absolutely Critical	The risk control is an essential component of the mitigation plan for the risk. If the control is not in place and working effectively the risk cannot be successfully mitigated to within risk appetite or tolerance.

1st Line of Defence: The function that owns and manages the risk

Under the first line of assurance, operational management has ownership, responsibility and accountability for directly assessing, controlling and mitigating risks.

2nd Line of Defence: Functions that oversee or specialise in risk management, compliance and governance

The second line of assurance consists of activities covered by several components of internal governance (compliance, risk management, quality, IT and other control departments). This line of defence monitors and facilitates the implementation of effective risk management practices by operational management and assists risk owner in reporting adequate risk related information up and down the organisation.

3rd Line of Defence: Functions that provide independent assurance – e.g. Internal and External Audit

Internal audit forms the organisation's third line of assurance. An independent internal audit function will, through a risk based approach to its work, provide assurance to the organisation's board of directors and senior management. This assurance will cover how effectively the

organisation assesses and manages its risks and will include assurance on the effectiveness of the first and second lines of defence. It encompasses all elements of an institution's risk management framework (from risk identification, risk assessment and response, to communication of risk related information) and all categories of organisational objectives: strategic, ethical, operational, reporting and compliance.

Examples of Assurance Activity

- Training
- Policies and Procedures
- Communication, Consultation and Information
- Executive Management / Assurance Committee Oversight
- Management Review and Reporting (1st Line of Defence)
- Independent Review (2nd Line of Defence) – e.g. internal compliance functions such as Finance, Legal, Risk Management, Procurement, Information Governance, Infection Control, Emergency Planning / Resilience etc etc
- Internal and External Audit (3rd Line of Defence)

6.5 Strategic Workforce Wellbeing Plan 2022 -2025

Executive Sponsor: Cathie Cowan, Chief Executive

Author: Linda Donaldson, Director of Human Resources

Executive Summary

The link between staff wellbeing and patient care has long been documented. It is widely evidenced within literature that the happier the workforce, the better care patients will receive, thus improving patient outcomes and helping to meet local and national health and social care targets (Pund and Sklar, 2012; Rathert and May, 2007; Chang et al., 2009). A key objective for the organisation was **the development of a three-year strategic Workforce Wellbeing Plan**, building on the successful support initiatives put into place to support staff wellbeing during the Covid-19 pandemic. This paper seeks approval of the Workforce Wellbeing Plan 2022 - 2025 and provides an update on the progress with the associated website section, manager toolkit, governance arrangements and future monitoring and measurement of success plans.

Recommendation:

The Forth Valley NHS Board is asked to:

- **note** the work of NHS Forth Valley Staff Support and Wellbeing Programme Group
- **approve** the strategic 3-year NHS Forth Valley Workforce Wellbeing Plan 2022 - 2025
- **note** that the updated Staff Support and Wellbeing web section will go live in August 2022
- **note** that a Managers Toolkit will be available from the end of August 2022
- **note** that progress against the Workforce Wellbeing Plan will be monitored through the Staff Governance Committee with updates to the Area Partnership Forum and Area Clinical Forum

Key Issues to be Considered:

Staff wellbeing has been a priority within NHS Forth Valley for a number of years. Whilst our staff consistently go above and beyond to support patients, colleagues and the wider Forth Valley community, providing support to maintain and sustain the health and wellbeing of our people has never been more crucial, especially in these unprecedented times.

NHS Forth Valley continues to further develop and implement Staff Support and Wellbeing initiatives and have a well-established Staff Support and Wellbeing Group involving all key partners, co-chaired by the Director of Human Resources (Wellbeing Champion) and the Employee Director.

A key objective for the organisation was **the development of a three-year strategic Workforce Wellbeing Plan**, building on the successful support initiatives put into place to support staff wellbeing during the Covid-19 pandemic. See (appendix 1)

The Plan gives an overview of the four pillars of wellbeing (Physical, Mental, Social and Financial) and illustrates the resources currently in place for each within NHS Forth Valley, as well as highlighting new workstreams. It depicts the 'Wellbeing Journey So Far' within NHS Forth Valley, discussing 'where we've been, where we are and where we want to be'.

The Plan then outlines initial actions based upon the 5 strands of the NHS Scotland Staff Governance Standard and proposes the ways in which data will be utilised, staff input will be sought to inform on actions and describes how success will be measured. (appendix 2)

The aim was to produce an accessible document that clearly shows staff the organisation's commitment to their health and wellbeing without being too prescriptive. It is well documented that wellbeing actions need to come from staff themselves to be successful and truly make NHS Forth Valley an even better place to work.

Involvement and Consultation

The Staff Support and Wellbeing Programme Group will be responsible for the actions and work associated with the Plan, with the group comprising of representation from each of the various areas within the organisation. Sub-groups and short-life working groups will be developed as required to support specific elements of the work.

In terms of governance, the Plan has been circulated through the various groups for approval and before being presented to the Board meeting on 26th July 2022 for approval.

Aims and Measures of Success

In addition to direct benefits for the individuals themselves, having employees who report good health and wellbeing has a myriad of benefits for the entire system. West and Dawson (2012) state that both the physical and mental wellness of a workforce is a direct indicator of organisational effectiveness and overall performance.

It is therefore expected that by implementing a dedicated Workforce Wellbeing Plan, the organisation will see the following improvements because of the work and actions associated:

- Reduced staff absence rates
- Reduction in staff turnover and vacancy rates
- Reduction in investigation, conduct and grievance cases
- Reduction in complaints – both internal and external
- Better utilisation of resources
- Better engagement
- Better leadership and improved culture, in line with that proposed within the work Margaret Kerr and her team are championing around Compassionate Leadership following the successful Staff Conference.

In addition to monitoring the above data sets, we will also conduct staff events and feedback surveys/sessions as another indicator of success.

Website and Manager's Toolkit

An initial update and refresh of the Staff Support and Wellbeing section on the website will be launched to compliment the Workforce Wellbeing Plan. This will follow the same format

and analytics and feedback will be reviewed after a three-month period to make additional changes, as required. The website content will be checked for accuracies and regularly updated with new events, news, information and advice.

In addition to focussing upon resources associated with the four pillars of wellbeing, the website will feature:

- a dedicated Covid-19 section,
- a useful contacts page,
- a news and events page,
- an option for feedback and comments
- news stories and updates in relation to the Workforce Wellbeing Plan.

Furthermore, there will also be a manager's toolkit available which will provide support to managers to help them support themselves and their staff in relation to wellbeing. This will feature resources such as communication guides, networking opportunities and signposting to relevant policies and information.

Financial Implications

Scottish Government funding and NHS Forth Valley funding has been made available for wellbeing activities. In addition, wellbeing monies continue to be made available through the NHS Forth Valley Endowments Committee.

Workforce Implications

The implementation of the eRostering Tool will provide safe, consistent, transparent rostering. The provision of a Speak Up Programme will provide a further vehicle for staff to raise concerns in a safe space

The introduction of an International Recruitment Manager will assist with increasing our workforce and facilitate new ways of working / recruiting to hard to fill areas whilst meeting the requirement of Scottish Government

Risk Assessment

The Remuneration Committee ensures pay and conditions set nationally are complied with and appropriately implemented.

Relevance to Strategic Priorities

Staff Support and Wellbeing is a strategic priority for NHS Forth Valley. Implementation of the plan will ensure compliance with NHS Scotland Staff Governance Framework (4th Edition) strands in relation to wellbeing.

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

Progress relating to the Workforce Wellbeing Plan has been presented to the Board, Staff Governance Committee, Area Partnership Forum, Executive Leadership Team, Area Clinical Forum and the Staff Support and Wellbeing Programme Group. A draft Plan was shared widely and changes have been made following feedback.



Our Workforce Wellbeing Plan

July 2022 - July 2025

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NHS FORTH VALLEY

Support & Wellbeing

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Foreword

I consider my role as Wellbeing Champion for NHS Forth Valley to be one of the most important and enjoyable aspects of my job. The health and wellbeing of you - our staff and volunteers - is of paramount importance. Working within the NHS, we are used to caring for others, but it's equally important that we take the time to look after our own health and wellbeing too.

As an organisation, we will strive to ensure that our wellbeing priorities are embedded within our culture and leadership. Staff wellbeing must be integrated into our day-to-day practice. I begin each of my meetings with wellbeing at the top of the agenda, simply by asking 'how are you?' and 'what can I do to help you?' as I know that we produce our best work when we are feeling good.

We want to support you to feel empowered to take ownership of your own health and wellbeing, providing you with the help and resources you need to do this. We want to encourage our managers to be confident and proficient in supporting the wellbeing needs of their teams and will provide them with the knowledge and skills to do this. We have created the Workforce Wellbeing Plan to drive this work forward.



Linda Donaldson

Director of Human Resources

NHS Forth Valley Wellbeing Champion

Introduction

There is no denying that within NHS Forth Valley, our staff are our biggest asset. Over the course of the COVID-19 pandemic, we have witnessed some of the most challenging times health and social care have ever undergone.

NHS Forth Valley staff continued to display strength, compassion and innovation in response to the pandemic. Our staff have gone above and beyond to support patients, colleagues and the wider Forth Valley community, despite the many challenges they faced both in and out of work.

As we move to a period of Reflection, Recovery and Remobilisation, a comprehensive Workforce Wellbeing Plan is part of our Trauma-Informed approach. We need to ensure staff are supported in all aspects of their health and wellbeing within a safe, healthy working environment.

By introducing a Workforce Wellbeing Plan, it will allow us to outline what we as an organisation will do to support you, our staff. The Plan will mark the beginning of a series of actions that will make NHS Forth Valley a better place to work. We will commit to being open and transparent about this process, continually asking for - and more importantly responding to - feedback and input from you to ensure a fit-for-purpose plan.



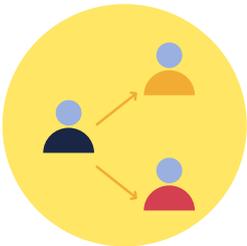
What does this mean for me?

The plan will give me an overview of the work ongoing within the organisation to help support my personal wellbeing, the wellbeing of my colleagues and the wellbeing of the organisation as a whole.
Some of the benefits I should expect are:



As an individual

- Improved overall sense of health and wellbeing;
- Access to support, resources and advice;
- Better work/life balance.



As a team member

- Improved staffing and productivity levels;
- Better communication and support;
- Improved outcomes and patient care.



As an NHS Forth Valley Employee

- A diverse and inclusive workforce;
- To feel valued and empowered to be involved in decision-making.

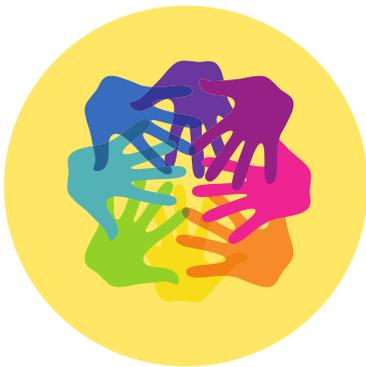
HOW WILL THIS PLAN SUPPORT SUCH BENEFITS?

You should expect an approach that shows the organisation's commitment to your wellbeing by outlining:

- the actions we will complete as an organisation;
- the ways we will measure success;
- how we will keep you informed of this;
- how we will seek your views and feedback on how we are doing;
- how we will respond to your views and feedback, and how we will learn from them.

You should expect signposting to support for wellbeing that will be available to all NHS Forth Valley Staff, both in and out of work.

WHAT ARE THE ORGANISATIONAL BENEFITS?



STAFFING

Put simply, healthy employees are less likely to take time off work. Our actions will aim to improve attendance at work and bring it in line with the Organisation's absence target of 4.5%. More staff at work, means more manageable workloads and a safer environment for patients.



SAVINGS

Ill-health, work-related injuries and staff grievances all cost the organisation money. By investing in the wellbeing of our workforce, we will see a reduction in such incidences and thus a financial saving. This is time, money and resources that can all then be utilised elsewhere within the organisation, to better support our staff and patients.



SATISFACTION

The happier our workforce, the better care our patients will receive, improving patient outcomes and helping us to meet local and national targets. This will help to promote NHS Forth Valley as an organisation people want to work for, retaining our current staff and attracting new talent.

What is Wellbeing?

NHS Forth Valley is made up of a diverse range of individuals with their own strengths, needs, goals and life experiences. Our Corporate Wellbeing Strategy should reflect this and will therefore act on a wide range of issues in relation to wellbeing.

Wellbeing is about feeling good and functioning well but it is a complex topic that can mean different things to different people. Within NHS Forth Valley, we want to support all aspects of wellbeing.

Good health and wellbeing is more than just the absence of illness or disease. The Pillars Model depicts wellbeing across four key areas: Mental, Physical, Social and Financial.

This Strategy aims to direct actions, and provide support and resources across each of these areas. The issues that affect wellbeing are often connected and support to one area can impact positively on another.



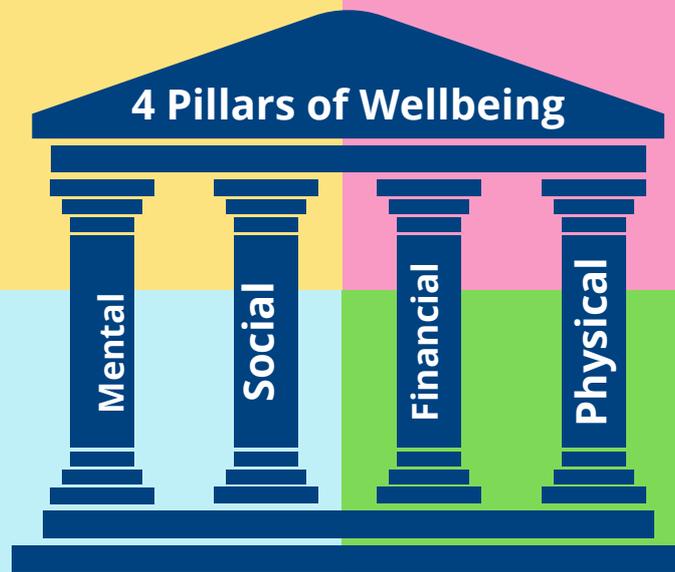
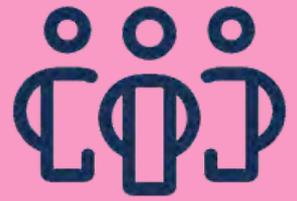
Mental Wellbeing

- Having positive, fulfilling relationships;
- Working in psychologically safe spaces;
- Experiencing authentic engagement at work;
- Having a sense of meaning and purpose in your role;
- Feeling a sense of accomplishment.



Social Wellbeing

- Experiencing a sense of belonging;
- Being an active participant;
- Feeling connected and included;
- Feeling valued;
- Having access to development opportunities;
- Experiencing effective communication.



Financial Wellbeing

- Feeling financially stable and secure;
- Having access to financial support and advice;
- Managing debt effectively;
- Knowing how to budget well;
- Planning for retirement;
- Feeling informed and in control of your finances.

Physical Wellbeing

- Eating well and keeping hydrated;
- Being active and exercising;
- Getting enough sleep and rest;
- Having the right uniform and PPE;
- Having access to healthcare

Our Journey So Far...



A collaborative approach ensured a range of support options were available to staff to maximise their wellbeing during the pandemic;



A Staff Support and Wellbeing Group was developed to ensure a consistent, strategic approach to providing staff support and wellbeing initiatives;



A menu of support options was made available to all staff, including online wellbeing resources; listening services and psychological first aid; virtual staff rooms; relaxation sessions; and ongoing training;



Feedback received was very positive, with staff reporting they felt able to return to work sooner after absences; confident in accessing support; and more resilient;



The recruitment of Speak-Up Ambassadors and Advocates has been a welcome addition to the organisation and one that will help to encourage Staff Voice and provide a safe listening space for any concerns;



We continue to look at wellbeing initiatives and improvements such as the introduction of hydration stations and tuckshops to support staff during shifts;



We are actively targeting wellbeing in relation to staff support and absence management, with new HR training sessions being offered on the Once For Scotland policies;



We are working closely with teams to utilise their iMatters results, supporting action plans and making these part of an ongoing piece of work that teams continue to refer to throughout each iMatter cycle;



We will continue to build upon this work, looking at the ways in which we can best support the mental, social, financial and physical wellbeing of you, our workforce.

Our Principles - Key Areas

Health and wellbeing in the workplace has traditionally focused on health and safety, and reducing sickness absence. It is now recognised that wider organisational and cultural factors must also be included, as well as supporting health and wellbeing at a personal level.

In addition to the four pillars of wellbeing, there are other key areas we must focus on to help create a culture of health and wellbeing within our organisation. These include:



ensuring effective leadership and management;



ensuring safe and sustainable working environments;



ensuring fair and consistent employment conditions and policies;



ensuring a focus upon the prevention agenda.

Our Principles - Diversity and Inclusion

Continuing to cultivate a diverse and inclusive workplace is a vital aspect of the Workforce Wellbeing Plan. NHS Forth Valley strives to be a workplace where everyone feels valued, regardless of who they are or what they do.

Diversity is about ensuring the representation of different people, roles and groups within NHS Forth Valley's leadership structure. Inclusion is about ensuring everyone feels they have equal opportunities to contribute and influence their workplace.

Our Workforce Wellbeing Plan will support the vision outlined within NHS Forth Valley's Equality and Inclusion Strategy (2012-2025), as we strive to become a more inclusive employer by making full use of the talents of our diverse staff and the communities we serve.

The creation of the Race and Equality Forum will help us to identify areas for improvement and deliver upon agreed actions that can help to improve staff wellbeing as a result of building a more inclusive workplace.



Our Principles - Sustainability

In addition to looking at ways to improve our working environment, we must also look towards how we support the wellbeing and sustainability of our planet.

The planet is in the midst of a climate emergency as a result of human activity and a climate crisis is a health crisis – many of the drivers of climate change are drivers of ill health and health inequalities. Urgent action is required to reduce greenhouse gas emissions and achieve an environmentally and socially sustainable health service.

As Scotland's biggest employer, the NHS workforce has a significant role to play in tackling climate change – most staff would agree it is important for the health system to work in a more sustainable way.

NHS Forth Valley now includes sustainability in one of its Corporate Objectives, and as such must ensure staff share a vision of green and sustainable healthcare and are mindful of the resources they use when making decisions about the care they provide.

Research has shown that those who regularly partake in sustainability efforts, report improved levels of personal wellbeing as a result.



Workstreams and Initial Actions

Effective Staff Governance is an essential part of creating a safe, healthy working environment. The NHS Scotland Staff Governance Standard sets out what each board must achieve in order to continuously improve in relation to the fair and effective management of staff.

It sets out five Staff Governance Standards that should be met. Our Corporate Wellbeing Strategy will use the five Staff Governance Standards to inform our initial actions and workstreams.

Our staff are the very heart of NHS Forth Valley and as such, ongoing actions will come directly from you. We want our action plan to be a live document that continues to develop and evolve based on the needs and feedback of our workforce.

**Quality work and environments
that put staff experience, health and wellbeing at the heart
of NHS Scotland's contribution to delivering health and care**

A. Ensure safe, caring and kind workplaces that promote mental, physical and financial wellbeing

1. Achieve and maintain core safety, autonomy and control needs of staff

2. Consider and support the financial wellbeing of staff

3. Develop compassionate, inclusive and appreciative leadership

B. Develop cultures that value and support employees, helping them reach potential to provide world class health and care

4. Enable regular and meaningful conversations between line managers and staff

5. Actively promote a culture of continuous improvement which is inclusive of all staff

C. Create physical + virtual work environments that encourage collaboration, teamwork, respect, recognition and reward

6. Clear team and service objectives, and reporting structures

7. Adopt hybrid home and work based approaches that accommodate diverse workstyles and support work-life balance

8. Promote learning from incidents, and celebrate success by recognising and sharing examples of good practice

D. Policies, conditions of employment, and talent mgt that retains and attracts the right staff at the right time

9. Policies that support work life balance and inclusion, reflecting diverse needs of our communities

10. Career development approaches that attract new entrants and support talent management

Diagram developed by the National NHS Scotland Wellbeing Group to illustrate the key objectives associated with improving staff wellbeing.

Staff Governance Standards

The NHS Scotland Staff Governance Standard sets out what each board must achieve in order to continuously improve in relation to the fair and effective management of staff. It sets out 5 Staff Governance Standards that should be met. Employees should be:

1. Well Informed

2. Appropriately trained and developed;

3. Involved in decisions;

4. Treated fairly and consistently, with dignity and respect, in an environment where diversity is valued;

5. Provided with a continuously improving and safe working environment, promoting the health and wellbeing of staff, patients and the wider community.





Priority One

Staff are well-informed

OUR PLEDGE

We will commit to effective and transparent lines of communication, ensuring that all staff are kept up-to-date with the latest organisational developments and feel aligned with the organisational vision and goals.

OUR ACTIONS

- Work closely with our Communications Team Colleagues to ensure any updates are available through a variety of media that all staff can access. This will include a refresh of the staff support website;
- Deliver robust inductions for new staff members joining the organisation.
- Encourage fit-for-purpose TURAS appraisals for all staff members, with regular opportunities for staff to both give and receive feedback, including effective use of iMatter.
- Develop a 'Meaningful Conversations' toolkit to enhance the quality of conversations we have within the organisation.
- Look at how organisational data is collected, utilised and communicated to staff to help inform change.

OUR MEASUREMENT OF SUCCESS

As part of ongoing feedback questionnaires and surveys to assess the effectiveness of this overall strategy, we will ask staff to tell us how informed they feel and to evaluate which forms of communication work best. We will listen to feedback and adapt our communication approaches as required. We will also look to analyse the data we collect, ranging from website statistics to absence rates, to ensure we are targeting support as required and that our responses are making a positive difference.



Priority Two

Staff are appropriately trained and developed

OUR PLEDGE

We will commit to identifying any gaps in skills and knowledge and ensure that appropriate training is made available to support staff roles. We will ensure adequate development opportunities for all staff, with support for progression available as desired.

OUR ACTIONS

- Provide a varied and extensive training menu open to all staff.
- Promote protected learning and development time for all staff groups, ranging from the two-day training passport to allow staff to complete essential training for their role, to more specialised training programmes for clinical staff i.e. doctors in training.
- Continue to develop coaching opportunities and talent management training.
- Work with staff to create and support their own Personal Development Plans via the TURAS appraisal platform and continued 1:1 meetings with their line managers.

OUR MEASUREMENT OF SUCCESS

In addition to ongoing feedback gained from routine questionnaires and surveys, we will continue to utilise training session evaluation forms and monitor uptake rates. We will cross-reference this with staff retention rates and promotions.



Priority Three

Staff are involved in decisions

OUR PLEDGE

We will commit to an organisational culture that values the input of all staff members, empowering them to share ideas and learning and influence the direction of NHS Forth Valley as we move into a period of Reflection, Recovery and Remobilisation following the COVID19 pandemic.

OUR ACTIONS

- Promote and encourage Employee Voice - providing a safe space for staff to share their thoughts and inform organisational decisions.
- Ensure transparency in the communication of all decision-making processes, adopting a 'You Said, We Did' approach, but also being open about any ideas that we weren't able to try and the reasoning behind this.
- Creation of short-life working groups as appropriate to support organisational change.
- Re-visit our values and ensure they are fit-for-purpose.

OUR MEASUREMENT OF SUCCESS

In addition to the data gained from the questionnaires and surveys associated with this strategy, we will utilise information from iMatter, TURAS appraisals, Exit Interviews and HR processes.



Priority Four

Staff are treated fairly and consistently, with dignity and respect, in an environment where diversity is valued

OUR PLEDGE

We will commit to cultivating an organisational culture that values diversity and promotes inclusion at all levels. We will ensure our workplace policies are fit-for-purpose and are applied fairly and consistently across all areas.

OUR ACTIONS

- Establish an annual programme of events that celebrates diversity within the NHS Forth Valley community.
- Continue with Once for Scotland training and education sessions via HR Connect, ensuring support for fair implementation.
- Work closely with our Speak Up Ambassadors and Advocates, acting upon all interactions with these in a transparent and timely manner.
- Continue with Sturrock Report Review Group meetings, aimed at implementing the learning from this report within NHS Forth Valley.
- Train our managers to account for differences in personal circumstances, whilst maintaining fair policy application within their teams.
- Work towards creating a more diverse board membership that reflects the diversity of our population with representation for all.

OUR MEASUREMENT OF SUCCESS

In addition to our questionnaires and surveys in relation to this strategy, we will seek to gain targeted feedback from staff around the Once for Scotland policies. We will monitor the volume of interactions with our Speak Up colleagues and look for trends, implementing focused support within any areas of concern.



Priority Five

Staff are provided with a continuously improving and safe working environment, promoting the health and wellbeing of staff, patients and the wider community

OUR PLEDGE

We will commit to organisational policies that ensure a robust method of risk assessment for working environments. We will ensure that staff are provided with the resources required to support and promote their health and wellbeing. We will utilise Quality Improvement (QI) methodologies to enhance and develop our organisation.

OUR ACTIONS

- Support our colleagues (Occupational Health, Health Promotion, Health Promotion and Health and Safety to name but a few) to continue to deliver specialised guidance and input for all staff.
- Enlist the help of our Corporate Portfolio Management Office (CPMO) in how we can best deliver the aims of this Strategy.
- Review our current policies and procedures to improve the health and safety culture of our organisation.

OUR MEASUREMENT OF SUCCESS

In addition to the feedback received as part of the staff questionnaires associated with the Strategy, we will monitor workforce statistics such as absence rates and staff engagement with Health Promotion events to ascertain progress. We will also utilise data gained from tools such as Safeguard (our organisational risk management system) to evaluate the effectiveness of our actions.

At A Glance Summary

In order to make our Workforce Wellbeing Plan more accessible to you, our staff, the illustration below will be an interactive feature on the intranet that will show current progress and updates in relation to the Staff Governance Standard actions.

An NHS Forth Valley Staff Member is...



Data and Success Criteria

In addition to asking for your input and feedback, we will identify all useful data sources within the organisation to help inform our plan and actions. This will include data gathered from current methods such as iMatters and Staff Experience Questionnaires.

But it will also involve recognising themes and patterns that emerge from anonymised data gained from a variety of areas including Occupational Health referrals and HR Connect queries.

This will allow us to 'connect the dots' and identify where there are gaps and gain a better understanding of the areas you need us to focus on.



In order to ensure that our actions are not just completed, but actually achieve the desired outcomes in relation to staff health and wellbeing, we will measure them against a strict set of success criterion.

A range of indicators and measures will be identified and agreed by the Staff Support and Wellbeing Programme Group. We will be transparent with these indicators and share our progress.

We will use Improvement Methodology to continually evaluate our success and allow for further development of our action plan.



Key Groups

Here to Help deliver wellbeing support to our staff...



The Staff Support and Wellbeing Programme Group has representatives from all areas and will lead on NHS Forth Valley's Corporate Wellbeing Strategy



HR prepare and advise on all NHSFV policies and can provide support to ensure fair and consistent management of staff across NHS Forth Valley.



Occupational Health provide a confidential and comprehensive healthcare service to all NHS Forth Valley employees. Supporting managers and staff to create a healthy and safe working environment.



Health Promotion provide training, evaluation support, development opportunities, information and resources to individuals and organisations who can influence the public's health. They also run campaigns and activities directly aimed at the public.

Key Groups cont...



Health and Safety support managers and staff to manage risk and health and safety issues affecting staff, patients and visitors etc. The department also provides a range of information for staff to access.



Staff Side Organisations help to ensure a collective approach to issues such as terms and conditions of employment, providing staff with information and support. Within NHS Forth Valley the various unions and organisations are part of the Area Partnership Forum.



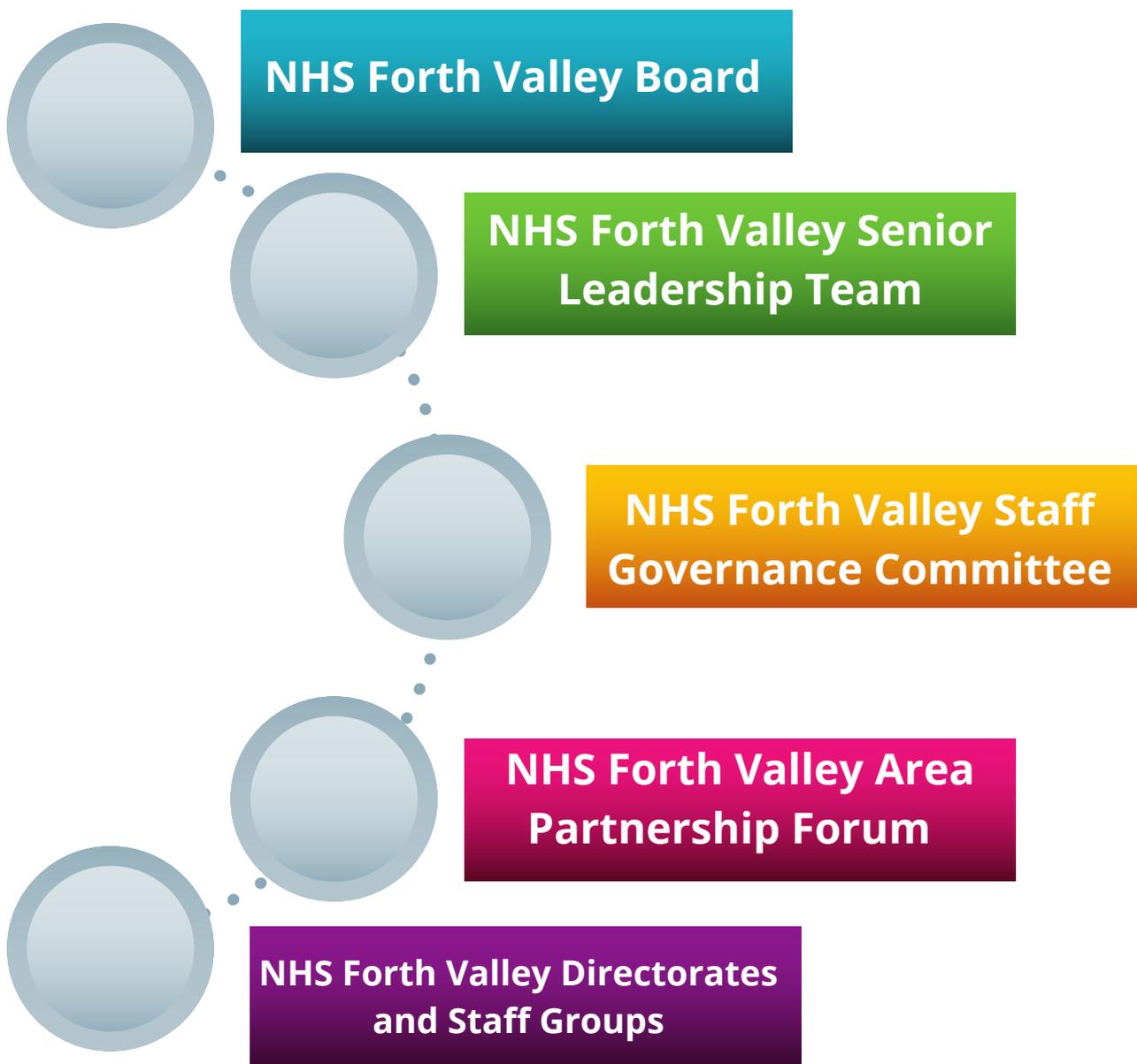
The Organisational Development Team enables people to transform systems through the application of behavioural science to align strategy and capability. They can provide support with learning, training and development.



The Spiritual Care Team offers a 1-2-1 supportive listening service for staff, as well as opportunities for reflective practice both for individuals and staff groups.

Governance

For our Corporate Wellbeing Strategy to be successful, we need to ensure buy-in and engagement at all levels. In order to ensure this, the newly relaunched Staff Support and Wellbeing Programme Group will assume overall responsibility for the associated actions. Progress and outcomes will be reported up to the following groups for approval and dissemination to all staff.



Conclusion

As an organisation, we are committed to making positive changes to improve the health and wellbeing of our workforce. We will look for examples of good practice to inform our work and share our own areas of success, celebrating our staff.

But we will also look to reflect as an organisation on areas where our intentions fell short, or where additional work is needed. We will evaluate our current resources to ensure they are accessible, useful and worthwhile to you, our staff.

We will seek views and input to support this plan and inform the actions that you decide would help to make NHS Forth Valley a better place to work.

We will be transparent in our process, sharing our journey together as we continue to look at ways to improve staff wellbeing, building upon the great work that has been achieved so far during the COVID-19 pandemic and learning from your feedback.

We hope you, our staff, will join us in supporting this work. We ask you to engage with us in this process to help us gather feedback to make sure we are on the right track. After all, for this Strategy to be successful, we need it to be informed by staff in order to best benefit staff.

NHS FORTH VALLEY

Support & Wellbeing



Our Resources



Mental Wellbeing

RESOURCES

[Staying Mentally Well - National Wellbeing Hub](#)



ScotGov Clear Your Head Campaign

[Everyday Pressure - Staff Resources Leaflet](#)



NHS FV Staff Support & Wellbeing Resources

[NHS FV Going Home Checklist](#)



[Mental Health at Work - HR Connect Resources](#)

24 Hour Support Line



0800 111 4191

[NHS FV Departments and Services for Mental Health and Wellbeing](#)

[TURAS - Taking Care of Myself Resources](#)



Smartphone App for worry and anxiety help

[TURAS - Taking Care of Others Resources](#)



NHS FV Speak Up Initiative



Coaching

[Psychological First Aid Leaflet](#)



Smartphone CBT App for Mental Wellbeing

[Stress Control Course Booking Form](#)



Social Wellbeing

RESOURCES

[Staying Connected - National Wellbeing Hub Resources](#)



[Art in Hospital](#)

[The Place Standard Tool - Public Health Scotland](#)

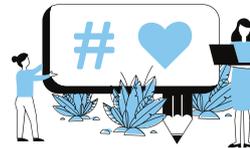


[NHS FV Staff Support & Wellbeing Resources](#)



[Staff News](#)

[Dignity at Work Toolkit](#)



[NHSFV Social Media](#)

[Forth Valley Disability Sport](#)

[Relationships Scotland Website](#)



[NHSFV Staff Social Groups & Events**](#)

***intranet webpage to be created*

[LGBT Health and Wellbeing Scotland Website](#)



[Staff Awards](#)



[Community Resources](#)

[Domestic Abuse Support](#)



[Equality, Diversity and Human Rights Policy](#)

[Relationship Breakdown Advice - Citizen's Advice Scotland](#)



Financial Wellbeing

RESOURCES

[Citizen's Advice Scotland - Debt and Money Advice](#)



Staff Discounts and Benefits

[Financial Wellbeing Resources - National Wellbeing Hub](#)



NHS FV Staff Support & Wellbeing Resources



NHSFV Financial Advisor**

***intranet webpage to be created*

[Credit Union](#)



Money Health Check

[Financial Capability - Staff Governance Resources](#)

[NHSFV Payroll - Expenses Policy](#)

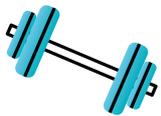
SPPA

Scottish Public Pensions Agency

[Cycle Scheme](#)



NHSFV Car Lease Scheme



Gym Membership Discounts

[Gambler's Anonymous Scotland](#)



Childcare Costs - Government Help

[Home Energy Scotland - Advice](#)



Physical Wellbeing

RESOURCES

Keep Active -
Choose to
Lose



Eating Well

Sexual
Health
and
Wellbeing



NHS FV Staff Support &
Wellbeing Resources



Oral Health

Alcohol
and
Drugs
Support



Staff Podiatry
Service

Smoking
Cessation

Staff
Physiotherapy
Service



Hydration

Staying
Physically Well -
National
Wellbeing Hub



Staying Active



Staff
Immunisations

Keep Well
Forth Valley



Sleepio App

Physical
Wellness
Toolkit

NHS FORTH VALLEY

Support & Wellbeing



Our Workforce Stats

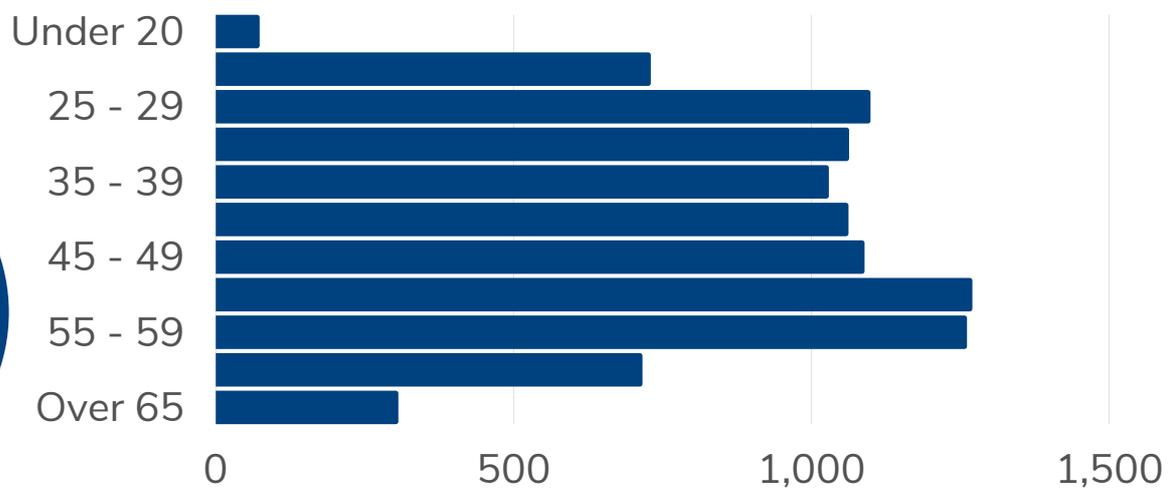
Workforce Stats

NHS FORTH VALLEY

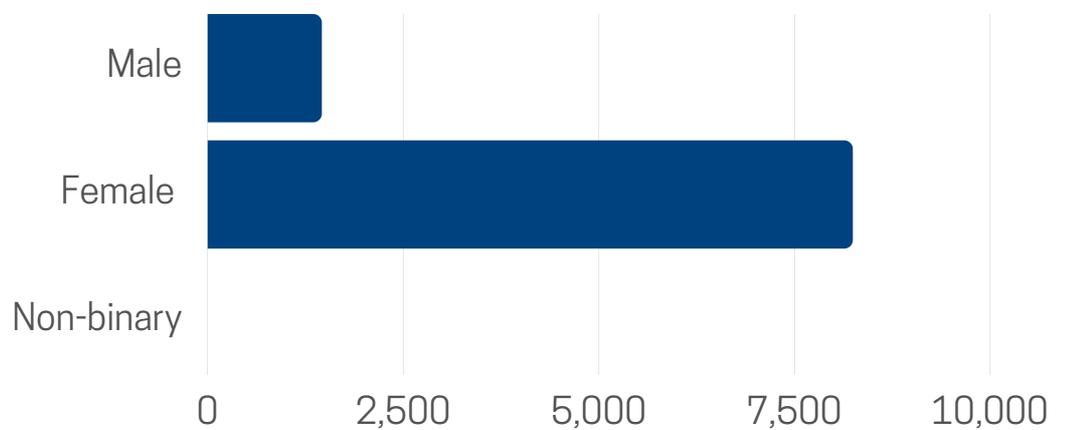
Support & Wellbeing

Currently, our NHS Forth Valley workforce looks like this...

Age



Gender



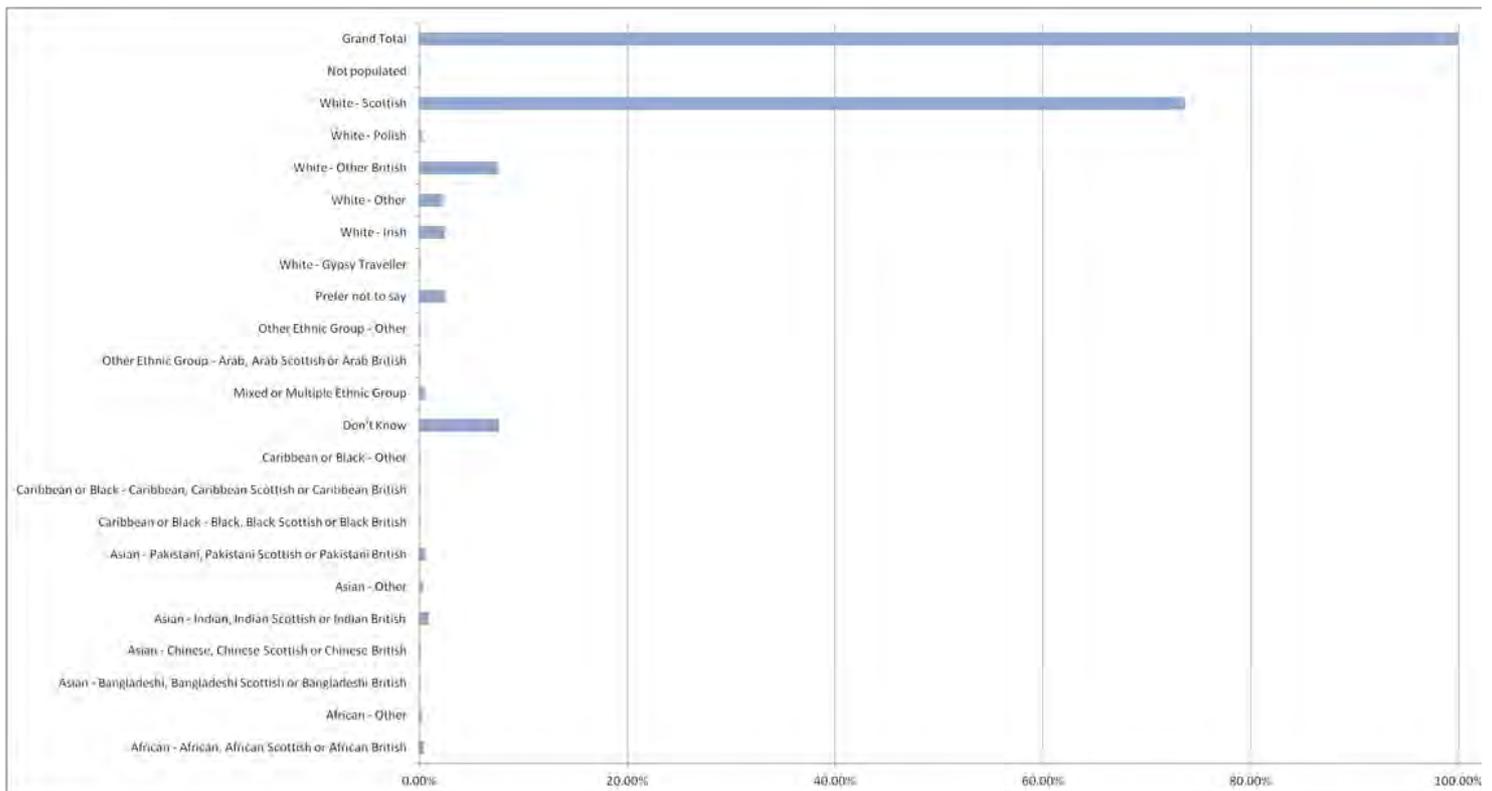
Workforce Stats

NHS FORTH VALLEY

Support & Wellbeing

Currently, our NHS Forth Valley workforce looks like this...

Ethnicity



NHS FORTH VALLEY

Support & Wellbeing



**Our Staff Support and
Wellbeing Programme
Group**

STAFF SUPPORT AND WELLBEING PROGRAMME GROUP

MEMBERSHIP

Co-Chairs



Linda Donaldson

HR Director

linda.donaldson2@nhs.scot



Robert Clark

Employee Director

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Core Members

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Heather Laithwaite	heather.laithwaite@nhs.scot

STAFF SUPPORT AND WELLBEING PROGRAMME GROUP

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Rachel Tardito	rachel.tardito2@nhs.scot

If you have any questions about the group (or wider wellbeing work); are unsure who your representative would be within this group; or are concerned that your wider area or service is unrepresented, then please contact Rachel Tardito, HR Project Manager via rachel.tardito2@nhs.scot

Our Workforce Wellbeing Priorities and Initial Actions at a Glance

Priority	We will...	To achieve this, we aim to...	Lead/Responsible	Timescale
Staff are well-informed	We will commit to effective and transparent lines of communication, ensuring that all staff are kept up-to-date with the latest organisational developments and feel aligned with the organisational vision and goals.	<ul style="list-style-type: none"> Work closely with our Communications Team Colleagues to ensure any updates are available through a variety of media that all staff can access. Deliver robust inductions for new staff members joining the organisation. Encourage fit-for-purpose TURAS appraisals for all staff members, with regular opportunities for staff to both give and receive feedback, including effective use of iMatter. Develop a 'Meaningful Conversations' toolkit to enhance the quality of conversations we have within the organisation. Look at how organisational data is collected, utilised and communicated to staff to help inform change. 		
Staff are appropriately trained and developed	We will commit to identifying any gaps in skills and knowledge and ensure that appropriate training is made available to support staff roles. We will ensure adequate development opportunities for all staff, with support for progression available as desired.	<ul style="list-style-type: none"> Provide a varied and extensive training menu open to all staff. Promote protected learning and development time for all staff groups, ranging from the two-day training passport to allow staff to complete essential training for their role, to more specialised training programmes for clinical staff i.e. doctors in training. Continue to develop coaching opportunities and talent management training. Work with staff to create and support their own Personal Development Plans via the TURAS appraisal platform and continued 1:1 meetings with their line managers. 		
Staff are involved in decisions	We will commit to an organisational culture that values the input of all staff members, empowering them to share ideas and learning and influence the direction of NHS Forth Valley as we move into a period of Reflection, Recovery and Remobilisation following the COVID19 pandemic.	<ul style="list-style-type: none"> Promote and encourage Employee Voice - providing a safe space for staff to share their thoughts and inform organisational decisions. Ensure transparency in the communication of all decision-making processes, adopting a 'You Said, We Did' approach, but also being open about any ideas that we weren't able to try and the reasoning behind this. Creation of short-life working groups as appropriate to support organisational change. Re-visit our values and ensure they are fit-for-purpose. 		
Staff are treated fairly and consistently, with dignity and respect, in an environment where diversity is valued	We will commit to cultivating an organisational culture that values diversity and promotes inclusion at all levels. We will ensure our workplace policies are fit-for-purpose and are applied fairly and consistently across all areas.	<ul style="list-style-type: none"> Establish an annual programme of events that celebrates diversity within the NHS Forth Valley community. Continue with Once for Scotland training and education sessions via HR Connect, ensuring support for fair implementation. Work closely with our Speak Up Ambassadors and Advocates, acting upon all interactions with these in a transparent and timely manner. Continue with Sturrock Report Review Group meetings, aimed at implementing the learning from this report within NHS Forth Valley. Train our managers to account for differences in personal circumstances, whilst maintaining fair policy application within their teams. Work towards creating a more diverse board membership that reflects the diversity of our population with representation for all. 		
Staff are provided with a continuously improving and safe working environment, promoting the health and wellbeing of staff, patients and the wider community	We will commit to organisational policies that ensure a robust method of risk assessment for working environments. We will ensure that staff are provided with the resources required to support and promote their health and wellbeing. We will utilise Quality Improvement (QI) methodologies to enhance and develop our organisation.	<ul style="list-style-type: none"> Support our colleagues (Occupational Health, Health Promotion, Health Promotion and Health and Safety to name but a few) to continue to deliver specialised guidance and input for all staff. Enlist the help of our Corporate Portfolio Management Office (CPMO) in how we can best deliver the aims of this Strategy. Review our current policies and procedures to improve the health and safety culture of our organisation. 		

We believe that these initial priorities and actions will help us to continue to improve the health and wellbeing of our workforce, providing support and resources within each of the four pillars: mental wellbeing, financial wellbeing, physical wellbeing and social wellbeing.

FORTH VALLEY NHS BOARD
TUESDAY 26 JULY 2022

6.6 Innovation Plan 2022-2027 For Approval

Executive Sponsor: Mr Andrew Murray, Medical Director

Author: Mrs Susan Bishop, Head of Efficiency, Improvement and Innovation, Wendy Nimmo,
Innovation Lead

Executive Summary

Creativity and innovation are at the heart of healthcare transformation and are key components in ensuring that we can effectively design and deliver our health and social care services for the future. The Scottish Government's strategic direction set out in *A Fairer, Greener Scotland Programme for Government 2021-22* gives continued support for health research and innovation.

We have identified innovation as a key priority within "Our System-Wide Remobilisation Plan". Implementing this Innovation Plan will help strengthen conditions for transforming the health and wellbeing of our population and workforce. It will give more of our staff the skills, support, and time to embed digital and social innovation into our everyday practice and business. It has the potential to contribute to meeting the physical, social, and mental health needs of our population and communities most affected by significant economic and social disruption.

Having an approved Innovation Plan will also give us a tool to strengthen collaboration with Academia, our Local Authority partners, Industry, and small and medium enterprises for mutual benefit.

The plan has five strategic objectives i.e., to:

- Develop an organisational culture that values and supports innovation;
- Involve patients, service users, unpaid carers and our workforce in the design of tools, technologies and services to support them;
- Embed an agile innovation governance process to help ensure our priorities and resources are aligned, supported, and managed appropriately;
- Develop a Quality Management System (QMS) approach for medical device regulation;
- Increase visibility of local innovation activity and success.

Recommendation

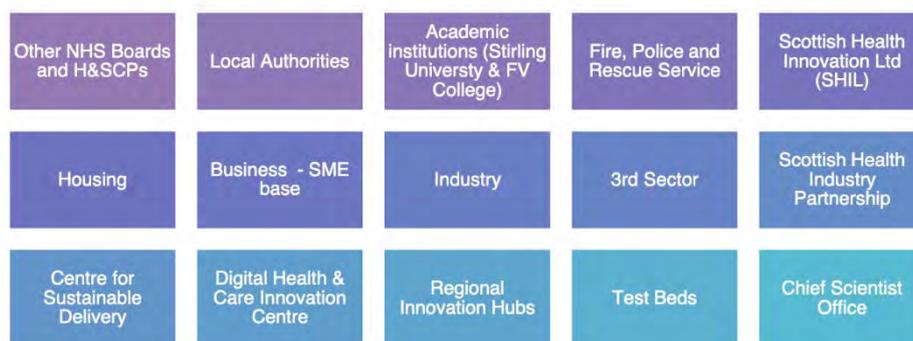
The Forth Valley NHS Board is asked to:

- **review** the NHS Forth Valley Innovation Plan 2022-2027
- **approve** the NHS Forth Valley Innovation Plan 2022-2027

Key Issues to be considered

- A key priority set out in the *Programme for Government 2021* is for innovation to become an intrinsic part of our culture, society, and economy.
- Building a culture of innovation in NHS Forth Valley is not only an organisational-wide endeavour, but it also needs collaboration and a multiagency approach, as set out in the *Life Science Strategy for Scotland 2025 Vision – Accelerating Growth, Driving innovation*.

- NHS Forth Valley and the Health and Social Care Partnerships are part of a growing Forth Valley, multi-region, and national ecosystem (see below) and we need to maintain our place as effective leaders, partners and players in that landscape.



- We are also, as a recognised and supported Test Bed, aiming to increase the quality and quantity of innovation.
- Within our organisation, as well as planning ahead with partners, a key factor enabling us to embrace innovation and create a responsive and reactive environment is to have a culture that ensures that individuals are empowered to take decisions and be proactive in their own areas, supported by agile governance processes and appropriate levels of authority to operate.
- Our innovation governance process, led by the Medical Director, bringing innovators together with eHealth, Information Governance, Information Services, Clinical Governance and Medical Physics, has already been tried and tested.
- The Plan sets out a disciplined way of supporting and delivering innovation; the process includes assessment against feasibility, impact, and organisational priorities.



- Where nationally there has been a prioritisation towards innovating to increase access to clinical specialties reflecting demand-led planning, there is now a move towards tackling the wider societal challenges such as mental health, disadvantaged young people, driving investment in new technologies and artificial intelligence, creating good and green jobs, and transitioning to Net Zero carbon emissions by 2045.
- *The Covid Recovery Strategy: For a fairer future (2021)* notes that “we must make community involvement and empowerment both in service design and delivery the norm, not the exception”.
- To respond to this our approach to taking forward innovation projects, will follow the ways of thinking and inclusive principles set out in the Scottish Approach to Service Design <https://www.gov.scot/publications/the-scottish-approach-to-service-design/pages/the-design-process/>

Financial Implications

The implementation of the plan will rely on the existing corporate support resources, innovation service level agreements with the Chief Scientist Office, regional innovation infrastructure monies to be brokered for us by the West of Scotland Innovation Hub and additional income generated from ongoing effort to bid for research and innovation grants and Catalyst Funding.

Working with community planning partners and directly with our Local Authority colleagues can potentially give us further funding opportunities e.g., as stakeholders in the regional City Deal programmes and local place-based projects.

Workforce Implications

This paper sets out the need for a culture that ensures that individuals are empowered to take decisions and be proactive in their own areas, supported by agile governance processes and appropriate levels of authority to operate.

Risk Assessment

The innovation governance process set out in the Innovation Plan is aimed at identifying, mitigating, and managing risks associated with innovation. Involving service users in the design and development of innovation helps to guide innovators towards successful solutions to our challenges. Not every concept generated will result in a feasible product or service and the ways of working set out in the Plan will help us lower the risks involved.

Relevance to Strategic Priorities

The Innovation Plan responds to the Government's strategic direction set out in *A Fairer, Greener Scotland Programme for Government 2021-22* that gives continued support for health research and innovation.

Innovation priorities set out in the Programme for Government include mental health, disadvantaged young people, driving investment in new technologies and artificial intelligence to meet our clinical challenges, creating good and green jobs, and transitioning to Net Zero carbon emissions by 2045.

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 – there is no discrimination noted.

Consultation Process

The Innovation Plan has been developed through close working with colleagues in NHS Forth Valley Clinical Governance, Digital & eHealth, Information Governance, Medical Physics and Research & Development and is supported by the Executive Leadership Team and the Infrastructure Programme Board.

The views of and feedback from staff who are currently working to invent and innovate have been incorporated. It has been shared with NHS Forth Valley Heads of Service and Clinical Leads. We have shared drafts with colleagues in the three Health and Social Care Regional Innovation Hubs. Most recently, it was shared in a joint NHS Forth Valley and University of Stirling Research and Innovation half-day session with clinical and care staff and managers from NHS Forth Valley and the Health and Social Care Partnerships. It has been shared with the Senior Leadership Team in Clackmannanshire and Stirling Health and Social Care and due to be shared with the Falkirk Health and Social Care Partnership's Transformation Board.



**NHS FORTH VALLEY
INNOVATION PLAN
2022 – 2027**

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Background

Innovation is at the heart of NHS transformation and is a key component in ensuring we can develop and deliver NHS services effectively for the future. As a result of COVID 19, there has been rapid engagement and innovative solutions developed at pace to support services to recover from the impact of the pandemic. The successful implementation of solutions has led to an appetite for change and removed barriers that had previously hampered and slowed the speed of innovation.

The Remobilise, Recover and Redesign Framework for Scotland¹ outlines how NHS Boards will remobilise, support development and embed innovation and digital approaches into our everyday practise whilst aligning to the national care programmes. NHS Forth Valley has identified this as a key priority within “Our system wide remobilisation plan” and is working to identify priority innovation challenges and opportunities taking account of innovations being developed via the three Regional Hubs.

Implementing NHS Forth Valley’s Innovation Plan will enable us to embed the use of technology into our everyday practice and business. It will aid identification of priority innovation challenges and opportunities, ensuring we continue to support the acceleration of digital services and innovation and improve patient outcomes and experiences.

This will be achieved by implementing the following strategic objectives:

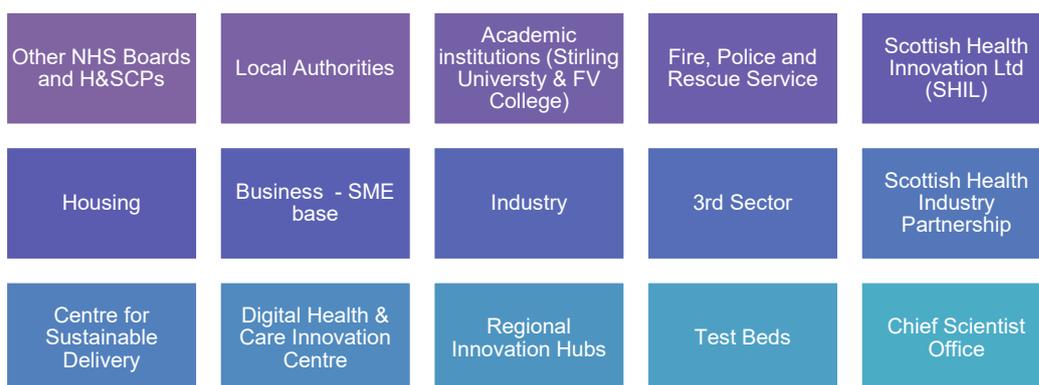
1. Develop an organisational culture that values and supports innovation
2. Involve people and staff in the design of tools, technologies and services that support them
3. Embed an agile Innovation governance process to help ensure our priorities and resources are aligned, supported, and managed appropriately
4. Develop a Quality Management System (QMS) approach for medical device regulation
5. Increase visibility of local innovation activity and success

¹ <https://www.gov.scot/publications/re-mobilise-recover-re-design-framework-nhs-scotland/>

Innovation Landscape in Scotland

A key priority for Scotland is to develop innovation as an intrinsic part of the country's culture, society, and economy. To that end there is an emerging innovation ecosystem within Scotland, and it is key that NHS Forth Valley is connected and works within this landscape.

The national response to COVID has highlighted how we can harness the spirit of cooperation and collaboration, including mobilisation from all our key partners. (Noted below)



NHS Forth Valley is involved in several regional and national innovation fora with service challenges and innovative solutions routinely identified by individual staff and teams, together with clinical and management involvement in Regional and National Planning forums.

NHS Forth Valley is a member of the Test Bed for innovation model. This brings together three regional areas in Scotland that are committed to deliver the Chief Scientist Office Service Level Agreement priorities of:

- a) Creating additional capacity to partner with industry, academia, and others to run open innovation collaborations.
- b) Increasing the quality and quantity of industrial innovation collaboration projects – to deliver solutions to health and social care strategic priorities, whilst also delivering economic growth.
- c) Providing support for academic led 'Triple Helix' open innovation collaborations.

We plan to continue to offer Test Bed opportunities to industry and social enterprise and have increased research and development and innovation collaboration with Strathclyde University, University of Stirling and Forth Valley College. Our relationship with academia will be further developed to include student projects and potential for skills building.

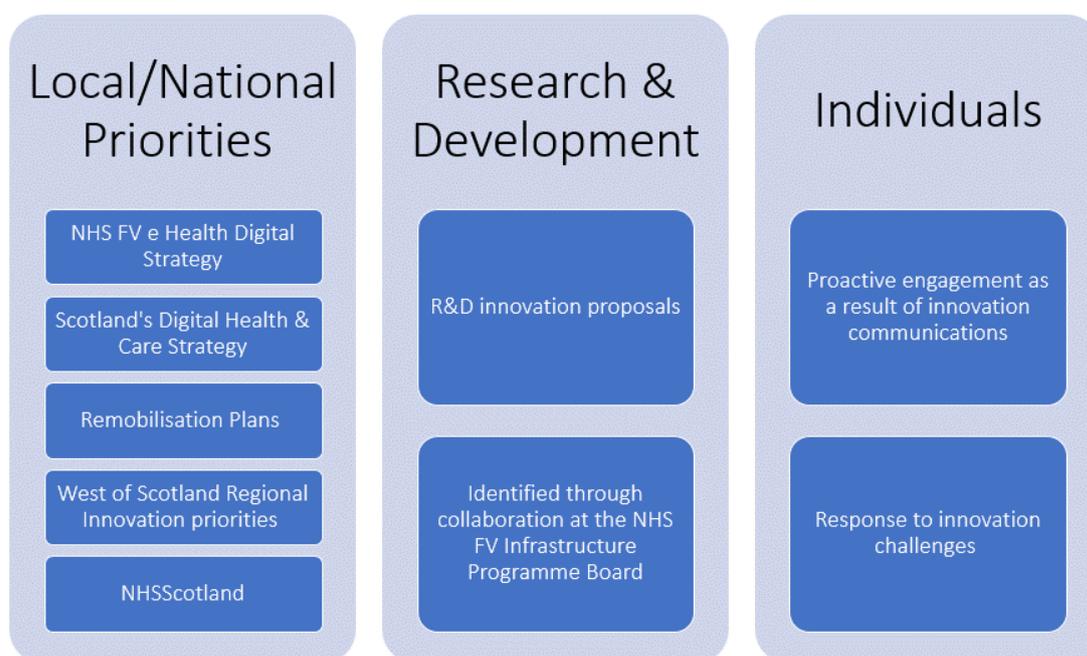
FV Quality as a corporate function also works with our growing community of local innovators to scan for and attract opportunities for innovation projects and connecting them to the appropriate contacts within the innovation ecosystem.

Innovation Approach in Forth Valley

Our aim is to implement a standardised and disciplined way of supporting and delivering innovation within NHS Forth Valley. This includes both internal innovation and learning and adapting innovative ways of working from other industries. All innovation will align with organisational priorities and the Scottish Government National Performance Framework.²

The scope of innovation encompasses services and teams within NHS Forth Valley, care and support delivered by our Health and Social Care Partnerships and innovation collaborations with other NHS Boards and partner organisations.

There are a number of sources identified below that innovation can come from. Each of these sources will be generated by a both proactive and reactive activities.



Once a project is submitted to the Innovation Team the diagram below illustrates the project

² <https://nationalperformance.gov.scot/>

milestones as it progresses towards Business as Usual.

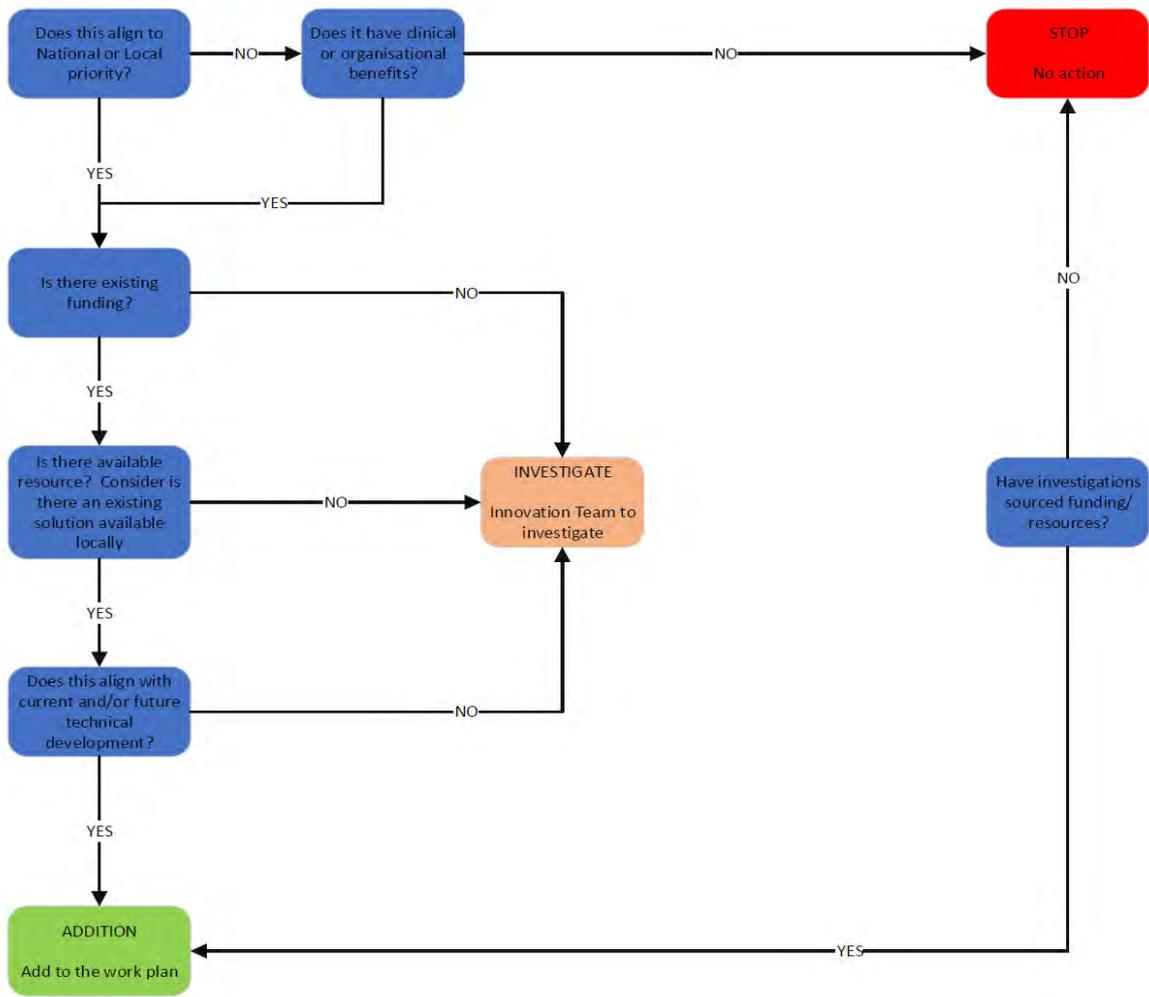


Innovation Prioritisation

There is a need to identify, prioritise and plan this activity to ensure that delivery aligns with the demands and priorities of NHS Forth Valley. Following the Push and Pull Model below will allow for the opportunity to recognise the advantages of various sources, whilst ensuring projects still meets the needs of the organisation.

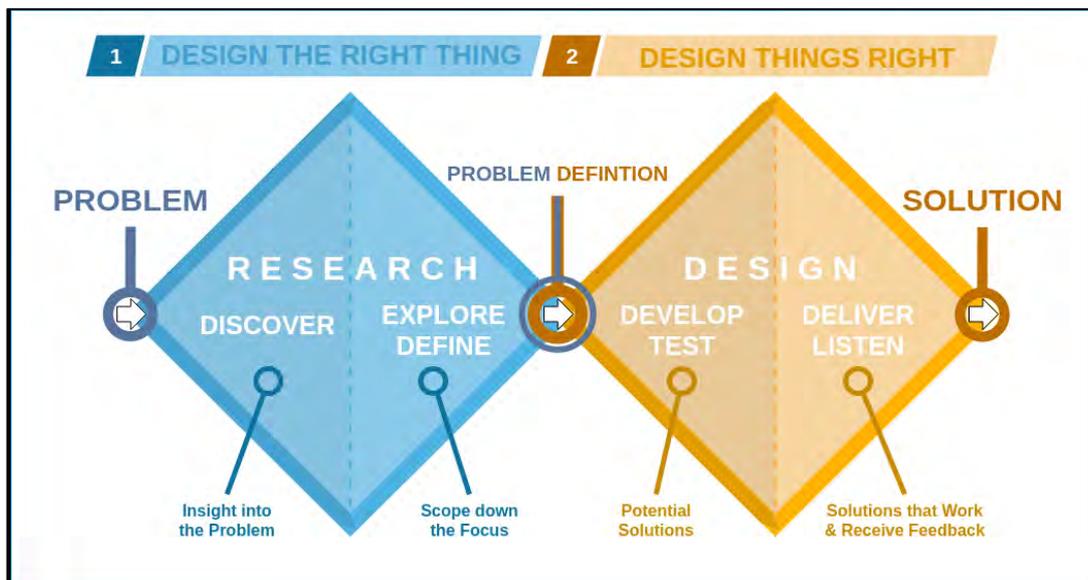


To this end all projects will be assessed against the following project selection matrix.



Project Approach and Support

The Scottish Approach to Service Design³ provides the framework for innovation project management and support to innovators, with a specific focus on the double diamond approach.



This approach is currently being tested as part of our ongoing development of our Innovation toolkit, an example of this working in practice is highlighted below

Dermatology AI Skin Cancer 48 x 22			
Aim : diagnose skin cancer within 48 hours by end of 2022/23			
Discover	Define	Develop	Deliver
<p>Discover: March 2021 – Oct 2021</p> <ul style="list-style-type: none"> • Deloitte & DHI User insights, pathways, AI use cases • Programme funding • Market landscape Reviews NSS & DHI • Technical Analysis iCAIRD • Primary/Community Care Model • Research 	<p>Define: Nov 2021 – August 2022</p> <ul style="list-style-type: none"> • Scope proof of concepts – initially in at least 2 Boards • Community, Locality, GP Practice models for capture of images to use in Advanced Clinical Referral Triage and support people to self manage. • A minimum set of standards and specifications for image capture, metadata, data storage, CHI integration, authentication • Minimum standardised technical infrastructure and architecture to enable clinical care and support and enable machine learning and AI 	<p>Develop: Sept – Dec 2022</p> <ul style="list-style-type: none"> • Building innovation collaboration, competitions and learning network • Develop and test prototype and operational model of care and support • Develop standardised capture of image & information, annotation, anonymisation, define interoperability standards, integration with electronic patient record & other systems where needed, transfer to data storage/loch 	<p>Deliver: By end of 2022/23</p> <ul style="list-style-type: none"> • Delivery of a community model and transformation of pathways of care and support across Scotland • Deliver a high volume pipeline of safe and secure images, image database and data linkage capability ready for machine learning, for research • Clinical and operational database integrated with board systems • Agile adoption across Scotland

³ <https://www.gov.scot/publications/the-scottish-approach-to-service-design/>

The Innovation toolkit will provide the structure and guidance for all projects. (See Appendix 1.)

Evidence of Value through Innovation

Aligning our Innovation approach with the Quality Strategy we will demonstrate our successes in Innovation by using the East London NHS Foundation Trust (2018)⁴ framework for evaluating the Return on Investment (ROI) in healthcare.

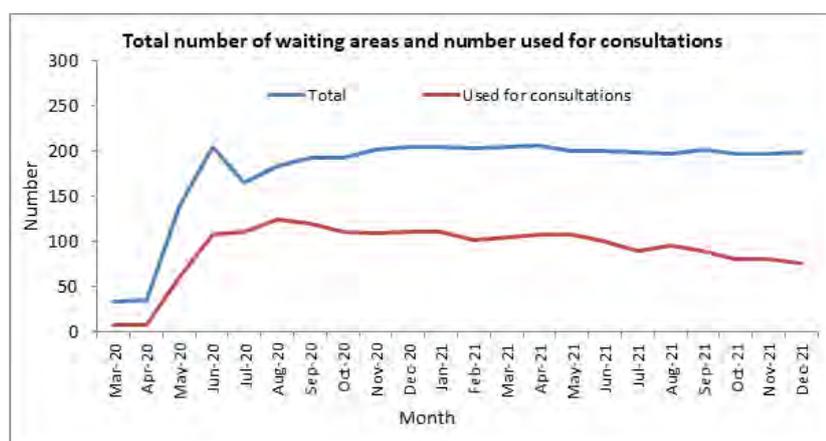
The framework defines six key areas, aligning strategic priorities to improving outcomes and experience. We will adapt and adopt this model to help us better demonstrate return on investment. Some examples are given below



“In FV, 41 shielding patients received dermatology outpatient care from the safety of their home. In addition, 218 virtual consults in FV were carried out from home by the clinician, highlighting the potential for Digital Dermatology Appointments (DDA) to provide a flexible alternative to traditional working patterns”

“Our patients quickly became engaged with Florence, it is very user friendly. Feedback has shown that patients now feel more involved in managing and understanding their own health. Additionally, the automatic calculation and drop into Docman of the average of 7 day BP readings has been a huge time saver for our practice nurse team who can now focus more time on direct patient care”

Near Me



⁴ <https://qi.elft.nhs.uk/resource/building-the-business-case-for-quality-improvement-a-framework-for-evaluating-return-on-investment/>

Innovation Governance

At the core of our approach to developing innovative solutions is doing this in collaboration with our staff, academia, industry partners and third sector. This will enable us to identify the problems faced by patients, staff, and citizens in receiving and delivering high quality, effective and efficient health, and care services, whilst also maximising opportunities for individuals to better self-manage existing conditions as well as preventing their occurrence.

To help ensure our resources are channelled, supported and managed appropriately, an Innovation Governance Group has been created and embedded into both the corporate and clinical governance structures and is aligned to the e-Health Digital Delivery Plan. This governance group ensures that we have a consistent cycle of innovation delivery so that users know how and when delivery will occur. The main purpose of the governance group is to review any new proposals, locally, nationally, and regionally.

The Innovation Governance Group;

provides a shared resource for innovation projects and new developments that might merit an injection of development, investment, and eHealth support,

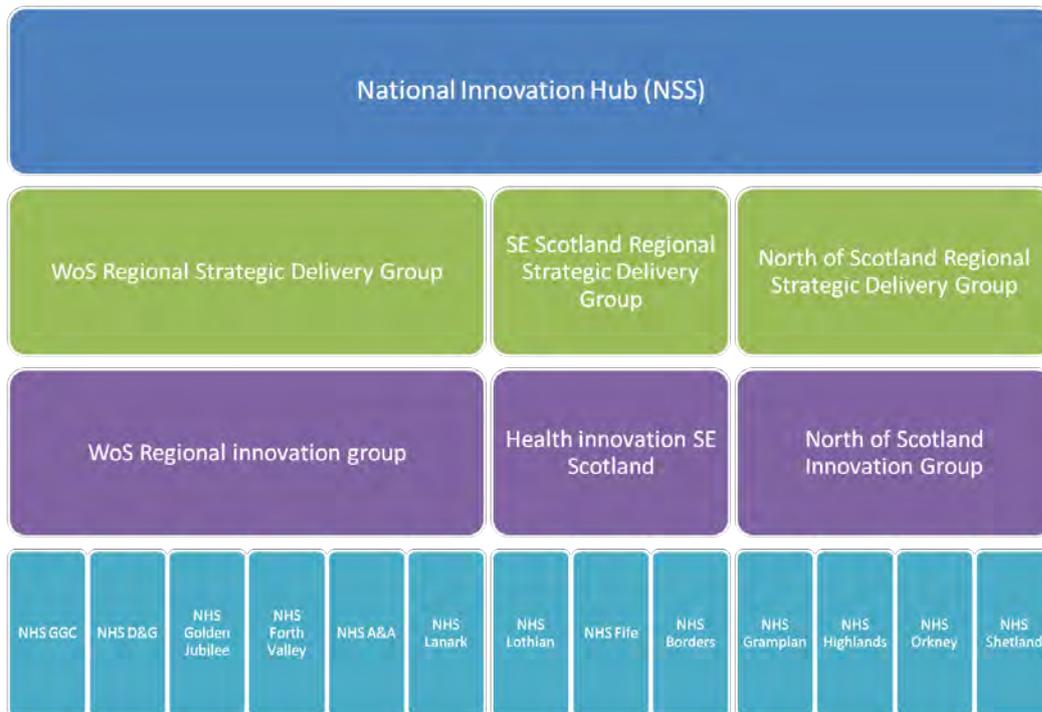
allows for a mechanism for the implementation of any potential solution that requires a robust digital IT infrastructure, and

develops a plan to create capacity to support the implementation of digital and non-digital innovations and proactively review how we track/anticipate the pipeline of innovation projects within NHS Forth Valley.

Key stakeholders identified to support this structure highlighted below



Innovation is governed at a Regional level within Scotland, with NHS Forth Valley participating in the West of Scotland Regional Innovation Group. The regional innovation is arranged as illustrated below:



Innovation Culture

Building a Culture of Innovation is an organisational wide endeavour and a capability that requires a multi-disciplinary approach. Innovation requires the right ecosystem to merely exist and the optimum conditions to really thrive.

A key factor enabling our organisation to embrace innovation and create a responsive and reactive environment is to have a culture that ensures that individuals are empowered to take decisions and be proactive in their own areas, supported by agile governance processes and appropriate levels of authority to operate.

This aligns to the inclusive principles set in the Scottish Approach to Service Design ⁵-

Connecting with colleagues in other departments in the planning stages will ensure there is sufficient time in their work schedules. We will review our current projects and our plans for horizon scanning in the short, medium, and long term which will allow for prioritisation of projects.

⁵ <https://www.gov.scot/publications/the-scottish-approach-to-service-design/pages/the-design-process/>.

As part of this we will look to identify service re-design plans, recovery and remobilisation, service transformation, and link to the Scottish Government to find innovative solutions to potential internal challenges. A key factor in the success of all innovation projects is their transition to Business as Usual, each project will need to have a full implementation plan as it is handed over for operational use.

NHS Forth Valley's Innovation plan will enable the organisation to create the conditions and culture to support sustainable Innovation to improve outcomes and experiences for all.



INNOVATION
STRATEGY



INNOVATION
LEADERSHIP



INNOVATION
CULTURE



INNOVATION
PROCESS

How do we embed technology in our everyday practise

Procurement

We have established working relationships with national and local procurement colleagues to support the transition of projects to Business as Usual and where appropriate include the relevant expertise in our project working/governance groups.

Our approach will focus on the necessary evaluation input and demonstrate return on investment to support Business Case development for future adoption and procurement.

As highlighted in the recent Campbell Report⁶ commissioned by Scottish Government, there is an importance for Health and Social Care to work in partnership with innovative start-ups and scale-ups in the Scottish Small/Medium enterprise (SME) base and closely with industrial collaborators to ensure procurement has a connected national approach. Existing projects with NHS Forth Valley already have a collaborative approach with industry via the Dermatology AI Consortium and our Eye Health SBRI. We will continue to seek opportunities to procure within the Scottish SME base, using challenges and competitions promoted through the health innovation and health technology ecosystem.

Medical Device Regulation

To support our Innovation plan we will work with partners in SHIL to implement an ISO13485 Quality Management System (QMS)⁷ for medical device regulation. The QMS

⁶ <https://www.gov.scot/publications/campbell-report-roadmap-investment-health-innovation-life-sciences-healthtech-scotland/>

⁷ <https://www.iso.org/standard/59752.html>

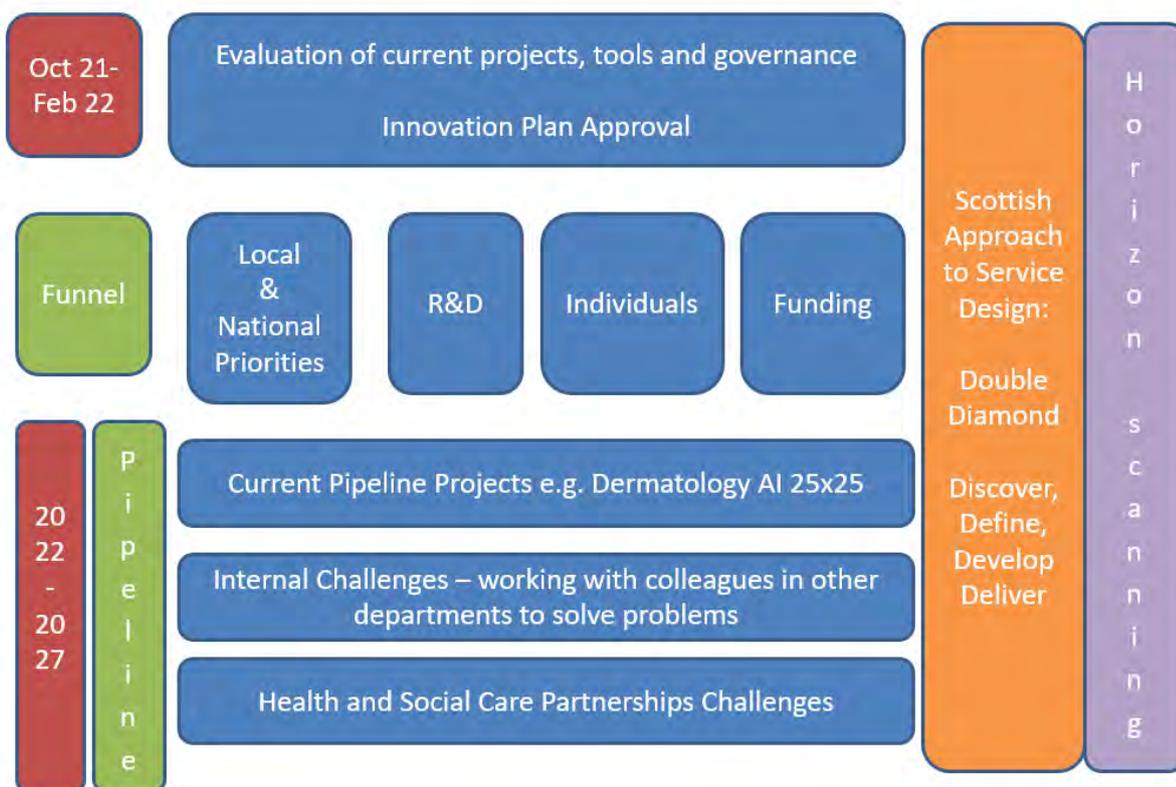
system will enable us to demonstrate the ability to provide medical devices that have a consistent approach to meeting both service and regulatory requirements.

Communication and Engagement Strategy

Innovation will utilise existing communication mediums to source opportunities and funding, as well as celebrating success and promoting our portfolio of completed projects, both internally in NHS Forth Valley and nationally. To this end a targeted communications and engagement plan has been created and will be used throughout the year to ensure internal and external stakeholders are aware of the progress of projects and transition to Business as Usual. We will also work with the regional hubs and national organisations to horizon scan for opportunities to promote our projects. Working with SHIL in October 2021 in this manner, secured the Dermatology AI Consortium and article in the Holyrood magazine.⁸

The Way Forward

To support the Innovation Plan, the diagram below illustrates Innovation Delivery with NHS Forth Valley over the next 5 years.



⁸ <https://library.myebook.com/holyrood/holyrood-473/3657/#page/20>

Appendix 1

Name of referrer	
Date of request submitted	
Department	
Project title	
Service Area	
Funding secured	<input type="checkbox"/> Yes <input type="checkbox"/> No <i>Double click on check box and set default value to 'checked'</i>
Email Address	
Contact Number	

The below table provides the scoring criteria that assessors will use to assess questions in the innovation screening matrix on page 2.

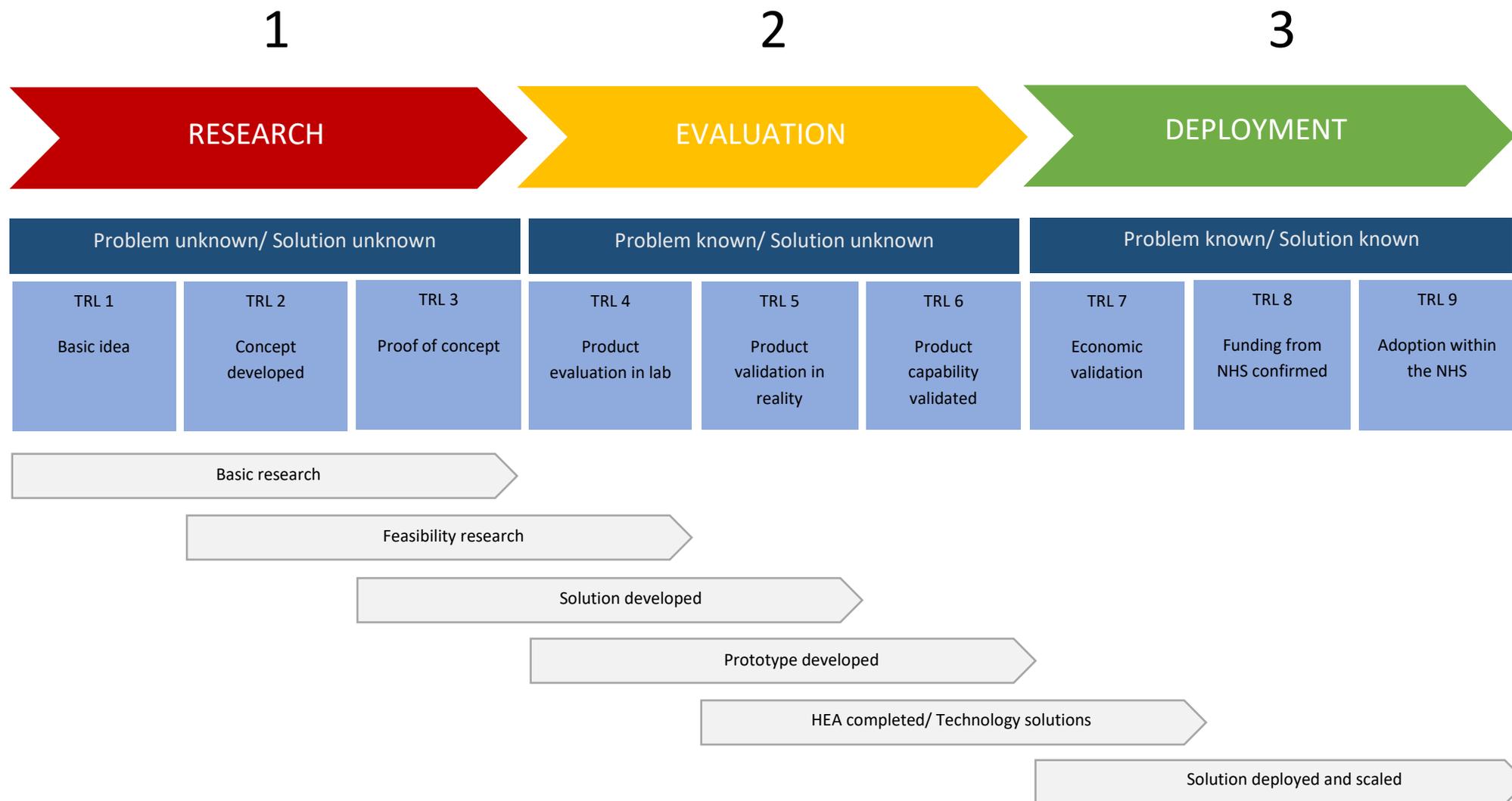
Very Poor answer	Poor answer	Acceptable answer	Good answer	Excellent answer
1 – 2	3 – 4	5 – 6	7 – 8	9 – 10
<ul style="list-style-type: none"> • Failure to answer the question • No / very weak evidence provided with no added value demonstrated • No innovation opportunity identified • No evidence of stakeholders • No evidence of funding provided 	<ul style="list-style-type: none"> • Response is vague / incomplete • Weak evidence provided with little added value demonstrated • No feasible solution proposed • Some stakeholder involvement has been considered • Currently preparing a request for funding 	<ul style="list-style-type: none"> • Basic evidence provided to show potential for innovation • Response demonstrates understanding of the service area and need to innovate • Stakeholder analysis undertaken • Evidence of request for funding submitted, working on other elements of Need consideration for BAU 	<ul style="list-style-type: none"> • Good evidence provided demonstrating real value for improving outcomes for patients and / or staff within the service • Good proposal for genuine innovation / problem-solving opportunity identified • Good identification of stakeholders who will be involved, yet to seek engagement • Funding confirmed, no evidence of ongoing funding or BAU 	<ul style="list-style-type: none"> • Rich evidence provided demonstrating value for patients / staff within the service • Response is well thought-through and presented • Genuine innovation potential identified • Stakeholders identified and actively sought out partnerships • Funding confirmed, evidence of consideration for

				long term funding and BAU
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	Complete with information from submitted proposal	Assessor comments	Assessor score (1-10)	Total score (Out of 60)
What – What is the innovation opportunity and what additional value will this bring?				
If you have an existing idea/solution, please reference which stage this is at against the steps in the Technology Readiness Level (TRL) chart (see page 4) – identifying the starting point of your current idea/solution and the planned end point.				
Why – Why would you want us to pursue this? This could include but not limited to: <ul style="list-style-type: none"> • Current pressures or challenges in this space (e.g. patient numbers, waiting times, lack of digital solution) • Impact on services • Cost savings • Effect on quality of care/service 				

When – When would you want us to do this / how long will this be for?				
Who – Who will require to be involved in this innovation opportunity?				
Where – Where will this innovation occur?				
How – How will this innovation be progressed and how will it be funded?				

Table 1. Technology Readiness Level (TRL) chart



ID	Insert new row below	Task	Owner	Date from	Date to	% Completed	week beg																								
								01/01/2021	01/02/2021	01/03/2021	01/04/2021	01/05/2021	01/06/2021	01/07/2021	01/08/2021	01/09/2021	01/10/2021	01/11/2021	01/12/2021	01/01/2022	01/02/2022	01/03/2022	01/04/2022	01/05/2022	01/06/2022	01/07/2022	01/08/2022	01/09/2022	01/10/2022	01/11/2022	01/12/2022
			Version 0.2d	01/12/2018		0.0																									
1		Dermatology Pilot DDA- BAU- Systems support	CM	01/01/2019		0.0																									
2		Ophthalmology (Optometry Shared Care)	EW	01/01/2020	31/05/2022	50.0																									
3		SBRI Eye Health	WN/JZ	01/03/2021	01/06/2022	50.0																									
4		Open Eyes	JZ			0.0																									
5		OPERA	EW	11/01/2021	10/01/2022	0.0																									
6		Heartflow	WN	01/06/2022		0.0																									
9		Health & Wealth building	SB			0.0																									
10		Florence - project support	DAL	01/12/2018	30/12/2021	95.0																									
11		Near Me - BAU Systems analyst	SB		01/04/2021	0.0																									
						0.0																									
		Remote Health Pathways				0.0																									
7		RHM : Asthma	WN	01/05/2021		0.0																									
		RHM: Prostate	WN			0.0																									
8		RHM : IBS	WN			0.0																									
		Florence transition to RHM	DAL			0.0																									
		RHM COVID				0.0																									
		RHM Long Term Conditions				0.0																									
		Near Me				0.0																									
		Dermatology				0.0																									
12		Dermatology Consortium	SB			0.0																									
12.1		AI Derm 25x25	WN/JZ	08/03/2021	04/01/2025	0.0																									
12.2		AI Derm 48x22	WN/JZ	16/05/2021		0.0																									
						0.0																									

FORTH VALLEY NHS BOARD
TUESDAY 26 JULY 2022

6.7 Falkirk Community Hospital Masterplan Strategic Assessment For Approval

Executive Sponsor: Mrs Cathie Cowan, Chief Executive

Author: Ms Gail Woodcock, Head of Integration, Falkirk Health and Social Care Partnership

Executive Summary

This report provides an overview of the work undertaken to date on the development of the Falkirk Community Hospital Masterplan Strategic Assessment. The masterplan seeks to set out the vision for how existing services on the Falkirk Community Hospital Site, and related services could be developed, improved, and expanded to meet people's needs into the future.

This report provides a summary of the work undertaken to date in develop the Strategic Assessment. An outline of next steps and overarching programme has been provided.

This report recommends formal approval of the Strategic Assessment by the NHS Board, as the Investment Decision Maker for the project.

Recommendation:

The Forth Valley NHS Board is asked to: -

- **note** that the Strategic Assessment is supported by the Falkirk Community Hospital/Primary Care Programme Board and the Falkirk Integration Joint Board.
- **endorse** the Strategic Assessment for onward submission to Scottish Government.
- **note** that work will now commence to progress with the Initial Agreement which would include the Falkirk Central locality requirements arising from the Primary Care Programme Initial Agreement.

Key Issues to be Considered:

Background

NHS Forth Valley and Falkirk Integration Joint Board (IJB) wish to redevelop Falkirk Community Hospital.

To progress this work, it was agreed that a project team would be established to take forward the master planning of services and to develop the Strategic Assessment. This has been developed in line with the requirements of the Scottish Government Capital Investment Manual.

The project is being directed by Patricia Cassidy, Chief Officer with project management support being provided by NHS Forth Valley Corporate Portfolio Management Office (CPMO) and a specialist external partner in health and social care consultancy and planning. The project encompasses the planning for the delivery of health and care services for NHS Forth Valley and Falkirk Health and Social Care Partnership (HSCP) and includes capital investment from Falkirk Council for a new model of intermediate care. This provides an opportunity to develop new care pathways in partnership with our communities and staff.

Emerging Model of Care

The focus of the workshops and development of the Clinical Briefs linked to community bed-based care has been to explore, with stakeholders, new service models within a transformed, integrated care system and how services may evolve in Forth Valley, noting the current and service delivery challenges. The redevelopment is central to the Falkirk IJB plans to deliver intermediate care, review community bed-based care and to work in partnership with the third sector to support and care for people within their communities.

Digital transformation requires to be at the heart of any future reform. Future business cases will ensure that next generation digital services are core to creating sustainable, quality services. This includes the expansion of virtual appointments, remote health monitoring, remote desktop server solutions and new primary care eHealth systems, ensuring that technology supports a more inclusive, patient led experience.

A summary of the potential scope and service model for each workstream is summarised below:

Workstream	Scope	Model
A: Bedded Care	<ul style="list-style-type: none"> • Intermediate rehab focused care • Longer complex specialty care • Specialist stroke rehab – currently Stirling Health & Care to evaluate longer term location • Palliative and end of life care • Step up and step-down care • Potential for housing/housing with care 	<ul style="list-style-type: none"> • 100% single room, flexible bedded care • Collaborative integrated team • Clear process and protocol for each pathway • To resolve governance and regulatory framework
B1: Ophthalmology	<ul style="list-style-type: none"> • Diagnostics • Outpatients • Long term conditions • Teach & treat • Minor procedures • Day case • Potential to repatriate Golden Jubilee activity 	<ul style="list-style-type: none"> • Asynchronous outpatient care supported by diagnostic • Satellite site – diagnostics and injections within Clacks & Stirling • Increased advance practice roles • Adoption of best practice high volume care pathways – Cataract outpatients and double scrub from Golden Jubilee; Moorfields sub-specialty lanes
B2: Outpatients	<ul style="list-style-type: none"> • Child & Family health CAMHs, Sexual Health, Maternity, Paediatrics, Health Visiting, Immunisations & Vaccinations • Mental health & Psychology • Therapies – hub-based services • Community Alcohol & Drug service • Tissue Viability, Continence Service, AAA Screening, Community Dental including Teach & Treat • Wellness Centre – phlebotomy/investigations/ diagnostic, physiological measurement, medical photography, signposting • Opportunity to transfer range of specialties from acute site. Initial engagement with Diabetic; potential for much broader range • Potential to include Clinical Research facility • Existing FCH services plus number of other Falkirk locations 	<ul style="list-style-type: none"> • Range of forms to deliver care: face to face; virtual; groupwork; digital platforms • Flexible use of accommodation • One-stop pathway e.g., Gynaecology • Person-led conversations • Redistribute in line with geographical spread of population • Use of leisure facilities • To agree level of Radiology and other supporting service; dependent on the specialties seen.
B3: Primary Care	<ul style="list-style-type: none"> • Westburn practice plus potential for up to 3 further Falkirk Central practices. Initial discussions with all positive. 	<ul style="list-style-type: none"> • Integrated multi-disciplinary team

	<ul style="list-style-type: none"> • Core GMS services including PCIP roles • Falkirk Central locality hub – phlebotomy, treatment room, District Nurse base, AHP hub services • Future potential – Occupational Therapy, Hospital @ Home base 	<ul style="list-style-type: none"> • Opportunity to maximise PCIP resource across all practices • Variety of consultation forms: face to face, virtual, group • Integrated services across primary, community & secondary care
C1: Decontamination	<ul style="list-style-type: none"> • All reusable medical devices for Forth Valley • Incorporates National Treatment Centre capacity 	<ul style="list-style-type: none"> • Single centralised facility; does not need to be on the FCH site. • Low steam sterilisation; enable repatriation from Glasgow
C2: Technical Services	<ul style="list-style-type: none"> • Transport department/Fleet services • Estates & Capital Planning • Procurement and Logistics • Linen, domestic & Soft FM services • Health Records 	<ul style="list-style-type: none"> • Centralise procurement from number of locations • Concentrate Fleet/Transport • Move to digital records • Housekeeper based role • Environmental sustainability
C3: Offices & accommodation	<ul style="list-style-type: none"> • Information Services; Quality Improvement; Finance; Core Cancer & Palliative Care; Bereavement Service; IT& e-health Falkirk Partnership; Health Promotion • Medical Student Accommodation • Opportunity wider HSCP staff 	<ul style="list-style-type: none"> • No multiple office bases • Flexible desk policy hot desks for clinical staff with low % admin time • Hybrid working • Support spaces • Use of ratio for desks for staff with <50% admin time • Number of services do not need to be on FCH site

Project Management and Stakeholder Engagement

To support the Strategic Assessment development, a number of workshops have taken place, attended by a range of stakeholders including representation from each of the following workstreams:

- A: Bedded Care: inpatient beds; intermediate care beds; care homes; hospital @ home
- B1: Ophthalmology: outpatient and day case
- B2: Wide range of outpatients
- B3: Primary care – Falkirk Central locality implications from the proposed preferred service model
- C1: Decontamination
- C2: Technical – Estates FM, Transport
- C3: Offices

The workshops are set out in the table below:

Workshop	When	Purpose
Workshop 1	Week commencing 23/8/21	Identify current service provision; what currently provided on FCH site
Workshop 2	Week commencing 27/9/21	Identify future trends in each area of service provision
Workshop 3	Week commencing 27/9/21	Identify proposed future service model

Cross Check event	4/11/21	Large stakeholder group from both PIA and FCH project including all patient user/carer reps. Each sub-group lead presented on their future clinical model and to identify service impact or dependencies
Strategic Assessment	16/12/21	Develop Strategic Assessment

A number of other key activities have been undertaken in the development of the Strategic Assessment:

- Development of seven 7 Clinical Output Specifications for each service area/workstream
- Site walk round of existing facilities
- Data validation of all existing services with NHS Forth Valley information team
- Lessons learned from Bellfield intermediate care development captured and considered
- Establishment of Short Life Working Group to identify and scope the Living Well wellbeing component to the service model

Approval process and indicative timeline

The project impacts on a number of organisations and therefore requires approval through several organisational governance systems. The approvals process for the Strategic Assessment, along with dates is set out in the table below:

Body	Action	Timescale
Project Team	Endorsement	23 rd February 2022
Programme Board	Endorsement	22 April 2022
NHS FV Executive Leadership Team	Endorsement	25 April 2022
NHS Forth Valley Board	Sign off	26 th July 2022
Falkirk Integration Joint Board	Sign off	10 June 2022
Scottish Government Capital Investment Group Chair	Noting	On submission after NHS Board approval

Following completion of the Strategic Assessment work will now commence to progress with the Initial Agreement which will include the Falkirk Central locality requirements arising from the Primary Care Programme Initial Agreement.

The indicative timeline for progressing the project is summarised below although this is subject to change depending on approval process, requirements for additional financial and service information and contract arrangements etc:

Task	Assumptions	Potential Timeline
Initial Agreement	9 months plus 4 months approval	September 2022- August 2023
Outline Business Cases	9 months plus 4 months approval	September 2023- August 2024
Full Business Cases	9 months plus 4 months approval	September 2024- August 2025
Construction & Commissioning Operating facilities	24-month construction; 4 months commissioning	September 2025- December 2027 January 2028

Conclusions

Significant engagement has been undertaken over the last 9 months in the development of the master planning and Strategic Assessment. The work has been undertaken with a range of stakeholder groups including significant input from members of the Strategic Planning Groups of both IJBs.

A significant programme of investment is proposed over the next 6 years, dependent on the availability of capital funding from the Scottish Government and affordability of the ongoing revenue consequences.

Further work on the service model will be undertaken as part of the Initial Agreement with evaluation of site-specific options as part of the Outline Business Case which follows.

Financial Implications

The resource implications both capital and revenue will be developed in full in the next stages of the business case process.

Workforce Implications

There are no workforce implications as a direct result of this report. Workforce implications and requirements for the new development will be progressed through consultation and engagement as the project progresses.

Risk Assessment

A project risk register is in place and reviewed monthly by the project group.

Relevance to Strategic Priorities

The project is being developed in alignment with the IJB's and NHS Forth Valley's strategic outcomes.

Equality Declaration

An equalities assessment will be undertaken as the business case progresses. Early screening work has not identified any equalities implications.

Consultation Process

Significant consultation and engagement with a wide range of stakeholders has taken place in developing the Strategic Assessment through workshops and meetings.

FORTH VALLEY NHS BOARD
TUESDAY 26 JULY 2022

6.8 Board Committee Membership Update For Approval

Executive Sponsor: Ms Janie McCusker, Chair

Author: Mrs Cathie Cowan, Chief Executive

Executive Summary

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

Recommendation

The Forth Valley NHS Board is asked to:

- **approve** the Revised Committee Structure for 2022/23
- **approve** the changes in membership to the Clackmannanshire/Stirling Integration Joint Board
- **note** the need to confirm a Nurse Lead to the Falkirk Integration Joint Board
- **note** the update to the Code of Corporate Governance will be presented to Board in September 2022

Key Issues to be considered

In accordance with Standing Orders, and 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.

The Code of Corporate Governance approved by the NHS Board in March 2022 referred to the appointment of Vice Chairs to each of the Assurance Committees. This paper proposes Vice Chairs to Board Assurance Committees.

The Code of Corporate Governance is being updated to reflect changes in Committee Terms of Reference and Code of Conduct and will be presented to Board for approval in September 2022.

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

Following Local authority elections in May 2022, Local Authorities approved appointments to their internal Committees including appointing a Health Board representative. Appointments to the Health Board are subject to approval by the Cabinet Secretary for Health and Social Care, appointments have now been confirmed for all three Local Authorities.

The details of the revised Committee Structure are attached at Appendix 1. The revisions proposed a Chair and Vice Chair for each of the Board's Committees. The Endowment Committee is subject to change in response to a national review. Findings of the review will

be reported to the Board. Membership to the Endowment Committee is open to all appointed Board members acting as Trustees.

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

The proposal supports the recently approved NHS Board's corporate objectives, notably:

- Plan for the future
- Protect and improve the Health & Wellbeing of the people of Forth Valley whilst reducing health inequalities
- Improve our focus on safety, quality, and sustainability
- Value and develop our people
- Deliver best value our people
- Promote and build integrated services locally, and regionally
- Display leadership behaviours that nurture and support transformational change across our health and care system

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.

Appendix 1

COMMITTEE MEMBERSHIP JULY 2022

CLINICAL GOVERNANCE COMMITTEE	ENDOWMENTS COMMITTEE	AUDIT & RISK COMMITTEE	PERFORMANCE & RESOURCES COMMITTEE	STAFF GOVERNANCE COMMITTEE	FALKIRK INTEGRATION JOINT BOARD	CLACKS/STIRLING INTEGRATION JOINT BOARD		
<p style="text-align: center;">MEMBERS</p> <p>Chair: Michelle McClung Kirstin Cassels Robert Clark Wendy Hamilton Gordon Johnston (V) Janie McCusker John Stuart</p> <p>2 members of Public Involvement Network</p> <p style="text-align: center;">Q – 3 Non-Executive Directors</p> <p style="text-align: center;">ATTENDING Laura Byrne Cathie Cowan Frances Dodd Linda Donaldson Andrew Murray (EL)</p>	<p style="text-align: center;">MEMBERS</p> <p>Chair: Fiona Collie Robert Clark Cathie Cowan Danny Gibson John Stuart (V) Scott Urquhart (EL)</p> <p style="text-align: center;">Q – 3 Non-Executive Directors</p> <p style="text-align: center;">ATTENDING Jonathan Procter (S)</p>	<p style="text-align: center;">MEMBERS</p> <p>Chair: Fiona Collie Robert Clark Danny Gibson John Stuart (V)</p> <p style="text-align: center;">Q – 2 Non-Executive Directors</p> <p style="text-align: center;">ATTENDING Cathie Cowan Scott Urquhart (EL)</p>	<p style="text-align: center;">MEMBERS</p> <p>Chair: Martin Fairbairn Kirstin Cassels Robert Clark (V) Fiona Collie Danny Gibson Janie McCusker</p> <p style="text-align: center;">Q – 3 Non-Executive Directors</p> <p style="text-align: center;">ATTENDING Cathie Cowan (EL) Frances Dodd Linda Donaldson Kerry Mackenzie (S) Andrew Murray Jonathan Procter Scott Urquhart</p>	<p style="text-align: center;">MEMBERS</p> <p>Chair: Allan Rennie Robert Clark Wendy Hamilton Gordon Johnston Stephen McAllister (V) Janie McCusker</p> <p>4 Lay members</p> <p style="text-align: center;">Q – 4 Members</p> <p style="text-align: center;">ATTENDING Cathie Cowan Frances Dodd Linda Donaldson (EL) Scott Urquhart</p>	<p style="text-align: center;">MEMBERS</p> <p style="text-align: center;">Voting Gordon Johnston Stephen McAllister Michele McClung (Chair)</p> <p style="text-align: center;">Non-Voting Andrew Murray Nurse Lead to be confirmed</p>		<p style="text-align: center;">MEMBERS</p> <p style="text-align: center;">Voting Cathie Cowan Martin Fairbairn Gordon Johnston Stephen McAllister Allan Rennie John Stuart</p> <p style="text-align: center;">Non-Voting Julie Mardon Lorraine Robertson</p>	
					Audit Committee	Clinical & Care Governance Committee	Audit Committee	Finance & Performance Committee
					Chair Gordon Johnston	Vice-Chair Stephen McAllister	Vice-Chair Martin Fairbairn	Vice-Chair Gordon Johnston

ETHICAL ISSUES SUB COMMITTEE	ORGAN DONATION COMMITTEE	PHARMACY PRACTICES COMMITTEE	REMUNERATION COMMITTEE	FALKIRK COMMUNITY PLANNING PARTNERSHIP	CLACKMANNANSHIRE COMMUNITY PLANNING PARTNERSHIP
<p style="text-align: center;">MEMBERS</p> <p>Chair: Michele McClung Gordon Johnston Andrew Murray (EL) Spiritual Care</p> <p style="text-align: center;">Q – 2 Members</p>	<p style="text-align: center;">MEMBERS</p> <p>Chair: Allan Rennie Andrew Murray (EL)</p>	<p style="text-align: center;">MEMBERS</p> <p>Chair: John Stuart (See ToR)</p>	<p style="text-align: center;">MEMBERS</p> <p>Chair: Allan Rennie Robert Clark Fiona Collie Martin Fairbairn Michelle McClung Janie McCusker (V)</p> <p style="text-align: center;">Q – 3 Non-Executive Directors</p> <p style="text-align: center;">ATTENDING Linda Donaldson (EL)</p>	<p style="text-align: center;">MEMBER Janie McCusker</p>	<p style="text-align: center;">MEMBER Cathie Cowan</p> <p style="text-align: center; color: blue;">STIRLING COMMUNITY PLANNING PARTNERSHIP</p> <p style="text-align: center;">MEMBER Cathie Cowan</p>

- E/L= Executive Lead
- Q = Quorum
- S – Support to Executive Lead
- V = Vice-Chair

FORTH VALLEY NHS BOARD
TUESDAY 26 JULY 2022

7.1 Healthcare Associated Infection Reporting Template For Assurance

Executive Sponsor: Mrs Gillian Morton, 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 no hospital acquired SABs in June.
- Total DABs remain within control limits. There were three hospital acquired DABs in June.
- Total CDIs remain within normal control limits. There was one hospital acquired CDI in June.
- Total ECBs have exceeded normal control limits. There were five hospital acquired ECBs in June.
- There have been no deaths with MRSA or *C.difficile* recorded on the death certificate.
- There were no surgical site infections in June.
- There were two outbreaks reported in June.

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. The AOP target has now been extended to March 2023
- *Clostridioides difficile* infection (CDIs)
There were 6 CDIs this month. The AOP target has now been extended to March 2023
- *Escherichia coli* bacteraemias (ECBs)
There were 17 ECBs this month. The AOP target has now been extended to March 2023
- 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)*

June 2022

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 steadily increased this month due to the Omicron variants. Most patients confirmed are asymptomatic or have mild illness.
- There were two reported outbreaks of Covid this month, Wards A21 & A22, FVRH.
- CDI infection case numbers have increased within healthcare sourced infections. Hospital CDI case numbers remain normal and stable.
- ECBs exceeded control limits this month due to the high numbers of healthcare sourced infections and additional nursing home acquired infections. Hospital ECBs remain within control limits.

Performance at a glance

	Total No of Cases	Month RAG status			
<i>Staphylococcus aureus</i> bacteraemia (SABs)	3				
<i>Clostridioides difficile</i> infection (CDIs)	6				
<i>Escherichia coli</i> Bacteraemia (ECB)	17				
Device associated bacteraemia (DABs)	7				
Hand Hygiene (SPSP)	99%				
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 no hospital acquired SABs this month.
- There were three healthcare acquired SABs 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 five hospital acquired ECBs this month.
- There were ten healthcare acquired ECBs this month.
- There were two nursing home acquired ECB this month.
- Total ECBs case numbers exceeded control limits this month.

Clostridioides difficile infection

- There was one hospital acquired CDI this month.
- There were five healthcare acquired CDIs this month
- Total CDI case numbers remain within control limits this month. Healthcare CDIs have exceeded control limits

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 month had healthcare intervention such as previous hospital admission, attending Clinics, GP, dentist etc. Note this does not necessarily mean that the sepsis is associated with the previous healthcare intervention.

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.

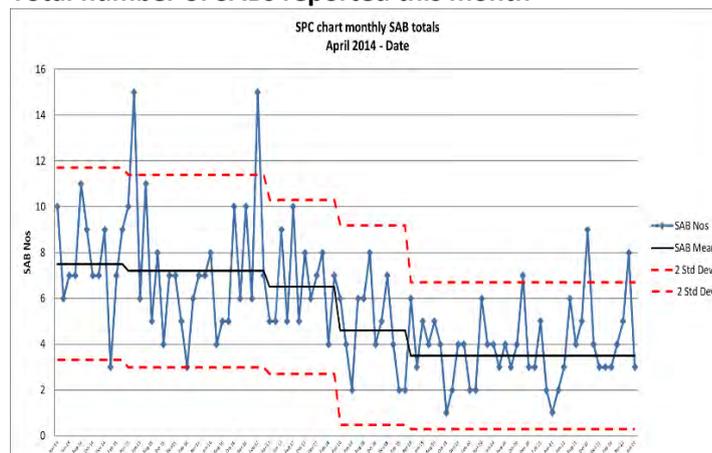
June 2022

Monthly Total	3
Hospital	0
Healthcare	3
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.

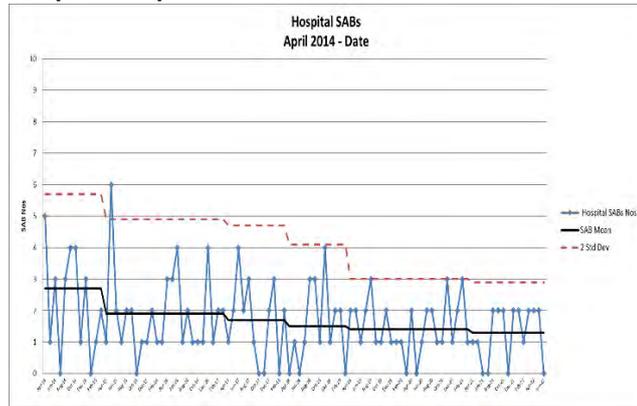
Staph aureus bacteraemia total - April 22 to date – 16

Total number of SABs reported this month



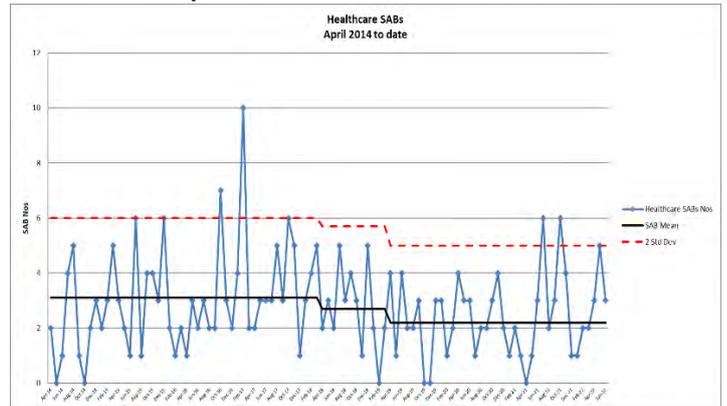
Comments: Case numbers remain within control limits this month. No concerns to raise.

Hospital Acquired SABs



Comments: Case numbers remain within control limits this month.

Healthcare Acquired SABs



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

Breakdown

Source	No of Cases
Healthcare	3
Ulcer	1
Unknown	1
Nephrostomy	1
Grand Total	3

There were 645 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 no hospital acquired SABs this month.

Directorate reports and graphs can be accessed using the following link:
<https://staffnet.fv.scot.nhs.uk/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.

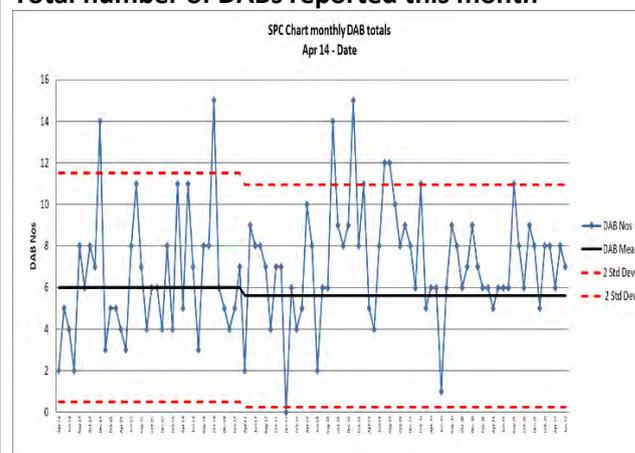
June 2022

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 22 to date - 21

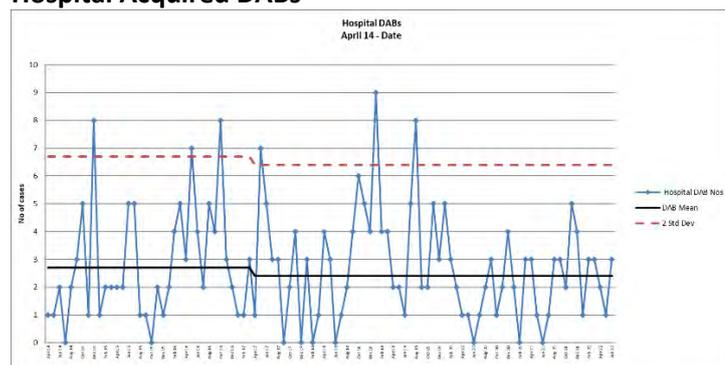
Total number of DABs reported this month



Comments:

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

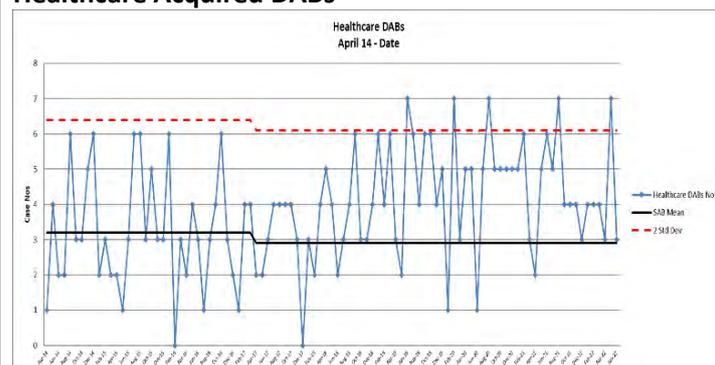
Hospital Acquired DABs



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	No. of Cases
Healthcare	3
Urinary Catheter long term	2
Nephrostomy	1
Hospital	2
PICC line	1
B11	
Urinary Catheter long term	1
A22	
Urinary Catheter short term	1
No attributed ward	
Nursing home	1
Urinary Catheter	1
Grand Total	7

There were 645 blood cultures taken this month, of those there were in total 6 blood cultures that were associated with devices. This accounts for 0.9% of all blood cultures taken this month. There were two hospital acquired DABs this month, this accounts for 0.3% of all blood cultures taken this month.

Hospital DABs

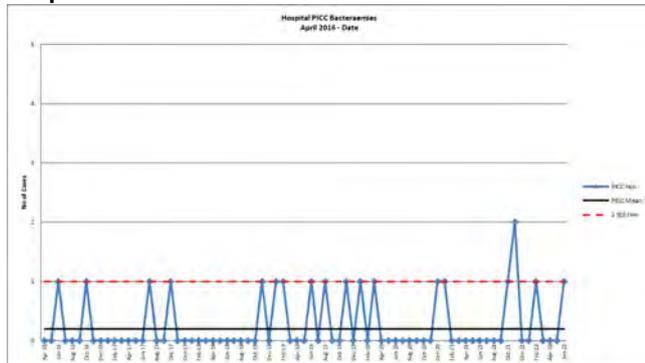
- UCST Infection develop whilst on ward. No ward attributed as all bundles completed fully.
- PICC line - Infection developed during hospital admission attributed to B11 due to incomplete documentation.
- UCLT - infection developed following frequent changes to catheter. Bundle compliance inconsistent. Attributed to A22.

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

<https://staffnet.fv.scot.nhs.uk/infection-control/monthly-ward-reports/>

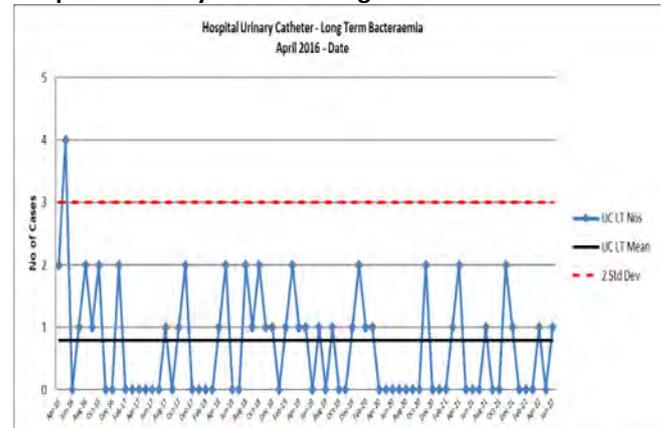
The graphs below provide an overview of the number of device associated bacteraemias, however, it doesn't provide sufficient detail of the individual device and whether the number of infections have exceeded control limits. Below are graphs relevant to the identified devices for this month.

Hospital – PICC



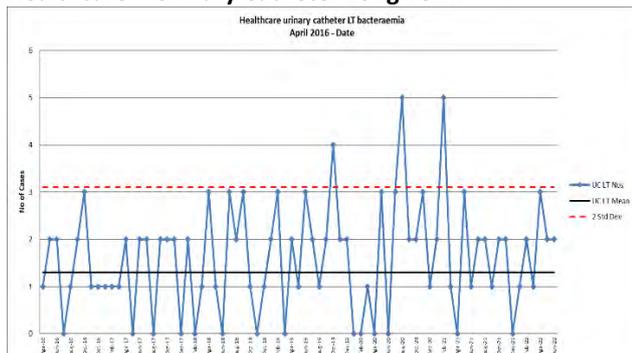
Comments: case numbers remain within control limits, no concerns to raise.

Hospital –Urinary Catheter Long Term



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

Healthcare – Urinary Catheter Long Term



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 E coli 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.

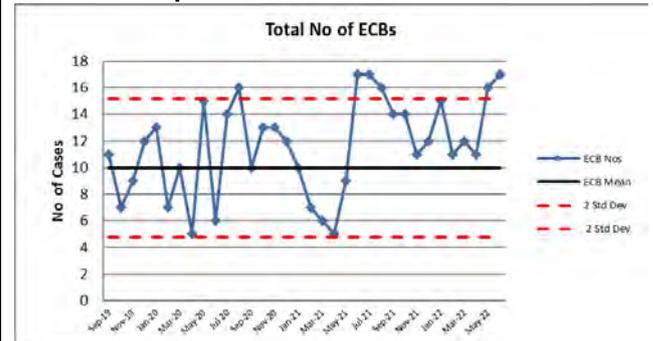
In NHS FV, device associated bacteraemias (DABs) surveillance has been ongoing since 2014, and have seen a reduction in urinary catheter bacteraemias over the years including E. coli associated infections and will hope to reduce so to achieve our target for 2023.

June 2022

Monthly Total	17
Hospital	5
Healthcare	10
Nursing Home	2

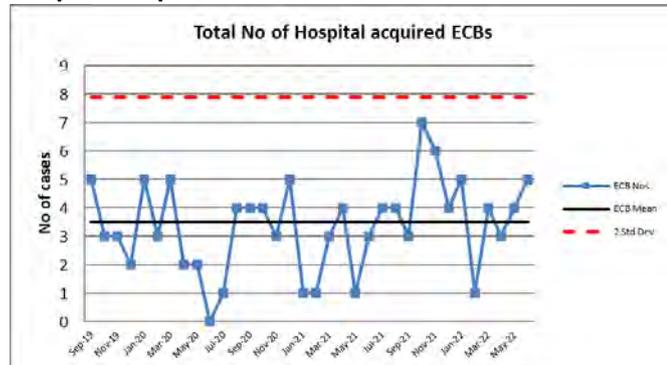
E coli bacteraemia infection total – April 22 to date - 44

Total ECBs reported this month



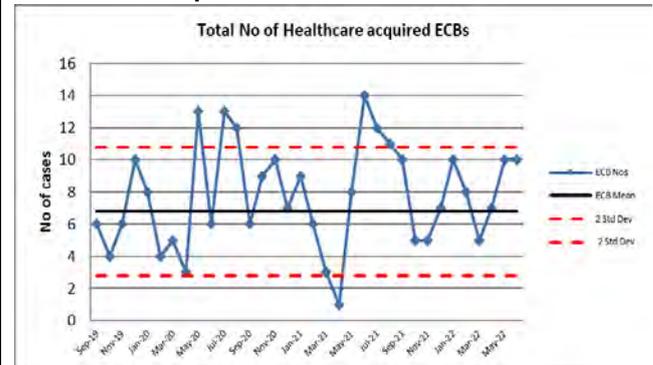
Comments: case numbers exceeded control limits this month. See narrative below.

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	10
Biliary tract	3
Urinary Catheter long term	2
UTI	2
Pyelonephritis	1
Renal	2
Hospital	5
Unknown	1
No attributed ward	
UTI	2
No attributed ward	
A22	
Renal	1
No attributed ward	
Urinary Catheter short term	1
No attributed ward	
Nursing home	2
Biliary tract	1
Urinary Catheter	1
Grand Total	17

There were 645 blood cultures taken this month, of those there were in total 17 blood cultures that grew *E. coli*. This accounts for 2.6% of all blood cultures taken this month. Hospital ECBs accounted for 0.8% of all blood cultures taken.

Hospital ECBs

- Unknown - no source of infection confirmed.
- Renal - Managed as Urosepsis.
- UCLT - infection developed following frequent changes to catheter. Bundle compliance inconsistent.
- UCST - infection developed whilst on ward. No ward attributed as all bundles completed fully.
- UTI - developed UTI during hospital stay. No attributed ward due to frequent soiling/replacement of leg cast may have been a contributory factor.

Data exceedance

Whilst infection sources (hospital and healthcare) have remained within control limits the total cases this month exceeded control limits. Healthcare sourced infections have remained high for the last two months. In addition, there were two reported ECBs from nursing homes. The combination of both high healthcare ECBs and the additional two nursing home acquired infections contributed to this exceedance.

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.

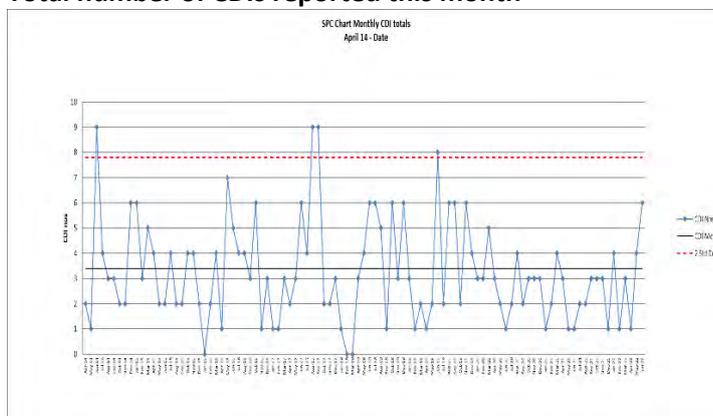
June 2022

Monthly Total	6
Hospital	1
Healthcare	5
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 22 to date – 11**

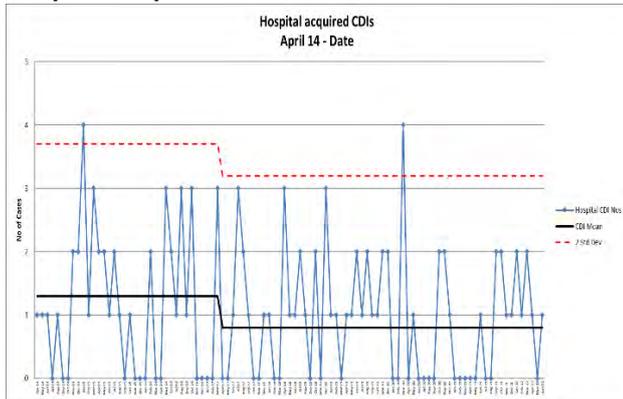
Total number of CDIs reported this month



Comments:

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

Hospital Acquired CDIs



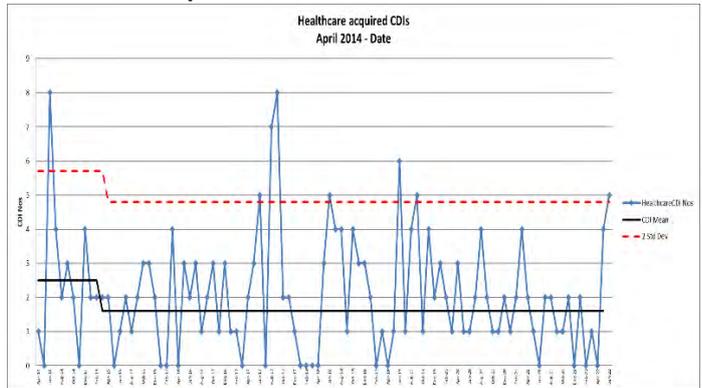
Comments:

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

Breakdown

Source	No. of infections
Healthcare	5
Hospital	1
No attributed ward	
Grand Total	6

Healthcare Acquired CDIs



Comments:

Case numbers remain exceeded control limits this month which is unusual. The IPCT will closely monitor infection rates over the coming weeks.

Hospital CDIs:

- No attributed ward – CDI developed following appropriate antimicrobial therapy.

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

<https://staffnet.fv.scot.nhs.uk/infection-control/monthly-ward-reports/>

AOP TARGETS

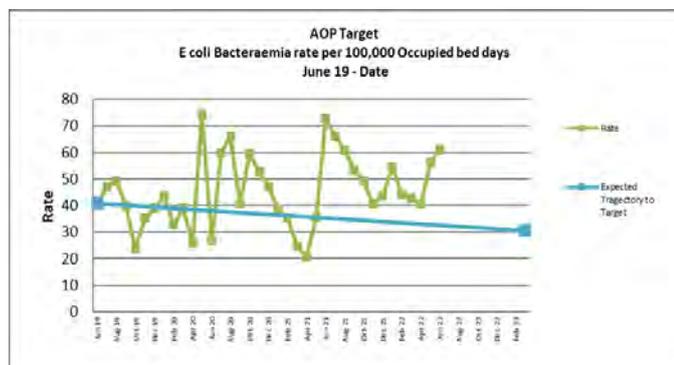
HAI AOP targets for 2019-2023

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. 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 report nationally and in line with our set target. In addition to SABs and CDIs targets, *Escherichia coli* bacteraemia (ECB) is now included in our targets.

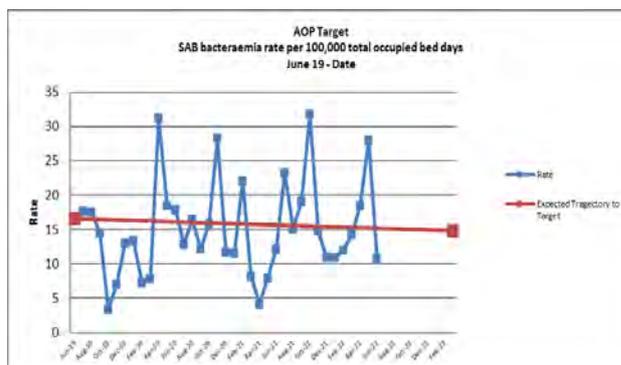
The table below highlights the targets for 2023 and the graphs below highlight progress towards these targets:

	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	2023	30.6	101
SAB	16.6	55	10	2023	14.9	50
CDI	11.4	38	10	2023	10.3	34

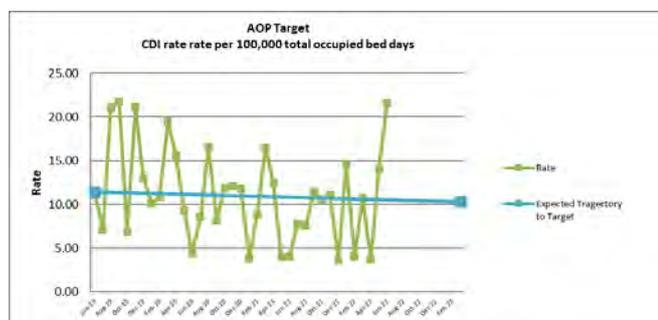
AOP target progress to date



Comments: Infection rate has decreased this month



Comments: Infection rate has increased slightly this month.



Comments: Infection rate have increased this month which is unusual. The IPCT will monitor infection rates closely over the coming weeks

Target Organism	Target Rate (per 100,000 total bed days)	Current Rate April 22 - date (per 100,000 total bed days)	Status
ECB	30.6	52.6	Above trajectory
SAB	14.9	19.1	On trajectory
CDI	10.3	13.1	On trajectory

Extension to AOP targets to March 2023

The CNO has confirmed the extension of the AOP targets to March 2023 due to the additional pressures of the pandemic over the last two years.

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.

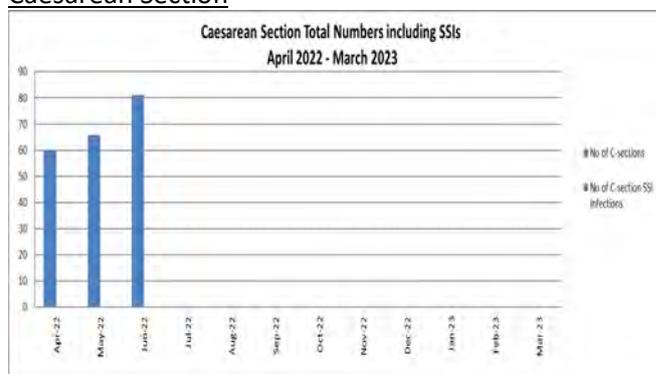
NHS Forth Valley's approach to SSI prevention and reduction

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

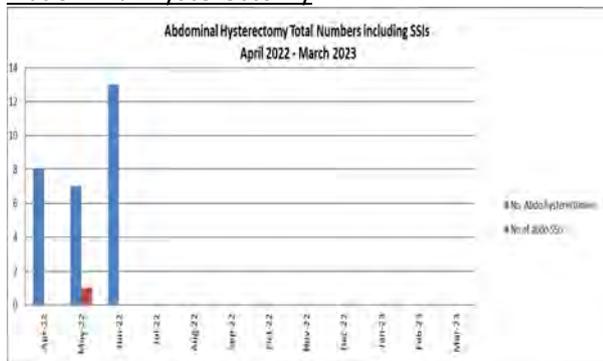
Procedure	Confirmed SSI
Abdominal Hysterectomy (v)	0
Breast Surgery (v)	0
Caesarean Section (m)	0
Knee Arthroplasty (v)	0
Hip Arthroplasty (m)	0
Major Vascular Surgery (m)	0
Large Bowel Surgery (m)	0

Caesarean Section



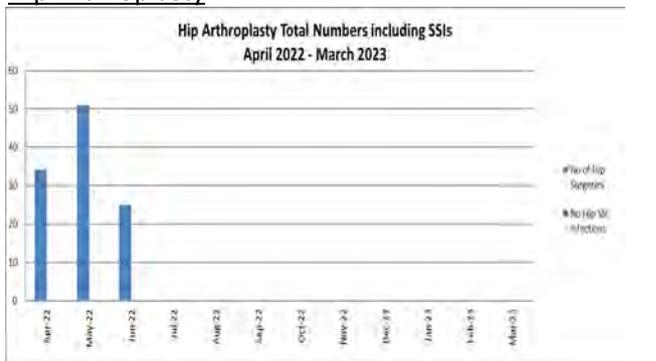
Comments: case numbers remain within control limits, no concerns to raise.

Abdominal Hysterectomy



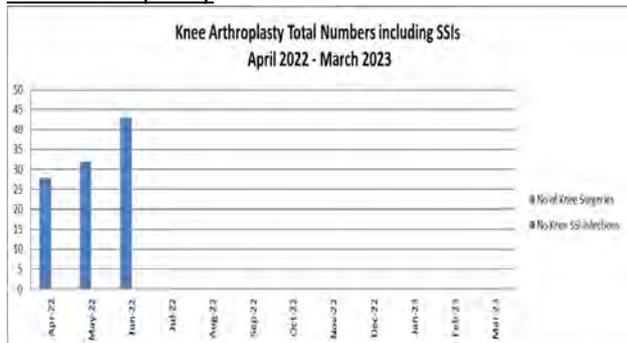
Comments: case numbers remain within control limits, no concerns to raise.

Hip Arthroplasty



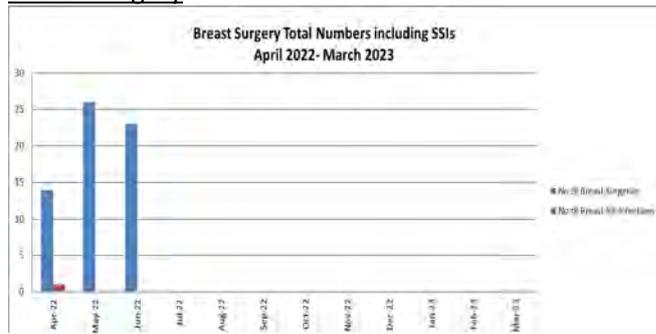
Comments: case numbers remain within control limits, no concerns to raise.

Knee Arthroplasty



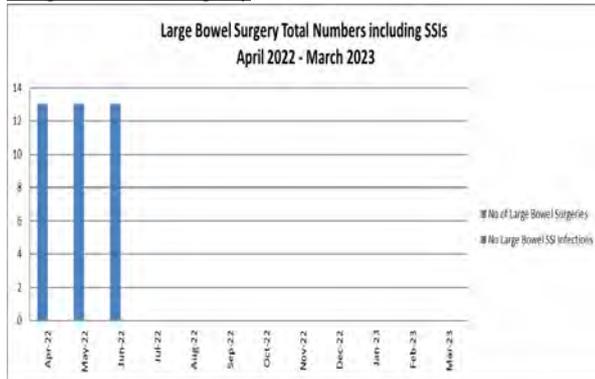
Comments: case numbers remain within control limits, no concerns to raise.

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.

It is planned for national reporting to be reinstated in October 2022 following national review.

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

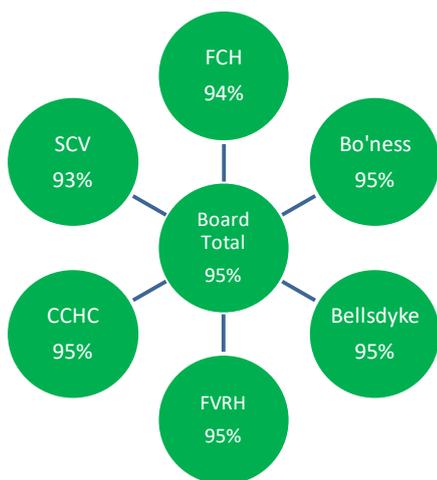
Data taken from TCAB (self reported by ward staff)

	July 2021	Aug 2021	Sept 2021	Oct 2021	Nov 2021	Dec 2021	Jan 2022	Feb 2022	Mar 2022	Apr 2022	May 2022	June 2022
Board Total	98	99	98	98	98	98	99	98	98	99	99	99

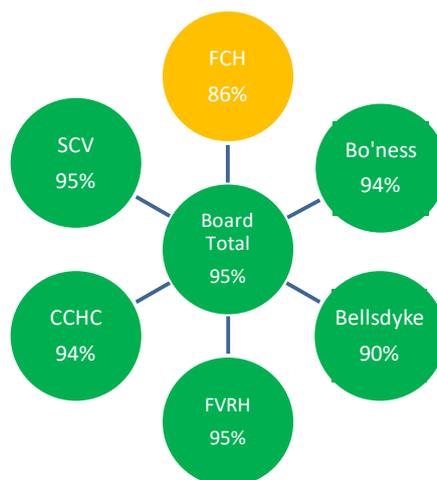
Estate and Cleaning Compliance (per hospital)

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 January – March 2022 (next published report July 2022)



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

Falkirk Community Hospital Estate Scores

This quarter, the estate score from Bellsdyke Hospital has improved from last quarter to 90%. Falkirk Community Hospital has slightly decreased this quarter compared to the previous quarter of 89%. The remaining hospital sites have remained stable compared to the last quarter.

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	31	9	15	45	37	16	12	165
Primary Care & Mental Health Services	0	4	4	6	5	1	0	20
WC&SH Directorate	0	0	0	0	0	0	1	1
Totals	31	13	19	51	42	17	12	186

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 category reported this month was Managing Patient Care Equipment, non-compliances included indicator tape /label missing, equipment visibly dirty, equipment dirty and items stored inappropriately.

The other category with predominant non compliances reported was Control of the Environment category; non-compliances included area not free from clutter, area not well maintained and in good state of repair, inappropriate items in clinical area (i.e. staff belongings / coffee cups), area is not clear from clutter and area is not well maintained and in good state of repair.

All non-compliances were highlighted to the nurse in charge at the time of audit and any equipment with cleanliness issues was rectified immediately.



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 were two COVID-19 outbreaks reported this month:

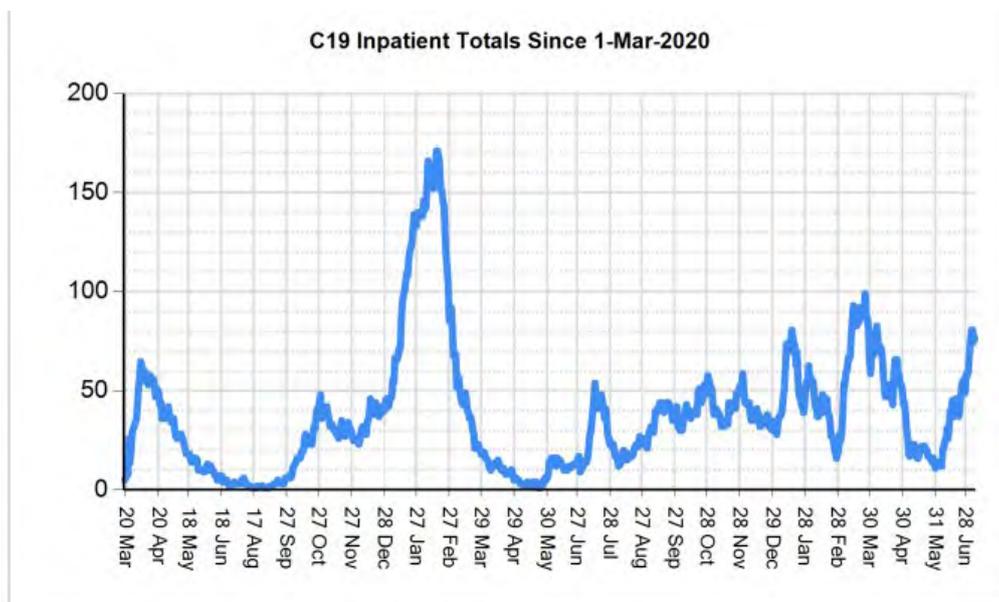
Ward	No of patients affected
Ward A21 FVRH	16
Ward A22 FVRH	15

Note: symptoms of patients affected during the outbreaks were generally very mild or had no symptoms at all

COVID-19

Covid-19 admissions and overall inpatient numbers in June have steadily increased throughout the month. This increase is likely due to the Omicron sub variants; the majority being asymptomatic or with mild illness.

See graph below of the inpatient case numbers.



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 17.7% compared to 24.7% nationally.

Hospital onset COVID-19 cases, by onset status and NHS board: specimen dates up to 12 June 2022

NHS board	Total Hospital onset 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	3,828	2,103	312	463	950	54.9%	8.2%	12.1%	24.8%
Borders	494	195	68	59	172	39.5%	13.8%	11.9%	34.8%
Dumfries & Galloway	931	730	71	33	97	78.4%	7.6%	3.5%	10.4%
Fife	2,037	1,224	140	107	566	60.1%	6.9%	5.3%	27.8%
Forth Valley	2,310	1,587	170	144	409	68.7%	7.4%	6.2%	17.7%
Golden Jubilee	80	46	17	7	10	57.5%	21.3%	8.8%	12.5%
Grampian	2,311	1,408	177	165	561	60.9%	7.7%	7.1%	24.3%
Greater Glasgow & Clyde	10,337	5,202	1,140	1,153	2,842	50.3%	11.0%	11.2%	27.5%
Highland	1,258	819	87	75	277	65.1%	6.9%	6.0%	22.0%
Lanarkshire	4,069	1,919	562	535	1,053	47.2%	13.8%	13.1%	25.9%
Lothian	5,667	3,061	549	630	1,427	54.0%	9.7%	11.1%	25.2%
Orkney	47	39	1	1	6	83.0%	2.1%	2.1%	12.8%
Shetland	49	41	4	1	3	83.7%	8.2%	2.0%	6.1%
Tayside	3,311	2,028	272	312	699	61.3%	8.2%	9.4%	21.1%
Western Isles	102	72	7	6	17	70.6%	6.9%	5.9%	16.7%
Scotland	36,831	20,474	3,577	3,691	9,089	55.6%	9.7%	10.0%	24.7%

IPCT support to Care Homes

The Care Assurance Team is responsible for care homes in providing support, education and oversight. The Care Assurance Team assess nursing care to residents at care homes and provides advice and guidance to staff in minimising the risk of transmission of COVID-19. Two members of the IPCT now provide specialist expertise to the team and to care homes.

New IPC Standards

The new IPC standards were published in May. These new standards replace the existing 2015 HAI Standards and now applies to both healthcare settings and care home settings. A gap analysis is underway by the IPCT to identify any changes required to the previous 2015 HAI Standards that are currently followed.

For care homes, the Care Inspectorate is anticipated to manage this rollout, however, the current IPC support within the Care Assurance Team will also provide advice and guidance to care homes going forward.

FORTH VALLEY NHS BOARD
TUESDAY 26 JULY 2022

7.2 Recovery & Performance Scorecard For Assurance

Executive Sponsor: Mrs Cathie Cowan, Chief Executive

Author: Ms Kerry Mackenzie, Head of Policy & Performance; Ms Claire Giddings, Corporate Performance Manager

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 provide the NHS Board with key performance information to support 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. There is a focus on establishing more of a 'norm' with the inclusion of monthly key performance measures.

The scorecard format 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.

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
- Routine contact tracing ended on 30 April 2022 therefore data in respect of testing and contact tracing is no longer reported
- The Covid-19 Vaccination Programme continues as Business as Usual and is no longer reported

- 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 is still being undertaken to establish detailed data in respect of clinic utilisation
- Additional information in terms of the Scotland comparison has been included where possible
- Performance data and graphs are being developed within the Pentana Performance & Risk Management System with graph detail from Pentana included in the scorecard

Key Performance Issues

- **Unscheduled Care**

Overall compliance with the 4 hour target in June 2022 was 62.7%; Minor Injuries Unit 99.3%, Emergency Department 48.9%. A total of 2,730 patients waited longer than the 4 hour target across both the ED and Minor Injuries Unit (MIU); with 849 waits longer than eight hours and 243 waits longer than 12 hours. The main reason for patients waiting beyond 4 hours continues to be wait for first assessment with a cohort of 1,803 patients, an increase from 1,619 in May. Performance continues to be impacted by system-wide pressures.

- **Scheduled Care**

At the end of June 2022, 64.1% of patients were waiting less than 12 weeks for a first appointment; this is better than the previous month. Activity against the agreed Remobilisation Plan trajectory highlights the cumulative position for April to June 2022 as 76% compliance.

In June 2022, the number of inpatients/daycases waiting increased to 4,081 from 4,031 with a reduction in those waiting beyond 12 weeks to 1,833 from 1,871. Activity against the agreed Remobilisation Plan trajectory highlights the position for April to June 2022 as 84% compliance against plan.

At the end of June 2022: 1772 patients were waiting beyond 6 weeks for imaging with 69.3% compliance; 205 patients were waiting beyond 6 weeks for endoscopy with compliance against the 6-week standard, 60.3%.

Cancer target compliance in May 2022:

- 62-day target – 70.4% which is a reduction in performance from the April position of 78.9%.
- 31-day target – 97.6%

- **DNA**

The new outpatient DNA rate across acute services in June 2022 is noted as 7.8% which is an increase from the position in May of 7.3%. The return outpatient DNA rate across acute services in June 2022 was 7.3%.

- **Psychological Therapies**

In June 2022, 64.4% of patients started treatment within 18 weeks of referral. This is a reduction from the previous month position of 68.5% however an improvement from the performance in June 2021 of 59.0%. The Remobilisation Plan trajectory of 60% was exceeded for the quarter ending March with performance 69.2%. 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 June 2022, 32.1% of patients started treatment within 18 weeks of referral. This is a small improvement from 31.3% in May and from the position in June 2021 of 59.5%. The remobilisation plan trajectory of 45% was exceeded in the quarter ending March 2022 with 67.2% of patients seen within 18 weeks of referral. A multi-level improvement plan is in place with NHS Forth Valley receiving a tailored programme of enhanced improvement support from the Scottish Government.

- **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 6.30% in May 2022 which is a deterioration from 5.69% in May 2021 and 5.66% in April 2022.

The absence for Coronavirus reasons is noted as 1.43% in May 2022. Total absence for May 2022 is 7.73%, a decrease or improvement from a total of 8.88% in April 2022.

- **Delayed Discharges**

The June 2022 census position in relation to standard delays (excluding Code 9 and guardianship) is 92 delays; an increase from 69 in May. There was a total of 35 code 9 and guardianship delays and no infection codes, with the total number of delayed discharges noted as 127.

The number of bed days occupied by delayed discharges (excluding code 9 and 100) at the June 2022 census was 2317, this is an increase from 1798 in May.

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 Performance & Resources Committee and Forth Valley NHS Board meeting agendas.

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

Recognising that Covid-19 has an exacerbating effect on almost all the strategic risks, and that Covid-19 considerations are now part of business-as-usual planning, the risk has been closed. We have moved out of the re-mobilisation phase into consideration of Annual Delivery Plans, and guidance has been received from Scottish Government around the development of these plans. The existing internal controls have either been moved to the strategic risk to which they relate, or status updates have been provided. Outstanding actions are complete. Covid-19 considerations will be part of the reviews of all existing strategic risks, with additional controls added where necessary.

In terms of performance there are direct links to:

- SRR.002 Unscheduled Care

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

- SRR.004 Scheduled Care

If there are delays in delivery of scheduled care there is a risk that NHS Forth Valley will be unable to meet its obligations to deliver the National Waiting Times Plan targets, resulting in poor patient experience and outcomes with the potential for harm.

The Strategic Risk Register Update is a regular item at the Board Assurance Committees and the NHS Board.

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 situation, six months into 2021/2022. John Burns, NHS Scotland Chief Operating Officer wrote to the Chief Executive on 19 November 2021 highlighting that he was content for the Plan to be taken through local governance processes. The System-Wide Remobilisation Plan October 2021 to March 2022 was approved by the NHS Board on 30 November 2021 and published on the NHS Forth Valley website.

The updated plan informs on-going engagement with Scottish Government colleagues and service leads within NHS Forth Valley. Quarterly progress updates against the delivery of Remobilisation Plan 4 are being requested by the Scottish Government with the quarter 3 update to the end of December 2021 submitted as requested and per guidance received on 9 February 2022. The quarter 4 update was submitted on 29 April 2022 and is attached at Appendix 2.

Annual Delivery Plan (ADP) Guidance has been received by Scottish Government commissioning a one year plan to be submitted at the end of July 2022. The Plan will focus on a limited set of priorities for 2022/23 to enable the system and workforce to recover from the pressure experienced over the past two years. This will encompass a relatively high level narrative setting out our key priorities for recovery and transformation within this period, and how these contribute to national priorities, underpinned by a spreadsheet-based ADP. Guidance is anticipated in July providing an extended time frame for plans to be developed for 2023/24 to 2025/26.

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.

A further review of the scorecard will be undertaken following completion of the Annual Delivery Plan 2022/2023 due to be submitted to the Scottish Government at the end of July 2022.

Appendices

Appendix 1: Recovery & Performance Scorecard

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.
Accident & Emergency (A&E)	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 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	<p>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.</p> <p>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.</p>
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.
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 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.
Bed Occupancy	The percentage occupancy is the percentage of average available staffed beds that were occupied by inpatients during the period.
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

Key Performance Issues

Unscheduled Care

Overall compliance with the 4 hour target in June 2022 was 62.7%; Minor Injuries Unit 99.3%, Emergency Department 48.9%. A total of 2,730 patients waited longer than the 4 hour target across both the ED and Minor Injuries Unit (MIU); with 849 waits longer than eight hours and 243 waits longer than 12 hours. The main reason for patients waiting beyond 4 hours continues to be wait for first assessment with a cohort of 1,803 patients, an increase from 1,619 in May. Note that this continues to be as a result of issues in relation to flow through the system and system-wide pressures with the Forth Valley Royal Site in extremis on a number of occasions. Wait for a Bed accounted for 527 patients waiting beyond 4 hours with Clinical Reasons accounting for 139 breaches.

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 overall increasing trend in the number of attendances. 5,321 ED attendances were noted in June 2022 compared with 5,385 in June 2021 and 3,835 in June 2020. Recovery Graph U3 details the weekly position in terms of the number of patients seen out with the 4 hour emergency access standard, noting the continued fluctuation and challenges in performance. The most recent full week figures highlight compliance with the 4 hour ED standard as 60.4% and the overall Health Board position 72.2%.

The position within ED remains challenging with a significant exacerbation of pressure across the system impacting on compliance with the 4 hour emergency access standard. Factors in relation to bed occupancy, length of stay, delayed discharges, and time of discharge continue to impact on flow through ED. This is being compounded by a rise in Covid-19 cases impacting on staff absence and an increase in the number of patients presenting that require admission.

Daily meetings are in place with senior clinical decision makers and service leads from across the system to identify potential solutions and review urgent actions that can be taken to improve the system capacity and flow. The focus on patient and staff safety continues and priority is being given to the identification of capacity to relieve pressure within the system.

A comprehensive Unscheduled Care Update was presented to the Performance & Resources Committee in January 2022 with a further update now scheduled for the August 2022 Committee.

Scheduled Care

The application of clinical prioritisation to support appropriate, timely and safe care continues.

- 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.

Of note is that as the NHS in Scotland recovers from the pandemic Health Boards are being asked to attempt to concurrently treat patients that require urgent clinical care as well as those waiting for long periods.

At the end of June 2022, the number of patients on the waiting list for a first outpatient appointment increased to 16,185 from 15,578 in May; 5,805 of which were waiting beyond 12 weeks. 64.1% of patients were waiting less than 12 weeks for a first appointment; a slight improvement from 63.3% the previous month. Activity against the agreed Remobilisation Plan trajectory highlights the cumulative position from April 2022 to June 2022 as 89% compliance. Compliance against the plan for the month of June is 76%.

In June 2022, the number of inpatients/daycases waiting increased to 4,081 from 4,031 with a reduction in those waiting beyond 12 weeks to 1,833 from 1,871. Activity against the agreed Remobilisation Plan trajectory highlights the cumulative position from April 2022 to June 2022 as 84% compliance. Compliance against the plan for the month of June is 85%.

Diagnostics

Imaging

At the end of June 2022, 1,772 patients were waiting beyond the 6 week standard for imaging which is 69.3% compliance and an improvement from the previous month. Activity against the agreed Remobilisation Plan trajectory highlights the cumulative position from April 2022 to June 2022 as 121% compliance, with the position for June 2022, 138%. Patients continue to be seen on a priority basis with waiting lists actively monitored and managed on an ongoing basis. The total number of patients waiting for imaging has reduced in June 2022 to 5,770 patients from 6,111 in May 2022 however has significantly increased from 3,366 in June 2021.

Considerable pressure remains on CT services however work continues to ensure appropriate support to the Emergency Department, often to prevent admission, and inpatients. In addition, a CT Van has been commissioned from 1 June 2022 to 31 August 2022 to provide scans for 1,500 Forth Valley patients and 1,500 Lothian patients. This is expected to reduce the waiting times to under 3 months for most scan urgency categories and is fully funded by the Scottish Government.

Endoscopy

At the end of June 2022, 205 patients were waiting beyond 6 weeks for endoscopy with 60.3% compliance against the 6-week standard. This is noted to be a slight improvement. As with imaging services, activity against the agreed Remobilisation Plan trajectory is better than plan. The cumulative position from April 2022 to June 2022 is noted as 137% compliance with June compliance against plan, 97%. The total number of patients waiting for endoscopy has increased in June 2022 to 516 patients from 451 in May 2022 however this is a reduction from 590 in June 2021.

Detailed plans are in place to allow us to expand endoscopy capacity significantly using three session days and 7 day working. This is dependent on securing recurring funding for additional staff and is being addressed as part of our overall remobilisation plan.

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 is approximately 1360 patients of which 9% are confirmed cancer patients.

The May 2022 position is noted as:

-62-day target – 70.4% which is a deterioration in performance from the April position of 78.9%. The highest number of breaches are within Urology where there continues to be challenges in accessing timely specialist tertiary support.

The Scotland position is noted as 75.8%

-31-day target – 97.6%.

The position for the January to March 2022 quarter is that 72.2% 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, 97.9% of patients were treated within 31 days of the decision to treat.

The Performance & Resources Committee received a Cancer Services Performance Update in March 2022 detailing the Clinical Governance Routes for Cancer Services and highlighting the Framework for Effective Cancer Management and how this would serve as a benchmarking tool for NHS Forth Valley. A further progress update will be presented to the Performance & Resources Committee in December 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.

-Outpatient unavailability in June 2022 was 1.2% of the total waiting list

-Inpatient/daycase unavailability in June 2022 decreased to 8.9% from 9.5% in May 2022 however is still a significant increase from 5.1% in February 2022. The unavailability rate is less than 10% for all specialties except for OMFS 15.9%, Paediatric Surgery 14.3%, General Surgery 11.2% and Orthopaedics 10.5%. This position is monitored on an ongoing basis. The Inpatient/daycase unavailability reason of 'Clinician Advise - Medical' accounts for 38.6% of all unavailable patients in June.

Did Not Attend (DNA)

The new outpatient DNA rate across acute services in June 2022 is noted as 7.8% which is an increase from the position in May of 7.3%. Variation across specialties continues with rates ranging from 17.2% (10 patients in Endocrinology) to 0%. The biggest impact in terms of the number of DNAs can be seen in Ophthalmology 11.4% (94 patients), General Surgery 5.4% (62 patients) and Dermatology 7.7% (57 patients).

The return outpatient DNA rate across acute services in June 2022 was 7.3%. There continues to be a high number of DNAs in Ophthalmology 271 patients (8.7%), Orthopaedics 148 patients (8.9%) and Dermatology with 103 patients (5.6%).

Work continues in support of a reduction in the number of DNAs, including, centralisation of appointments to ensure a consistent approach to appointing; work to ensure a consistent application of the Access Policy; Outpatient Development Group established reviewing how we communicate with patients and work being undertaken to understand the reasons for non-attendance. Patient Focussed Booking which has not been in place since the implementation of Trakcare due to a system issue, is being reinstated across specialties and is anticipated to have a positive impact on the number of DNAs.

New Acute Outpatient DNAs - June 2022

Code & Title	Value	Numerator
DNA.NEW.A81 New outpatient appointment DNA - Endocrinology	17.24%	10
DNA.NEW.AG New outpatient appointment DNA - Renal Medicine	14.29%	3
DNA.NEW.C5 New outpatient appointment DNA - Ear, Nose and Throat (ENT)	12.73%	42
DNA.NEW.D5 New outpatient appointment DNA - Orthodontist	12.28%	7
DNA.NEW.A9 New outpatient appointment DNA - Gastroenterology	11.6%	21
DNA.NEW.C7 New outpatient appointment DNA - Ophthalmology	11.37%	94
DNA.NEW.J4 New outpatient appointment DNA - Haematology	10.53%	6
DNA.NEW.AH New outpatient appointment DNA - Neurology	10.06%	16
DNA.NEW.AQ New outpatient appointment DNA - Respiratory Medicine	10%	21
DNA.NEW.AB New outpatient appointment DNA - Geriatric Medicine	9.3%	4
DNA.NEW.A82 New outpatient appointment DNA - Diabetes	8.51%	4
DNA.NEW.A2 New outpatient appointment DNA - Cardiology	8.37%	18
DNA.NEW.CB New outpatient appointment DNA - Urology	8.25%	33
DNA.NEW.C31 New outpatient appointment DNA - Pain Management	8.11%	3
DNA.NEW.ACU New outpatient appointment DNA - Forth Valley (Acute OPD Servic...	7.77%	477
DNA.NEW.A7 New outpatient appointment DNA - Dermatology	7.65%	57
DNA.NEW.AR New outpatient appointment DNA - Rheumatology	5.93%	8
DNA.NEW.C1 New outpatient appointment DNA - General Surgery	5.35%	62
DNA.NEW.C12 New outpatient appointment DNA - Vascular Surgery	4.92%	3
DNA.NEW.C8 New outpatient appointment DNA - Orthopaedics	4.19%	39
DNA.NEW.A1 New outpatient appointment DNA - General Medicine	3.35%	6
DNA.NEW.H2 New outpatient appointment DNA - Clinical Oncology	1.16%	1
DNA.NEW.A6 New outpatient appointment DNA - Infectious Diseases	0%	0
DNA.NEW.AP New outpatient appointment DNA - Rehabilitation Medicine	0%	0
DNA.NEW.PO New outpatient appointment DNA - PRE-OP	n/a	0

Psychological Therapies

In June 2022, 64.4% of patients started treatment within 18 weeks of referral. This is a reduction from the previous month position of 68.4% however an improvement from the performance in June 2021 of 59.0%. The Remobilisation Plan trajectory of 60% was exceeded for the quarter ending March with performance 69.2%. The Scotland position in the quarter ending March 2022 was 83.1%.

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. The service has recently revisited its remobilisation trajectories with modelling indicating that NHS Forth Valley is likely to achieve the 90% standard by September 2023. This is however contingent on the additional resource indicated by the Scottish Government being confirmed. It is important to also note that the biggest risk to achieving the trajectory remains workforce availability. The service has recently recruited to a number of posts however there remain several core vacancies

Psychological Services are continuing to redesign to make best use of all available resources. As part of this, the service is in the process of contacting all patients on the Adult Psychological Therapies waiting list to offer them an assessment appointment. At our last data collection point, of 542 patients contacted, 295 had been allocated an assessment appointment and 247 had been discharged. Once the waiting list assessment process is complete, the service will realign its current capacity to best match the type of clinical demand.

There is also considerable development within the Psychological Therapies support services, including new roles for a waiting list co-ordinator and an information analyst, and an expansion of online therapies administration support. There is a focus on staff wellbeing to aid both retention of existing staff and recruitment of new staff.

It is anticipated that taken together these actions will support an improvement in performance against the 18 week referral to treatment standard.

Child and Adolescent Mental Health Services (CAMHS)

In June 2022, 32.1% of patients started treatment within 18 weeks of referral. This is a small improvement from 31.3% in May and from the position in June 2021 of 59.5%. The remobilisation plan trajectory of 45% was exceeded in the quarter ending March 2022 with 67.2% of patients seen within 18 weeks of referral. The Scotland position was 73.2%.

The CAMHS waiting list has increased from 529 in May 2022 to 559 in June 2022. This was expected and is in line with seasonal variations as schools refer children prior to school holiday period. Work continues to prioritise urgent referrals for children and young people who have experienced longer waits with the aim of clearing the waiting list backlog by 31 March 2023.

Within the last few weeks approximately 254 letters were sent to children currently on CAMHS Waiting List asking them to contact the service to arrange an appointment with our partner, Healios who is an Independent Provider. Healios can provide both assessment and treatment. This cluster of 254 children includes those waiting the longest and the engagement and treatment of these children will have a significant impact on the Referral to Treatment Standard which is projected to decline further in July to September before improving.

The Service continues to operate the Choice and Partnership Approach (CAPA) standards which means the first contact appointment i.e., 'choice appointment' may not stop the clock as treatment may not have started. Whilst not reflected in the waiting list immediately, this activity would impact within 8 weeks of the initial choice appointment, as the child moves to treatment (known as Partnership). The CAMHS leadership team, have agreed Job Plan details for the next quarter.

Due to school holidays CAMHS are experiencing an increase in presentation of children in mental health crisis. In response to this iCAMHS staff are progressing a small Test of Change working extended hours Mon/Fri (5-8) to reduce/support non admissions to FVRH Paediatric ward/MH unit.

The Performance & Resources Committee received a comprehensive update in October 2021 detailing the position in respect of referrals, waiting list and activity along with the complexities involved in the delivery of CAMHS. A further update is scheduled for October 2022

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 6.30% in May 2022 which is a deterioration from 5.69% in May 2021 and 5.66% in April 2022. The 12 month rolling average June 2021 to May 2022 is: NHS Forth Valley 6.27%; Scotland 5.86%.

Coronavirus absences are recorded as Special Leave and are not included within the sickness absences figures. The absence for Coronavirus reasons is noted as 1.43% in May 2022. This is a deterioration from 0.98% in May 2021 however an improvement from 3.22% in April 2022.

Total absence for May 2022 is 7.73%, a decrease or improvement from a total of 8.88% in April 2022.

The management of absence and the improvement of staff wellbeing remain key priorities for NHS Forth Valley. A multidisciplinary improvement programme is ongoing 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.

Note the Wellbeing Strategy is presented for approval at Agenda Item 6.5.

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

Delayed Discharges

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

The June 2022 census position in relation to standard delays (excluding Code 9 and guardianship) is 92 delays; an increase from 69 in May. There was a total of 35 code 9 and guardianship delays and no infection codes, with the total number of delayed discharges noted as 127.

In addition, there were 4 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 June 2022 census was 2317, this is an increase from 1798 in May. Local authority breakdown is noted as Clackmannanshire 214, Falkirk 1,492, and Stirling 489. There were a further 122 bed days occupied by delayed discharges for local authorities' out with Forth Valley.

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

Clackmannanshire

- 4 – awaiting care packages for home (1 patient over two weeks and 3 under two weeks)
- 1 - allocated and assessment commenced (1 patient under two weeks)
- 2 – awaiting move to Care Home (1 patient under two weeks and 1 over two weeks)
- 1 – awaiting Specialist Care Home (1 patient over two weeks)

Stirling

- 3 – allocated and assessment commenced (2 patients under two weeks and 1 over two weeks)
- 9 - await move to Care Home (2 patients under two weeks and 7 over two weeks)
- 6 - awaiting care packages for home (1 patient over two weeks and 5 under two weeks)
- 5 – awaiting social work allocation (1 patient over 2 weeks and 5 under two weeks)

Falkirk

- 7 - awaiting move to care homes (6 patients are over two weeks and 1 under two weeks)
- 18 - awaiting care packages for home (10 patients over two weeks and 8 under two weeks)
- 28 - allocated and assessment commenced (21 patients over two weeks and 7 under two weeks)
- 5 - awaiting allocation and assessment (5 patients under two 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, including third sector, to ensure appropriate care and to support timely discharge with care in the community, community intermediate care and community hospital facilities a high priority.

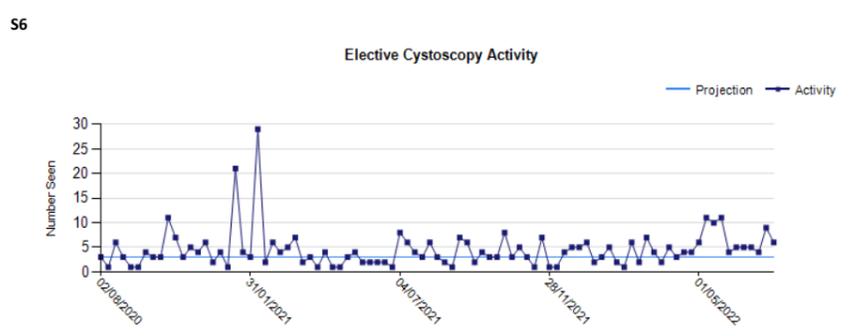
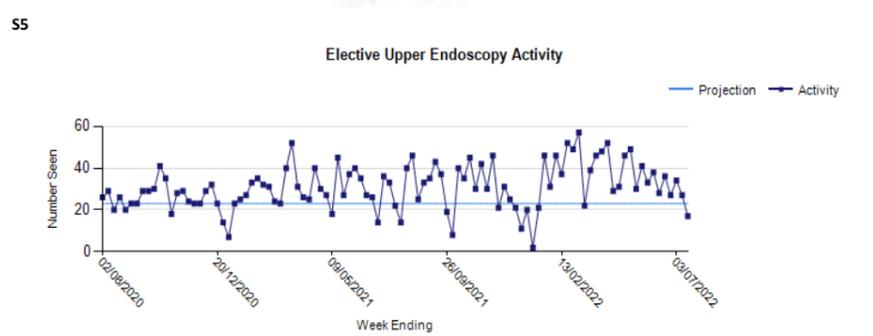
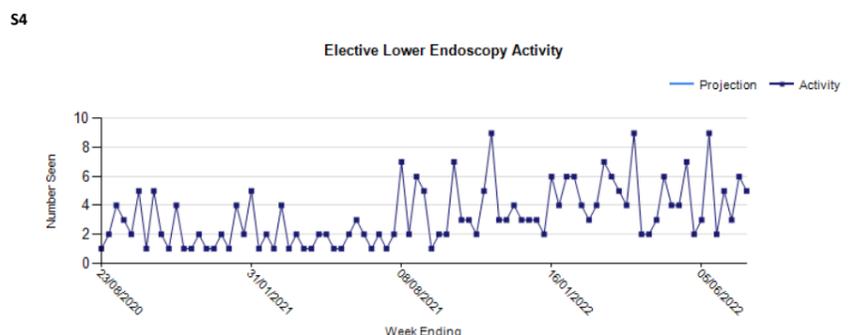
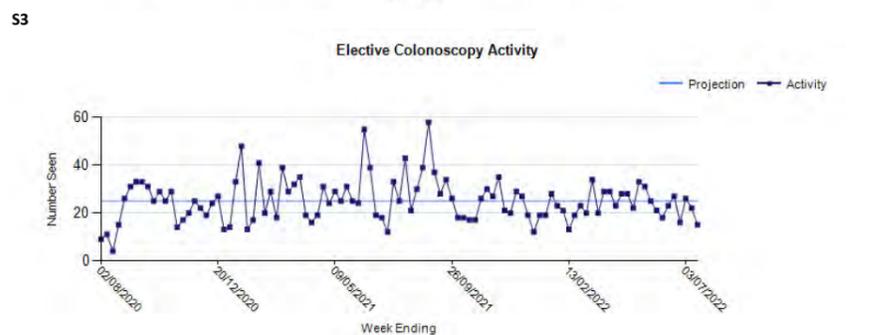
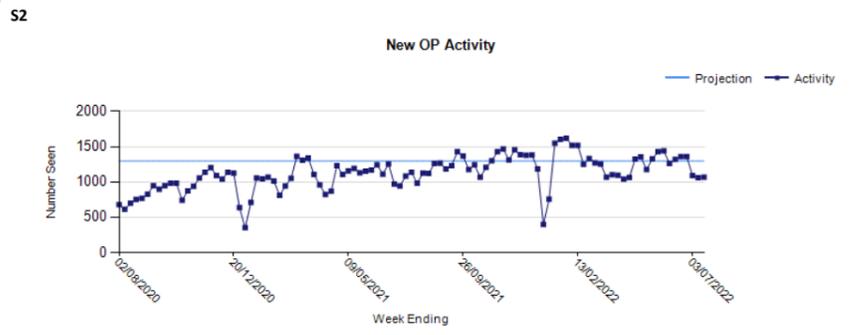
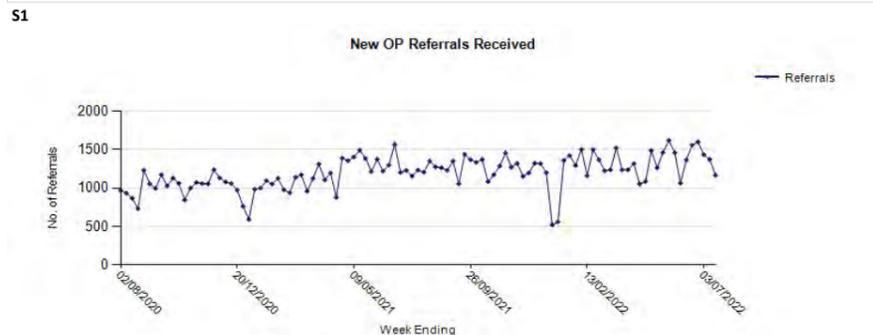
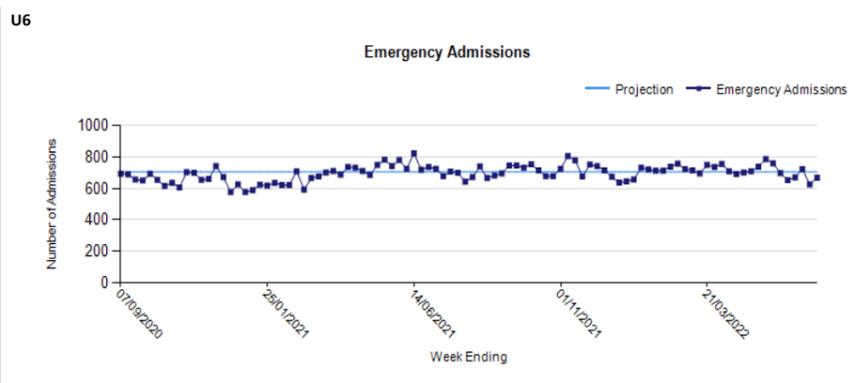
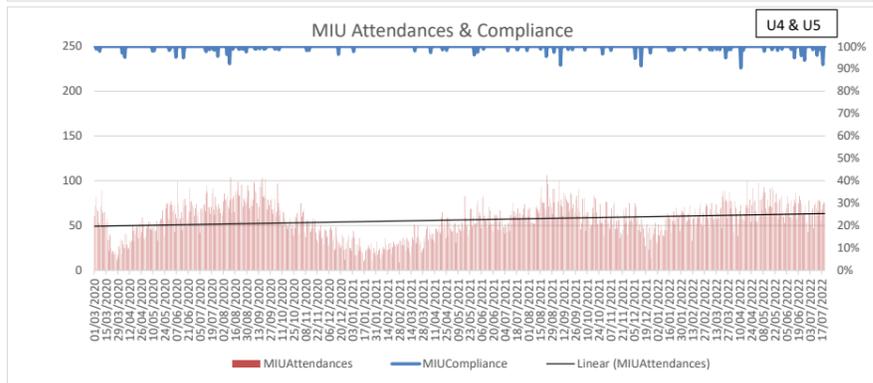
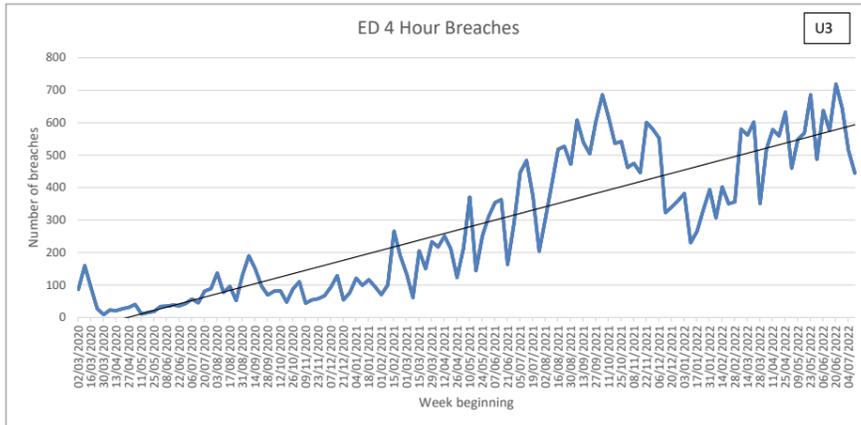
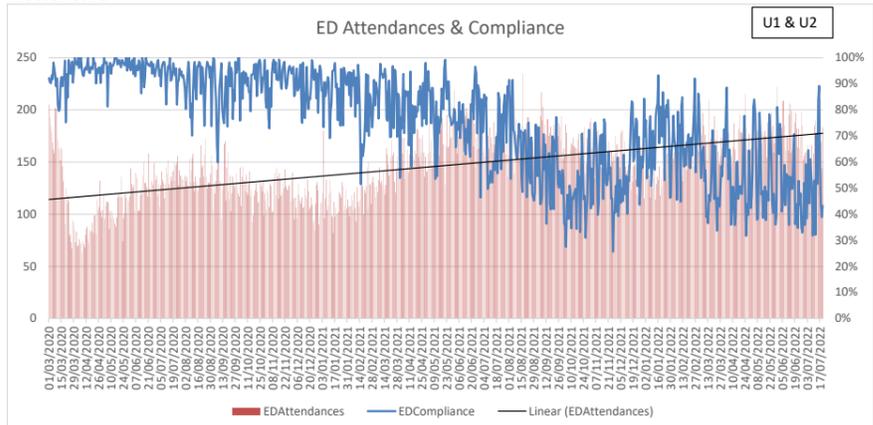
A number of actions are in place linked to Health & Social Care Partnership Recovery Planning and include enabling the right short term support at home through responsive community care and support, coordination of community support with less duplication and a more efficient support model, care home multi agency working, interim placements to care homes and third sector link worker based on the acute site. A number of further supporting actions continue to be developed.

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	11-Jul-22	95%	60.4%	50.1%	✓	▲
U2	SG_R	Weekly	Number of ED Attendances	11-Jul-22	Reduction	1123	1032	✓	▼
U3	SG_R	Weekly	Number that waited >4 hours in ED	11-Jul-22	Reduction	445	515	✓	▲
U4	SG_R	Weekly	Minor Injuries Unit percentage compliance against 4 hour target	11-Jul-22	98%	98.8%	99.8%	✓	▼
U5	SG_R	Weekly	Number of Minor Injuries Unit Attendances	11-Jul-22	-	499	461	✓	-
U6	SG_R	Weekly	Number of Emergency Admissions	11-Jul-22	707	636	668	✓	▲
SCHEDULED CARE									
Outpatients									
S1	SG_R	Weekly	New Outpatient Referrals Received	11-Jul-22	-	1185	1401	✓	▲
S2	SG_R	Weekly	New Outpatient Activity (number of patients)	11-Jul-22	1164	1067	1060	✓	▲
Diagnostics									
S3	SG_R	Weekly	Elective Colonoscopy Activity (number of patients)	11-Jul-22	61	15	22	✓	▼
S4	SG_R	Weekly	Elective Sigmoidoscopy Activity (number of patients)	11-Jul-22	2	5	6	✓	▼
S5	SG_R	Weekly	Elective Upper Endoscopy Activity (number of patients)	11-Jul-22	34	17	27	✓	▼
S6	SG_R	Weekly	Elective Cystoscopy Activity (number of patients)	11-Jul-22	2	6	9	✓	▼
Inpatients & Day cases									
S7	SG_R	Weekly	Inpatient/Daycase Activity (number of patients)	11-Jul-22	181	151	125	✓	▲
S8	SG_R	Monthly	Inpatient/Daycase Activity (number of patients)	30-Jun-22	-	823	877	-	▼
TTG Clinical Prioritisation									
	SG_R	Monthly	Clinical Priority 1a - surgery or admission within 24 hours/ 1b - within 72 hours	30-Jun-22	-	2	2	-	-
	SG_R	Monthly	Clinical Priority 2 - surgery or admission within 4 weeks)		-	209	207	-	-
	SG_R	Monthly	Clinical Priority 3 - surgery or admission within 12 weeks		-	276	309	-	-
	SG_R	Monthly	Clinical Priority 4 - surgery or admission may safely be scheduled after 12 weeks)		-	336	359	-	-
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	21-Jul-22	Reduction	0.9%	1.0%	✓	▲
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	11-Jul-22	Reduction	71	58	✓	▼
V2	FV	Weekly	Number of Delayed Discharges at Community Units	11-Jul-22	Reduction	85	93	✓	▲
V3	SG	Weekly	Total Delayed Discharges at census - Standard, Code 9 & Guardianship	21-Jul-22	Reduction	107	122	✓	▲
			Falkirk	21-Jul-22	Reduction	74	82	✓	▲
			Clackmannanshire	21-Jul-22	Reduction	9	13	✓	▲
			Stirling	21-Jul-22	Reduction	24	27	✓	▲
V4	FV	Weekly	% Bed Occupancy - FVRH	11-Jul-22	85%	112.8%	111.6%	✓	▼
V5	FV	Weekly	% Bed Occupancy - Assessment Units	11-Jul-22	85%	99.8%	99.6%		▼
V6	FV	Weekly	% Bed Occupancy - ICU	11-Jul-22	85%	77.4%	79.7%	✓	▲
FINANCE									
Regular and comprehensive updates provided by Director of Finance at System Leadership Team, Performance & Resources Committee and the NHS Board									

RECOVERY GRAPHS

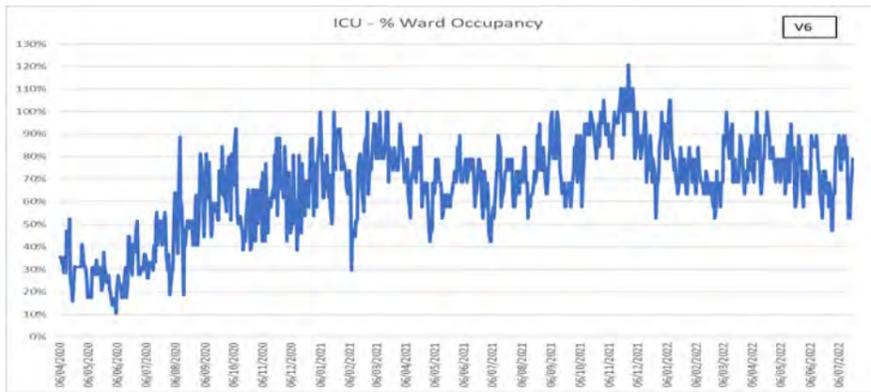
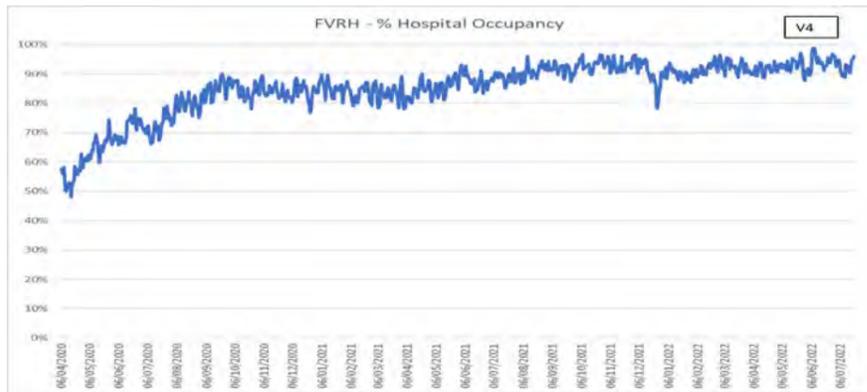
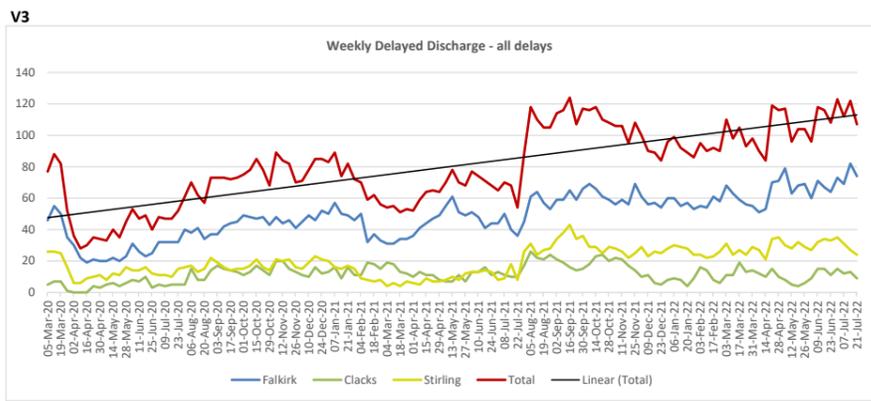
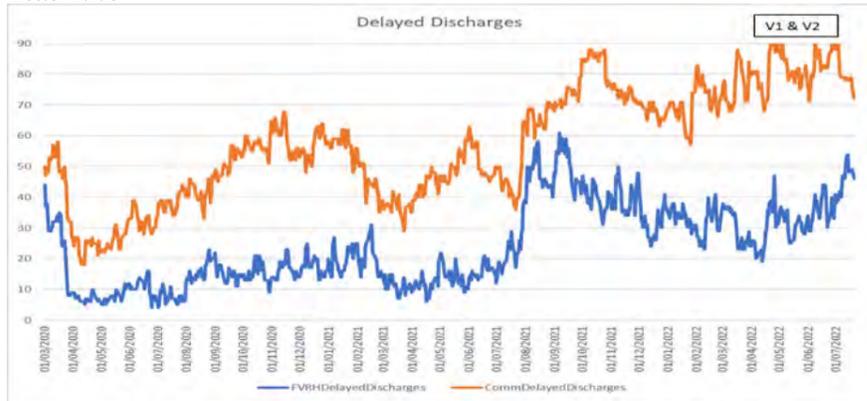
Better Care



Better Workforce



Better Value



KEY PERFORMANCE MEASURES COVID-19

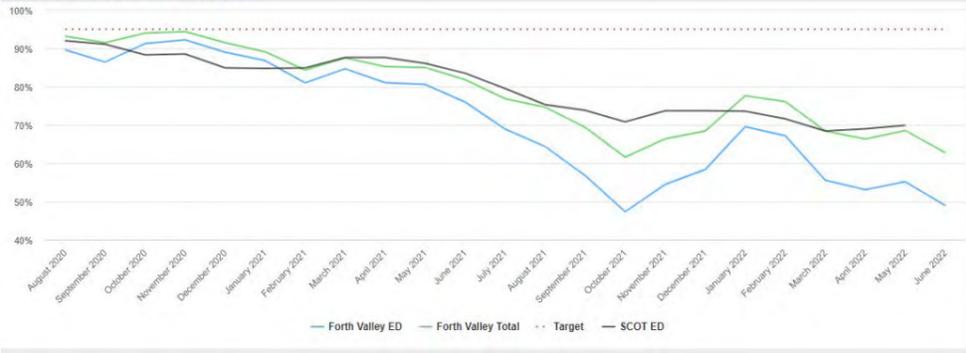
BETTER CARE									
REF	Target Type	FREQUENCY	MEASURE	DATE	TARGET	CURRENT POSITION	PREVIOUS POSITION	RUN CHART	DIRECTION OF TRAVEL
UNSCHEDULED CARE									
US1	FV	Monthly	Number of ED attendances - Mental Health	30-Jun-22	-	80	72	-	-
US2	FV	Monthly	Emergency Department % compliance against 4 hour access target - Mental Health	30-Jun-22	95%	26.3%	54.2%	-	▼
US3	SG	Monthly	Emergency Department % compliance against 4 hour access target	30-Jun-22	95%	48.9%	52.8%	✓	▼
US4	SG	Monthly	NHS Forth Valley Overall % compliance against 4 hour target	30-Jun-22	95%	62.7%	65.5%	✓	▼
US5	SG	Monthly	Minor Injuries Unit % compliance against 4 hour target	30-Jun-22	95%	99.3%	99.7%	-	▼
SCHEDULED CARE									
Outpatients									
SC1	SG	Monthly	Total Number of New Outpatients Waiting	30-Jun-22	Reduction	16,185	15,578	✓	▼
SC2	SG	Monthly	Number of New Outpatients waiting over 12 weeks	30-Jun-22	Reduction	5,805	5,720	✓	▼
SC4	Audit	Monthly	Outpatient Unavailability	30-Jun-22	Monitor	1.2%	0.9%	✓	▼
SC5	FV	Monthly	New Acute Services Outpatient % DNA	30-Jun-22	5%	7.8%	7.2%	-	▼
	FV	Monthly	Return Acute Services Outpatient % DNA	30-Jun-22	5%	7.3%	6.5%	-	▼
Diagnostics									
SC6	SG	Monthly	Percentage waiting less than 42 days - Imaging	30-Jun-22	100%	69.3%	58.8%	✓	▲
		Monthly	Number waiting beyond 42 days - Imaging	30-Jun-22	0	1772	2517	-	▲
SC7	SG	Monthly	Percentage waiting less than 42 days - Endoscopy	30-Jun-22	100%	60.3%	59.4%	✓	▲
		Monthly	Number waiting beyond 42 days - Endoscopy	30-Jun-22	0	205	183	-	▼
Cancer									
SC8	SG	Monthly	62 Day Cancer Target - Percentage compliance against target	31-May-22	95%	70.4%	78.9%	✓	▼
	SG	Monthly	62 Day Cancer - Number seen within target against total	31-May-22	-	50/71	60/76	-	-
SC9	SG	Monthly	31 Day Cancer Target - Percentage compliance against target	31-May-22	95%	97.6%	100.0%	✓	▼
	SG	Monthly	31 Day Cancer Target - Number seen within target against total	31-May-22	-	81/83	82/82	-	-
SC10	SG	Quarterly	62 Day Cancer Target - Percentage compliance against target	31-Mar-22	95%	72.2%	79.8%	✓	▼
SC11	SG	Quarterly	31 Day Cancer Target - Percentage compliance against target	31-Mar-22	95%	97.9%	98.6%	✓	▼
Inpatients & Day cases									
SC12	SG	Quarterly	Number of patients that waited >12 weeks - Completed Wait	30-Jun-22	0	992	734	-	-
	SG	Quarterly	% Compliance with 12 week TTG Standard	30-Jun-22	100%	59.5%	60.7%	-	▼
SC13	SG	Monthly	Total Number of Inpatients/Day cases Waiting	30-Jun-22	Reduction	4,081	4,031	✓	▼
SC14	SG	Monthly	Number of Inpatients/Day cases waiting over 12 weeks	30-Jun-22	Reduction	1,833	1,871	✓	▼
SC15	Audit	Monthly	Inpatient/Day case Unavailability	30-Jun-22	Monitor	8.9%	9.5%	✓	▲
Readmissions									
R1	FV	Monthly	Readmissions - Surgical 7 day	30-Jun-22	-	1.9%	2.9%	-	▲
	FV	Monthly	Readmissions - Surgical 28 day	30-Jun-22	-	5.2%	5.1%	-	▼
	FV	Monthly	Readmissions - Medical 7 day	30-Jun-22	-	1.7%	1.3%	-	▼
	FV	Monthly	Readmissions - Medical 28 day	30-Jun-22	-	3.9%	3.7%	-	▼
MENTAL HEALTH									
MH1	SG	Monthly	Psychological Therapies - 18 week RTT compliance	30-Jun-22	90%	64.3%	68.5%	✓	▼
MH2	SG	Monthly	Child & Adolescent Mental Health Services - 18 week RTT compliance	30-Jun-22	90%	32.1%	31.3%	✓	▼
BETTER WORKFORCE									
REF		FREQUENCY	MEASURE	DATE	TARGET	CURRENT POSITION	PREVIOUS POSITION	RUN CHART	DIRECTION OF TRAVEL
WF1	SG	Monthly	Overall Absence	31-May-22	4.5%	6.30%	5.66%	✓	▼
WF2	SG_R	Monthly	COVID-19 related absence - number of employees	31-May-22	-	305	804	-	▲
WF3	FV	Monthly	Absence for Covid-19 reasons	31-May-22	-	1.43%	3.22%	✓	▲
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)	30-Jun-22	Reduction	92	69	✓	▼
			Falkirk	30-Jun-22	Reduction	58	44	✓	▼
			Clackmannanshire	30-Jun-22	Reduction	8	3	✓	▼
			Stirling	30-Jun-22	Reduction	23	20	✓	▼
			Outwith Forth Valley	30-Jun-22	Reduction	3	2	✓	▼
VA2	FV		Code 9 & Guardianship Delays	30-Jun-22	Reduction	35	35	✓	◀▶
			Falkirk	30-Jun-22	Reduction	15	23	✓	▲
			Clackmannanshire	30-Jun-22	Reduction	7	1	✓	▼
			Stirling	30-Jun-22	Reduction	11	9	✓	▼
			Outwith Forth Valley	30-Jun-22	Reduction	2	2	✓	◀▶
VA3	FV		Total Bed Days Occupied by Delayed Discharges	30-Jun-22	Reduction	2317	1798	✓	▼
			Falkirk	30-Jun-22	Reduction	1492	1101	✓	▼
			Clackmannanshire	30-Jun-22	Reduction	214	101	✓	▼
			Stirling	30-Jun-22	Reduction	489	561	✓	▲
			Outwith Forth Valley	30-Jun-22	Reduction	122	35	✓	▼
VA4	FV	Monthly	FVRH Acute Wards Average Length of Stay (Days)	30-Jun-22	Reduction	6.93	7.46	-	▲
Finance									
Regular and comprehensive updates provided by Director of Finance at System Leadership Team, Performance & Resources Committee and the NHS Board									

MONTHLY KEY PERMANCE GRAPHS

BETTER CARE

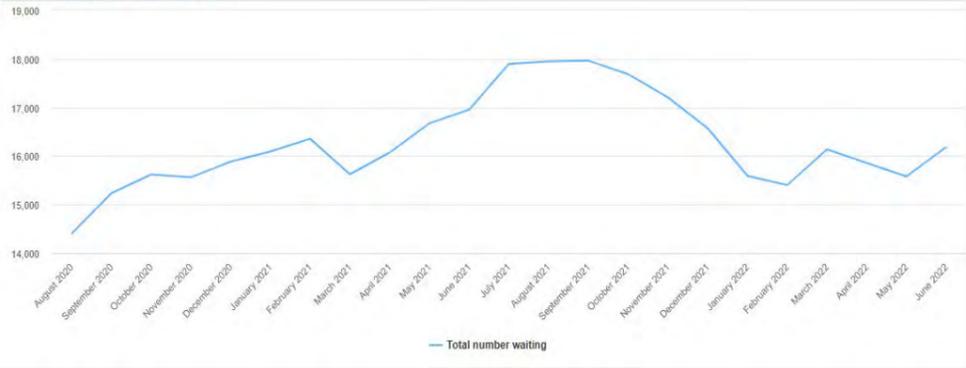
UNSCHEDULED CARE

US3 & 4 - Unscheduled Care: 4hr access Target

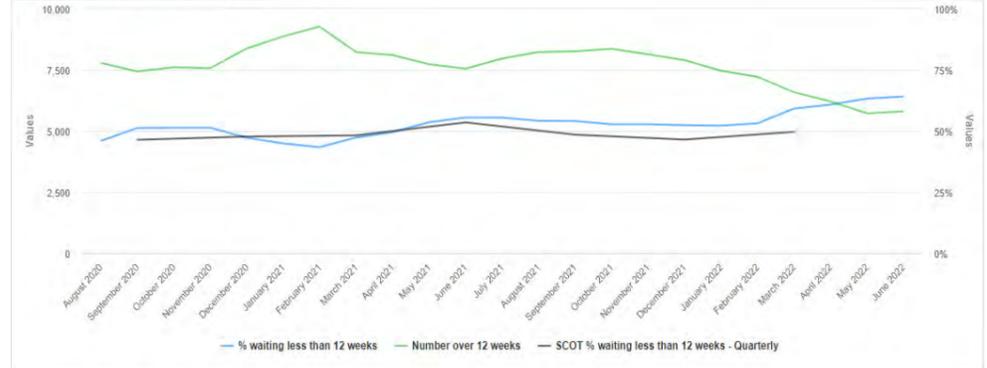


SCHEDULED CARE

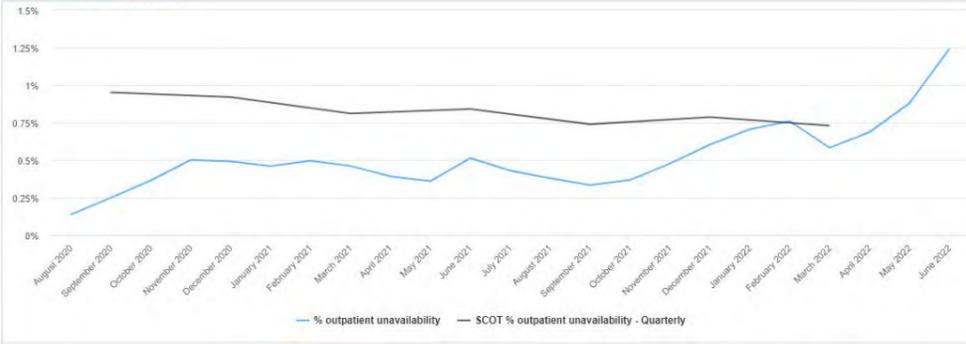
SC1 - Outpatient Waits: Total number waiting



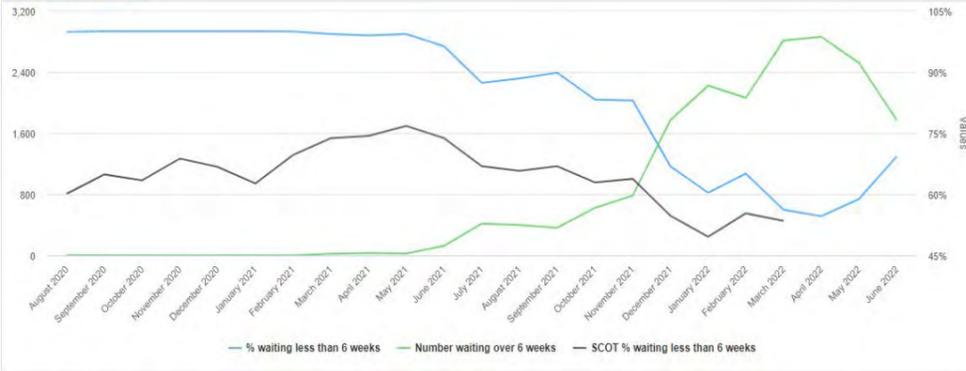
SC2 - Outpatient Waits: Number over 12 weeks



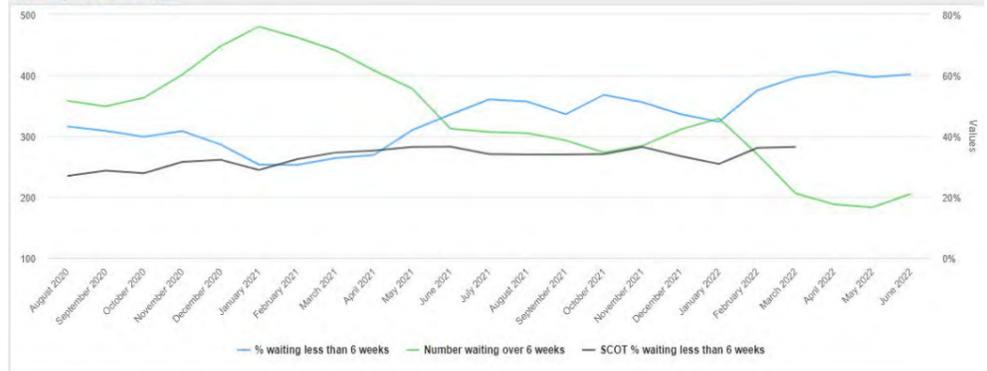
SC4 - OP Unavailability for Forth Valley



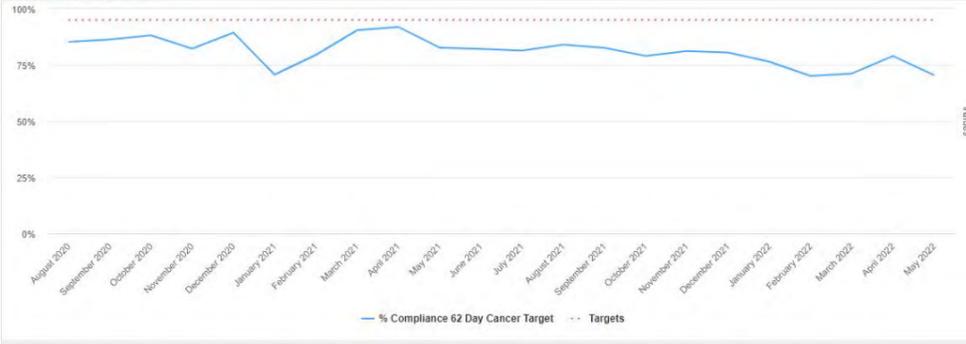
SC6 - Diagnostics: Imaging



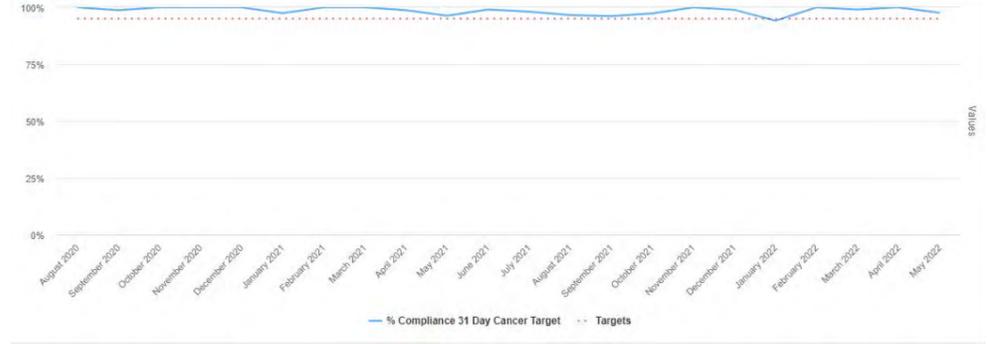
SC7 - Diagnostics: Endoscopy



SC8 - 62-Day Cancer Standard



SC9 - 31-Day Cancer Standard

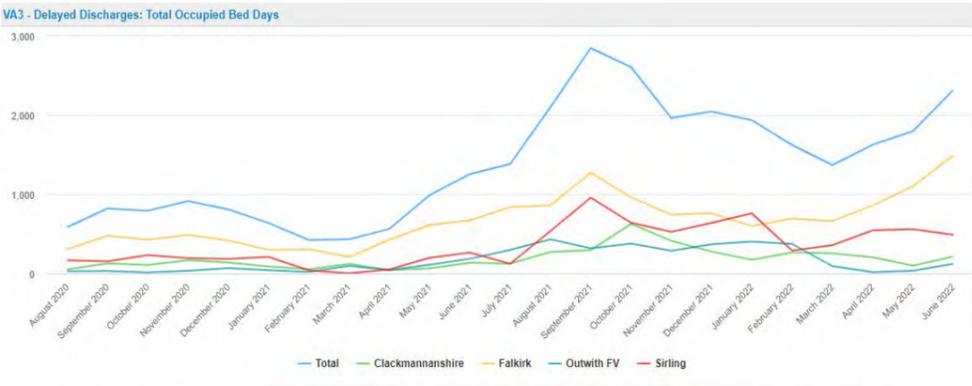
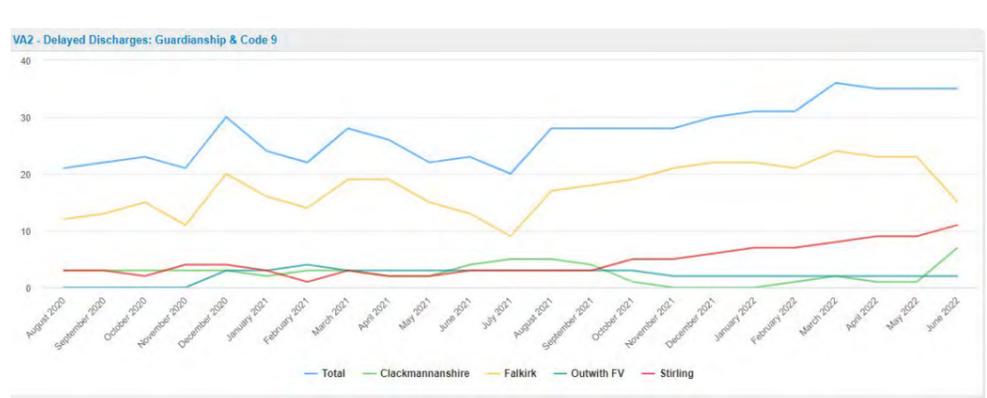
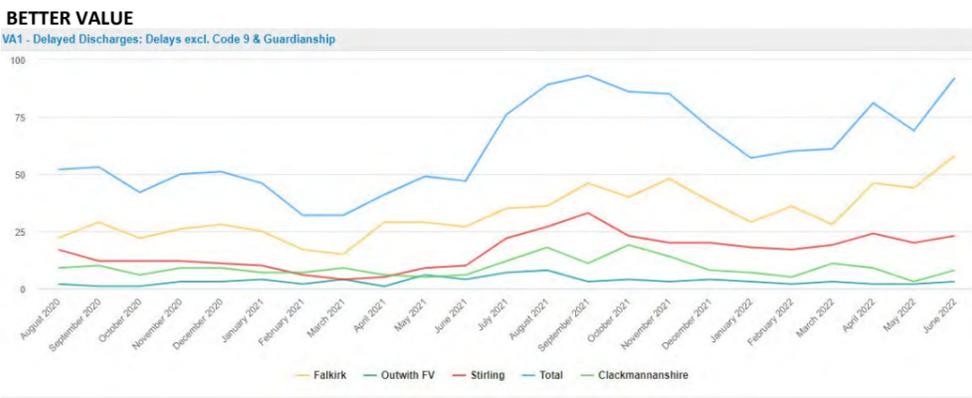
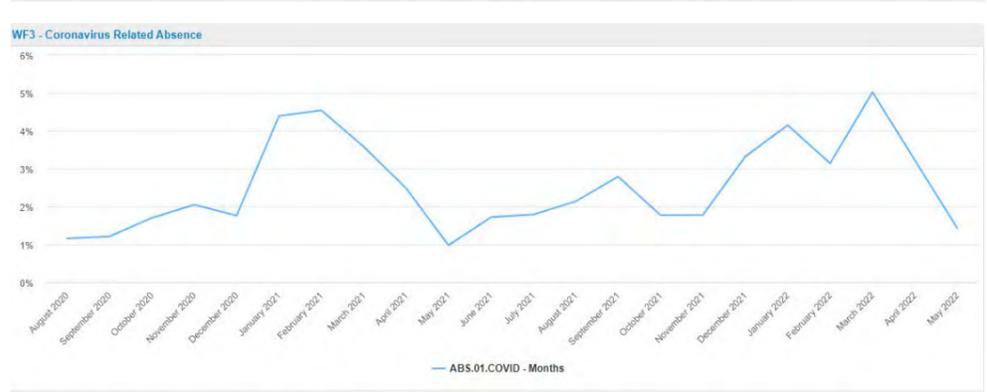
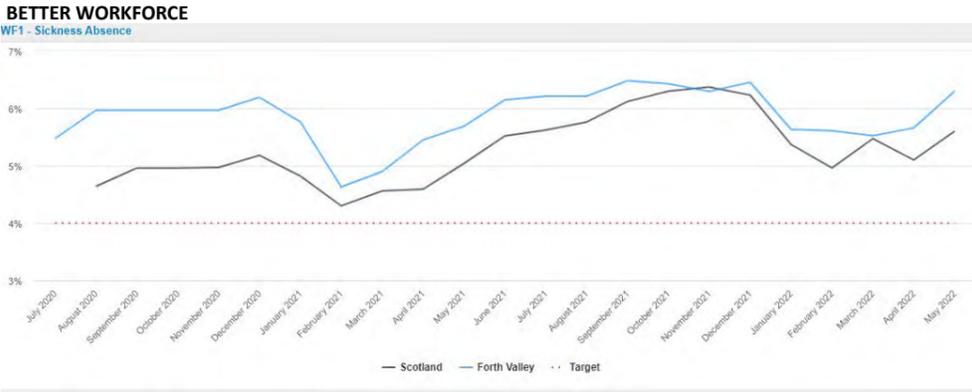
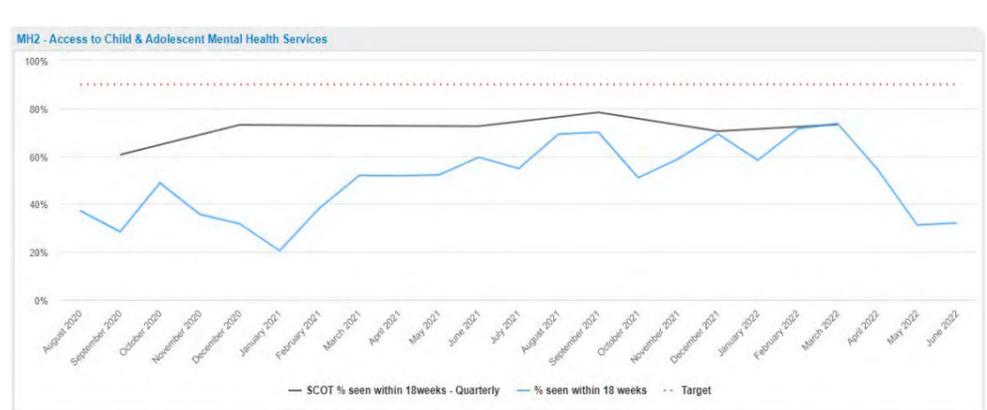
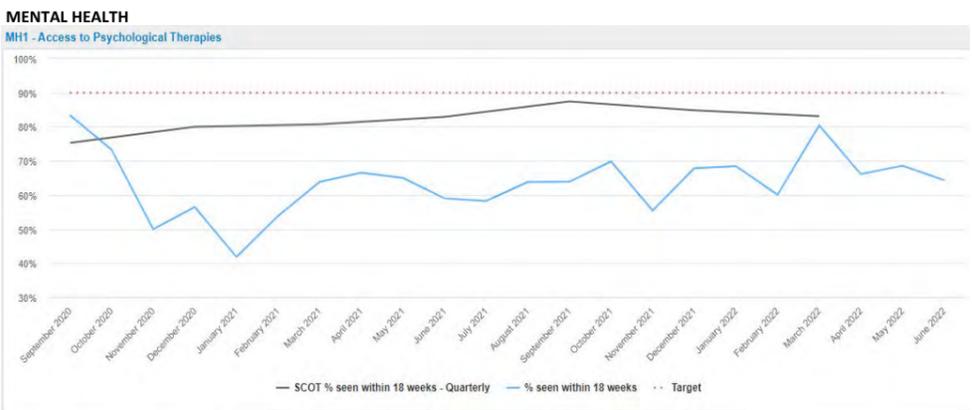
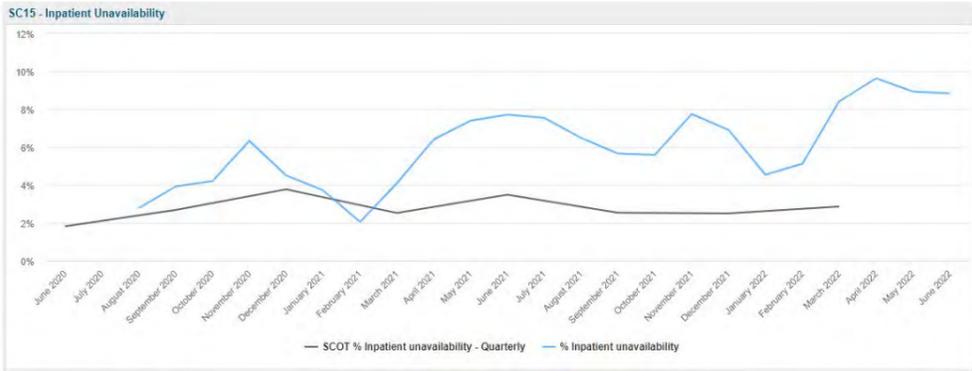
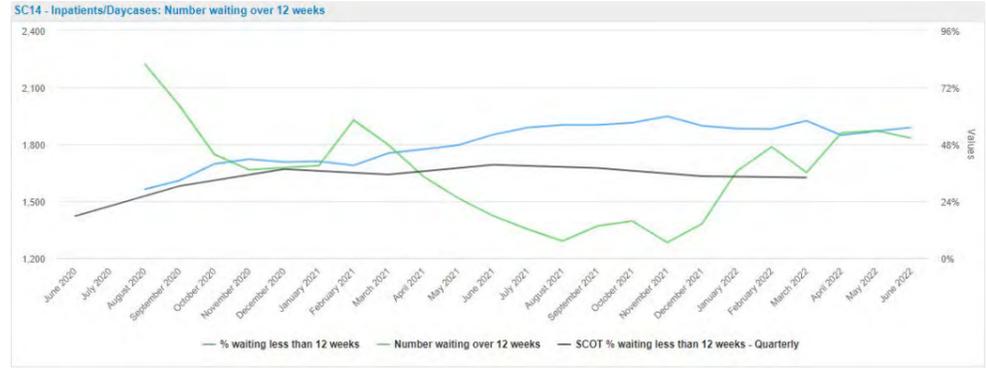
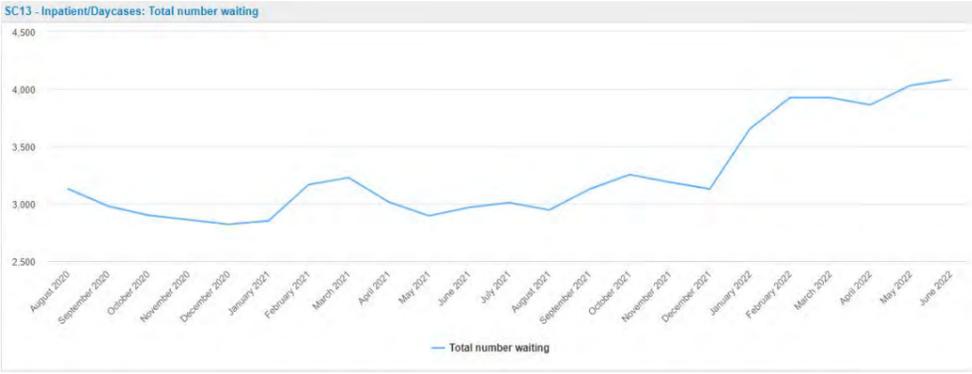


SC10 - 62-Day Cancer Standard - Quarterly total



SC11 - 31-Day Cancer Standard - Quarterly total



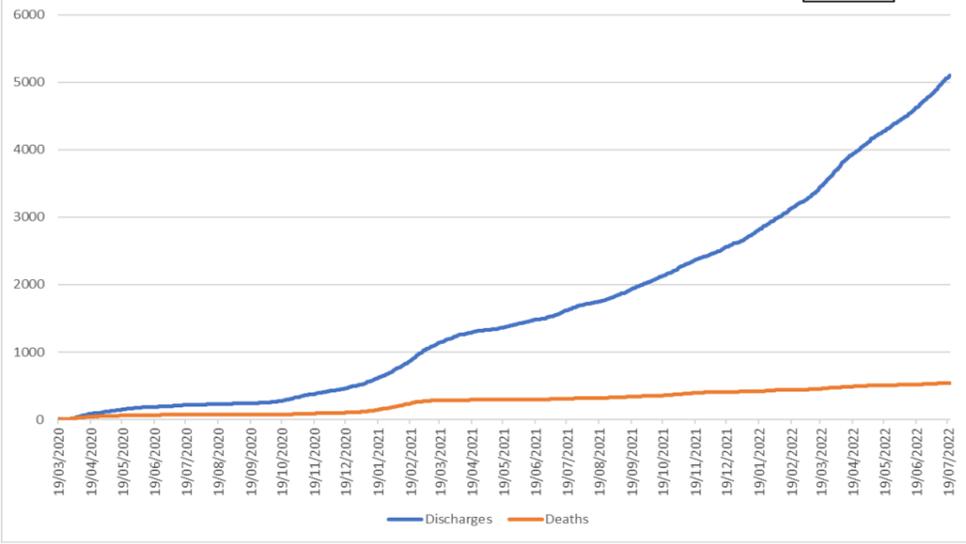


KEY RESPONSE MEASURES COVID-19

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	21-Jul-22	-	542	538	✓	-
H2	FV	Weekly	Number of deaths since start of outbreak by local authority - total	04-Jul-22	-	919	915	-	-
			Number of deaths since start of outbreak by local authority						
		Weekly	Falkirk	04-Jul-22	-	498	494	-	-
		Weekly	Clackmannanshire	04-Jul-22	-	170	170	-	-
		Weekly	Stirling	04-Jul-22	-	251	251	-	-
H3	FV	Weekly	Number of new confirmed COVID-19 patients in hospital	11-Jul-22	Decrease	117	134	✓	▲
H4	FV	Weekly	Number of confirmed COVID-19 cases in hospital over the 7 day period	11-Jul-22	Decrease	154	183	-	▲
H5	FV	Weekly	Number of confirmed COVID-19 cases ICU over the 7 day period	11-Jul-22	Decrease	4	3	-	▼
H6	FV	Weekly	Number of COVID-19 positive patients ventilated over the 7 day period	11-Jul-22	Decrease	0	1	-	▲
H7	FV	Weekly	Total number of patients ventilated over the 7 day period	11-Jul-22	-	10	10	-	◀▶
Test & Protect									
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									

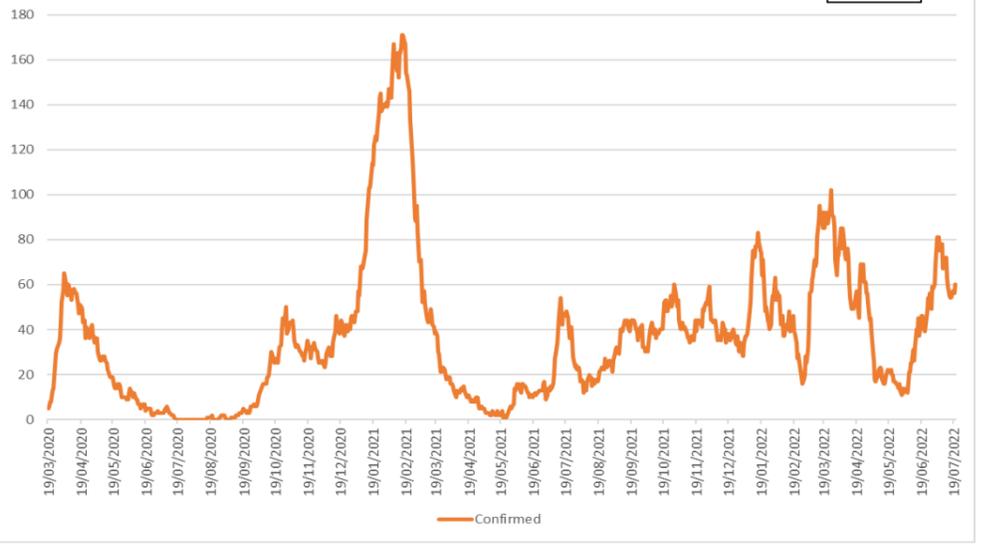
Cumulative Covid Discharges & Deaths

H1 & H2



Confirmed Cases in Hospital

H3



NHS FORTH VALLEY BOARD
TUESDAY 26 JULY 2022

8.1 Finance Report **Seek Assurance**

Executive Sponsor: Cathie Cowan Chief Executive

Author: Scott Urquhart, Director of Finance

Executive Summary

This report provides a summary of the financial position for NHS Forth Valley to 30th June 2022.

Recommendation

The Forth Valley NHS Board is asked to:

- **note** the reported NHS Board annual budget of £761.7m based on a confirmed baseline allocation plus anticipated funding broadly in line with allocations received in 2021/22.
- **note** an overspend position of £1.8m for the three-month period 1st April 2022 to 30th June 2022.
- **note** initial year-end forecasts based on an in-depth review of the Quarter 1 results indicate a financial risk of £7m to £10m for 2022/23.
- **note** that work continues on addressing the in-year and longer-term financial challenge aligned to service and workforce priorities through local and national cost improvement programmes.
- **note** that a Quarter 1 submission will be made to Scottish Government outlining the current year financial position including savings plans, Covid-19 related costs, and longer-term forecasts, and this will form the basis of a review meeting.
- **note** a balanced capital position to 30th June 2022.

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 OVERVIEW OF MONTH 3 FINANCIAL RESULTS

1.1 Revenue position 2022/23

The total annual revenue budget for 2022/23 is reported at £761.652m as summarised in Appendix 1. This reflects the opening Revenue Resource Limit (RRL) of £598.120m as advised by the Scottish Government, together with £163.532m of further anticipated allocations which are expected to be added to the Board's Resource Limit over the course of the year.

Key anticipated allocations include funding for Family Health Services, access and waiting times initiatives, Unscheduled Care, Public Dental Services, Mental Health recovery and renewal and the full year effect of recurring investment implemented during 2021/22 as part of the national winter pressures funding package.

The financial plan approved in March 2022 was based on Scottish Public Sector Pay Policy arrangements. Pay negotiations remain ongoing however uplifts are expected to exceed those parameters and additional costs will be met by Scottish Government. An estimate of those additional costs has been made and matched with anticipated funding.

As reported in Appendix 1, an overspend of £1.811m is reported for the 3-month period ending 30 June 2022 (this compares to an overspend of £0.513m as reported in the same period in the previous year).

An in-depth review of Quarter 1 financial performance has been undertaken to reassess key risks and to refresh financial projections for 2022/23. A financial review meeting with Scottish Government health finance colleagues is planned in August based on the Q1 submission at end of July. Initial discussions have taken place as part of wider performance review meetings noting the following key points:

- The scale and magnitude of the financial challenge has increased with cost trends across a range of areas rising ahead of available resources, resulting in an in-year financial risk of overspend quantified at £7m to £10m.
- The financial impact of new drugs and price increases on medications prescribed in both Hospital and Primary Care settings including oncology drugs and medication to support longer term chronic conditions.
- A sustained increase in supplementary staffing costs, driven by additional capacity and cover requirements, largely within Acute and Specialist Mental Health Services.
- Rising inflation rates which impact on core supply costs and on contracts including those relating to buildings and infrastructure payments.
- An element of the adverse year to date position also reflects unachieved recurring efficiency savings targets carried forward from 2021/22.

Further detail on specific year to date performance issues are considered in Section 2 of this report.

With respect to funding for Covid-19 associated costs, Scottish Government has confirmed that no further Covid funding will be issued in 2022/23 and there is an urgent need to manage Covid costs down as far as possible. Local discussions are underway with Integration Joint Board (IJB) Chief Finance Officers to agree how to deploy IJB earmarked Covid reserves in respect of delegated and non-delegated services against agreed resource limits.

In light of the financial pressures outlined above it is critical that the efficiency savings target of £29.4m is delivered during 2022/23. Work is underway in conjunction with the CPMO to progress the cost improvement programme, however it is recognised that delivery of the savings target is unlikely to be achieved on a recurring basis in year (due to the lead in time necessary to develop and implement the associated project plans). As a result, alternative

savings and/or non-recurring funding solutions will require to be put in place in order to achieve financial balance. Potential additional non-recurring initiatives are currently being pursued (including technical accounting opportunities and flexibility due to slippage in service developments).

The current savings delivery plan for 2022/23 identifies £12m achievable from recurring sources and £11m from non-recurring sources, with a currently unidentified gap totalling £6.4m. Further opportunities are expected to be confirmed based on focused work on the CPMO savings directory and this will be reported in detail through the Performance and Resources Committee.

1.2 **Capital position 2022/23**

The total annual net capital budget for 2022/23 is currently estimated at £18.589m as summarised in . This reflects the core Capital Resource Limit (CRL) of £6.389m as advised by the Scottish Government, together with anticipated allocations and other adjustments which are expected to be applied to the CRL during the course of the year.

The anticipated allocations relate to the National Treatment Centre, return of funding previously banked with the Scottish Government and Covid remobilisation. Adjustments for indirect capital expenditure charged to revenue and sales receipts are also incorporated in the total capital budget.

A balanced position is reported for the 3-month period ending 30 June 2022. To date expenditure of £0.350m has been incurred, leaving a balance of £18.239m to be committed between now and the end of the financial year.

2.0 **CLINICAL DIRECTORATES**

Clinical Directorates reported an overspend of £2.274m to 30th June 2022.

Directorate	Annual Budget £m	YTD Budget £m	YTD Spend £m	YTD Variance £m
Acute Services	192.926	48.839	50.612	(1.773)
Cross Boundary Flow	57.789	14.442	14.417	0.025
Community Services incl Prisons	14.366	3.543	3.728	(0.185)
Women & Children	47.912	12.571	13.120	(0.549)
Specialist Mental Health	17.471	4.175	4.685	(0.510)
Ringfenced and Contingency Budgets	33.112	0.480	0.000	0.480
Income	(27.048)	(6.719)	(6.957)	0.238
Total	336.528	77.331	79.605	(2.274)

Note these budgets include services defined as 'Set Aside'

Acute Services – an overspend of £1.773m is reported for the first 3 months of the financial year. This reflects ongoing service pressures within A&E and various inpatient specialties due to increased demand and length of stay, together with additional workforce costs to cover vacancies and to maintain separate covid/non-covid pathways and new working practices. Additional temporary staffing costs have been incurred during the first 3 months of the year with the majority of this relating to nurse bank and agency use (further detail is provided in appendix 2).

The adverse year to date position is also exacerbated by ongoing staffing challenges in social care which is impacting on an element of the planned discharge profile from the hospital. Unachieved savings is also a factor. Work is underway to quantify all identified

savings plans, although it is acknowledged that they are unlikely to yield significant benefits until the second half of the financial year.

Cross Boundary Flow – expenditure for the first 3 months of the year is broadly in line with the budgeted level. The position will be kept under review as the year progresses.

Community Services, including prisons – a small overspend of £0.185m is reported for the first 3 months of the financial year. This reflects ongoing locum use in adult psychiatry; however this is partially offset by a non-recurring benefit in Prisons relating to income for backfill received in the period.

Women and Children – an overspend of £0.549m is reported for the first 3 months of the financial year. This reflects a timing issue in delivery of efficiency savings which is partially offset by non-recurring underspends against pay budgets in Health Visiting and CAMHS due to vacancies.

Specialist Mental Health – an overspend of £0.510m is reported for the first 3 months of the financial year. This reflects ongoing staff bank and agency requirements for both medical and nursing posts within the inpatient wards.

Ringfenced and contingency budgets – £0.480m has been released from central budgets at this stage to offset costs in respect of Covid and several service developments pending funding allocations being processed.

Income – an over recovery of £0.238m is reported against income budgets for the first 3 months of the year. Income in respect of externals and Junior Doctors (via NHS National Education Scotland) is higher than planned levels for month 3.

3.0 CORPORATE FUNCTIONS AND FACILITIES

Corporate functions and Facilities report an overspend of £0.238m to 30th June 2022.

Service	Annual Budget £m	YTD Budget £m	YTD Spend £m	YTD Variance £m
Facilities & Infrastructure	99.473	24.609	24.762	(0.153)
<u>Corporate Services</u>				
Director of Finance	3.695	0.924	0.929	(0.005)
Area Wide Services	(0.803)	(4.201)	(4.084)	(0.117)
Medical Director	8.868	1.700	1.722	(0.022)
Director of Public Health	3.613	1.084	1.227	(0.143)
Director of HR	4.390	0.736	0.744	(0.008)
Director of Nursing	3.724	0.699	0.713	(0.014)
Chief Executive	2.155	0.540	0.501	0.039
Portfolio Management Office	0.507	0.127	0.085	0.042
Immunisation / Other	1.590	0.398	0.255	0.143
Total	127.212	26.616	26.854	(0.238)

Facilities and Infrastructure - an overspend of £0.153m is reported for the first 3 months of the financial year. This is primarily due to increased costs within estates (relating to energy/utilities and waste uplifts) and transport/fleet (in terms of fuel). An element of the overspend also relates to ongoing Covid related costs – these are currently unfunded and will be reviewed as part of the overall pandemic exit plan/updated Covid cost projection.

Corporate Functions - a combined overspend of £0.085m is reported for the first 3 months of the financial year. This is largely driven by area wide services, due to a timing issue in respect of legal fees (legal fees tend to vary but will be reimbursed as the cases progress) and pressures within Public Health pay budgets.

4.0 HEALTH AND SOCIAL CARE PARTNERSHIPS

NHS operational and universal services in scope for Health and Social Care Partnerships report an underspend of £0.701m to 30th June 2022.

HSCP	Annual Budget £m	YTD Budget £m	YTD Spend £m	YTD Variance £m
<u>Falkirk</u>				
Operational Services	68.298	16.500	15.392	1.108
Universal Services	81.602	20.055	20.325	(0.270)
Subtotal	149.900	36.555	35.717	0.838
<u>Clackmannanshire and Stirling</u>				
Operational Services	54.707	13.174	12.971	0.203
Universal Services	82.926	20.525	20.865	(0.340)
Subtotal	137.633	33.699	33.836	(0.137)
TOTAL	287.533	70.254	69.553	0.701

Note that the HSCP budgets summarised in table 5 *exclude* budgets in respect of large hospital services, also referred to as set aside, which amount to approx. £65m. Responsibility for the financial management of the Set Aside budget remains with NHS Forth Valley, whilst responsibility for demand and capacity sits with the HSCPs (as part of IJB strategic planning).

The key financial challenge reported under universal services for both HSCP's relates to primary care prescribing. Volume growth in the number of items prescribed and the average cost per item both remain higher than original planning assumptions. This reflects ongoing demand and short supply issues, together with delays in achieving efficiency savings. To date Operational Services are currently underspent for both HSCPs, particularly within Falkirk HSCP due to the temporary closure of wards 1 to 4 at Falkirk Community Hospital.).

5.0 STRATEGIC FINANCIAL RISK

The organisational risk related to financial sustainability is included within the NHS Board Strategic Risk Register and is regularly updated to reflect changes in risk profile and mitigation controls.

SRR005 – Financial Sustainability

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

Given the increased financial challenge in respect of both internal and external influencing factors including the wider economic uncertainties and volatility described in the Scottish Spending Review and Medium-Term Financial Framework, the risk score related to untreated impact and current impact has increased to 5 which in turn has increased total risk to 25. Additional control measures have been identified and these are set out in the quarterly strategic risk register report which is provided under separate cover.

One of the key risk mitigation measures is the Cost Improvement programme which is supported by the CPMO team. There has been positive engagement across the team and a range of savings and value improvement areas have been identified for urgent review and implementation with relevant staff groups. It is however recognised that we need to look beyond the current financial year into 2022/23 and beyond to support strategic goals and recovery measures particularly in respect of planned care and unscheduled care pathways and investment.

6.0 CAPITAL

The year to date capital position is break-even against budget. Total anticipated capital resources comprising funding and receipts are £18.589m. There is also forecast to be an initial £1.300m adjustment in relation to Indirect Capital Expenditure charged to Revenue, however this will be reassessed during the financial year and adjusted as required.

	Total £m
<u>Capital Resources</u>	
General Allocation	18.404
Property Disposals	0.185
Total Capital Resources	18.589
<u>Capital Expenditure</u>	
Expenditure to 30 th June 2022	0.350
Anticipated expenditure 1 July 2022 to March 2023	18.239
Total Projected Expenditure	18.589

6.2 Total annual expenditure by category / budget area was as follows:

Elective Care – work is now well underway on the construction of the new National Treatment Centre within the Forth Valley Royal Hospital site. Payments have been made to Forth Health to meet costs incurred to the main contractor Portakabin. In addition, some minor professional fees have been incurred during June 2022.

Information Management & Technology – as at 30th June 2022 the sum of £0.232m has been spent from an available budget of £2.514m including an in-month increase of £0.123m. Expenditure incurred during June was predominantly on Infrastructure refresh, professional services and in-house project staff costs.

Medical Equipment– Funding currently available to the Medical Devices Group equates to £3.785m and at 30th June 2022 expenditure to date remains at £0.009m. Confirmation has now been received from the Scottish Government that they are supporting a bid for the purchase of Angiography and Fluoroscopy equipment and a third CT Scanner within the Radiology department increasing available budget by £1.785m. Confirmation has now been received that recurring revenue costs will also be supported by the Scottish Government to support the procurement of the CT Scanner.

Facilities & Infrastructure – expenditure to date within Facilities and Infrastructure equates to £0.105m as at 30th June 2022. In month costs amounted to £0.086 and included £0.048 on electric vehicle charging points at Stenhousemuir and Airth Health Centres and also within the Bellsdyke Hospital site. In addition, a further £0.023m was spent on compliance and statutory standards works.

Appendix 1: Revenue Financial Position as at 30th June 2022

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	192.926	48.839	50.612	(1.773)
Cross Boundary Flow	57.789	14.442	14.417	0.025
Community Services incl Prisons	14.366	3.543	3.728	(0.185)
Women and Children	47.912	12.571	13.120	(0.549)
Specialist Mental Health	17.471	4.175	4.685	(0.510)
Income	(27.048)	(6.719)	(6.957)	0.238
<u>Non- Clinical Services</u>				
Facilities and Infrastructure	99.473	24.609	24.762	(0.153)
Corporate Services	27.739	2.007	2.092	(0.085)
<u>Other</u>				
Ringfenced and Contingency Budgets	33.112	0.480	0.000	0.480
Partnership Funds - Falkirk	5.667	0.000	0.000	0.000
Partnership Funds - Clacks Stirling	4.712	0.000	0.000	0.000
Subtotal	474.119	103.947	106.459	(2.512)
Health & Social Care Partnerships				
Falkirk HSCP	149.900	36.555	35.717	0.838
Clacks/Stirling HSCP	137.633	33.699	33.836	(0.137)
Subtotal	287.533	70.254	69.553	0.701
Total	761.652	174.201	176.012	(1.811)

Appendix 2: Capital Financial Position as at 30th June 2022

Capital Resource Limit	Annual Budget £000	YTD Budget £000	YTD Actual £000	YTD Variance £000
Resources				
General Allocation	6,389	161	161	0
Other Allocations	13,315	4	4	0
Indirect Capital Charged to Revenue	(1,300)	0	0	0
Value of Asset Sales Retained	185	185	185	0
Total Capital Resource	18,589	350	350	0
Expenditure				
Elective Care	6,412	4	4	0
Information Management & Technology	2,512	232	232	0
Medical Equipment	3,785	9	9	0
Facilities & Infrastructure	4,389	105	105	0
NHS Board	1,489	0	0	0
Capital Grants & Capital to Revenue	(1,300)	0	0	0
Total Gross Direct Capital Expenditure	18,589	350	350	0
Saving/ (Excess) Against CRL	0	0	0	0

FORTH VALLEY NHS BOARD

TUESDAY 26 JULY 2022

9.1 Annual Review 2021 Letter For Assurance

Executive Sponsor: Mrs Cathie Cowan, Chief Executive

Author: Ms Kerry Mackenzie, Head of Policy & Performance

Executive Summary

The Annual Review 2020/2021 was held via video conference on Wednesday 27 April 2022 chaired by Maree Todd, Minister for Public Health, Women's Health and Sport and was attended by Janie McCusker, Chair, NHS Forth Valley and Cathie Cowan, Chief Executive, NHS Forth Valley. The Minister was supported by Caroline Lamb, Director General, Health & Social Care and Chief Executive of NHS Scotland.

Recommendation

The Forth Valley NHS Board is asked to:

- **note** the key points contained in the Annual Review 2020/21 letter

Key Issues to be Considered

The Annual Review agenda was split into two sections, 'look back': 2020/21, including the initial response to the pandemic, and 'forward look'.

Following the Annual Review 2020/2021, Maree Todd, Minister for Public Health, Women's Health and Sport wrote to Janie McCusker, Chair, NHS Forth Valley summarising the main points discussed and highlighting any specific actions required moving forward. The letter, at appendix 1, details the following key points:

Look back focussed on:

- The rapid reconfiguration of local health and care services across acute, primary and community settings, including the significant increase in the use of technology to deliver care outside hospitals or clinic settings.
- The performance and contribution of staff in adapting, supporting, and developing local services including, the delivery of the Covid-19 vaccination programme, and Test and Protect.
- Delivery of the elective care programme including cancer services and a wide range of planned surgery, day cases and outpatient appointments, along with mutual aid for neighbouring NHS Boards.
- Pressure within unscheduled care services as a result of frequent high occupancy, limited bed capacity, delayed discharges and staffing gaps including reasons relating to Covid-19.
- Performance in relation to financial management, the 62-day and 31-day cancer targets, Child & Adolescent Mental Health Services and Psychological Therapies.
- Learning from the pandemic experience and the positive engagement with the Area Partnership Forum and Area Clinical Forum.

Forward Look focussed on:

- Support for winter planning.
- The A&E performance and sustained pressures in Forth Valley Royal hospital as a result of consistently high occupancy, limited bed capacity, increasing staffing pressures and high patient acuity, and the work underway to support improvement.
- The ongoing pandemic and the need to maintain a balance between ongoing operational resilience and the effective recovery of services.
- The pressures on the health and social care workforce and the range of support measures for staff in order to promote personal resilience, help prevent mental health issues developing, and to promote overall wellbeing in the workplace.
- Elective care backlog and local plans for recovery.
- The data quality issues affecting mental health services in NHS Forth Valley that need to be resolved and the support from the Scottish Government's Mental Health team.
- The implementation of the Choice and Partnership Approach CAMHS model.
- Financial position for 2022/2023.
- The Health Care Improvement Scotland's (HIS) visit to Forth Valley Royal Hospital and NHS Forth Valley's action plan to address requirements.
- The Emergency Department Improvement Action Plan and the work which the Board is undertaking with support from OD consultants.

The Minister formally recorded her sincere thanks to the NHS Forth Valley Board and staff for the sustained professionalism and commitment displayed, in the face of unprecedented and unremitting pressures during both 2020/21 and 2021/22.

Financial Implications

There are no financial implications in respect of this paper.

Workforce Implications

There are no workforce implications in respect of this paper.

Risk Assessment

Any relevant Strategic Risks are highlighted with the Strategic Risk Register reviewed and updated on a quarterly basis.

Relevance to Strategic Priorities

As one of 14 territorial NHS Boards, NHS Forth Valley is accountable to Scottish Ministers supported by the Scottish Government Health and Social Care Directorates. NHS Forth Valley is responsible for the protection and the improvement of the population's health and for the delivery of frontline healthcare services.

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

For wider circulation and for publication on the NHS Forth Valley website.

Appendices:

Appendix 1 - NHS Forth Valley Annual Review letter

Minister for Public Health, Women's Health and Sport
Maree Todd MSP

T: 0300 244 4000
E: scottish.ministers@gov.scot

Janie McCusker
Chair
NHS Forth Valley

Via email: janie.mccusker@nhs.scot

23 June 2022

Dear Janie,

NHS FORTH VALLEY ANNUAL REVIEW: 27 APRIL 2022

1. Thank you for attending NHS Forth Valley's Annual Review with your Chief Executive Cathie Cowan on 27 April via video conference. I am writing to summarise the key discussion points.
2. As with last year's round of Annual Reviews, in-person Reviews have not proved possible given the ongoing state of emergency as a result of the Covid-19 pandemic and associated pressures. Nonetheless, Annual Reviews remain an important part of the accountability process for the NHS and, as such, we have arranged for Ministers to hold appropriate sessions with the Chair and Chief Executive of each Board via video conference. I was supported in the meeting by: Caroline Lamb, Director General, Health & Social Care and Chief Executive of NHS Scotland.
3. The agenda for this year's round of Reviews has been split into two sections to cover: a look back over 2020/21, including the initial response to the pandemic; and a look forward, in line with the current Board resilience and mobilisation plans.

Look back: 2020/21, including the initial response to the pandemic

4. You provided a helpful overview of the Board's initial response to the pandemic from late February 2020. This required an unparalleled, immediate and radical restructure of both services and ways of working across the NHS in Scotland, including in NH Forth Valley. The Board's response and recovery planning process involved the rapid reconfiguration of local

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health and care services across acute, primary and community settings, including a significant increase in the use of technology, such as *Near Me*, to deliver care outside hospitals or clinic settings, alongside effective, whole system working.

5. Staff at every level have consistently performed above and beyond the call of duty to support both local services and the national effort: for instance, with the unprecedented *Test & Protect* and vaccination programmes, as well as the crucial support and clinical oversight provided to local care homes. An example of this had been the medical physics staff who had worked innovatively and tirelessly in the initial stages of the pandemic to bolster vital critical care capacity by converting anaesthetic machines to ventilators; alongside other largely unsung heroes, such as those who had been instrumental in establishing the new community pathways; and ensuring that key services, such as district nursing and health visiting, had been maintained throughout. Indeed, it is through the consistent dedication and commitment of local health and social care staff, under largely unrelenting pressures, that we have ensured that the NHS has not been overwhelmed at any point during the pandemic, to date. As such, I would want to formally record our deep appreciation to all local health and social care staff for their outstanding work, and give them an assurance that we will continue to do all we can to support them.

6. In terms of the impact of Covid-19 and associated activity, during the financial year 2020/21, NHS Forth Valley had: delivered over 700,000 Covid-19 vaccinations; carried out 9,000 *Near Me* consultations; 193,236 outpatient attendances; 39,125 hospital admissions; 62,950 attendances at the Emergency Department and Minor Injuries Unit; 215,442 district nurse contacts; 2 million contacts with GP practice staff. You confirmed that this activity, and the remarkable service adaptations undertaken at pace, such as the increased use of technological innovations, had been delivered via a highly effective local, whole system command structure: ensuring appropriate oversight and governance alongside delivery.

7. The need to establish capacity to meet the Covid-19 demands placed on health and social care required significant changes in the level of planned care available during 2020/21. During the first Covid-19 wave all planned surgery, with the exception of cancer, was paused. Subsequent surgical capacity was restricted by capacity constraints necessary to follow national Infection Prevention and Control guidelines to protect patients and staff; and the need to continue to adapt to meet the numbers of Covid-19 admissions. Private sector capacity had supported some urgent and cancer activity and, as noted above, access to care was maintained using a combination of face to face consultations and by making use of digital technology. The Board has maintained an elective care programme and continued to provide a wide range of planned surgery, day cases and outpatient appointments. I also recognise NHS Forth Valley's significant mutual aid role played in support of neighbouring Boards for the delivery of breast, plastics and orthopaedics services; with over 3,000 patients treated. The Board continues to offer mutual aid for surgical and outpatient assessment for neighbouring Boards.

8. All Health Boards had seen unscheduled care pressures fall in the first phase of the pandemic, with the restrictions having a significant impact on attendances. As restrictions were eased following the initial lockdown, attendances had risen; and Boards faced new

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pressures in A&E Departments and receiving wards due to the higher acuity of some presentations, alongside the maintenance of appropriate infection control measures and streaming of patients. NHS Forth Valley has experienced challenges in delivery against the 4-hour standard with the Board recording the lowest weekly 4-hour performance of all Boards in the week ending 10 April at 54.7% (against national average of 66.2%). There were also 35 over 12 hour patient stays in the week ending 17 April; compared to none from the equivalent pre-pandemic week in 2019. Frequent high occupancy, limited bed capacity and continuing staffing gaps for a number of reasons, including Covid, have been contributing to lengthy delays. Performance has also been impacted by delayed discharge.

9. With cancer service delivery remaining a priority, the Board's performance against the 31-Day standard continues to be met; however, performance against the 62-Day standard continues to be challenging for the Board. You confirmed that improvement work has been undertaken and assured us that actions taken will improve performance.

10. NHS Forth Valley was one of seven Boards escalated for enhanced improvement support for Child and Adolescent Mental Health Services (CAMHS) and Psychological Therapies performance. The Board submitted an improvement plan to the Scottish Government in September 2021 detailing improvement actions and anticipated trajectories to meet the referral to treatment standard and eliminate long waits by March 2023. CAMHS performance was 57.7% at the end of December 2021 with 616 children and young people waiting to start treatment at the end of December; of those 509 have waited over 18 weeks. For Psychological Therapies, performance was 64.1% at the end of December.

11. In terms of financial management, NHS Forth Valley delivered a balanced outturn in 2020/21, following the receipt of additional funding provided by the Government to support financial impact of Covid-19. For 2021/22 the Board is forecasting a full year breakeven position, in line with your financial plans. The position includes the receipt of additional funding from the Scottish Government to meet Covid-19 pressures.

12. All Boards will need to learn from the pandemic experience and adapt; ensuring that the remarkable innovation and new ways of working demonstrated underpin the local strategy for a sustainable future. We also asked the local Area Clinical Forum and Area Partnership Forum to provide brief updates ahead of the Review and were pleased to note the ongoing positive engagement and contribution of both; the Board will need to harness this and ensure full staff support and engagement for the longer term recovery and renewal phase.

13. To summarise, we are most grateful for the outstanding efforts of local staff to adapt and maintain key services during 2020/21 for the benefit of local people, in the face of unrelenting pressures. We must also recognise that the initial pandemic response, which necessitated the prioritisation of Covid, emergency and urgent care, meant that there has inevitably been a regrettable increase in non-COVID health and wellbeing harms, alongside a significant and growing backlog of non-urgent planned care; and that, despite the success of the vaccination programme, we face ongoing risks around the disease, alongside a range of other pressures that are likely to have a significant impact this winter and beyond.

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Forward look

14. Ensuring that the NHS is not overwhelmed remains of paramount importance and, given the myriad of pressures facing us, Boards remained on an emergency footing until the end of April 2022.

The Government had supported NHS Board planning for the most recent winter via the [Health and Social Care Winter Overview](#), published on 22 October. The approach was based on four principles: maximising capacity; supporting staff wellbeing; supporting effective system flow; and improving outcomes. It outlined how we would: protect the public from the direct impact of Covid-19 and other winter viruses; support our staff to deliver high quality care; increase capacity and maintain high quality integrated health and social care; support the public through clear and consistent messaging to make sure they access the right care, in the right place, at the right time; and use digital and financial enablers to achieve these objectives.

15. This approach, supported by the [Adult Social Care Winter Plan](#), is backed by £300 million of recurring funding, aimed at ensuring we have a well-staffed, well-supported and resilient health and social care system. The new multi-year funding will support a range of measures to maximise capacity in our hospitals and primary care, reduce delayed discharges, improve pay for social care staff, and ensure those in the community who need support receive effective and responsive care.

16. Nonetheless, we fully recognise that NH Forth Valley, amongst a number of Health Boards, has been experiencing some of the most extreme pressures of the pandemic so far in the last few months. Forth Valley Royal Hospital experienced consistently high occupancy and limited bed capacity, increasing staffing pressures alongside high patient acuity; with A&E performance remaining very challenged, all of which has resulted in sustained pressures in the hospital.

17. We also recognise that these pressures are being felt right across the system: in acute hospitals, in primary and community care and in social care. Clearly, the pandemic is not over. Covid-19, alongside other pressures, will continue to have an impact on the NHS for some time. Looking forward, we will need to maintain the right balance between ongoing operational resilience and the effective recovery of services that had to be paused. Our NHS must remain adaptive and responsive through this uncertain, transitional phase.

18. We also remain very conscious on the cumulative pressures on the health and social care workforce and were pleased to note the steps NHS Forth Valley is taking in terms of the wellbeing and resilience of local staff. You confirmed that the Board has established a range of support measures for staff in order to promote personal resilience, help prevent mental health issues developing, and to promote overall wellbeing in the workplace. These measures will also play a pivotal role during the essential recovery period, following on from the height of the pandemic, and in rebuilding staff resilience.

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19. Whilst our recent focus has necessarily been on resilience, we remain ever conscious of the backlog of elective care and associated harms. We continue to assist NHS Boards, including NHS Forth Valley, with local plans for recovery, in light of the more than £1 billion of targeted investment driving the remobilisation of our NHS as part of our Recovery Plan, announced in August 2021.

20. On elective surgery, the Board has expanded day surgery beds, going from 14 beds to 24, to protect elective care and, as a result, has at times increased activity to over 100% of pre-Covid levels. The Board is also continuing a pilot to utilise procedure rooms for minor surgery and as a result has freed up space in main theatres for major surgery. The Board continues to support the National Treatment Centre Programme at Forth Valley Royal Hospital through the expansion of MRI imaging, the opening of two new operating theatres and the creation of an additional 30-bed in patient ward for patients undergoing hip and knee surgery; which will provide an additional 1,500 orthopaedic joint replacements per year. The centre is expected to be fully operational by December 2022. There has also been a positive approach to reducing the outpatient waiting list; recently reducing this by around 1,000 patients per month. In terms of cancer, the Board are developing an action plan to fully implement the framework for effective cancer management, including the investment of the £547,336 from Cancer Waiting Times funding that has been allocated to NHS Forth Valley.

21. As referenced above, NHS Forth Valley's A&E performance remains very challenging and we note the work underway locally as part of a range of improvement programmes, including continuing to develop your Redesign of Urgent Care programme, Discharge without Delay, and Interface Care; and will keep progress under close review.

22. There are significant data quality issues affecting mental health services in NHS Forth Valley that need to be resolved. You stated that support is being received from Scottish Government's Mental Health team to help improve and we welcomed your assurance that the Board is addressing this and that the situation is improving. We welcome the adoption of the CAPA CAMHS model and look forward to full implementation, which you expect to be by December 2022. Scottish Government Mental Health officials will continue to work closely with the Board to support development and implementation of plans to strengthen and stabilise local services.

23. For 2022-23, NHS Forth Valley are forecasting a year-end breakeven position. This is dependent on delivery of your target of £29.3 million savings. The key financial risks for the Board include staffing costs, prescribing costs and energy prices. The Scottish Government will continue to regularly engage with the Board to monitor your position and to assist with longer term financial planning.

24. We took the opportunity to raise Health Care Improvement Scotland's (HIS) recent return visit to Forth Valley Royal Hospital on 19 April. You assured me that you take the concerns raised seriously and that you will put in place an action plan to address any requirements and recommendations as a matter of priority. Patient safety is paramount and I expect NHS Forth Valley to fully implement any improvement action plan that Healthcare Improvement Scotland produce and publish and Scottish Government officials will keep in touch with the Board on this matter. We also touched on the Emergency Department

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Improvement Plan and the work which the Board are undertaking with OD consultants, the focus of which is to encourage and facilitate stronger team working, coherence and co-operation across the system as a whole. Scottish Government officials will also keep in touch with the Board in relation to this work and anticipated impacts.

Conclusion

25. I hope that by the time of the next Review we will be free of some of the more extreme recent pressures and able to focus fully on local service recovery and renewal. I am, nonetheless, under no illusion that the NHS continues to face one of the most challenging periods in its history and remain grateful for your ongoing efforts to ensure resilience. We will continue to keep both local activity under close review and to provide as much support as possible.

26. I want to conclude by reiterating my sincere thanks to the NHS Forth Valley Board and staff for your sustained professionalism and commitment, in the face of unprecedented and unremitting pressures during both 2020/21 and 2021/22, for the benefit of local people.

Yours sincerely

MAREE TODD

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FORTH VALLEY NHS BOARD
TUESDAY 26 JULY 2022

9.2 Communications Update Report For Assurance

Executive Sponsor: Mrs Cathie Cowan, Chief Executive

Author: Mrs Elsbeth Campbell, Head of Communications

Executive Summary

This paper provides an update on the communications work undertaken during April - July 2022. It also provides examples of some of key service developments, media issues and digital developments during this period.

Recommendation

The Forth Valley NHS Board is asked to:

- **note** the update and ongoing activity to support the response to the ongoing Covid-19 pandemic, service recovery and ongoing development of internal and external communications.

Key Issues to be Considered

The ongoing Covid-19 pandemic continues to attract considerable media interest, particularly in relation to the recent increase in cases which has resulted in high staff absence levels and high numbers of patients in local hospitals who have tested positive for Covid-19.

This has impacted on the capacity of local health and care services across which is evidenced by the lower performance against the 4hr access standard as many patients who require to be admitted to hospital have to wait longer in ED for an inpatient bed. The numbers of patients experiencing delays in being discharged from local hospitals has also risen sharply over the last few weeks due to challenges in staffing local social care and care home services which are also experiencing high levels of demand.

Communication continued to play a vital role in providing advice and reassurance to local patients and members of the public as well as providing accurate, timely information and briefings to local media. Despite the ongoing service challenges, work continued throughout the period to promote a wide range of service developments, improvements, and achievements across the organisation.

Financial Implications

There has been no additional financial costs and efforts continue to build on and improve existing internal and external communication channels.

Workforce Implications

The Communications Team, like many departments, has been affected by Covid-19 related absences however it has worked hard to overcome these and ensure that services have been maintained.

Risk Assessment

Accurate, timely and relevant communications, tailored to the needs of specific audiences can help pressure on local services, reassure the public and ensure staff are well informed.

Relevance to Strategic Priorities

Internal and external communications have played a vital role throughout the pandemic and continue to support organisation's wider strategic and operational response.

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:

- Screening completed - no discrimination noted

Communications Update Report

April - July 2022

OVERVIEW

NHS Forth Valley continued to face capacity and staffing pressures during the period, particularly over the last few weeks due to a sharp rise in cases of Covid-19. This has led to a high number of staff absences across local health and social care services and an increase in the number of patients who have to be cared for in separate inpatient areas. There have also been high numbers of seriously ill patients who require to be admitted as well as many patients who are experiencing long delays in being discharged from hospital because they require a package of care or are waiting for a place in a local care home.

As a result, some patients have experienced longer waits in the Emergency Department until a suitable bed becomes available and this is reflected in our recent performance against the 4hr access standard. The Communications Team worked with local and national media to explain the reasons for these longer waits and continued to raise awareness of alternative ways to access healthcare advice and treatment such as local pharmacists and NHS 24.

Work was undertaken to encourage young people aged 5 - 11 to take up the offer of a Covid-19 vaccine and promote the Spring booster programme. Despite ongoing service pressures, plans were developed to raise awareness of a range of new service developments and achievements. These included new stroke and heart failure services as well as services for patients with osteoporosis. During the period we also welcomed our first nurses from overseas and took delivery of a mobile CT scanner to help reduce waiting times for local patients.

ACTIVITY SNAPSHOT

29,741

FACEBOOK

Followers on Facebook

24

MEDIA RELEASES

The number of proactive releases issued

17,300

TWITTER

Followers on Twitter

81

MEDIA ENQUIRES

The number of media enquiries received, managed and responded to.

48,500

HIGHEST REACH

Highest performing post on Facebook

146,800

AVERAGE MONTHLY REACH

The number of people who have had content/posts from our Facebook page visible on their screen/newsfeed

35,200

FACEBOOK PAGE VISITS

The number of times our Facebook page was visited

4,956

INSTAGRAM

Followers on Instagram

KEY HIGHLIGHTS

Mobile Unit Increases Scanning Capacity

Work was undertaken with the Radiology Department to promote a new mobile CT scanning unit which was installed outside Forth Valley Royal Hospital in June 2022.

The unit, which will be in place until the end of September 2022 to help increase capacity and reduce waiting times for patients requiring CT scans, is expected to scan around 1,500 patients from across Forth Valley. Computerised tomography (CT) scans can be used to produce detailed images of all parts of the body including the brain, spinal cord, bones, blood vessels, lungs and other internal organs such as the heart, liver, womb, prostate gland and gall bladder.

They can be used to diagnose a wide range of conditions including strokes, cancers and injuries to internal organs and guide further tests or treatments – for example, to help determine the location, size and shape of a tumour before having radiotherapy. CT scans are also used to monitor patients during and after cancer treatment.



Plans to Improve GP Services Unveiled

Wide ranging proposals to improve the accommodation, services and facilities in GP Practices across Forth Valley over the next five years were widely promoted internally and externally at the end of May 2022.

The Forth Valley Primary Care Premises Programme aims to tackle rising demand for GP services and address the size, condition and layout constraints faced by many GP Practices across the area. It sets out proposals for a major programme of investment to improve local GP premises and associated healthcare facilities to ensure they can accommodate the staff and services required now and, in the future, as well as redesign the way a number of existing GP services are delivered and developed.

An Initial Agreement, which describes the need for change, preferred service model and benefits for local patients, staff and communities, was approved by the NHS Board at its May 2022 Board meeting and has now been submitted to the Scottish Government for consideration. If approved, the next stage will involve the development of a series of Business Cases which will set out more detailed financial plans, service models and timescales for the proposed improvements in each locality area.

KEY HIGHLIGHTS

Work Begins on New National Treatment Centre Ward

Construction work to create a new inpatient ward at Forth Valley Royal Hospital started at the beginning of June 2022. The ward is the final stage of the development of a new National Treatment Centre in Forth Valley which will form part of a network of new centres across Scotland.

With 30 additional beds, it will create extra inpatient capacity to care for the increasing numbers of patients who require orthopaedic surgery. Along with the investment in two additional theatres and a second MRI scanner, it will enable around 1,500 additional hip and knee joint operations to be carried out every year.



New Urology Hub Cuts Waiting Times

Health Secretary, Humza Yousaf visited the Urology Hub at Forth Valley Royal Hospital on 11th July 2022 to see first-hand the difference the new facility is making to local patients and hear how local staff have transformed local urology services.

The new facility is already making a huge difference to local people across Forth Valley who require tests and treatment for a wide range of bladder and prostate conditions as well as surgical procedures such as vasectomies and circumcisions.



The Communications Team worked with the Scottish Government to coordinate media handling arrangements for the visit which was covered by national and local media including STV and the Falkirk Herald.

Ground-breaking Dementia Research

The Communications Team worked with Research and Development colleagues to announce details of a ground-breaking clinical trial which could help adults with early or mild dementia.

The research team in NHS Forth Valley is the first in the UK to recruit to the new CNS -101 trial which uses specialist headsets to record EEG brain waves while participants complete a variety of online tasks and short games. A special headband also records brain waves while they sleep and monitors sleep quality.



KEY HIGHLIGHTS

Reducing Drug-Related Deaths

Local drug and alcohol support services are being enhanced in a bid to cut the risk of death from substance use. New measures include a one-stop shop approach to improve access to treatment, an outreach team to respond to people who have experienced a drug overdose and the provision of Buprenorphine for people with an opiate dependency.



More than 90 people in Forth Valley are now prescribed Buprenorphine and the Communications Team worked with local service leads to highlight the experiences of a 50-year-old man from Clackmannanshire, who says the monthly injection has been a life changer for him.

New Director of Nursing

Professor Frances Dodd has been appointed as the new Executive Nurse Director for NHS Forth Valley, following a competitive recruitment process which attracted a high calibre of senior nursing candidates from across the country.



Frances will join NHS Forth Valley from the Scottish Ambulance Service where she is the Director of Care Quality and Professional Development with leadership responsibility for a wide range of areas. These include Person Centred Care, Patient Experience, Clinical Leadership Development, Education and Professional Development, Quality Improvement, Advanced Practice Development, Infection Prevention and Control, Public Protection, Mental Health and Dementia Care.

New Service Offers Better Bone Health

Details of a new service for people suffering with osteoporosis were highlighted at the end of May 2022. The service provides DXA scans, face-to-face and telephone appointments, medication reviews and treatments. There are also future plans to offer education sessions and a local helpline.



Osteoporosis affects more than 3 million people in the UK. Every year it results in more than 500,000 people receiving hospital treatment for fragility fractures.

KEY HIGHLIGHTS

First Overseas Nurses Welcomed

The Communications Team worked with HR colleagues to promote the arrival of the first nurses from overseas at Forth Valley Royal Hospital in April 2022. The nurses have a wealth of knowledge and experience having previously worked within hospitals in the Kerala state of India.

They have been recruited as part of a Scottish Government initiative to increase international nurse recruitment and support the delivery of health services across Scotland. They were joined by a number of nurses from India and Zimbabwe, in May 2022.



This international recruitment programme, which aims to recruit around 200 nurses across Scotland, has been carried out ethically in line with a code of practice which ensures NHS Scotland does not recruit from countries with their own qualified healthcare staffing shortages.

Best Start at Home for Stroke Patients

Stroke patients in Forth Valley are benefitting from a new range of services, which enable them to undergo rehabilitation at home with the same level of expertise that they would receive from a specialist team in hospital.

The Stroke Transition and Rehabilitation Team (START) is made up of nine members of staff including physiotherapists, occupational therapists, a therapy assistant practitioner, speech and language therapists, dietitians and neuropsychology staff and is supported by a consultant from NHS Forth Valley's stroke service.



Close working between the Stroke Unit at Forth Valley Royal Hospital and the Bellfield Centre at Stirling Health and Care Village is already making a difference in terms of how long people need to stay in hospital.

NHS Forth Valley's Stroke Service delivers stroke and TIA care (Transient Ischemic Attack) to the local population of more than 305,000 people. Each year around 500 people are admitted to Forth Valley Royal Hospital with acute stroke and a further 200 attend the outpatient TIA service.

KEY HIGHLIGHTS

New Deal For Healthcare Support Workers

The Communications Team worked with Unison colleagues to announce details of a new deal which is set to benefit hundreds of Healthcare Support Workers (HCSW) across NHS Forth Valley.

While a national process is underway across NHS Scotland to assess Band 2 HCSWs against new national Band 2 and Band 3 Nursing Clinical Support Worker job profiles, staff in NHS Forth Valley who are successfully matched to the new Band 3 profile will also have their additional pay backdated to June 2019 when Unison representatives put forward a case to support the rebanding of 48 local HCSWs.

NHS Forth Valley's Chief Executive agreed that if the work which commenced in 2019 to look at Health Care Support Worker roles across NHS Forth Valley was successful, then the backdated pay arrangements would apply to all Healthcare Support Workers who met the criteria of the new Band 3 Nursing Clinical Support Worker profiles. NHS Forth Valley currently employs more than 800 Healthcare Support Workers who support a wide range of services across the organisation including inpatient wards, Emergency Department, Assessment Units, maternity, community and mental health services.



Supporting Patients with Heart Failure

Forth Valley patients with heart failure who require a specialist cardiac MRI scans are now able to have these carried out locally, rather than having to travel to hospitals in Edinburgh or Glasgow.

Staff within the Radiology Department worked above and beyond to secure the top-class imaging services, supported by colleagues from the West of Scotland Regional Heart and Lung Centre based at the Golden Jubilee University National Hospital in Clydebank.

The Centre provided specialist training for a number of NHS Forth Valley radiographers, helping them to gain valuable knowledge and experience which they have used to develop this new local scanning service.



AWARDS & ACHIEVEMENTS

Praise for Hospital at Home Team

Health Secretary Humza Yousaf praised the work of NHS Forth Valley's Hospital at Home team during a visit to the team at Falkirk Community Hospital on 12th May 2022.



The Hospital at Home service aims to reduce hospital admissions for

elderly patients by providing medical care in the comfort and familiarity of their own homes.

The service enables people to receive treatments that would otherwise require them to be admitted to hospital, such as intravenous fluids or temporary oxygen supplies. It also provides access to hospital tests under the care of a consultant in their own home. It enables patients to stay at home longer without losing their independence and also helps alleviate pressure on hospital beds.

More than 750 patients across the Forth Valley area have benefited from the Hospital at Home service since it was established in May 2021.

Academy Accolade

A Consultant Neurologist at Forth Valley Royal Hospital has been recognised for his outstanding contribution to biomedical and health science.

Prof Malcolm MacLeod, who is also Professor of Neurology and Translational Neuroscience at the University of Edinburgh, was elected as a Fellow of the Academy of Medical Sciences in May 2022.

This prestigious academy recognises individuals for their remarkable contributions to biomedical and health science and their ability to generate new knowledge and improve the health of people everywhere.



AWARDS & ACHIEVEMENTS

Success at Student Nursing Awards

The University of Stirling and NHS Forth Valley scooped two awards at the prestigious Student Nursing Times Awards – recognising the success of their long-standing partnership in teaching and educating the next generation of nurses.

The awards – which celebrate student nurses and course providers across the UK – recognised fourth year Stirling student Catherine Watson as Student Nurse of the Year (Mental Health) and NHS Forth Valley's Forensic Community Mental Health Team as Student Placement of the Year (Community).

In addition, the University was shortlisted in the Teaching Innovation of the Year category for its suicide prevention education for nursing students, while Strathcarron Hospice – where Stirling students also complete placements – was nominated for Student Placement of the Year (Hospital).



Prison Visitor Centre Achieves Breastfeeding Award

The visitor centre at HMP & YOI Polmont has become the first prison visitor centre in Scotland to sign up to the Breastfeeding Friendly Scotland (BFS) scheme with the support of staff from NHS Forth Valley.

The national scheme, which is implemented locally by NHS Boards, aims to raise the awareness of breastfeeding and support parents to feel confident and relaxed to breastfeed in public places.

Lesley Hetherington, NHS Forth Valley Infant Feeding Co-ordinator and Community Dietitian delivered training sessions with staff from the Cross Reach visitor centre, the Scottish Prison Service and parenting and family contact officers from Barnardo's. The visitor centre was also provided with promotional resources to display on site to help reassure mothers that staff will be supportive of women breastfeeding when away from home.



AWARDS & ACHIEVEMENTS

National Award Finalists

Staff from local Mental Health and Learning Disability Services have been shortlisted as finalists for two national awards.

Mental Health nurses, Aimee Kidd and Linda Crothers, who are wellbeing leads for NHS Forth Valley's behavioural psychotherapy team, implemented a range of initiatives to support colleagues during the Covid-19 pandemic. This included providing water for staff to help with hydration and ensuring team time and protected lunch breaks to help prevent burnout. They have been selected from hundreds of entries as finalists in the Mental Health Nursing category of the RCN Nursing Awards 2022.

Interim lead nurse for Learning Disability services, Norah Quinn, has also been selected as an RCN award finalist in the Learning Disability Nursing category for her work to improve services for people with learning disabilities. This has included improving access to annual health checks at local GP Practices, developing a learning disabilities advanced nurse practitioner post, revolutionising data collection and improving training in trauma.

The Learning Disability team has also made the finals of this year's Nursing Times Awards. The Additional Support Team has been shortlisted for their work to establish a crisis and forensic service and the wider Learning Disability team has also been shortlisted for joining forces to enhance patient care in the Learning Disabilities Nursing Award category.



MEDIA ISSUES

The Communications Team continued to receive and respond to a wide range of media enquiries during the period. Many of these related to waiting times, (particularly in relation to the 4hr access standard) and the ongoing service pressures across local health and care services.

Work was undertaken to promote a wide range of service developments and ensure local media were kept updated on the ongoing roll out of the Covid-19 vaccination programme and advice on accessing local health services and treatment.

Ministers urged to act over 'crisis' in Scotland's accident and emergency departments

21st June



The Scottish Government's target is to have 95 percent of patients seen within four hours

Visiting rules change again at Forth Valley Royal Hospital

Patients in medical, surgical and mental health wards at Forth Valley Royal Hospital can now have one visitor a day for a 45 minute period at a pre-arranged time agreed with local ward staff.

Health board apologises to family over tragic surgery delay

31st May



Inspectors identify overcrowding and staffing concerns at Forth Valley Royal in unannounced visit

The inspection was carried out in April this year and identified concerns for hospital chiefs to improve upon.

By **Stuart McFarlane**
17:16, 23 JUN 2022



Forth Valley Royal Hospital was visited in April (Image: FVA)



Health Secretary Humza Yousaf with lead advanced nurse practitioner Louise Kirby as she packs a treatment bag ahead of a home visit

Hospital at Home team wins praise

Yousaf hails urology hub bid to cut waiting times



Health Secretary Humza Yousaf at Forth Valley Royal Hospital as he tours the urology hub



People are being asked to call NHS 24 to help waiting times

Call NHS 24 to ease pressure at hospital



Vicky Wright MBE, Doctor of Science (DSc) has been recognised for her outstanding contribution to public health

Curler and FVRH



Equipment: The CT scanner will be in place at the hospital for the next three months. A new mobile CT scanner hospital services will have been installed at Forth Valley Royal Hospital. The mobile CT scanner will be in place at the hospital for the next three months. The scanner will be used to scan patients who are unable to travel to the hospital for a scan. The scanner will be used to scan patients who are unable to travel to the hospital for a scan. The scanner will be used to scan patients who are unable to travel to the hospital for a scan.

NHS Forth Valley appoints new nurse director Frances Dodd

IMPROVING care and experience for patients will be a key priority for NHS Forth Valley's newly appointed nurse director.

Professor Frances Dodd has been appointed as the executive nurse director for the health board. She will be joining from the Scottish Ambulance Service where she is the director of care quality and professional development with leadership responsibility for a wide range of areas. Prof. Dodd began her nursing career in NHS Greater Glasgow and Clyde where she trained as a registered nurse at the Victoria Infirmary and spent the majority of her clinical career within a perioperative environment. She said: "I am delighted to be joining NHS Forth Valley as their new nurse director and look forward to



HIRED: Professor Frances Dodd takes on the role

an committed to listening and using patient feedback to drive forward changes." Following her training Prof. Dodd moved to NHS Lanarkshire where she held a number of senior service and nurse management roles including senior nurse for medicine and anaesthetics, associate nurse director for surgery and critical care and associate nurse director for primary care before becoming the director of nursing for acute services. Cathie Cowan, chief executive at NHS Forth Valley added: "Frances brings with her extensive experience across pre-hospital, acute and primary care services which will be invaluable as we continue to recover from the pandemic and drive forward a number of important service developments to further improve the care of local people."

MOST READ

1. BBC photographer has 'shocking photo of Prince Andrew that could rock monarchy'
2. Camper Van couple 'unwelcome' and turned away from seaside car park after sign mist
3. Ulrika Jonsson follow in footsteps of Florence Pugh 'freeing the nix'
4. Customer vow never to return non-alcohol club at

Addiction services across Forth Valley being enhanced in bid to curb drug deaths

In 2020, there were 1,339 drug-related deaths across Scotland - 77 of these in the Forth Valley area.

SOCIAL MEDIA



NHS Forth Valley's social media platforms have continued to be used extensively to provide quick, clear health advice and information, promote the work of local staff and signpost people to local services and support.

Social media audiences continue to grow and NHS Forth Valley now has over 29,741 followers on Facebook, more than 17,300 followers on Twitter and a growing audience on Instagram.

Over the last few months, the Communications Department has worked closely with colleagues from the Scottish Government, Public Health Scotland and NHS 24 to support a number of national campaigns. These included campaigns to raise awareness of services to support people who have experienced a sexual assault, domestic abuse and anxiety. Work was also undertaken to highlight living kidney donation, national screening programmes, new arrangements for travel vaccination and the abuse experienced by NHS staff.

fitfortravel

For the latest travel health information and how to access services in your health board visit fitfortravel.nhs.uk or call 0800 22 44 88

NHS SCOTLAND Public Health Scotland

WHERE DO YOU THINK YOU'RE GOING?

If your partner's controlling where you go, it's domestic abuse.

For more information go to safer.scot

NHS SCOTLAND

ABUSIVE BEHAVIOUR STOPS ME LOOKING AFTER PEOPLE.

Jayon, Nurse.

NHS SCOTLAND

Are you over 50 and wondering what screening you are eligible for?

For more information visit: www.nhsinform.scot/screening

NHS SCOTLAND Public Health Scotland

Feeling **anxious?**

Mind to Mind

Marking 74 years of the NHS in Scotland

NHS SCOTLAND | **74 YEARS** #nhsscot74

Thanking Our Health and Care Staff

#nhsscot74

ScottishHealth AWARDS 2022

NOMINATE NOW

scottishhealthawards.com

#ScotHealthAwards

Daily Record Scottish Council NHS SCOTLAND

NOMINATION DEADLINE 21ST AUGUST 2022

DON'T KNOW WHERE TO TURN IF YOU'VE BEEN RAPED OR SEXUALLY ASSAULTED?

TURN TO SARCS.

Healthier Scotland Scottish Government NHS SCOTLAND

Covid sense

is wearing a face covering in indoor public places and on public transport to protect others.

NHS SCOTLAND Healthier Scotland Scottish Government

Be Distance Aware

NHS SCOTLAND Healthier Scotland Scottish Government

SOCIAL MEDIA



Local information and updates were regularly shared across our social media channels during the period. This included activity to highlight Covid-19 drop-in and mobile vaccination clinics, new ways of accessing urgent health advice and treatment and alternatives to attending the Emergency Department at Forth Valley Royal Hospital.

Weekly 'Feedback Friday' posts continued to be used to highlight positive feedback from local patients and their families along with a regular posts to promote local job opportunities as well as local staff awards, events to mark The Queen's Platinum Jubilee and donations from local supporters.

Using NHS Pharmacy First Scotland

NHS Pharmacy First Scotland is an NHS service provided by your local community pharmacy. If you have a minor illness, a pharmacy is the first place you should go.

The pharmacist, or their team will

- ask you about your symptoms
- give you advice on your condition
- provide medication (if you need it)
- refer you to another healthcare professional if necessary

You can go to any pharmacy to buy medicines, collect prescriptions or use the NHS Pharmacy First Scotland service. You don't need to always use the same one.

Need more info? nhsinform.scot

I cannot fault the care given by all of the nursing teams

www.nhsforthvalley.com/feedback

Recruiting Now Staff Nurses

nhsforthvalley.com/jobs



Walking Aid Recycling

www.nhsforthvalley.com/returning-walking-aids

Do you have knee or hip pain?

Why not try a low impact exercise class?

Monday 10:30am - 11:45am The Hall, Alva	Every Tuesday 4:30pm - 5:15pm Grangemouth Sports Complex	Every Wednesday 5:15pm - 6pm Sauchie Hall, Sauchie	Every Tuesday 12:15pm Forthbank Stadium, Stirling
£3.50 per class - first 4 free	(£3.50 per class)	(£2.60 per class - first 4 free)	(£3.00 per class)

More Information: www.nhsforthvalley.com/active

#Red4Research 2-22

Right Care Right Place

MINOR INJURY?

Please call NHS 24 first on 111

- For healthcare advice
- A video or telephone consultation with a local healthcare professional
- A face-to-face appointment with an Emergency Nurse Practitioner, if you require further assessment or treatment

For more information visit www.nhsforthvalley.com/miu

Avoid long waits at ED

Call NHS 24 first on 111

The quickest way to access health advice and treatment



Ever thought about a career in prison healthcare?

If you are a learning disability nurse, adult nurse or mental health nurse and want to find out more, join us at an Open Day.

Hear from the Governor in Charge, ask questions, walk around the prison, visit the health centre, catch up with other professionals and learn about a whole new world of career development. Full induction and training provided.

HMP & YOI POLMONT	HMP GLENOCHIL
MONDAY 25TH APRIL 2022 9.30AM - 11.30AM	THURSDAY 31ST MARCH 2022 9.30AM - 11.30AM

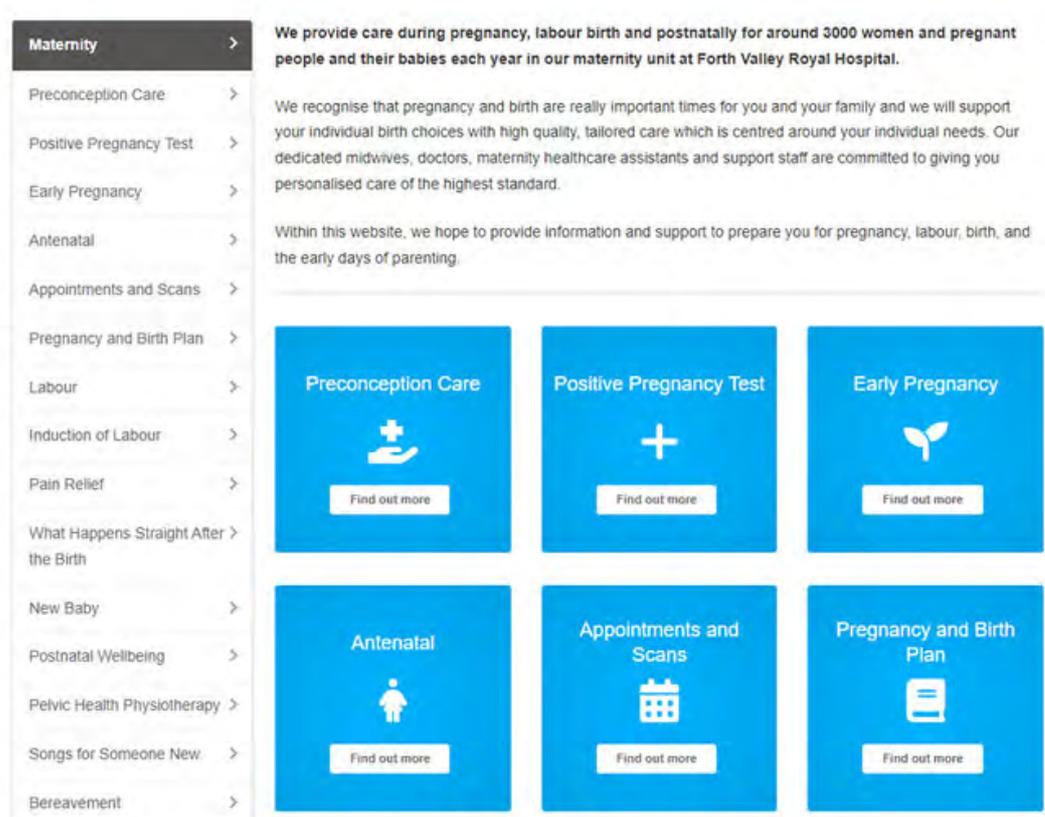
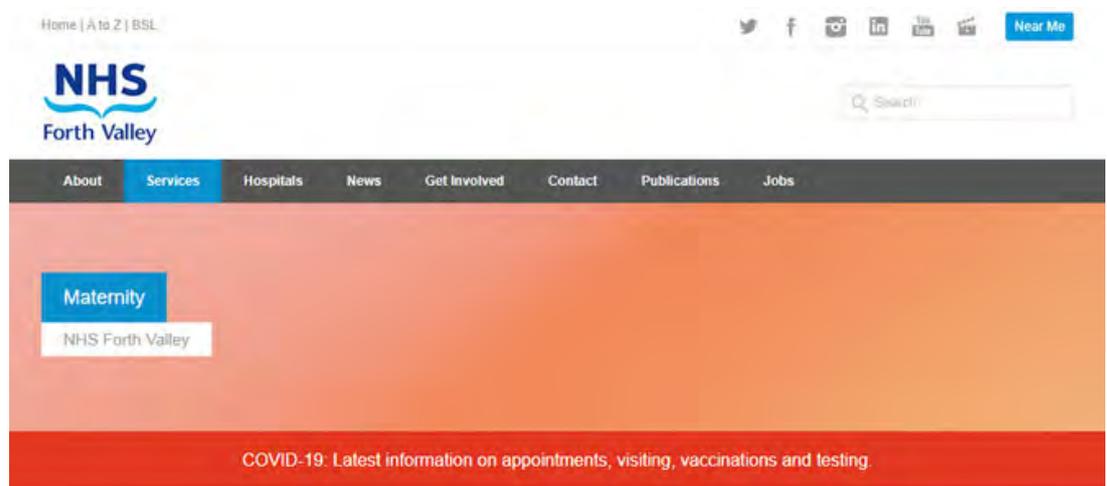


DIGITAL DEVELOPMENTS

NHS FORTH VALLEY WEBSITE

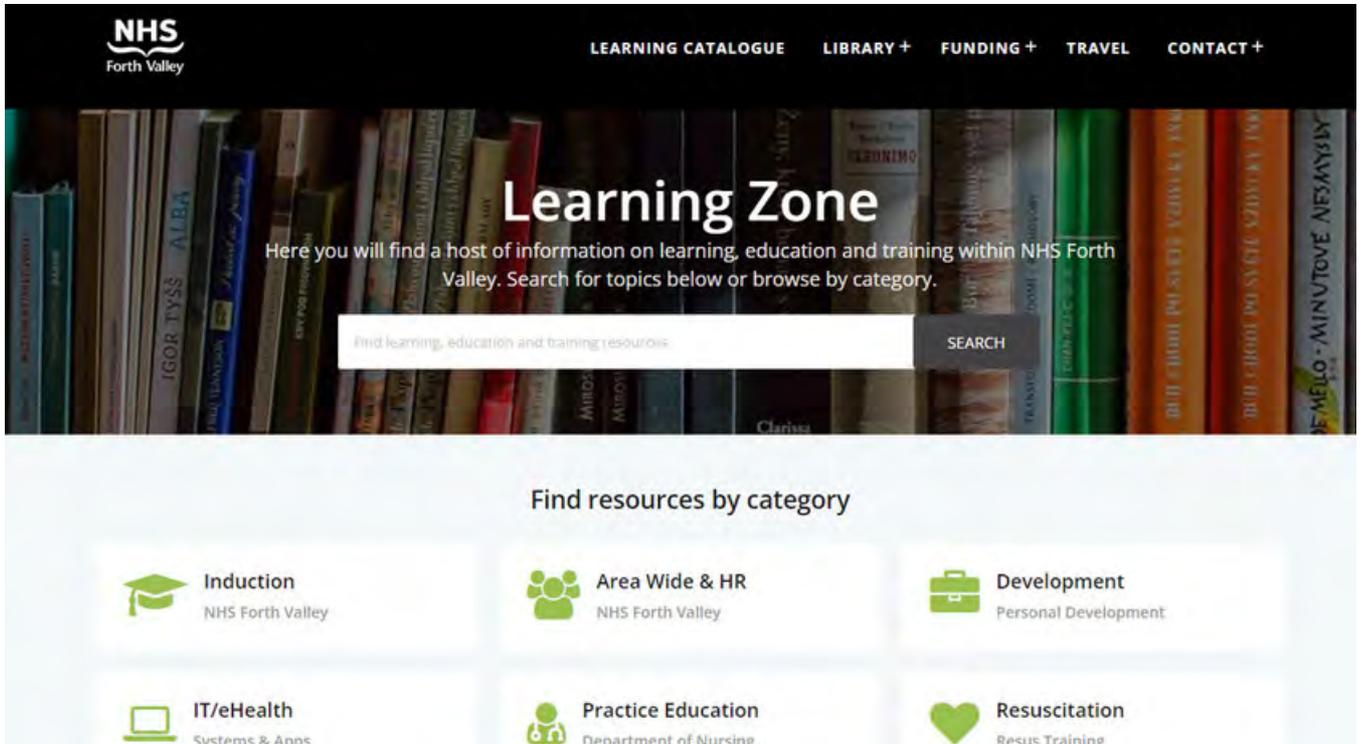
Between April 2022 and July 2022, there were 497,869 total views on our website www.nhsforthvalley.com with Covid-19 vaccinations and Forth Valley Royal Hospital among the most popular sections visited.

On average there are around 48,000 visits a week to the NHS Forth Valley website. New content developed during the period included a new look nutrition section with information and advice on how to eat well and stay healthy as well as a new maternity section with a wide range of information and advice.



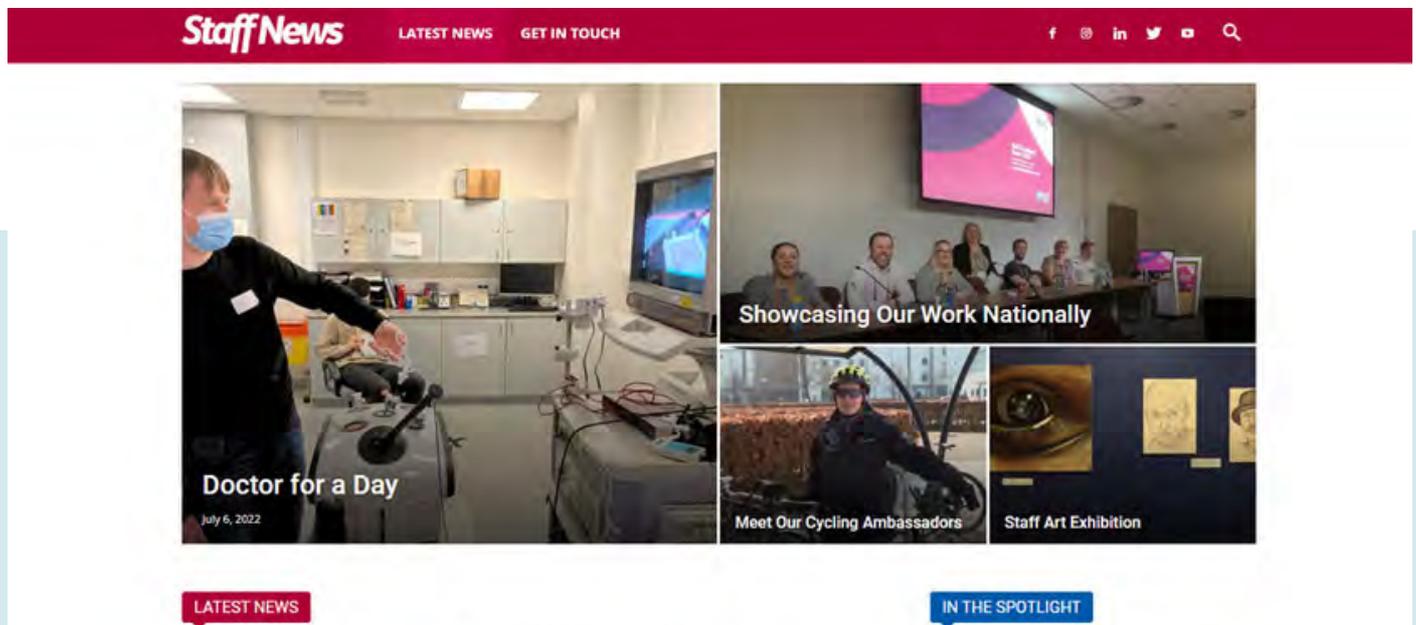
INTERNAL COMMUNICATIONS

Internal communication developments during the period included the creation of a new Learning Zone to make it easier and quicker for staff to find a wide range of learning and training resources. These include induction, practice education and eHealth.



Staff News continues to be published online with key highlights emailed to all staff and promoted individually on the home page of the staff intranet. This means the newsletter can be viewed online by all staff anywhere at www.staffnews.nhsforthvalley.com

New 'In the Spotlight', 'Celebrating Success' and 'From the Archive' sections have also been introduced to highlight work of individual members of staff, achievements and historical events in each issue.



FORTH VALLEY NHS BOARD
TUESDAY 26 JULY 2022

9.3 NHS Forth Valley's Annual Report Summary 2021/2022 For Assurance

Executive Sponsor: Mrs Cathie Cowan, Chief Executive

Author: Mrs Elsbeth Campbell, Head of Communications

Executive Summary

NHS Boards are no longer required to produce a formal Annual Report as much of the financial and performance information previously included is now available in other reports and publications. However, NHS Forth Valley has continued to produce a short summary report to highlight key service developments, achievements, activity, and performance during the year. This is available online, promoted via social media with hard copies available, on request.

Recommendation

The Forth Valley NHS Board is asked to:

- **note** the Annual Report Summary for 2021/22

Key Issues to be Considered

- The response to previous Annual Report Summary reports has been positive as they provide a short, easy-to-read summary in a more accessible and visual format.
- The Annual Report Summary aims to highlight key service developments and activity during the period and the format has been updated to reflect the response to ongoing Covid-19 pandemic and service recovery plans.
- More detailed information on finance and performance is available on the NHS Forth Valley website and the publications section of the Public Health Scotland website.

Financial Implications

There are no costs as the Annual Report Summary is produced and published online. Small numbers of printed copies can also be printed internally for distribution at relevant meetings and events.

Workforce Implications

There are no workforce implications

Risk Assessment

The Annual Report Summary contains information which is already available and has been published during the period.

Relevance to Strategic Priorities

The Annual Report Summary highlights how the organisation has performed in relation to a number of key strategic priorities and targets during 2021/22.

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 Annual Report has been developed by the Communications Department in collaboration with a number of individuals and departments across the organisation including colleagues within Performance Management and Information Services.

2021/2022 ANNUAL REPORT



A summary of highlights
and developments

INTRODUCTION & OVERVIEW

Like all NHS Boards across the country, NHS Forth Valley has continued to respond to the ongoing challenges of the Covid-19 pandemic. However, over the last year our focus has moved to recovery as we work to increase our service capacity, tackle the backlog which has built up and plan for the future.

In August 2021, we also shared details of an improvement plan developed to address the recommendations of an independent review of the Emergency Department which I had commissioned in response to a number of concerns raised by staff representatives. Myself, along with the Board Chair, Janie McCusker, also met local staff to discuss the review recommendations and identify any additional actions or improvements they would like to see within the Department. Over the last year, a number of additional clinical and senior nurses have been recruited to increase leadership and support and new training, education and quality improvement programmes have also been introduced.



While the independent report highlighted a number of serious issues and concerns, I am pleased that staff felt confident to speak up and share their experiences as issues like these can only be tackled by listening to staff and acknowledging that problems exist.

Throughout the pandemic, we have continued to deliver emergency and urgent care including vital cancer treatments, maternity, neonatal and mental health services. We have also managed to maintain the delivery of a wide range of planned surgery, day case procedures and outpatient clinics. However, in January 2022, the Board made the difficult decision to postpone a number of non-urgent operations for a 6 week period to help reduce significant capacity pressures across the Forth Valley Royal Hospital site and free up staff to support critical health services. Fortunately, we were able to quickly reschedule the operations affected and I'd like to thank staff who worked tirelessly to fully reinstate local theatre services as well as those who moved to other areas to provide additional cover and support.

Over the last year our vaccination teams have continued to roll-out the Covid-19 vaccination programme, supported by a number of local pharmacies as well as Forth Valley College and the University of Stirling which kindly provided accommodation for a number of vaccination centres.

Our Test and Protect teams also continued to provide support to local schools, care homes and businesses across the area and, as these services started to wind down in response to changes in national Covid-19 testing and contract tracing guidance, I would like to thank everyone involved in delivering these vital services over the last year.

There is no doubt that the last 12 months have continued to be exceptionally challenging for local staff, patients and visitors. However, despite these challenges, staff have continued to show great care, compassion and creativity. They have also managed to take forward a number of service developments and improvements, a number of which are highlighted in this report.

Cathie Cowan

CHIEF EXECUTIVE
NHS FORTH VALLEY

AT A GLANCE

6,080

Staff
(whole time equivalent)

£578m

Budget



306,580

**Population
Served**



630,738

**Outpatient
Appointments
Delivered**

412,769

**Tests carried out by
our Microbiology
Laboratory**

2,906

**Number of
babies born**



ONGOING RESPONSE TO COVID-19

Speeding Up Test Results

The Microbiology Department at Forth Valley Royal Hospital continued to play an important role in the ongoing fight against Covid-19. During 2021/22, they processed more than 143, 288 Covid-19 tests from local hospitals, care homes and prisons across the Forth Valley area -

Although turnaround times for samples was already high, to help speed up results even further, a satellite laboratory set up on the ground floor of Forth Valley Royal Hospital, close to the Emergency Department, enabled the team to rapidly test patients who had to be quickly admitted to hospital. This service was available 24/7 thanks to the efforts of local laboratory staff along with support from nursing and biomedical science students.



In addition to Covid-19, flu and RSV testing, the Microbiology Department, which is accredited to a standard which verifies integrity, impartiality and competence, deals with all of the routine diagnostic testing which has returned to pre-pandemic levels. In 2020/21, more than 412, 769 samples were tested by the Microbiology Department in Forth Valley Royal Hospital.

Microbiology staff also offer advice to local GPs and hospital-based doctors, to help them make a diagnosis or prescribe the correct antibiotics to treat an infection. In addition, they work closely with NHS Forth Valley's Infection Prevention and Control and Public Health Teams to help reduce the spread of infection, such as C. difficile, MRSA and other resistant bacteria.

Improving Access to Vaccination

In addition to the static Covid-19 vaccination clinics at local hospitals, college and university campuses. NHS Forth Valley's vaccination team organised a number of pop-up and mobile Covid-19 vaccination clinics across the area to make it as easy as possible for people to get vaccinated. These included pop-up clinics outside Falkirk and Stenhousemuir football grounds as well as local shopping centre car parks.

Work was also undertaken with the Scottish Ambulance Service to arrange for a mobile vaccination bus to visit a number of facilities for homeless people as well as venues in local communities across Forth Valley.



In addition, 11 local pharmacies offered Covid-19 vaccinations to help increase access to vaccination, particularly in more rural areas.

ONGOING RESPONSE TO COVID-19

Support from Local Pharmacists

Pharmacy staff across Forth Valley continued to relieve pressure on busy GP and hospital services. Since January 2021, local community pharmacists have provided more than 115,000 consultations for people who would otherwise have gone to their GP Practice or the Emergency Department at Forth Valley Royal Hospital.

Under the NHS Scotland Pharmacy First service, they have also provided healthcare advice and free treatment from many common health conditions, including urine and skin infections, without the need for a GP prescription.



Improving Vaccine Storage & Distribution

NHS Forth Valley's pharmacy vaccine team moved to a new centre within Falkirk Community Hospital in November 2021. The new facility has more space and can store more than triple the number of vaccines that were held at the previous base in Forth Valley Royal Hospital. It has also enabled the pharmacy vaccine team to work more closely with NHS Forth Valley's immunisation team who are also based at Falkirk Community Hospital.

The new vaccine storage and distribution centre is fitted with a state-of-the-art double condenser which provides back up in the event of any fridge failures. This is vital due to the scale of ongoing Covid-19 vaccination programme.



More than 700,000 doses of the Covid-19 vaccine (first, second and booster doses) have been administered across Forth Valley since the start of the vaccination programme through the distribution of vaccine supplies to community vaccination hubs, care homes, hospitals and prison medical centres.

Capturing Staff Reflections

A special reflections book was launched for Nurses Day on 12th May 2021 to record the challenges during the Covid-19 pandemic. One of the hospital chaplains also lead a minute's silence to remember those who have been lost.

Designed by the Forth Valley branch of the Royal College of Nursing, the book is travelling to all sites to collect as many signatures and memories as possible from local staff as possible.



ONGOING RESPONSE TO COVID-19



College and University Thanked for Vaccination Support

Specially designed plaques were presented to the three Forth Valley College campuses, to thank them for their role in helping to deliver more than 304,000 doses of the Covid-19 vaccine.

A total of 304,467 first and second doses of the Covid-19 vaccine were administered across all three campuses – Falkirk (171,613), Stirling (72,337) and Alloa (60,517). Across Forth Valley a total of 203,755 people were vaccinated at Forth Valley College sites – 106,706 in Falkirk, 60,914 in Stirling and 36,135 in Alloa. The state-of-the-art campuses acted as vaccination hubs between January and August 2021.

The University of Stirling also provided accommodation for a vaccination centre on their campus which enabled more than 35,700 members of the public, students and University staff to get their Covid-19 vaccination between August 2021 and February 2022.

Last Covid-19 Assessment Centre Closes

The last remaining Covid-19 assessment centre, based at Stirling Health and Care Village, was able to finally close at the end of May 2021 due to the success of the ongoing Covid-19 vaccination programme. It was one of a number of assessment centres set up at the beginning of the pandemic to help assess local people with symptoms of Covid-19.

These important centres helped protect GP practices from having high Covid-19 risk patients, assessed patients who needed to be admitted to hospital so wards knew what protection to put in place before a patient arrived, and provided reassurance, advice, treatment and support to many local people.

Many staff who were redeployed to work in the centre were able to move back to their substantive posts as part of ongoing work to remobilise local health services.



COVID-19 RESPONSE

143,288

Covid-19 tests
carried out in our
hospital
laboratories

Over
700,000

Covid-19 Vaccines
Delivered



44,128

Contact tracing calls
made by our local
Test & Protect Team



41

Organisations
received one of our
Covid-19 response
grants

32

Test & Protect staff
provided advice and
support from
8am - 8pm, 7 days a
week

32,451

Near Me video
consultations carried
out



DEVELOPMENTS & INNOVATIONS



New Masterplan for Falkirk Community Hospital

A new masterplan is being developed for Falkirk Community Hospital which will set out the vision for how existing services could be developed, improved and expanded services across the site.

This is being taken forward in partnership with staff from GP practices, NHS Forth Valley, Falkirk Health and Social Care Partnership and Falkirk Council.

The hospital was identified as one of a number of community facilities in the Scottish Government's latest capital investment programme for upgrading or renewal. Plans to develop a new intermediate care facility are also being explored as part of the wider review of the hospital site and there also plans to introduce additional theatre sessions at the hospital to carry out thousands of extra eye operations each year.

In addition, work was underway to transfer outpatient physiotherapy services for people with musculoskeletal issues from Forth Valley Royal Hospital to Falkirk Community Hospital, in line with the community-based arrangements in place for these services in the rest of Forth Valley. This helped free up space to expand the Urgent Care Centre at Forth Valley Royal Hospital which provides advice, care and treatment for people with urgent but not life-threatening illnesses and injuries.

Building work to improve the older inpatient units was also paused to allow wider and more ambitious development plans to be explored as part of the site masterplan. Inpatient services had already been consolidated in a smaller number of areas to prepare for this work and help minimise potential disruption.

DEVELOPMENTS & INNOVATIONS

New Diagnostic Device for Bowel Conditions

Forth Valley patients with certain bowel symptoms are benefitting from a new diagnostic technique which is helping to improve diagnosis, avoid the need for a colonoscopy and reduce waiting lists.

The new digital probe, known as the LumenEye® X1 device, has been introduced in the Endoscopy Unit at Forth Valley Royal Hospital, the first hospital in Scotland to offer it. It enables colorectal surgeons and nurse endoscopists to examine patients referred with a number of symptoms, including rectal bleeding, and carry out follow-up checks in patients who have undergone bowel surgery.



LumenEye is a small digital endoscope with a full HD camera and light to capture clear images and videos of the lower gastrointestinal tract. It can help quickly identify a number of common conditions including polyps, inflammation and haemorrhoids so that many patients do not need to undergo further investigations such as a colonoscopy, helping to free up diagnostic capacity for those with more serious conditions such as cancer and other bowel diseases.

Helping Patients Recover in ICU

Intensive care patients at Forth Valley Royal Hospital are getting a helping hand on the road to recovery, courtesy of a new device funded by NHS Forth Valley's Organ Donation Committee.

Known as RITA (Reminiscence Interactive Therapy Activities), the software therapy system has been used in the past to support care of patients with dementia. However, it is also useful for other patients, including people with delirium, and is well suited to a critical care environment.

The system enables patients and staff to access a range of interactive activities and resources designed to engage and focus patients, whilst drawing on familiar and comforting sensory experiences. This includes playing games, watching films, listening to music and participate in other online activities as part of their recovery.



RITA has already shown to be very effective in helping to calm distressed or anxious patients and is making a real difference to overall recovery.

DEVELOPMENTS & INNOVATIONS

Second Operating Theatre Opens

The second of two additional operating theatres opened at Forth Valley Royal Hospital in May 2021 as part of national plans to increase diagnostic, surgical and inpatient capacity across Scotland.

Extra operating lists are already running in the hospital's existing 15 theatres, including extended sessions over weekends and the additional theatre has further increased capacity and created more flexibility to provide planned and emergency surgery across the hospital's 16 operating theatres.



NHS Forth Valley has successfully recruited more than 90 of the 99 new posts by the end of March 2022 to support the expansion plans. These include theatre nurses, consultant anaesthetists, consultant orthopaedic surgeons as well as theatre practitioners, healthcare support workers and clinical team leaders.

In addition to the two new theatres, a second MRI scanner was installed in the hospital in 2019 and an additional inpatient ward is also being created which will form part of a new network of National Treatment Centres.

New Theatre Cameras Support Keyhole Surgery

Ten new state-of-the-art camera stacks were purchased to support vital keyhole surgery carried out at Forth Valley Royal Hospital. The cameras provide clearer images, have much larger screens than previous cameras and also enable staff to record operations so they can be reviewed later and used for training.

The new camera stacks, which can be moved across the 16 operating theatres within the hospital, are used to capture detailed, close up images, from inside the body during keyhole surgery or minimally invasive surgery. This includes gall bladder surgery, hernia operations, ear, nose and throat surgery as well as a wide range of gynaecological procedures such as hysterectomies and ovarian surgery.



At almost twice the size of previous screens, the new camera stacks are a huge improvement and have been well received by local staff.

DEVELOPMENTS & INNOVATIONS

Going Electric

Good progress is being made with the switch to electric vehicles as part of the NHS Forth Valley fleet. Twenty three electric vehicles have already been purchased and another 40 vehicles were replaced with electric equivalents during 2021/22.

Installation of electric vehicle (EV) charging points also gathered pace, with charging hubs introduced at Stirling Health and Care Village and Falkirk Community Hospital in April 2021.

Work to finalise the charging bays at Forth Valley Royal Hospital is ongoing and will add another 16 charging points.

Alongside the main charging hubs, additional charging points have been installed around the NHS estate and further charging point locations have been identified in outlying rural areas and Clackmannanshire Community Healthcare Centre. This will add a further 13 charge points across the Forth Valley area, with work ongoing to identify other areas where there is a need to boost capacity.



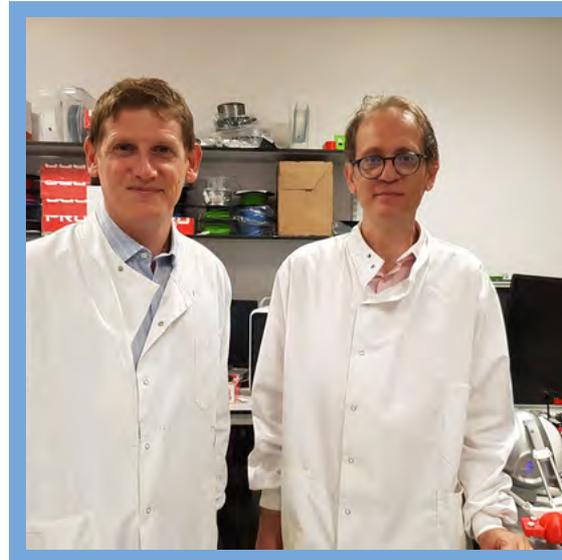
Developing Eye Tests for Young Children

Computer gaming technology is being used to develop and pilot two low cost, next-generation screening tools for amblyopia which is commonly referred to as 'lazy eye'. This is caused when something disrupts the normal development of vision in children such as a squint, long or short sight.

NHS Forth Valley Consultant Ophthalmologist, Dr Iain Livingstone and Dr Mario Giardini, senior lecturer in the University of Strathclyde's Department of Biomedical Engineering, have developed two prototype devices to test for 'lazy eye' in children who are too young to speak or follow instructions for a conventional eye test.

The first uses a web camera and bespoke analysis software.

Test patterns are presented on a computer screen while the web camera focuses on the child. The software then analyses the video stream from the web camera, and detects whether or not the target image has been seen. The second prototype functions in the same way, but uses a virtual reality headset instead of a web camera.



Both platforms, which were tested on healthy child and adult volunteers who wore blurring lenses to simulate visual defects, were successful in detecting whether visual targets had been seen.

DEVELOPMENTS & INNOVATIONS

Expanding GP Practice Teams

Health Secretary, Humza Yousaf, visited Dunblane Health Centre in February 2022 to meet some of the local healthcare professionals who are now part of the wider GP practice team.

These include around 200 additional Advanced Nurse Practitioners (ANPs), physiotherapists, pharmacists, Mental Health Nurses and Healthcare Support Workers who have been recruited by the Health Board to support GP Practices and increase access to services across Forth Valley.

The Scottish Government also announced additional funding to expand GP Practice teams across Scotland and modernise telephone systems within GP practices to improve call waiting times for patients.



Eye Testing Moves Closer To Home

The prospect of people being able to have their eyes tested at home moved a step closer during the year thanks to a new project led by NHS Forth Valley Consultant Ophthalmologist, Dr Iain Livingstone with national innovation funding and support.

Two companies from an initial selection of four, have been selected to carry out further research on the best ways for health professionals to carry out testing and remotely check results. If successful, it's believed it could considerably reduce waiting lists, ease pressure on clinic space and bring the potential for eye tests to be carried out on children at home by parents and carers.

NHS Forth Valley, in collaboration with NHS Birmingham Women's and Children's Hospital, is now entering Phase II of a Small Business Research Initiative (SBRI) to evaluate digital tools for remote visual testing.

Developing home vision testing could help transform the way services are delivered and ensure eye problems are detected easier and faster.



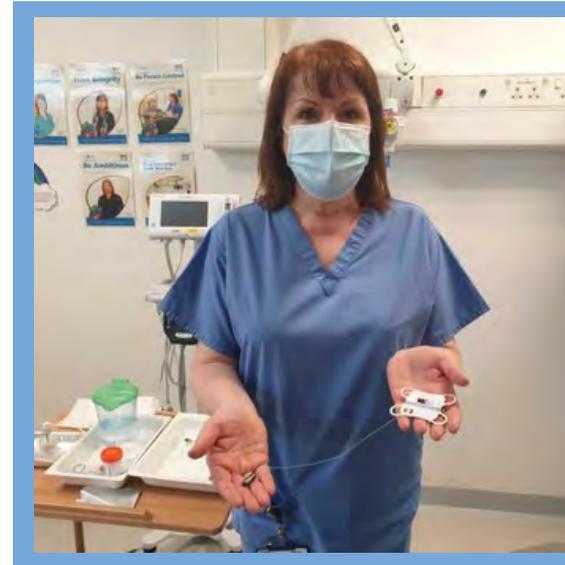
DEVELOPMENTS & INNOVATIONS

New Screening Programme for Oesophageal Cancer

Scotland is the first country in the world to implement the use of Cytosponge™ across all mainland NHS Boards as part of a national screening programme for patients at higher risk of developing oesophageal cancer.

The innovative device, which has been piloted in a number of areas, including NHS Forth Valley, is a small pill sized device on a string that can be easily swallowed, without the need for sedation.

The outer coating of the device dissolves in the patient's stomach leaving a small sponge-like ball which collects cells from the entire length of the oesophagus as it removed via the string attachment. These cells are then sent to the lab for examination.



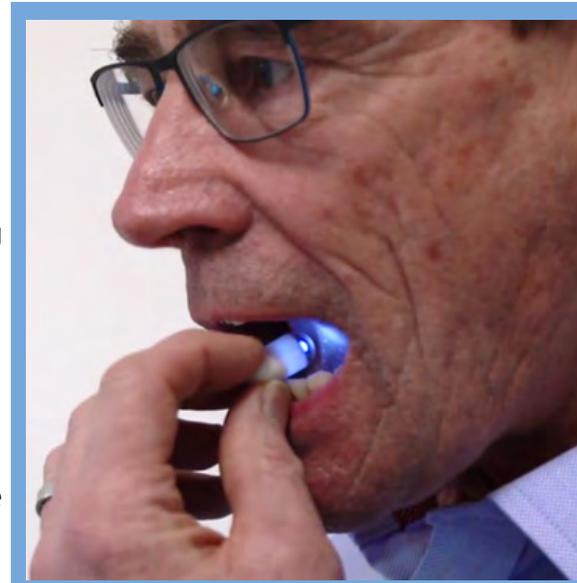
Early detection of oesophageal cancer can significantly improve survival rates and the screening programme, which was fast-tracked into clinical practice to help reduce risks during the Covid-19 pandemic, has already helped identify cancerous cells in a number of patients across Scotland.

Ground-breaking Endoscopy Technique Introduced

A tiny camera, encapsulated in a pill, is now being used in Forth Valley Royal Hospital to help detect early signs of bowel cancer.

The capsule, which is the size of a large vitamin pill, is swallowed by patients and takes the same journey through the gut as food. As it passes through the digestive system it captures thousands of images of the lining of the bowel to help identify any signs of disease such as cancer or inflammatory bowel disease.

These images are automatically transmitted to a recorder device worn on a belt around the patient's waist which they return to the hospital within 24hrs so images can be downloaded and reviewed. The single-use capsule passes through the patient's bowel and is able to be flushed away.



The initiative is part of Scotland's Colon Capsule Endoscopy Service (SCOTCAP) which aims to help detect bowel cancer earlier so that treatment can be provided as quickly as possible. The new colon capsule is helping local staff to see and treat more patients as well as reduce waiting times. This, in turn, is helping to tackle the backlog which build up at the beginning of the pandemic and ensure patients are either receive reassurance or, if signs of disease are detected, can begin treatment as quickly as possible.

DEVELOPMENTS & INNOVATIONS

Recycling Walking Aids

Thanks to the hard work of two NHS Forth Valley physiotherapists, thousands of walking aids have been returned to NHS Forth Valley helping to save money and reduce waste.

Nicola Blair and Aileen Kelly, identified there was no clear pathway for patients to return walking aids once they no longer required them. This was frustrating for patients, their families and for local NHS staff, with walking aids frequently discarded in clinical areas causing clutter and congestion.

They decided to set up a walking aid recycling scheme and worked with colleagues in local councils to put this in place. The scheme was originally set up in the Falkirk Council area in January 2021 through work with the Joint Loan Equipment Service (JLES) and Falkirk Council's network of recycling centres. A number of new drop-off points were created where people could return walking aids they no longer required for recycling including zimmer frames, pulpit walkers, gutter frames, elbow crutches and walking sticks.

JLES organise the collection, safety inspection, decontamination, refurbishment and return of suitable walking aids via NHS Forth Valley's Central Services Department so that they can be safely reused for other patients.

The scheme, which avoided an environmental impact of 5260 kg of carbon dioxide emissions in the first six months, was rolled out to the Stirling Council area in September with plans to extend to Clackmannanshire during 2022.

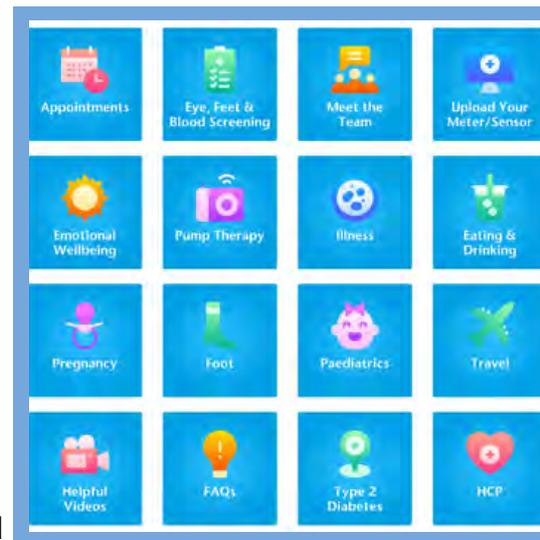


New Diabetes Website

A new website for people with diabetes was launched in November 2021 to provide a wide range of information, advice and details of local support services.

There includes detailed information on eye and foot care, blood screening, emotional wellbeing, diet, travel advice and how to contact local diabetes nurses for advice. There is also a list of frequently asked questions to address the most common issues asked by local patients and their families.

The idea for the new website began when Covid-19 restrictions resulted in the cancellation of face-to-face group education and clinical appointments. The website now covers all aspects of diabetes education and has even helped people with Type 2 diabetes to use insulin at home with the support of instructions in online videos.



In Forth Valley alone, around 19,000 people have been diagnosed with Type 2 diabetes and around 1,800 have Type 1. You can view the new diabetes advice and support website at www.nhsforthvalley.com/diabetes.

DEVELOPMENTS & INNOVATIONS



Praise for The Meadows

A pioneering NHS Forth Valley centre which supports people who have experienced rape or sexual assault was praised by Justice Secretary Keith Brown ahead of a roll out of similar services across Scotland.

Mr Brown visited The Meadows in July 2021 to discuss the work being taken forward by the Chief Medical Officer's Rape and Sexual Assault Taskforce.

The centre, which is based in accommodation near Forth Valley Royal Hospital in Larbert, provides a comprehensive range of services and support for adults and children who have experienced rape, sexual assault or gender-based violence, including historic sexual abuse. It provides a comfortable, less clinical environment with improved facilities for healthcare forensic medical examinations and interviews.

This ensures people no longer have to have an examination carried out at a police station and the centre is seen as a blueprint for other Sexual Assault Response Coordination Services being developed across Scotland.

Helping Care Home Residents Connect With Nature

Care homes across Forth Valley are being invited to sign up to a new health and wellbeing project following the success of a pilot project carried out with residents at Wallace View Care Home in Stirling.

They received certificates for completing a Natural Health Award for taking part in a range of outdoor activities. These included walking by a river, painting rocks, planting vegetable seeds and stopping to smell and touch flowers.

The award scheme was organised by the NHS Forth Valley's Health Promotion team and is believed to be one of the first award schemes of its type in Scotland aimed specifically at care home residents. It also saw two carers achieve facilitator awards.



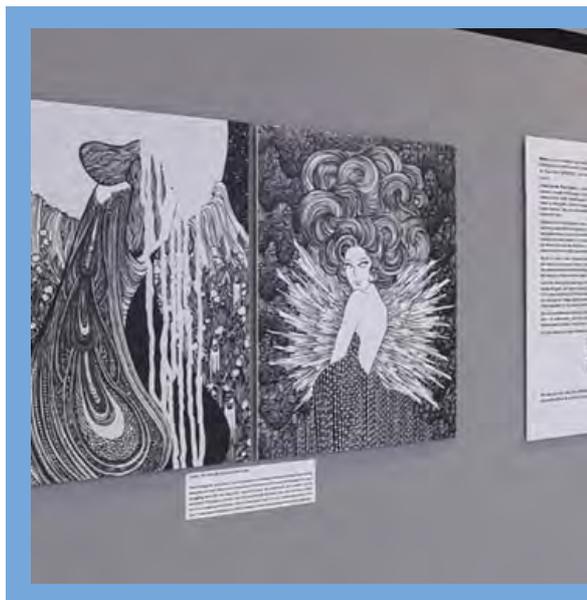
INSPIRATION ART

Promoting Mental Health & Wellbeing

A cultural collaboration between Scotland and China produced a stunning international exhibition which was showcased at Forth Valley Royal Hospital throughout August and September 2021.

The 'Flyway' programme used arts to promote mental health and wellbeing, and featured work by artists from both countries together with organisations working in the field of mental health. Funded by the British Council, the pieces explored topics such as experience of living with mental health conditions, the interconnections between people and the impact of the Covid-19 pandemic on mental health. It focused on the beneficial role of art and creativity in promoting recovery and its overall impact on wellbeing.

The programme was organised jointly by Chinese health and wellbeing charity A Perch for the Thorn Birds and Artlink Central. Submissions were open to professional and amateur artists, and encouraged submissions from people who had experience of mental health issues.



Creating Calming Spaces

The beauty of nature was the inspiration behind artwork at the new women and children's physiotherapy unit in Bungalow 6 at Lochview which was officially opened in June 2021.

Scottish artist Liz Myhill, together with the help of pupils at Carrongrange High School, worked on a brief to provide a calming environment, centred around the theme of woodland and nature. The result is a beautiful wall frieze with birds and trees in the waiting area with repeating motifs other areas such as the paediatric gym and the entrance to the physiotherapy unit.

Logan, a pupil from Carrongrange High School, was invited to cut a ribbon to mark the official opening of the unit, accompanied by his art teacher Debbie Cairns.



This is the second time that artist Liz Myhill has worked with pupils in the Falkirk area on artwork for NHS Forth Valley. Her first commission for the Oncology Unit at Forth Valley Royal Hospital was completed with the help of pupils from Larbert High School.

COMMUNITY SUPPORT

Using Music to Support People with Dementia

A new musical resource for people living with dementia and their carers was widely distributed to local communities across the Falkirk Council area.

Produced by the Scottish Chamber Orchestra, ReConnect is an interactive music-making project which aims to bring people together through music to improve wellbeing and quality of life, whatever a person's age or stage. People are invited and supported to sing, play instruments, improvise and listen.

While the pandemic has reduced the opportunity for in-person sessions, 500 DVD copies of the ReConnect series were made available to Falkirk's care homes, community groups, individuals and their carers.

The DVDs are being provided as part of Falkirk Health and Social Care Partnership's ongoing COVID action plan, aimed at supporting groups and communities affected by the impact of the pandemic.

With support from Falkirk's Royal Voluntary Service and Falkirk and Clackmannanshire Carers Centre, DVDs will be offered to individuals living with dementia throughout the community.

People and their carers can also pick up a free DVD by asking their local librarian at any of the Falkirk Community Trust libraries, including the home library service.

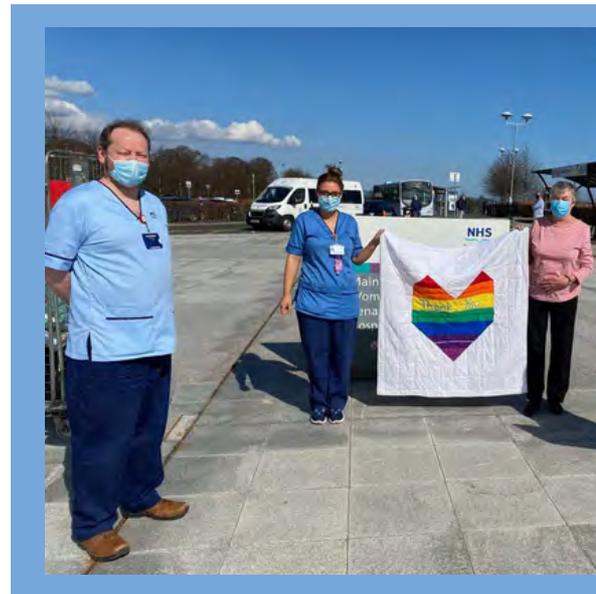


Crafty Donation for ITU

Staff in ITU at Forth Valley Royal Hospital took delivery of more than 150 hand-quilted items, which were lovingly made as a thank you for their efforts during the Covid-19 pandemic.

They were donated by Alloa Divas, Allanwater Patchers and Greenpark Quilters who made 45 cushions, 106 quilts and 4 baby quilts.

The quilting groups described how it had kept them busy during lockdown and had given them great pleasure to be able to contribute something to the hospital. ITU staff were overwhelmed by these generous and thoughtful gifts which were described as a work of art.



COMMUNITY SUPPORT

Brothers Stride Out For Stroke Ward

Two young brothers from Shieldhill, near Falkirk, walked for a mile a day in May 2021 to raise funds for Ward B21/22, the Acute Stroke and Rehabilitation Unit, which cared for their grandfather after he suffered a stroke.

Jack and Stuart Hunter, aged 10 and 6 respectively, set off with a target of £100 and ended up raising more than £1,000 for the ward.

Two postal workers helped save their grandfather Eddie Hunter's life when he collapsed in his front garden, quickly calling for an ambulance and keeping him awake. After treatment Eddie was transferred from Forth Valley Royal Hospital to the Bellfield Centre at Stirling Health and Care Village for follow up physiotherapy.

The walk was the brainchild of ten-year-old Jack who wanted to do something to thank the doctors and nurses for looking after his grandfather.



Cycling for the Oncology Unit

Ten-year-old Rachel Wilson decided to do something positive in memory of her grandfather by getting on her bike to raise money for the Oncology Unit at Forth Valley Royal Hospital.

She cycled 100 miles, ending at her grandfather's grave, covering the distance at roughly 22 miles a day.

Rachel wanted to donate to the Unit as a thank you for caring for her granddad during his treatment and is pictured with Lung Clinical Nurse Specialist, Jennifer Wilson, after handing over £250 to the Unit.

Rachel said she found the going tough but felt very proud to have achieved her goal.



Making Memories

Soroptimist Falkirk made a generous donation to the Women and Children's Bereavement Team. The funding is being used to purchase leaves for a Memory Tree which is situated in the Spiritual Centre at Forth Valley Royal Hospital.

Leaves are offered to all bereaved parents who have lost a baby through either miscarriage, stillbirth, neonatal or infant loss. A local jeweller kindly engraves the leaves free of charge.



COMMUNITY SUPPORT

Handcrafted with Care

One of the most thoughtful and original gifts received by the Oncology unit at Forth Valley Royal Hospital during the year was a set of wig stands, lovingly crafted by a former patient as a thank you for his cancer care and treatment.

Archie Scott, who has turned his hobby into a small business called Ochil Woodcraft, wanted to give something back to the Unit he attended, not only to say thank-you, but also to raise awareness that getting checked early provides a better chance of successful treatment.

Local staff were delighted and very grateful for the kind donation which they are sure will be well used by local patients.



Children's Ward Donations

Many parents, local businesses and community groups donate gifts to the Children's Ward at Forth Valley Royal Hospital including Iain and Anita Wilson who donated a mobile sensory unit. This amazing gift is a huge benefit to children with exceptional healthcare needs and helps to make their stay a little brighter and more relaxing.

Frances Mowatt, her friends and family, staff from McDonald's (Camelon) and Day Today (Stenhousemuir) were just some of the individuals who kindly donated Easter Eggs to the ward.

Insta Events Falkirk also donated an amazing Christmas display which helped bring a bit of festive cheer to local staff, patients and visitors.



CELEBRATING SUCCESS

Golden Girl

Surgical nurse Vicky Wright received a hero's welcome when she returned to work her first shift at Forth Valley Royal Hospital on 1st March 2022 following her outstanding performance in the GB Women's curling team which won the gold medal in the Beijing Winter Olympics.

She was met with flowers, balloons, bunting, celebration posters and a special cake in Ward B11 where colleagues clamoured to see her gold medal and congratulate her on her stunning success.

Vicky had reduced her hours after working on the front line in the fight against Covid-19 to focus on the Winter Games and played a key role as vice-skip on Eve Muirhead's team which beat Japan 10-3 in the final to secure Britain's only gold medal.

As the GB Women's Curling team battled their way to gold, staff at Forth Valley Royal Hospital followed every sweep of the broom. Colleagues also wore specially designed badges saying 'Go Vicky, B11's Olympic curler' which became a talking point with local patients, eager to follow her progress. Her win was a huge morale boost for the ward and the hospital after two years of battling Covid-19.

Vicky, who started curling at the age of 11, said being selected for the Winter Olympics team was a dream come true. She also won a gold medal at the 2021 European Curling Championship in Lillehammer and a silver in the 2019 championship in Helsingborg. She also has silver from the 2013 Sochi World Junior Curling Championships. V



CELEBRATING SUCCESS



Dr Dominic O'Reilly and the Neonatal Unit

National Recognition

Five teams or individuals from NHS Forth Valley were shortlisted as finalists for the 2021 Scottish Health Awards. Consultant Paediatrician and Neonatal Unit lead, Dr Dominic O'Reilly was as a finalist for the Doctor Award. The Neonatal Unit was shortlisted for the Top Team Award. Despite the many challenges of Covid-19, they continued to make sure that all babies got the best possible care and supported parents to look after and bond with their little ones, despite the restrictions.

The Forth Valley Care Home Assurance team were selected as a finalist for the Integrated Care Award and Margaretann Stewart, who works in the laboratories at Forth Valley Royal Hospital, was a finalist for the Support Worker Award.

The Forth Valley Primary Care Multidisciplinary Team were shortlisted in the People's Choice category in recognition of their work to support more than 2,000 residents in the area's 66 care homes. The multidisciplinary team, which brought together local GPs, hospital and community based pharmacists and nurses as well as care home leads and staff from Strathcarron Hospice, quickly set up a new system to supply medication to care home residents affected by Covid-19.

New World Record

A Forth Valley patient set a new Guinness World Record after undergoing pioneering heart surgery almost 50 years ago. Seventy-seven-year-old Anne Bell, from Banknock in Falkirk, is the longest surviving recipient of a single artificial heart valve replacement.

The operation to replace her mitral heart valve was carried out on 4th December 1972 at the former Meanskirk Hospital in Glasgow when Anne was just 28 years old with two young children. Anne's care transferred to the former Falkirk and District Royal Infirmary and then Forth Valley Royal Hospital where she undergoes annual checks carried out by NHS Forth Valley, Consultant Cardiologist and Clinical Lead for Cardiology, Dr Catherine Labinjoh (pictured left).

Following the family's research, supported by clinical information and testimonies supplied by Dr Labinjoh, the new Guinness World Record of 49 years and 60 days was finally confirmed on 2nd February 2022. Anne says she feels very lucky and is very grateful to all the medical and nursing staff involved in her care over the past five decades.



CELEBRATING SUCCESS

Digital Success

NHS Forth Valley, along with NHS Greater Glasgow and Clyde, NHS Grampian, Storm ID, Modernising Patient Pathways Programme, NHS National Services Scotland and NHS Education for Scotland, won the Digitising Patient Services Initiative Award in the 2021 Health Service Journal Awards for the roll out of Digital Dermatology Assessments (DDA) during the Covid-19 pandemic.

This service allows patients to send images of moles and other skin concerns which are then reviewed by a clinician who can arrange for further tests or treatment, if required, or organise a follow up virtual appointment. The collaboration between clinical teams and industry was expanded during the Covid-19 pandemic and more than 3,000 patients had completed DDA appointments by November 2021.



Happy Birthday Forth Valley Royal

Forth Valley Royal Hospital celebrated 10 years since the official opening of the hospital on Tuesday 6th July 2021 and, to help mark this important milestone, staff and patients enjoyed specially decorated birthday cupcakes.

In the 10 days leading up to the anniversary a number of staff who had worked at the hospital since it opened shared their first impressions, memories and hopes for the future. Forth Valley Nurses Choir recorded a special rendition of 'Happy Birthday' to mark the day and Her Majesty The Queen, who officially opened the hospital accompanied by HRH The Duke of Edinburgh, sent her best wishes to local staff and patients.



In addition, the families of some of the first babies born in Forth Valley Royal Hospital shared updates on their children as they approached their 10th birthdays.

Orthopaedic Trainer of the Year

Consultant Orthopaedic Surgeon, Mr Ian McLean was awarded the Trainer of the Year award for the West of Scotland Orthopaedic Training Programme.

He was persuaded by his colleague's to give up an overnight on-call, so he could attend the award ceremony in person and give a speech.

This was a huge personal achievement and recognition for the quality of teaching in the Forth Valley Royal Hospital's Orthopaedic Unit.

Colleagues across the hospital were delighted that Mr McLean has been recognised for his efforts and said they felt very lucky to have him as part of their orthopaedic training team.



CELEBRATING SUCCESS



Football Project is Simply the Best

Hot on the heels of winning a SFA regional award, our local CAMHS football project celebrated being the best in Scotland after lifting the national SFA award for the best community football project. They scored a winner after competing against hundreds of teams from across the country and received their trophy at an award ceremony at Hampden, which was attended by past and present footballers and senior officials of the SFA.

Open to youngsters aged between 8 and 17, the project is a partnership between Falkirk Football Community Foundation and NHS Forth Valley. Players meet in Falkirk stadium every week where, after a warm-up on the main pitch, they learn a range of football skills.

When play is in progress, therapists can discuss with spectators activities and strategies which can be used at home.

Parents of local children involved have complimented the project, saying children with challenges often end up feeling marginalised and excluded. The fact they are trained by real coaches also makes them feel like stars and has helped increase their confidence.

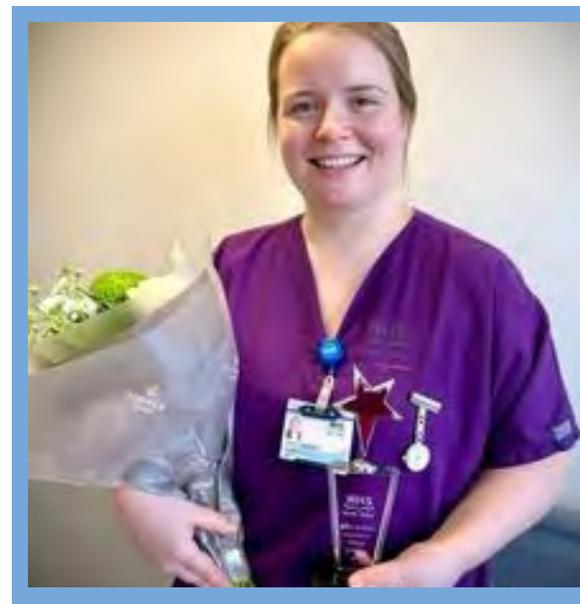
Inspirational Midwife

Lucy Craighead, one of our wonderful midwives, was awarded the Gillian McMillan Inspirational Midwife of the Year Award for 2021.

Lucy was nominated by her colleagues who said she is a caring and compassionate midwife who shows kindness to both students and colleagues. She gives up her own time to guide and encourage midwives to continually develop their knowledge and skills.

She regularly supports the team to provide the very best standard of care for all women and their families.

Lucy was described as calm and collected, even at very busy times, and a real inspirational to others.



CELEBRATING SUCCESS



Improving Learning Disability Services

Despite the challenges of Covid-19, learning disability nurses across Forth Valley have achieved considerable success in improving best practice for both themselves and their patients.

Over the past two years, nine staff have gained a qualification in positive behavioural support. This is a challenging university-led academic course which involves teaching alternative skills to help respond to a wide range of behavioural issues and achieve meaningful outcomes for local patients and their families.

Staff have also developed new resources on relationships and wellbeing to help protect people with learning disabilities, while upholding their rights and ability to make well-informed personal choices.

The Learning Disability service is also fortunate to have their own nurse who undertakes ANP training, takes the lead in Epilepsy EIC (excellence in care) audits and works with learning disability consultants to set up, run and develop specific health clinics for people with learning disabilities across Forth Valley.

Queen's Nurse Award

Craig Bell, a community learning disability charge nurse in NHS Forth Valley, celebrated becoming a Queen's Nurse after completing a nine-month development programme.

Craig was one of 29 community nurses from across Scotland, who were nominated for the programme by their employers for demonstrating high quality, compassionate care.

Each nurse commits to developing an issue which will have an impact on their practice and benefit their community, which they work on over the programme and beyond. The learning disability nurses are working together to support people with a learning disability who find themselves involved with the criminal justice system.



CELEBRATING SUCCESS

Royal Recognition

Local volunteer Rosemary Fletcher, was awarded an MBE for her voluntary work in NHS Forth Valley during the Covid-19 pandemic.

Rosemary, who received her MBE at Windsor Castle on 2nd February 2022, has spent more than a decade as a volunteer and co-ordinates the Retired and Senior Volunteer Programme (RSVP) in NHS Forth Valley after working for more than 40 years as an occupational therapist.

RSVP is a programme run by the UK volunteering charity Volunteering Matters which encourages and assists older people to use their skills and experience to volunteer and keep active in retirement.

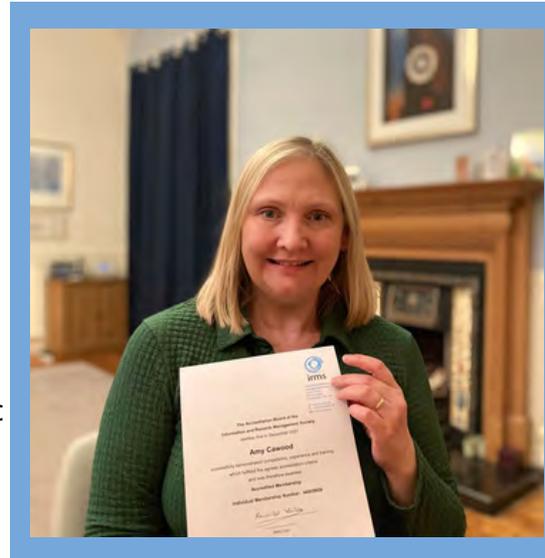


Record Results

Corporate Records Manager Amy Cawood became one of the first Records Managers in NHS Scotland to be awarded accreditation by The Information and Records Management Society.

This is a great achievement and builds on Amy's previous knowledge and experience and her commitment to keep pace with the many challenges of recordkeeping in the digital era.

NHS Forth Valley, like all public bodies, is required to comply with the Public Records (Scotland) Act and a key element of this is the submission of a Records Management Plan.



Armed Forces Accolade

NHS Forth Valley retained its silver award in the Armed Forces Employer Recognition Scheme. The accolade has been renewed for a further five years and demonstrates a commitment to supporting the armed forces.

In a letter of congratulation received by Consultant Haematologist, Dr Roddy Neilson, also a Colonel in the Defence Medical Services Reserves and Consultant Adviser to the Army in Haematology, the scheme's organisers thanked the Health Board for its work support service personnel, veterans and their families.

Successful revalidation of the Silver Award recognised that NHS Forth Valley has continued to deliver support over a five-year period and that it is committed to do so into the future.



CELEBRATING SUCCESS

IT Service Desk Stars

Difficulties posed by the Covid-19 pandemic failed to deter our IT Service Desk in their bid to achieve a two-star accreditation from the Service Desk Institute.

The idea to join the programme came from Service Manager, Linda Wolanski, and despite some of the most challenging times in NHS history, the team achieved successes in a number of key areas. This included increased customer satisfaction scores, better service level performance, greater staff retention and improved incident resolution times.

The service desk has eight staff based in Falkirk Community Hospital and provides support to more than 8,000 staff working across primary, secondary and community care. On average, they handle around 3,000 incidents and 1,500 requests per month.

To help achieve the accolade they engaged with stakeholders through a range of events and customer focus groups and say they are very proud to have been awarded their two star accreditation.



Improving Support for Families

Years of study and dedication have earned a clinical doctorate for Pamela Scott, a former Senior Charge Nurse in the Intensive Care Unit (ICU), and now a Clinical Nurse Manager for emergency and inpatient services.

Her research focused on improving communication with families of patients being cared for in ICU who, according to research, are at increased risk of developing psychological issues. She developed and implemented a set of communication resources to help conduct family meetings.

Their effectiveness was evaluated by looking at levels of anxiety, uncertainty and family satisfaction scores. This study was the first to examine the use of communication tools developed in a ICU environment and was only the second study to investigate uncertainty as an illness in ICU family members.



President's Award for Oncology Nurse

Sandra Campbell, former Macmillan Nurse Consultant Cancer & Palliative Care in NHS Forth Valley, was awarded the President's Award by the UK Oncology Nursing Society (UKONS) at their 2021 annual conference which took place in November 2021.

The award, which was presented by UKONS President, Dr Verna Lavender, recognised Sandra's hard work and dedication to oncology nursing over many years.



PERFORMANCE & ACTIVITY

95%

Of people referred for drug or alcohol problems wait no longer than three weeks for specialist treatment

March 2022
Target 90%

254,047

Contacts with our Community Nursing Services

163,424

Patients had a scan carried out in our Radiology Department

April 2021 - March 2022

69.7%

Of patient journeys were completed within 18 weeks

(from GP referral to outpatient appointment and / or treatment)

March 2022

96.6%

Of children age 12 months received their MenB vaccine

Scottish average 95.9%

7,945

Inpatient and day case procedures delivered

PERFORMANCE & ACTIVITY

212,372

Appointments delivered
by Allied Health
Professionals



52.3%

Of people in the Forth
Valley area have registered
their organ donation
decision.

September 2021

97.9%

Of cancer patients were
treated within 31 days
following decision to
treat

March 2022

Target 95% Scotland 96.3%

23,444

Flu and RSV tests
carried out



80,136

Attendances at our
Emergency Department &
Minor Injuries Unit



80%

Of patients referred for
Psychological Therapies
started treatment within
18 weeks

March 2022

Target 90% Scotland 83.1%



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FORTH VALLEY NHS BOARD

TUESDAY 26 JULY 2022

**9.4.1 Performance & Resources Committee Update – 28 June 2022
For Assurance**

Meeting Chair: Ms Janie McCusker, NHS Forth Valley Chair

The agenda item below was approved by the Performance & Resources Committee:

- **Item 6.1 Performance & Resources Committee Annual Report**

The Performance & Resources Committee noted that to assist NHS Forth Valley Board in conducting a regular review of the effectiveness of the systems of internal control, the Standing Orders require that the Performance & Resources Committee submits an annual report to the NHS Board. The Performance & Resources Committee Annual Report was presented and detailed the committee membership and attendance at meetings, meeting dates, key areas of business, outcomes, risk and assurance, noting that there were no exceptional issues for consideration in NHS Forth Valley's governance statement.

Key points to note from the meeting:

- **Item 7.1 Recovery & Performance Scorecard**

The Performance & Resources Committee was advised that there had been significant exacerbation of pressure across the system impacting on compliance with the 4 hour emergency access standard. A rise in Covid-19 cases, impacting on staff absences and an increase in patients presenting and requiring admission, along with a high number of patients delayed in their discharge was noted to be impacting on the overall capacity system-wide. These pressures within the system were having an adverse effect on the length of wait patients were experiencing in the Emergency Department and assessment units.

It was noted that senior clinical decision makers and service leads system wide were working together to review the pressures within the system and to identify potential solutions that could be implemented at pace. The Performance & Resources Committee was advised that priority was being given to the identification of capacity and that all avenues were being explored to relieve pressure within the system.

- **Item 8.1 Finance Report**

An overspend of £1.203m was reported for the 2 month period ending 31 May 2022. This was compared to an overspend £0.443m in the period ending May 2021. The position reflected ongoing workforce and cost increases in respect of drugs prescribed by Hospital and Primary Care Clinicians. An element of the adverse position reflected unachieved recurring efficiency savings targets carried forward from 2021/22. Based on the month 2 expenditure run rate and the current level of uncertainty on anticipated funding allocations there is an estimated financial risk of between £7m and £10m for 2022/23 and this will be further reviewed for the Quarter 1 financial returns.

The Performance & Resources Committee was advised that the total annual net revenue budget for 2022/23 was estimated at £752.264m. This reflected the opening Revenue Resource Limit (RRL) of £598.120m as advised by the Scottish Government, together with

£154.144m of further anticipated allocations which were expected to be added to the RRL during the course of the year.

- **Item 8.5 Sustainability Update**

The Performance & Resources Committee received a Sustainability Update noting the health benefits of climate mitigation included, less heart and lung disease, less cancer, better mental health, less infectious diseases and healthier child development.

The draft NHS Scotland Climate Emergency and Sustainability Strategy 2022/2026 detailed a number of national targets with the reduction of greenhouse gas emissions by at least 75% by 2030 and 90% by 2040 and the use of renewable heating systems by 2038. It was highlighted that the date for achieving net-zero emissions had been brought forward to 2040 with this a requirement for the NHS Forth Valley estate. A number of working groups were being established including waste management, transport, greenspace and biodiversity, procurement and sustainable communities, however it was highlighted that a collective effort was required to address this agenda.

Building emissions comparing 2015/16 to 2020/21 highlight a reduction of 41.5%, and medical gases emissions have reduced since 2018/19 from 10.5% of total volatiles to 1.5%.

It was noted that NHS Scotland had developed a National Sustainability Assessment Tool (NSAT) which all Health Boards will use on an annual basis to measure their progress across sixteen different areas of sustainability. The 2021 score highlights that NHS Forth Valley is well placed against other Health Boards with a validated score of 48%. Starting in October 2022, each Health Board will publish an annual report, approved by its Chief Executive, summarising progress against the aims of the NHS Scotland climate emergency and sustainability strategy.

The Performance & Resources Committee noted the organisational change programme and the requirement for 'tooling up' of resources.

- **Item 8.6 Property Asset Management Strategy (PAMS) - Approach & Timeline**

The Performance & Resources Committee was advised that there was a requirement for a regular update to Boards' PAMS, initially annually then an interim update with a full refresh bi-annually. The onset of Covid-19 in 2020 saw Scottish Government withdraw the requirement for updates as well as the associated completion of pro-formas on asset performance. The pro-formas had been issued for completion in 2022 and it was indicated that there was no requirement for a PAMS update this year.

However, in compliance with the Scottish Government Policy for Property and Asset Management (CEL 35 (2010)) CEL and because of the length of time since an update was undertaken, it was considered necessary to undertake a refresh of the NHS Board's Strategy. It was noted that the PAMS should consider not only property assets but also medical equipment, vehicles and Information Technology. Linkage to the Healthcare Strategy was noted along with a requirement for consultation with key stake holders.

The key steps and milestones were detailed with completion and presentation to the Performance & Resources Committee anticipated early 2023.

PERFORMANCE & RESOURCES COMMITTEE

Minute of the Performance & Resources Committee meeting held on Tuesday 26 April 2022 at 9.00am via Microsoft (MS) Teams

Present:	Mr John Ford (<i>Chair</i>) Mr Robert Clark Mrs Cathie Cowan Dr Graham Foster Ms Janie McCusker Mr Martin Fairbairn	Mrs Kirstin Cassels Mr Andrew Murray Cllr Les Sharp Mr Scott Urquhart Mrs Gillian Morton Mr John Stuart
In Attendance:	Ms Jackie McEwan Mrs Elspeth Campbell Ms Claire Giddings Ms Laura Henderson (Minutes) Mrs Becky Reid (shadow) Ms Kerry Mackenzie	Mrs Sara Mackenzie Mrs Jillian Thomson Mrs Kathy O'Neill Mr Jonathan Procter Mrs Juliette Murray Mrs Val Arbuckle

1. DECLARATIONS OF INTEREST

There were no declarations of interest offered at this time.

2. APOLOGIES FOR ABSENCE

Apologies intimated on behalf of Miss Linda Donaldson and Cllr Susan McGill

3. MINUTE OF PERFORMANCE & RESOURCES COMMITTEE MEETING HELD ON 01 MARCH 2022

The Minute of the meeting held on 01 March 2022 was approved.

4. MATTERS ARISING

There were no matters arising.

5. ROLLING ACTION LOG

It was noted that items 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 Performance & Resources Committee Forward Planner

The Performance & Resources Committee received a paper, 'Performance & Resources Committee Forward Planner' presented by Mrs Kerry Mackenzie, Head of Policy & Performance

The Performance & Resources Committee Forward Planner outlines the major items the Performance & Resources Committee had to consider as part of its schedule of work for 2022/2023. This would support the committee to fulfil its terms of reference.

It was noted that a formal forward planner had been developed in Pentana and work had also been undertaken to capture 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 implication. This was scheduled to be presented to the Board Seminar in June 2022 which will support the annual internal audit report recommendations.

The Performance & Resources Committee:

- ***Approved the draft Performance & Resources Committee Forward Planner 2022/2023***
- ***Noted the timetable of 'deep dive' topics for 2022/2023***
- ***Noted that the work in relation to the Performance & Resources Committee Assurance Plan will be presented at the NHS Board Seminar in June 2022***

7. BETTER CARE

7.1 Elective Care Update

The Performance & Resources Committee received a presentation 'Elective Care Update' led by Mr Andrew Murray, Medical Director supported by Mrs Juliette Murray, Deputy Medical Director.

Mrs Juliette Murray presented the 'balancing risks and improving performance in Scheduled Care' presentation. The presentation included the immediate response to the Covid-19 Pandemic and the impact of significant delays to treatments which was causing potential harm and poorer outcomes for the patients of Forth Valley. Several priorities and opportunities were highlighted during the presentation, including the opportunity to radically re-design sustainable services and scale up new ways of working, making sure that all fallow capacity was staffed, proleptically replacing posts where people were retiring in next 5 years in areas where capacity was needed, improving theatre productivity.

Mr Scott Urquhart, Director of Finance added that several bids had been made to the Scottish Government in support of the new ways of working and to support proleptic appointments. Mr Urquhart to feedback to the Performance and Resources Committee once a decision and response had been received.

Mrs Juliette Murray highlighted a 7% reduction in the outpatient activity performance during the pandemic compared with a 30% reduction nationally. Mrs Elsbeth Campbell, Head of

Communications was keen to support Mrs Murray to capture and communicate the great work through the media and social platforms.

The Performance & Resources Committee:

- ***Noted the content of the presentation***

7.2 Recovery & Performance Scorecard

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

Key areas of performance were highlighted noting the position within ED continues to be challenging with variation in performance. Following an extended period of sustained pressure, compliance with the 4 hour access standard had been extremely difficult. The increasing trend in the number of attendances at ED continued with 5134 in March 2022 compared with 4332 in March 2021. Mrs Cowan added that there had been more than 73 patients in the waiting area at one time. Factors in relation to bed occupancy, length of stay, delayed discharges, and time of discharge continue to impact on flow through ED. The position was noted to be actively managed on an ongoing basis with a focus on patient and staff safety.

At the end of March 2022, the number of patients on the waiting list waiting for a first outpatient appointment increased however the number of patients waiting beyond 12 weeks reduced with 59.2% of patients waiting less than 12 weeks for a first appointment. Activity against the agreed Remobilisation Plan trajectory highlights the cumulative position for the financial year as 97% compliance.

The total number of inpatients/daycases waiting remained static with a decrease in the number waiting longer than 12 weeks. Activity against the agreed Remobilisation Plan trajectory highlights the cumulative position April 2021 to March 2022 as 83% compliance.

At the end of March 2022, there was an increase in the number of patients waiting beyond the 6 week standard for imaging noting that the waiting list had doubled in the period March 2021 to March 2022 from 3,126 to 6,419 patients waiting. Activity continued to exceed the agreed remobilisation plan trajectory.

The provisional Psychological Therapies position in March was noted as 80.0% however this data was undergoing validation. Initial data indicates that the proportion of patients seen online was greater than normal. This was coupled with a peak period for annual leave where less new patients were seen, and this has had a positive impact on the 18 week Referral to Treatment standard. It was noted that this will not be a sustained improvement with the position expected to be about 60%. Challenges with staffing and recruitment were highlighted.

Focus remained on the delayed discharge position to support flow of patients through Forth Valley Royal Hospital and the Community sites with work continuing in partnership across all sectors. There were 97 delays at the March 2022 census; 61 standard delays and 36 code 9 and Guardianship delays with 1369 bed days occupied. Mrs Cowan added that the position with the Forth Valley acute site remained challenging and at the time of the meeting had 122 delayed discharge patients which was extremely high.

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, Finance Director and supported by Mrs Jillian Thomson, Deputy Director of Finance.

The draft financial outturn position indicated that all three mandatory financial targets set by the Scottish Government had been achieved as of 31 March 2022:

- A surplus of £0.227m against the revenue resource limit of £789.950m.
- A break-even position against the capital resource limit of £21.462m.
- A break-even position against the cash requirement with a closing balance of less than £0.050m.

It was noted that the outturn position remained subject to External Audit review and confirmation of final Scottish Government budget allocations which were expected to be received by 30th April 2022. Preparation of the 2021/22 Annual Accounts was now underway and an initial draft would be submitted to the NHS Board's External Auditor on 6 May 2022, with presentation to the Audit and Risk Committee scheduled on the 22 June 2022 followed by the special Board on the 24 June 2022. The final outturn was also subject to confirmation of risk sharing arrangements in respect of Clackmannanshire and Stirling Integration Joint Board.

Recurring savings target of £32.398m were identified for 2021/22. During the course of the year recurring savings of £15.474m were delivered, with the residual balance of £16.924m achieved through non-recurring savings initiatives. The unachieved recurring savings balance from 2021/22 had been carried forward and was reflected in the underlying deficit and £29.312m savings target required for 2022/23.

Mr Martin Fairbairn requested that for future meetings the figures for the Integrated Joint Boards be reconciled to the Board figures.

The Performance and Resources Committee:

- ***Noted delivery of revenue and capital financial targets for 2021/22 were in line with the projections previously reported to the NHS Board***
- ***Noted that the draft 2021/22 NHS Board Annual Accounts would be submitted to External Audit in line with the agreed timescale.***

8.2 Corporate Portfolio Management Office Update

The Performance & Resources Committee received a paper, 'Corporate Portfolio Management Office Update' presented by Mrs Gillian Morton, Director CPMO/Women and Children's Directorate and Chief Midwife supported by Mrs Val Arbuckle, CPMO Portfolio Manager/Senior Midwife.

The Corporate Portfolio Management Office continued to support numerous projects and initiatives considered to be of NHS Board priority. The Corporate Portfolio Management Office continued to deploy resources at pace to support the National Treatment Centre, the Unscheduled Care Programme, and the implementation of a new e-Rostering system.

It was noted that the Corporate Portfolio Management Office continued work with key stakeholders to progress programmes/projects identified beneficial to support achievement of organisational financial objectives and had been working in partnership with the Director of Finance to establish the Cost Improvement Oversight Group.

The Corporate Portfolio Management team hosted a three-day interagency Agile project Management training course in November 2021. This course supported delegates to increase and adapt their knowledge and skill set to use agile methodology to meet the needs of a project or programme of work, releasing benefits throughout the process rather than only at the end. This training was attended by members of the Corporate Portfolio Management Office team along with colleagues from Health and Social Care and members of the Acute Service Improvement Team.

The Performance & Resources Committee:

- **Noted progress with the projects the CPMO was supporting**
- **Noted the establishment of the Cost Improvement Oversight Group (CIOG)**
- **Noted the continued development and restructure of the CPMO**
- **Noted the continued impact Covid had on progressing the savings initiatives & other projects now receiving support from the CPMO relating to the pandemic**

9. BETTER GOVERNANCE

9.1 ED Review Update

The Performance & Resources Committee received a paper, 'Emergency Department (ED) Oversight & Assurance of Nursing Workforce & Professional Oversight of Safe Staffing and Corporate Governance Section of ED Improvement Action Plan' presented by Mrs Cathie Cowan, Chief Executive.

The paper provided an update on the delegated responsibilities placed on the Performance & Resources Committee by the Health Board to oversee implementation, monitor progress, and escalate issues relating to the nursing workforce & professional oversight of safe staffing and corporate governance recommendations set out in the Health Board approved ED Improvement Action Plan.

The Nursing section of the ED Implementation Action Plan had four recommendations and nine sub recommendations relating to workforce and safe staffing. A number of appointments had been made in support of the recommendations with the remainder referring to workforce numbers and skill mix. A paper has been developed that will set out the ED (and wider clinical nurse leadership 24/7) workforce requirements to ensure appropriate. The paper will require to be costed and in the first instance shared with the Area Partnership Forum and Executive Leadership Team.

The Corporate Governance section of the ED Implementation Action Plan had eight recommendations. Two relate to assessment of relationships and behaviours of members of the ELT and Board members. Work in relation to ELT was nearing completion with the work with Board and ELT members yet to start. The remainder of the recommendations referred to Board assurance that intended to build on the Board's commitment and track record to improvement in all three governance areas.

Mr Andrew Murray highlighted that some of the recommendations aligned to Clinical Governance Committee were being addressed through the Corporate Governance route and would be reported through the Performance and Resources Committee.

The Performance & Resources Committee:

- ***Considered the content of the paper and acknowledge the responsibility of this Committee to oversee implementation of the outstanding Nursing & Corporate Governance ED Improvement Action Plan recommendations and actions***
- ***Noted that the Chief Executive will be providing quarterly reports on progress to the Health Board (May 2022) and thereafter to the Integration Joint Boards to enable the IJBs to fulfil their oversight role***
- ***Noted the commission of Internal Audit to provide assurance on the Health Board's response to the ED external review***
- ***Noted progress against the ED Implementation Action Plan will be presented to each Committee meeting to provide assurance to the Health Board***

9.2 Emergency Planning and Resilience Group minute

The Performance & Resources Committee received a paper, 'Emergency Planning and Resilience Group minute', presented by Dr Graham Foster, Director of Public Health and Strategic Planning.

Dr Foster highlighted the key strands of work that had progressed by the Emergency Planning and Resilience Group.

The Performance & Resources Committee:

- ***Noted the Emergency Planning and Resilience Group minute***

10. ANY OTHER COMPETENT BUSINESS

Ms McCusker, on behalf of the Committee, offered thanks to Mr John Ford for his support as chair of the Performance & Resources Committee over the years and wished him well.

11. DATE OF NEXT MEETING

Tuesday 28 June 2022 at 9.00am via MSTeams

FORTH VALLEY NHS BOARD

TUESDAY 26 JULY 2022

9.4.2 Audit and Risk Update: 22 June 2022 For Assurance

Meeting Chair: Mr Martin Fairbairn, Non-Executive Director

Meeting Highlights

- Minute of meeting held on 25 March 2022 was approved as a correct record.
- Mr John Watkins, External Auditor from Dickson Middleton Chartered Accountants, presented the Annual Accounts and Management Reports for Patient Funds and Endowment Funds for financial year 2021/22. The Audit Opinion for both reviews was Unqualified.
- Internal Audit presented the Internal Audit Progress Report that summarised the work of Internal Audit since the last Audit and Risk Committee meeting.
- Internal Audit presented the NHS Forth Valley Annual Internal Audit Report 2021/22 that confirmed that the NHS Board had adequate and effective internal controls in place and that the Accountable Officer had implemented a governance framework in line with required guidance sufficient to discharge the responsibilities of this role.
- Internal Audit presented the Internal Audit Annual Plan 2022/23 that summarised their planned work for the coming financial year.
- External Audit presented the Proposed Annual Report 2021/22 incorporating ISA260 Report to those charged with Governance and also the Proposed Audit Opinion and Letter of Representation and summarised the main findings of their review of the financial statements. External Audit also confirmed that an Unqualified Audit Opinion had been issued.
- The Director of Finance presented the NHS Forth Valley Annual Accounts 2021/22 and informed the Committee that the Annual Accounts for 2021/22 would be presented to an NHS Board Meeting for approval on 24 June 2022. The Committee were advised that the Accounts confirmed a revenue outturn of £0.290m surplus, a balanced Capital outturn and achievement of cash target.
- The Director of Finance presented a paper on the Audit Follow-Up Procedure that proposed Internal Audit would manage the Audit Follow Up process.
- The Audit Follow Up Coordinator presented the Audit Follow Up report.
- The Head of Policy & Performance presented the Annual Reports & Assurance Statements report and highlighted that the purpose of the paper was to provide assurance on the key issues and risks identified from the Standing Committee annual reports, and to confirm consistency with Directors' annual assurances and the Governance Statement.

- The Director of Finance presented the SFI Waiver Highlight Report and indicated that in line with NHS Forth Valley's Standing Financial Instructions, the Director of Finance is required to maintain a Register of Exceptions to Competitive Tendering for goods and services and present reports to the Audit and Risk Committee.
- The Corporate Risk Manager presented the Quarter 4 2021/22 Strategic Risk Report and highlighted the amendments to the Strategic Risk Register made since the last Audit and Risk Committee meeting.
- The Corporate Risk Manager presented the Risk Management Annual Report that provided a summary of the management of risk within NHS Forth Valley for 2021/22.
- The Corporate Risk Manager presented a paper on Risk Management Strategy and highlighted the principal changes made to the existing strategy.
- The Fraud Liaison Officer summarised the latest Counter Fraud Services Report for period ending 31 March 2022 and highlighted the key issues. In addition, the Committee were provided with an update on the status of Extrapolation Reports.
- The Fraud Liaison Officer presented the Counter Fraud Services Year End Report 2021/22 and highlighted that the purpose of the report was to summarise the counter fraud activity for the financial year 2021/22 and to set out for the Audit & Risk Committee the ongoing and planned counter fraud activity for financial year 2022/23.
- The Director of Finance presented a paper that updated the Committee on three Service Audits: Practitioner Services, National IT Services and National Single Instance. The Committee were informed that the Annual Service Audit Reports provide assurance on the internal controls frameworks operated on behalf of NHS Scotland by NHS National Services Scotland (NSS) for the three national services. All three audit reports were awarded an Unqualified Audit Opinion.

FORTH VALLEY NHS BOARD

TUESDAY 26 JULY 2022

**Audit and Risk Minute: 25 March 2022
For Assurance**

Minute of the Audit and Risk Committee meeting held on 25 March 2022 via Microsoft (MS) Teams

Present: Cllr Les Sharp (Chair)
Mr Robert Clark
Mr John Ford
Mr Stephen McAllister
Cllr Susan McGill

In Attendance: Mr Scott Urquhart, Director of Finance
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 John Cornett, Audit Scotland
Ms Aimee MacDonald, Audit Scotland
Ms Kerry Mackenzie, Head of Policy & Performance
Mr Martin Fairbairn, Non-Executive Director
Mr Graeme Bowden, Capital Accountant

1/ APOLOGIES

Apologies for absence were intimated from Mrs Cathie Cowan.

2/ DECLARATIONS OF INTEREST

There were no declarations of interest intimated.

3/ MINUTES OF PREVIOUS MEETING

The Minute of the Audit and Risk Committee meeting held on 21st January 2022 was approved as a correct record.

4/ MATTERS ARISING – ACTIONS FROM PREVIOUS MEETINGS

There were no matters arising or actions required from the previous Audit and Risk Committee meeting in January 2022.

5/ INTERNAL AUDIT

5.1 Internal Audit Progress Report

Mrs Lyall presented the Internal Audit Progress Report and highlighted that since the last meeting two final reports had been issued and summarised the findings. In

addition, two further reports had been issued in draft and these were planned to be presented to the Audit and Risk Committee at the June 2022 meeting. Mrs Lyall also indicated that some amendments to the Annual Audit plan had been agreed with the Director of Finance and Audit and Risk Committee Chair, and details were provided within the narrative of the report. The planning process was underway for the development of the 2022/23 Internal Audit Plan and Mrs Lyall summarised the proposed approach.

Cllr Sharp noted the draft Out of Hours Department review and highlighted that a corresponding new risk had been added to the Strategic Risk Register on the same service area.

The Committee noted the Internal Audit Progress report.

6/ EXTERNAL AUDIT

6.1 External Audit Annual Plan 2021/22

Mr Cornett presented the External Audit Annual Audit Plan for 2021/22 and explained that the purpose of the plan was to provide an overview of the planned scope and timing of their audit in accordance with International Standards on Auditing, the Code of Audit Practice and Guidance of Planning the Audit. Mr Cornett described the scope and content of the planned work which would include their audit opinion on regularity and other statutory information and consideration of arrangements in relation to financial management, financial sustainability, governance and transparency and value for money.

In addition, Mr Cornett indicated that in line with generic Audit Standards, his team would be seeking assurance that there was no risk of material misstatement due to fraud caused by the management override of controls. The audit of the financial statements for 2021/22 would also focus on estimations and judgements regarding the valuation of land and buildings, and also the estimation and judgement in the assessment of clinical medical claims and CNORIS provisions.

Mr Cornett asked the Committee to note that there was a requirement under Auditing Standards to highlight "Materiality" levels for financial year 2021/22, and advised these were identified in Exhibit 1 of the report. The Scottish Government reporting timelines for accounts submission were noted within the report and the respective audit and finance teams would work on a timetable to meet requirements, acknowledging the challenging timescales. With regard to the External Audit fee, Mr Cornett advised that there was a small inflationary increase for 2021/22 however this increase was less than 2%.

The Committee approved the External Audit Annual Audit Plan for 2021/22 and noted the audit fee.

6.2 NHS in Scotland 2021

Mr Cornett presented the NHS in Scotland 2021 report and highlighted the key themes including challenges on future workforce models and financial sustainability.

Following discussion, the Committee noted the update provided on the NHS in Scotland 2021 report.

7/ AUDIT FOLLOW-UP

7.1 Audit Follow-Up Report

Mr Bowden presented the Internal Audit Follow-Up Report and reported that:

- 71% of Audit Actions due are complete or partly complete
- 23% of Audit Actions are not yet due for response
- 6% of Audit Actions were overdue for completion.

Mr Bowden provided a summary of the overdue recommendations including the RAG status agreed with Internal Audit. Mrs Lyall indicated that Internal Audit would be following up on the overdue recommendations prior to the next Audit and Risk Committee meeting.

The Committee noted the Audit Follow-Up Report.

8/ RISK MANAGEMENT

8.1 Strategic Risk Register – Q3 2021/22 Update

Ms Mackenzie presented the Strategic Risk Register Quarter 3 update and highlighted that, there was one amendment proposed within the Quarter 3 review in relation to delivery of Out of Hours Services.

Ms Mackenzie advised she was pleased to confirm that a new Corporate Risk Manager was commencing employment within NHS Forth Valley on 21 April 2022.

Cllr McGill highlighted that the Stirling and Clackmannanshire IJB risk register identified a risk related to the delegation of services and sought clarity on why this was not reflected in the NHS Board's risk register. Mr Urquhart provided assurance on Board statutory compliance in regard to delegation of functions and budgets and confirmed that the 'set aside' budgets had recently been reviewed to ensure completeness.

The Committee noted Strategic Risk Register Quarter 3 update.

9/ GOVERNANCE ISSUES

9.1 Audit and Risk Committee Terms of Reference

Mr Urquhart presented the draft update to the Audit Committee Terms of Reference highlighting proposed five amendments. Three of the amendments were consistent with recommendations made within the Code of Corporate Governance paper approved by the Board at their November 2021 meeting, and the remaining two were amendments suggested by the Chief Internal Auditor.

The Committee agreed the proposed amendments and noted the Audit Committee Terms of Reference that would be included within the draft updates to NHS Forth Valley's Standing Orders submitted to the Board for approval in March 2022.

9.2 Audit and Risk Committee Annual Report 2021/22

Mr Urquhart presented the Audit Committee Annual Report for 2021/22 confirming that this would be updated for issues from the March Audit Committee meeting. Mr Urquhart highlighted that the Annual Report this year again included a section to incorporate the regular Audit Committee Self-Assessment Checklist that is required to be completed in line with Scottish Government Audit Committee Handbook guidance. The Committee reviewed the checklist and it was agreed that for future years, the checklist would be circulated to members ten days prior to the meeting.

The Committee approved the draft Audit Committee Annual Report for 2021/22 including updates required from the March 2022 meeting, and also the Audit Committee Self-Assessment Checklist appended to the report.

9.3 Code of Corporate Governance

Ms Mackenzie presented the Code of Corporate Governance paper and summarised the amendments made within this review. Mrs Mackenzie also highlighted that no changes had been made to either the Code of Conduct or Standing Financial Instructions. The Risk Management Strategy had been reviewed.

The Committee recommended approval to the NHS Board of the proposed amendments at their meeting scheduled for March 2022.

10/ FINANCIAL & PERFORMANCE

10.1 NHS Scotland Accounting Manuals 2021/22

Mr Urquhart presented a paper on the NHS Scotland Accounting Manuals for 2021/22, the purpose of which was to provide the Audit Committee with an update on the status of the Annual Accounts and Capital Accounting Manual updates for 2021/22. The draft manuals were presented to the NHS Scotland Technical Accounting Group (TAG) in early March 2022 and were subsequently approved for issue. Mr Urquhart highlighted that a Scottish Government Health Finance, Corporate Governance & Value Directorate letter was appended to the paper and highlighted the key updates that were predominantly within the Performance and Accountability reports.

Mr Urquhart indicated that the Scottish Government letter also indicated that draft accounts were to be submitted to the Scottish Government by 31st May 2022, with final versions by 30th June 2022, albeit External Audit would be working to the statutory deadline of 31st August 2022.

The Committee noted the Scottish Government Health Finance, Corporate Governance & Value Directorate letter issued on 8th March 2022 and summary of changes appended to the letter.

10.2 Legal Claims

Mr Urquhart presented a Legal Claims update paper. He clarified that all legal claims notified to the Board are processed by the NHS Central Legal Office to assess risk liability and potential value. Mr Urquhart advised that as at 31st December 2021 there were 92 claims outstanding against NHS Forth Valley at a total estimated value of

£36.131m. Included within this total were two high value obstetrics clinical claims totalling £25m. Mr Urquhart highlighted that the Board were part of the CNORIS scheme, and the costs of claims were met above set deductible levels.

The Committee noted the Legal Claims report.

10.3 National Fraud Initiative

Mr Urquhart presented a paper on the National Fraud Initiative that provides a series of reports which provide a match of NHSFV data with the data of other public sector organisations to check for any areas of potential fraud. To assist in reviewing each report type a potential risk factor is provided to highlight what are considered the potentially highest risk records. The reports are now categorised as either High, Medium, Low or Nil risk. Mr Urquhart advised on progress to date and confirmed that there were currently no issues required to be followed up.

The Committee noted the National Fraud Initiative update.

10.4 Appointment of Endowment and Patient Funds Auditors

Mr Urquhart presented an update to the Audit and Risk Committee on action taken in respect of securing the appointment of Endowment and Patient Funds external auditors for the provision of audit services for a period of three years, commencing with financial year 2022/23. Mr Urquhart indicated that a specification of Audit Services and briefing documentation had been drafted to set out the scope of the audits, the required provision of service, together with reporting requirements of both the Endowment and Audit Committees. It was envisaged that the tender process would be completed later in the year with report being submitted to the Endowment and Audit Committees in October highlighting the successful tenderer.

The Committee noted the report on the Appointment of Endowment and Patient Funds Auditors.

11/ COUNTER FRAUD SERVICES

11.1 Counter Fraud Services Quarterly Report ~ Quarter ending 31 December 2021

Ms Slayford presented the Counter Fraud Services (CFS) Quarterly Report for the period ending 31st December 2021 and highlighted that there had been three new referrals made relating to NHS Forth Valley during the quarter. Ms Slayford highlighted that all three referrals had been closed by Counter Fraud Services following initial review. Ms Slayford also indicated that Counter Fraud Standards had been working with Boards to pilot the introduction of the new Standards with a focus on carrying out Fraud, Bribery and Corruption Risk Assessments.

With regard to the Extrapolation reports issued annually by CFS, Ms Slayford advised that a letter had been issued to Boards in March 2022 advising that due to the recent disruption caused by the Covid-19 pandemic the reports would not be issued for 2021.

Regarding Patient Exemption Checking, Ms Slayford indicated that for the period 1st April 2021 to 31st December 2021 NHS Forth Valley had made patient recoveries to the value of £17,963 that represented 4.9% of the Scotland wide total.

The Committee noted the Counter Fraud Services Quarterly Report for period ending 31st December 2021.

Mr Urquhart informed the Committee that this was Cllr Sharp's final meeting and thanked him for chairing the Audit and Risk Committee for the past few years. Cllr Sharp thanked Internal and External Audit and all other attendees of the Audit and Risk Committee for making his term as Chair an enjoyable one.

There being no further business the meeting closed at 10.30am.

12/ DATE OF NEXT MEETING

The next meeting of the NHS Forth Valley Audit Committee will take place on Wednesday 22 June 2022 via Microsoft Teams

FORTH VALLEY NHS BOARD
TUESDAY 26 JULY 2022

9.4.3 Endowment Committee Minute – 25/03/2022
For Assurance

Meeting Chair: Mr Martin Fairbairn, Non-Executive Director

Minute of the Endowment Committee meeting held on 25 March 2022 via Microsoft (MS) Teams

Participating: Cllr. Les Sharp, Non Executive Director, Forth Valley NHS Board, (Chair)
Mr. Scott Urquhart, Director of Finance, NHS Forth Valley.
Mr. Robert Clark, Non Executive Director - Employee Director, Forth Valley NHS Board.
Mr. John Ford, Non Executive Director, Forth Valley NHS Board.
Mr. Steven McAllister, Non Executive Director, Forth Valley NHS Board.
Mr. Gordon Johnston, Non Executive Director, Forth Valley NHS Board.
Mr. Martin Fairbairn, Non Executive Director, Forth Valley NHS Board.
Mr. Mark Fairley, Senior Finance Manager
Mrs. Christine Crosbie, Finance Manager Endowments.
Mr. Craig Holden, Fundraising Manager.

1. APOLOGIES FOR ABSENCE

Mrs. Cathie Cowan, Chief Executive, NHS Forth Valley and Mr. Jonathan Procter, Director of Facilities and Infrastructure (Lead Director), NHS Forth Valley.

2. DECLARATIONS OF INTEREST

Robert Clark, a member of the Bursary Committee, declared an interest in the decision to increase the bursary funding award, included as part of the budget proposal (Item 7).

3. MINUTE OF THE FORTH VALLEY NHS BOARD ENDOWMENT COMMITTEE MEETING HELD ON FRIDAY 21ST JANUARY 2022

The Committee approved the minute of the Forth Valley NHS Board Endowment Committee meeting.

4. MATTERS ARISING

- i) Information on investment benchmarks used by Rathbones to monitor investment performance. A document was provided in the suite of papers distributed for the meeting.
- ii) NHS Charities Together (NHS CT) Stage 1 final project spend report. This is covered by Item 6 and Item 8iii).
- iii) Implications of National Governance Review Guidance to be added to the risk register. This will be brought back to a future Endowment Committee meeting.

5. FINANCIAL GOVERNANCE REPORT

Mrs Crosbie provided a summary of the receipt/ (utilisation) of funds during the reporting period. It was confirmed that for the eleven month period to 28th February, there was a net gain in funds of £59,459. This increase was driven by investment portfolio unrealised gains (+£84k) and realised gains (+£52k). There was also a net utilisation (£76k) arising from charitable activities. The cumulative Endowment Fund balances on 28th February 2022 were £3,298,633.

Mrs Crosbie reported on Unrestricted Funds. There was an under-utilisation of £20,486 for the eleven months ending 28th February 2022. This is largely due to a £20k transfer from restricted funds, which was approved as a result of the slow moving and obsolete funds review. The other key drivers were outlined to the Committee. The Committee were asked to note that the most recent annual investment income projection (from Rathbones) is c£3k lower than the annual budget.

Mrs Crosbie also reported on the Restricted Funds movement during the reporting period with a net utilisation of £70k, and a future net receipt of £244k in respect of the NHS Charities Together funding. The Stage 1 Urgent Response projects had spent a total of £98,191. The Committee were asked to note that the official response from NHS Charities Together with regards to the Stage 1 funding spend deadline was that funds should be committed as spend by the 31st October 2021, and that they understood actual spend would take place after this date.

The NHS Charities Together Second Wave projects had spent a total of £8,374 by the end of February and the grant holders have been reminded of the 30th June deadline for spending the remaining £43,726.

Mrs Crosbie reported on designated funds. The total balance of designated funds as at the end of February was £280k. The majority of the balance relates to the D G Cochrane legacy (£203k) intended for Falkirk Royal Infirmary. The Committee were asked to note that the Endowments team are in the process of appointing a fundholder, and that the timing of future spend would coincide with the redevelopment of the Falkirk site.

Mrs Crosbie updated the Committee on the performance of the Investment Portfolio (Appendix 5). It was highlighted that the value of the investment portfolio had increased by c£141k since the start of 2021/22, and the unrealised gain balance was £652k at the end of February 2022.

Mrs Crosbie concluded her report by reporting on the investment management performance (Appendix 6). In relation to this, Ms Crosbie highlighted to the Committee two graphs that had been introduced to track performance and fee levels. The Committee were asked to note that further work is going to be carried out to benchmark the fees against other health boards. This will be presented at a future endowment committee meeting.

The Committee approved the Financial Performance report for the 11 Months Ended 28th February 2022.

6. PROPOSALS FOR ALLOWABLE STAFF EXPENDITURE

Mrs Crosbie proposed opening a dedicated staff wellbeing fund. The Endowments team receive several queries from fundholders in relation to allowable staff expenditure, and it is clear that donors have the intention of rewarding staff. In light of the pandemic, OSCR have

relaxed the rules to allow staff wellbeing. It should be noted that only unrestricted funds or funds specifically donated for staff wellbeing can be used for this purpose.

A number of allowable expenditure proposals for the staff wellbeing fund were presented to the Committee. These take into account the HMRC taxable benefit rules.

Following discussion by the Committee it was agreed that further work was required to ensure that the offering did not overlap with the health board's expenditure on staff wellbeing. Mrs Crosbie agreed to work with Human Resources to refine the endowment staff wellbeing expenditure proposals accordingly.

7. FINANCIAL BUDGET PROPOSALS

Mr Fairley presented the financial budget proposal for the three years ending March 2025. Mr Fairley reflected on performance to date. Prior to the introduction of the 3 year budget plan the total utilisation for the three years ended March 2019 was £237,114. The total utilisation for the 3 years ending March 2022 is expected to be considerably lower at £17,034. It is important to note that the latter figure does not include investment management fees. Mr Fairley outlined to the committee that since October 2020, the investment management fees had actually been charged to the Rathbones capital account, as opposed to eroding investment income. The Committee agreed to note the fact that investment management fees are deducted from capital and not income.

Investment management fees will be reported along with realised gains and losses going forward, as opposed to being included in the income statement.

Appendix 2 provides details of the forecasted outturn for 2021/22. The forecast for 2021/22 is a net utilisation of £8,185 which is favourable to the adjusted budget for 2021/22 of £16,650 net utilisation. The investment management fees charged to the Rathbones capital account have been removed from the 2021/22 forecast and budget totals. The forecast includes designation of £14,654 (to be combined with the unallocated legacy balance to provide a total of £23,567) funding for the large grants programme (see Item 9), which is subject to Committee approval. Actual performance to the end of February was outlined in Item 5.

Appendix 3 provides details of the proposed budget for 2022/23. The budget proposal for the year ended March 2023 is for net utilisation of £22,990. This is a £15k increase on the forecasted net utilisation for 2021/22. The key drivers were outlined to the Committee.

Appendix 4 provides details of the proposed 3 year plan ending 31st March 2025. The proposed funding requirement for each of the three years ending March 2023, March 2024 and 2025 are £22,900, £24,714 and £30,110 respectively. Appendix 5 provides details of the bursary funding proposal to increase funding from the 2021/22 level of £9k up to £15k. This represents a total increase of £15,900 over three years. The increase in funding requirement has been driven by the increase in demand for bursary funding partly driven by the withdrawal of funding within the nursing directorate. In 2021/22, the average bursary award had to be restricted to £473 per applicant, which represented 23.7% of the total course fees.

Following discussion, the Committee agreed to approve the 2022/23 budget, however it was requested that Bursary fees are held at the 2021/22 level of £9,000. This leaves a 2022/23 budget of £19,000 net utilisation.

The 2023/24 and 2024/25 budget plans were outlined to the Committee. There was concern raised as to whether the investment portfolio 5 year annualised return of 4.7% would continue given the market outlook. Mr Fairley pointed out that many of the expenditure items are fixed unless the Committee make a decision to withdraw funding. It was also stressed that the

donations and fundraising position assumed no active fundraising, so there is an opportunity to increase income by carrying out fundraising activities. Mrs Crosbie agreed to come back to a future meeting with a revised budget plan for 2023/24 and 2024/25.

8i). FUNDRAISING ACTION PLAN 2022/23

Mr Holden, Endowments Fundraising Manager, outlined the Fundraising Action Plan 2022/23. The Committee are required to consider and approve Fundraising Action Plans on an annual basis. The plan for 2022/23 includes 19 fundraising activities. The number of fundraising activities in 2022/23 have been minimised in order to meet the demands presented by participation in the NHS Charities Together Grant Programmes. The NHS Charities Together grant income target is £292,538 and the unrestricted public donations target is £8,000.

The Committee approved the Fundraising Action Plan 2022/23.

8ii). FUNDRAISING MANAGER PROGRESS REPORT

Mr Holden provided key updates to the Committee as follows.

NHS Charities Together Development Grant

A Self-assessment tool with programme materials has now been developed for members to access the NHS Charities Together Development Grant. The Development grant is a £30,000 grant available to each member NHS charity to support capacity building. NHS Charities Together anticipates releasing the self-assessment tool and programme guidance to members in early April.

Artlink

The Service Level Agreement for Participatory Arts is currently with Artlink Central for sign off.

Royal Voluntary Service Income

RVS have confirmed that no gifting will be provided for the period 2021/22. The Fundraising Manager has requested anticipated gifting amounts for 2022/23 and 2023/24.

Other

The Fundraising Manager continues to provide advice and support to fundraisers and donors during the reporting period. The Fundraising Manager continues to support the Procurement Service for three days per week.

The Committee agreed to note the paper.

8iii). NHS CHARITIES TOGETHER GRANTS & MONITORING

Mr Holden updated the Committee on the progress of the Stage 2 & 3 NHS Charities Together Grant applications and provided feedback on the monitoring of projects funded as part of the Stage 1 Urgent Response Grants Programme and Second Wave Covid-19 funding programme. The monitoring returns for Stage 1 and Second Wave are provided in Appendix 1 and Appendix 2 respectively. It was confirmed that the Stage 2 Community Partnership Grants application to NHS Charities Together for £126,611 has been submitted. A decision is expected before the end of March 2022. A review of the Stage 3 application has been undertaken by NHS Charities Together and revisions were outlined to the Committee in section 5 of the report. The total grant being sought is now £153,311, which is £689 lower than the original application for £154,000.

The Committee agreed to note the report.

9. INVESTING IN HEALTH LARGE GRANTS PROGRAMME 22/23

At the January meeting, the Committee considered a number of funding proposals for the utilisation of the £23,567 available for funding a Large Grants Programme. The Committee discounted three of the bids, and had requested additional information on bids from the Public Health Nutrition Team and the Livilands Resource Centre. It has been confirmed that both of these projects are unable to secure 50% match funding. Mr Holden proposed that both the bids should be discounted on that basis. An alternative project has been identified – Area for Staff Reflection, Courtyard J, Forth Valley Hospital. The total budget for this project is £30,000, however Artlink Central have offered to obtain the excess (£6,433) funding from other sources.

Mr Holden agreed to check what level of match funding the Public Health Nutrition Team, the Livilands Resource Centre and Courtyard projects could provide. A paper will be presented at the June Endowment Committee Meeting.

10i). ENDOWMENT COMMITTEE ANNUAL REPORT

Cllr Les Sharp outlined to the Committee that the report identifies the attendees and the business carried out at the meetings of the Endowment Committee held during the year together with the outcomes of the business considered. The report is required to assist the Board in conducting a regular review of internal control.

The Committee approved the report.

10ii). SLOW MOVING & OBSOLETE FUNDS REVIEW

In accordance with the Endowment Fund's Financial Operating Procedure the committee is required to carry out a regular review of the endowment fund's balances in order to identify any obsolete or slow-moving funds. Obsolete funds are funds whose purpose can no longer be fulfilled and slow-moving funds are funds with no significant activity in the preceding three years. Significant activity has been assumed to be less than 50% expenditure of the March 2019 closing fund balance.

Four funds have been identified as obsolete as follows:

Fund Code	Name of Fund	Current Balance (Jan-22 YTD)	Jan-22 Status
T901	Sch Society Of Friends	- 6,880.00	Obsolete - Friends of Stirling Community Hospital no longer exists
S101	Special Care Baby Unit	- 3,416.30	Obsolete - transfer balance to Neonatal
U605	Paediatric Endocrine	- 1,303.40	Obsolete - transfer balance to SPEG fund
8547	F.C.H.P. Breast Feeding	- 22.82	Obsolete - transfer balance to General Unrestricted Reserves

The Stirling Community Hospital Society of Friends are no longer in operation, therefore a fundholder needs to be appointed to use up the monies for the benefit of Stirling Community Hospital. The fund is obsolete from the point of view that no further donations from Stirling Community Hospital Society of Friends will be received.

The Committee agreed to the transfers proposed above, and to note that a balance of £6,880 is available for expenditure at Stirling Community Hospital.

The Committee were also given an update on slow moving funds. 120 funds were reported as slow moving and key updates on any expenditure plans for these funds were given.

Examples of how various wards have spent endowment funding are to be shared with fund holders to encourage expenditure of slow moving funds.

A policy on the length of time funds can be retained prior to spending is to be developed and presented at the October Endowment Committee meeting.

10iii). PLAN FOR EXTERNAL AUDIT APPOINTMENT

Mr Urquart reported to the Committee that the external audit appointment in respect of the audit of annual accounts for the years ending March 2023, March 2024 and March 2025 is in progress. This has also been reported to the Audit Committee. The tender document has been prepared and included in the Appendix. The invitation to bidders plus appropriate documentation will be placed on the Scottish Government Public Contracts Scotland Web Portal, using the Quick Quote process. The tender document will be available for four weeks during the month of September 2022. A report will then be presented at the October Endowment Committee Meeting on the outcome of the tender process.

The Committee agreed to note the paper.

11. ANY OTHER COMPETENT BUSINESS

The Bursary Annual Report and the Artlink Annual Report were included in the suite of papers distributed to the committee.

Mr Urquhart confirmed that Rathbones have provided assurance that there are no investment holdings directly linked with Russia or Belarus. This information has been passed to the Scottish Government.

A vote of thanks was given to Cllr Les Sharp and John Ford for all of their input to the Endowment Committee over a number of years.

The meeting lasted 1 hour and 35 minutes and was concluded at 12.35pm.

12. DATE OF NEXT MEETING

The date of the next meeting of the Forth Valley NHS Board Endowment Committee is scheduled for Friday 10th June 2022. The meeting will take place on Microsoft Teams due to the ongoing COVID restrictions.

FORTH VALLEY NHS BOARD
TUESDAY 26 JULY 2022

9.4.4 Area Clinical Forum Minute: 19 May 2022
For Assurance

Chair: Mrs Kirstin Cassels, Non-Executive Board Member

Minute of the **Area Clinical Forum** meeting held on **Thursday 19 May 2022 at 6.15pm** via MS Teams

Present: Kirstin McIntosh Liz Kilgour Alison McMullan Clare Neil

In Attendance: Linda Donaldson, Director of HR
Linda Robertson, HR Service Manager for Staff Governance & Workforce Planning
Sarah Smith, Corporate Services Assistant/PA (*Minute Taker*)

1. Welcome and apologies

Kirstin welcomed everyone to the meeting and introduced Linda Donaldson and Linda Robertson, who would lead on Item 2, Workforce Planning. Introductions were undertaken.

Apologies were noted on behalf of Cathie Cowan, Fiona McPhail, Andrew Murray and James King.

2. Workforce Planning

Linda Donaldson led a Presentation on 'Workforce Planning, April 2022'. This would be circulated following the meeting. **Action: ADMIN**

National Workforce Planning was outlined, noting specific challenges within NHS Scotland around age profiles and service delivery. Therefore, a National Workforce Data Quality Group was established, which would inform workforce information across Scotland.

Regional Workforce was outlined, noting leads across NHS Scotland, with regular meetings on a regional and national basis.

The Regional Medical Workforce Group was outlined, noting the role and remit and wide membership. Current areas of focus included Physician Associate Programme.

Detail was provided around Forth Valley workforce, with April data provided. The following areas were detailed:

- Workforce data as of April 2022
- Job Families
- Age Profile
- Turnover
- Workforce by Directorate/HSCP
- Sickness Absence Summary as of March 2022/by Service/Job Family/Reason
- Employee Relations & Personal Development Reviews
- Senior Manager Recruitment & Appointments

International Recruitment information was noted, with funding made available from Scottish Government. 2 Cohorts of staff would be incoming from India and Zimbabwe.

Groups had been established to oversee and implement the Allocate eRostering solution in NHS Forth Valley. Support was being provided by the Corporate Programme Management Office, with greatest areas of progress noted.

The Workforce Plan for 2022-2025 was outlined, with high level guidance issued to NHS Boards and Local Authorities. Therefore, within NHS Forth Valley there would be three separate plans which would link.

The scope and content of the Plans was outlined, with alignment required to other documents including the National Workforce Strategy. Main focus would be around 'recovery' noting tripartite ambition.

Detail was provided around the content of the plans, with focus on the 5 Pillars of the Workforce Strategy. Priority areas requiring inclusion were outlined.

Timescales were detailed, noting Draft submission by end July 2022, with final publication by end of October 2022.

Linda Robertson provided detail around work being undertaken in Falkirk as well as Clackmannanshire and Stirling.

Falkirk held a Workshop in January with intention to align with normal workforce plans. Key themes emanating from the workshop were noted:

- New technology utilised during the Pandemic
- Development of young workforce/expansion of Modern Apprenticeship Process
- Identification of hard to fill posts

A draft Plan was created and presented to their SLT on 6 May 2022. This would now require to be reviewed in line with the recently issued guidance.

Stirling have established a working group and were creating their plan in similar format to NHS Forth Valley. Plans would include all workforce profile data.

The overall Plan for NHS Forth Valley required contact with all Service areas and alignment with other required documentation.

Kirstin advised of her attendance at the Remobilisation Group for Primary Care, noting similar themes from each profession around workforce and challenges. The creation of the Plan with future actions was welcomed.

Clarification was sought around linkages with other areas of work. Liz Kilgour noted the significant national work being undertaken with Diagnostic and Clinical Networks. Quarterly Reports were presented to the Staff Governance Committee, with latest to be forwarded to Liz for information.

Action: Linda Donaldson

Linda Donaldson outlined the change in approach for this workforce plan, with focus on individual services, rather than job families. This would aid in accurate recording of staffing numbers and early identification of any gaps.

The Area Clinical Forum sought information around NHS Forth Valley's position against other Boards. Linda Donaldson noted challenge around increased staff movement, resulting in hard to fill areas. Resulting discussions were ongoing with other Boards to ensure service cover. Mental Health Nursing was also a challenged area, which was reflected nationally. Utilisation of workforce tools was noted, along with requirement for forward planning to ensure sustainability of services.

Stress, anxiety and depression had been detailed as the largest reason for absence. Clarification was sought around whether review was being undertaken at individual service level. Linda Donaldson confirmed every department was reviewed monthly with Workforce Performance Reports created. Information was provided from a number of areas, with Team meetings held and Reports shared with Directors/Service Managers. Meetings were held monthly with Human Resources and Occupational Health colleagues with detailed review of all staff absent for 3 months or more. This allowed early identification of any problem areas.

AOCB – Salary sacrifice for electric car purchase

- Kirstin Cassells highlighted an AOCB item around salary sacrifice for electric car purchase. Linda confirmed discussion had taken place with the Finance Director, following interest received. Challenge however was noted around requirement for the Board to pay money up front, with significant saving requirement recognised. An update would be provided when available.

3. Minutes of Area Clinical Forum 18 November 2021 (should read March 24 2022)

The note of the meeting held on 24 March 2022 was approved as an accurate record, subject to the following amendment:

Item 3.3 – Alison McMullan to provide wording to clarify.

4. Minutes of Reporting Groups/Feedback from Chairs

4.1 Area Dental Committee - 30 March 2022

No attendee at meeting to provide an update.

4.2 Area Pharmaceutical Committee - 6 April 2022

Kirstin provided an update advising of proposed work to be taken forward. Support was ongoing for the Covid vaccination process. Community Pharmacy input was noted, with aim of targeting hard to reach/rural areas, in response to feedback received. Immunisation Team had been undertaking similar work around 'pop up' clinics.

Another area of focus was around pressures within Acute Hospital and discharge planning. It was recognised that Forth Valley had a different model from other Boards, with discharges not usually occurring early in the morning. This then resulted in challenges with Pharmacy requirements. In Glasgow, there had been a piloting of Community Pharmacies discharging and dispensing medication. This had been extended to medicine reconciliation within the Community Pharmacy, with discharges and patient consultation undertaken. This had been successful, with potential utilisation within NHS Forth Valley, which would include all sectors of Pharmacy. The only challenge highlighted was around funding, which had not been confirmed. Further local options were being explored.

General discussion had also taken place around Workforce challenges and potential issues resulting from additional Primary Care posts and staff movement, which created a risk around service gaps

4.3 Psychology Advisory Committee – 13 April 2022

Alison noted ongoing discussions around impact of poverty on patients attending Psychology. Representatives were taking the topic back to their local groups for discussion. A template had been created to aid discussion.

Local items had been discussed around workforce and increase in turnover, noting upheaval within service. Movement to the Private Sector was also a challenge, which the Area Clinical Forum reflecting this was an issue within many areas. Link to areas such as wellbeing and increase in rates was reflected.

4.4 Area Optical Committee

An update was provided Rhona King, who noted presentation around low vision service in Forth Valley from Hazel Muldoon, Eye Clinic Liaison Officer, with Royal National Institute of the Blind (RNIB). This had outlined an increasing challenge resulting from the Pandemic with many patients being elderly and isolated.

Another discussion point had been the National Scheme to giving the non-independent prescribing optometrists (majority of workforce) the ability to refer via SCI Gateway to local independent prescribing optometrists. Aim was for service to be established by June/July and would impact 13-14 Independent Prescribers. This would be a voluntary option with associated fees for the service.

Funding had been received from NES for Teach and Treat Clinics, mainly for independent clinical prescribing part of the course. An Service Level Agreement (SLA) was waiting sign-off with update anticipated for the next meeting.

National funding had been made available for the Hospitalised Service Remobilisation Plans to establish Glaucoma Clinics into the Community. These were noted as one of the most time-consuming clinics at the hospital due to the data required. Four Community Practices were currently seeing Glaucoma patients from the hospital, with patient remaining under Hospital care.

Rhona confirmed addition membership was still being sought with Vice Chair still required.

Clarification was sought around supervisor for any Optometrists who would wish to undertake Independent Prescribing Qualification. It was confirmed this required supervision by an Ophthalmologists. Peer mentoring option was being discussed, with differentiations noted between Pharmacy and Optometry.

4.5 Healthcare Sciences Forum

Liz Kilgour noted ongoing challenges around capacity for the Forth Valley Forum to meet. National focus for the Healthcare Science Lead was around areas such as workforce and training places. Clinical Science posts have remained historically low, with this being raised through Scottish Government. The need to raise through local workforce plans was proposed, with Liz confirming feedback to the Healthcare Sciences Forum.

Atlas of Variation was a piece of work to establish a cohesive way of working. A selection of test data was being review, to establish outliers and align with demand optimisation. Laboratory diagnostics was the initial area, with aim to roll out to other areas.

The National Care Service was an item which could impact on a variety of areas.

4.6 Allied Health Partnership – New Chair awaited

4.7 Area Medical Committee – *in abeyance*

4.8 Area Nursing Midwifery Advisory Committee – *Chair Elaine Kettings*

It was agreed a follow up would be undertaken in advance of the next meeting.

5. AOCB

- Salary sacrifice for electric car purchase – *covered earlier in meeting.*
- Independent contract response to board regarding patient complaints

Kirstin highlighted the last Clinical Governance meeting where a report was shared outlining number of complaints into the Board. Information to Care Opinion was also shared on 'Feedback Friday'. This was highlighted to the Area Clinical Forum members as an option for patients.

The Clinical Governance Annual Report would be compiled and contact was made with all Independent Contractors. It was noted that there was a requirement to share quarterly patient complaint numbers with the Board. Responses had been reduced over the Pandemic period. It was noted that Allison Fleming was the Contracts Officer for Ophthalmology and Dental, and Carol Droubay for Pharmacy.

Alison highlighted previous discussions around an organisational structure. Kirstin confirmed she has written to Cathie Cowan, Chief Executive, with a response awaited.

Kirstin advised of a meeting with Janie McCusker, Board Chair, where an agreed priority was a meeting with Janie and Cathie Cowan to ensure Area Clinical Forum awareness around Board topics.

The Staff Wellbeing Fund was highlighted, with Kirstin noting work undertaken within Pharmacy. Two funding streams were noted around Independent Contractors and Internal NHS Funding.

Staff Long Service Awards had been paused during Covid. Liz Kilgour outlined an internal award ceremony undertaken with certificate and champagne. Kirstin noted previous discussions at the Board around Staff Awards, where long service awards would also be obtained. Kirstin confirmed she would follow this up with the Board Chair, Janie McCusker.

6. Future Agenda Items

7. Date of next meeting

The next meeting of the Area Clinical Forum will be held on Thursday 21 July 2022 at 6.15 pm via MS Teams. An email would be issued in advance of this meeting to ensure the meeting would be quorate.

9.4.4 Area Clinical Forum Minute: 24 March 2022
For Assurance

Chair: Mrs Kirstin Cassels, Non-Executive Board Member

Minute of the **Area Clinical Forum** meeting held on **Thursday 24 March 2022 at 6.15pm** via MS Teams.

Present: Kirstin McIntosh (Chair) Fiona MacPhail James King
Rhona McNab Gillian Lennox Alison McMullan

In Attendance: Sarah Smith, Corporate Services, (*Minute Taker*)

1. Welcome & Apologies

The Chair welcomed everyone to the meeting. Apologies were noted on behalf of Andrew Murray; Clare Neil and Liz Kilgour. Gillian Lennox was introduced as new Co-Chair of the Area Dental Committee. Introductions were undertaken.

2. Minutes of Area Clinical Forum 20 January 2022

The note of the meeting held on 20 January 2022 was approved as an accurate record.

3. Minutes of Reporting Groups/Feedback from Chairs

3.1 Area Optical Committee – 24 January 2022

Rhona advised of membership challenge with no Dispensing Optometrist or Vice Chair. Discussion points at the last meeting included a shared care plan running in Forth Valley. This was looking to address waiting lists by running Glaucoma Clinics in the community. Funding was from Scottish Government, with patient feedback being positive.

Teach and Treat Clinics for Independent Clinical Prescribing Placements were discussed, noting no designated Clinic within Forth Valley. Funding had been received from NES with work progressing to address.

Disappointingly, anticipated Remote and Rural funding had been withdrawn. Aim was to purchase more specialist equipment, however issue was the equipment being owned by the Boards, but located within the Practices.

Refined referral guidelines were being established for Optometrists. Documentation would be reviewed at the next AOC meeting.

3.2 Area Pharmaceutical Committee – 2 February 2022

Kirstin advised of discussion around challenges with discharge letters from hospitals. These were coming to GP Practices and in a lot of cases were actioned by the Primary Care Team, with resulting delays. Note was made of patients presenting at Community Pharmacy for medication, when GP hasn't received required information.

Workforce remained a challenge, recruitment was ongoing but time required for training was impacting on availability.

A Consultation had been issued "Alternative Pathways to Healthcare" which was received from the Health & Sport Committee. Time was taken to formulate responses to the 7 key questions. Key topics included services availability and referral pathways with GPs seen as 'gatekeepers'. Note was made of need for understanding of other areas roles and responsibilities across the organisation.

3.3 Psychology Advisory Committee – 9 February 2022

The last meeting was Chaired by the Vice Chair.

The Committee had been restructured to align with the ACF meetings and work was progression around Representatives. Admin support had now been received.

Discussion topics had included staff retention and feedback had been gathered on the positives and negatives of working within NHS Forth Valley. Potential preparation of a video was noted as a potential recruitment tool. Kirstin highlighted the Nursing video circulated by Angela Wallace.

Impact of Poverty on Therapy had been highlighted by a staff member, with potential for practical issues to impact on engagement ability. Work was ongoing to review resources and undertake further detailed work. This would be brought back to the next PAC meeting.

3.4 Area Dental Committee – 1 February 2022

Fiona outlined the wide representation of the Committee.

NHS 24 - significant recruitment drive was underway to aid in provision of weekend cover.

General Dental Practice - the local Dental Committee sent a letter to SDPC (Scottish Dental Practice Committee) to generate discussion around the future of NHS Dentistry and General Practice. Significant Covid challenges were recognised with challenge in addressing backlogs and recommencing of services noted.

Public Dental – Waiting time was 4 weeks for children, but IV sedation for adults was 7-8 months. Hospital Orthodontic reported a reduction in referrals which indicated a challenge around the referral Practice. Invite was extended to the last meeting with work ongoing to resolve issue.

4 new Dental Practice Inspectors had been appointed.

The ADC AGM would take place in May 2022 with work ongoing to establish educational events. It was confirmed this was positive in attracting new members.

Note was made of Dentistry being a topic raised with the First Minister, especially around fallow time between patients and PPE. Fiona advised time between patients varied significantly between Dental Practices. Challenge around patient expectations was noted. Significant recruitment issues were also noted with 268 Dental vacancies in Scotland.

During discussion, the Committee noted the challenges across all areas due to Covid, with staff testing positive, or requiring to self-isolate. Within Pharmacy there had been a requirement for many to reduce hours of close. A reduced level of goodwill was noted from the Public.

Allied Health Professionals and Area Nursing and Midwifery Committee - follow up to be undertaken around Committee status.

Action: Admin

Area Medical Committee – James King noted the AMC was still in abeyance. An interface Group was Chaired by Andrew Murray with GP and Consultant representation.

The GP Sub Committee however met regularly with discussions around new contract and Primary Care Improvement.

4. ACF Annual Report

The Annual Report for 2022/23 was presented by Kirstin McIntosh. This was reviewed and approved by the Committee. Submission would now be made to the NHS Board for formal approval.

5. Annual Review

A discussion took place around the Annual Review led by Kirstin McIntosh. This would take place on 27 April 2022. The event would be held on MS Teams with a request for Committees to provide a forward and backwards look. Clarification was requested around whether an overarching ACF response was sufficient.

Action: Admin

During discussion, the following points were agreed. Kirstin agreed to compile a response for submission to Kerry Mackenzie, Head of Policy & Performance, subject to clarification on point required.

Backward looking	Forward looking
Staff wellbeing	Board focus on recovery
maintenance of service delivery	Reduction waiting times
Workforce exhausted	Staff wellbeing
GP crisis before pandemic – continuing	Recruitment
Vacancies increased, not replace	Training requirements for new staff
Retirement age	Vacancies
Loss of experience/training	Reduction in competition due to amount of vacancies
Recruitment	
Backward looking	
Staff wellbeing	
maintenance of service delivery	
Workforce exhausted	

GP crisis before pandemic – continuing	
Vacancies increased, not replace	
Retirement age	
Loss of experience/training	
Recruitment	

6. Vice Chair of Area Clinical Forum

It was agreed this item would be deferred till the September 2022 meeting.

7. Future meeting format

Following discussion, the Forum agreed they would continue to meet on Ms Teams.

8. AOCB

There was no AOCB items.

9. Future Agenda Items

- Workforce Planning – May 2022

10. Date of next meeting

The next meeting of the Area Clinical Forum will be held on Thursday 19 May 2022 at 6.15 pm via MS Teams.

9.5.1 ANNUAL REPORT OF AREA CLINICAL FORUM 2021/2022
For Assurance

1. PURPOSE

In order to assist the Board in conducting a regular review of the effectiveness of the systems of internal control, Standing Orders require that this Standing Committee submits an annual report to the Board. This report is submitted in fulfilment of this requirement.

It should be noted that due to the ongoing Pandemic and the Area Clinical Forum effectively being in abeyance over the period, no annual report was submitted for the period 2020/2021. This was formally recorded in the Area Clinical Forum Minute of 2 February 2021. Impact on meeting frequency and attendance should also be recognised.

2. AREA CLINICAL FORUM

2.1 Purpose of Committee

The purpose of the Area Clinical Forum is to support the work of the NHS Board by:

- Reviewing the business of the Area Professional Committees to ensure a co-ordinated approach on clinical matters among the different professions and within the component parts of the local NHS system (Acute Services, Primary Care, Health Improvement, etc.)
- Promoting work on service design, redesign and development priorities and playing an active role in advising the NHS Board on potential for service improvement.
- Sharing best practice among the different professions and actively promoting multi-disciplinary working – in both health care and health improvement.
- Engaging widely with local clinicians and other professionals, with a view to encouraging broader participation in the work of Area Professional Committees.
- Providing the NHS Board with a clinical perspective on the development of the Local Health Plan and the NHS Board's strategic objectives.
- Investigate and take forward particular issues on which clinical input is required on behalf of the NHS Board, taking into account the evidence base, best practice, clinical governance, etc., and make proposals for their resolution.
- Advise the NHS Board on specific proposals to improve the integration of services, both within local NHS systems and across health and social care.

2.2 Composition

During the financial year ended 31 March 2022 membership of Area Clinical Forum comprised:

- Kirstin Cassells, Area Pharmaceutical Committee (*Chairperson, from 24/06/21*)
- James King – Area Medical Committee (*Chairperson until 24/06/21*)
- Elizabeth Kilgour, Nominated Lead, Healthcare Sciences Forum

- Alison McMullan, Psychology Advisory Committee
- Claire Neil, Deputy Chair, Psychology Advisory Committee (** from November 2021*)
- Fiona McPhail, Area Dental Committee (** joined the Forum March 2021*)
- Gillian Lennox, Area Dental Committee (** joined the Forum March 2022*)
- Rhona King, Area Optical Committee (** joined the Forum November 2021*)
- Tendai Ngoro, Area Optical Committee (*# replaced by Rhona King November 2021*)
- Glenn Carter, Allied Health Professionals (*# left the organisation January 2022*)

In Attendance

- Mrs Cathie Cowan, Chief Executive
- Mr Andrew Murray, Medical Director

Key

- # - Retired/left the Forum
- * - New member of the Forum

2.3 Meetings

The Area Clinical Forum has met on 6 occasions during the period from 1 April 2021 to 31 March 2022 on the undernoted dates:

20 May 2021
 24 June 2021
 16 September 2021
 18 November 2021
 20 January 2022
 24 March 2022

The attendance schedule is attached at Appendix 1.

All meetings of the Area Clinical Forum were quorate, apart from the meeting held on 16 September 2021. Due to the Pandemic and the need for social distancing, all meetings were held via MS Teams.

2.4 Business

The topics considered by the Area Clinical Forum were crucial to key national policies and initiatives. The following items were included in the range of topics discussed:

- Strategic Priorities/Updates
 - Remobilisation Plan v4
 - Action Plan from ED Report with linkage to Whistleblowing
 - Quality strategy
- Specific Reporting/Discussions
 - Minutes of Reporting Groups
 - Speak Up Initiative
 - Staff Wellbeing

Full detail of the business considered is attached at Appendix 2.

Minutes of the meetings of the Area Clinical Forum have been timeously submitted to the NHS Board for information.

2.5 Other Committees

The impact of the Pandemic should be recognised around meeting frequency and attendance. The Area Medical Committee and the Area Nursing and Midwifery Committee had not met during the time period covered by this report and should be regarded as 'in abeyance.'

The following Committees regularly updated the Forum on the work undertaken through presentation of and discussion around minutes.

- Allied Health Professional Committee
- Area Dental Committee
- Area Optical Committee
- Area Pharmaceutical Committee
- Area Psychology Committee
- Healthcare Sciences Forum

3. OUTCOMES

Through the financial year the Area Clinical Forum were presented with various items and the outcomes can be summarised as follows:

- The Area Clinical Forum continued to support each of the Professional Advisory Committees, encouraging specific updates from each allowing any issues to be highlighted and escalated as required. This allowed for continued effective communications between the Professional Advisory Committees and the NHS Board. Further work was continuing to improve ACF attendance.

4. CONCLUSION

STATEMENT OF ASSURANCE

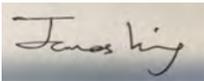
The Area Clinical Forum is a well established part of the NHS Forth Valley single system. As the only Forum where representatives from all the Advisory Committees meet regularly with Directors and Senior Managers, the Forum is uniquely placed to provide guidance and influence the development and delivery of services provided by NHS Forth Valley Healthcare Values. Having established itself in this role, the Forum strives to remain effective and positive in supporting the structure and forums that drive developments in NHS Forth Valley.

As Chairs of the Area Clinical Forum during financial year 2021/2022, we are satisfied that the integrated approach, the frequency of meetings, the breadth of the business undertaken, and the range of attendees at meetings of the Forum has allowed us to fulfil our remit as detailed in the Standing Orders. As a result of the work undertaken during the year we can confirm that adequate and effective advice was agreed by all Clinicians and given to the NHS Board as part of the implementation of the Primary Care Improvement Plan.

As highlighted, the impact of the Pandemic should be recognised in terms of impact on the frequency of, and attendance at, reporting Committees and indeed the Area Clinical Forum.

I would again/...

I would again pay tribute to the dedication and commitment of fellow members of the Forum and to all attendees. I would like to thank all those members of staff who have prepared reports and attended meetings of the Forum, and express my thanks to the Sarah Smith, Corporate Services Assistant for her effort in support of the Forum.

(Signed)..... 

(Signed). 

Dr James King
CHAIRPERSON to June 2021
On behalf of Area Clinical Forum

Kirstin Cassells
CHAIRPERSON from June 2021
On behalf of the Area Clinical Forum

APPENDIX 1

AREA CLINICAL FORUM ATTENDANCE RECORD – YEAR 2021 / 2022

Name	20/05/21	24/06/21	16/09/21	18/11/21	20/01/22	24/03/22
Kirstin Cassells	P	P	P	P	P	P
James King	P	P	AA	P	P	P
Elizabeth Kilgour	AA	P	AA	AA	P	AA
Alison McMullan	P	P	AA	P	P	P
Claire Neil (from Nov 21)	-	-	IA	P	P	AA
Fiona McPhail	AA	-	AA	AA	AA	P
Gillian Lennox	-	-	-	-	-	P
Tendai Ngoro	A	A	A	#	#	#
Rhona McNab	-	-	-	P	P	P
Glenn Carter	P	P	P	P	#	#
In attendance						
Cathie Cowan	IA	AA	AA	IA	A	A
Susanne Ferra	-	-	-	IA	-	-
Andrew Murray	AA	AA	AA	AA	AA	AA
Linda Donaldson	IA		-		-	-
Susan Bishop	-	IA	-		-	-
Angela Wallace	-	-	-	-	IA	-
Claire Neil	IA	-	IA	*	*	*
Sarah Smith – Minute	IA	IA	IA	IA	IA	IA

Key:

- P Present
- A Absent with no apologies given
- AA Absent with apologies received
- IA In Attendance
- Attendance not Required
- # Retired/left the Forum
- * New member of the Forum

**AREA CLINICAL FORUM
SCHEDULE OF BUSINESS CONSIDERED 2020 /2021**

DATE OF MEETING	TITLE OF BUSINESS DISCUSSED
20/05/21	<ul style="list-style-type: none"> • Speak Up Initiative • Welcome and apologies • Minutes of Area Clinical Forum 18 March 2021 • Minutes of Reporting Groups/Feedback from Chairs <ul style="list-style-type: none"> ○ Area Optical Committee 18 January 2021 ○ DRAFT Area Optical Committee 22 March 2021 ○ DRAFT Area Medical Committee 23 March 2021 ○ Area Dental Committee 18 January 2021 ○ Healthcare Science Forum 17 March 2021 ○ DRAFT Healthcare Science Forum 11 May 2021 ○ DRAFT Area Pharmaceutical Committee 7 April 2021 • Future Agenda Items • Date of next meeting
24/06/21	<ul style="list-style-type: none"> • Quality Strategy • Welcome and apologies • Minutes of Area Clinical Forum 20 May 2021 • Minutes of Reporting Groups/Feedback from Chairs <ul style="list-style-type: none"> ○ Healthcare Science Local Forum 11/05/21 ○ DRAFT Area Dental Committee 27/04/21 ○ DRAFT Allied Health Professionals 26/05/21 ○ DRAFT Area Pharmaceutical Committee 09/06/21 • Future Agenda Items • Date of next meeting
16/09/21 (not quorate)	<ul style="list-style-type: none"> • Staff Wellbeing • Welcome and apologies • Minutes of Area Clinical Forum 24 June 2021 <i>(not approved as not quorate)</i> <ul style="list-style-type: none"> ○ Area Pharmaceutical Committee 04/08/21 ○ Area Dental Committee 06/08/21 ○ Psychology Advisory Committee 07/07/21 • Minutes of Reporting Groups/Feedback from Chairs • National Care Service Consultation • Update from ACF Chairs meeting • Future Agenda Items • Date of next meeting
18/11/21	<ul style="list-style-type: none"> • Welcome and apologies • Minutes of Area Clinical Forum 16 September 2021 • Minutes of Reporting Groups/Feedback from Chairs <ul style="list-style-type: none"> ○ Area Pharmaceutical Committee - 4 August 2021 ○ Psychology Advisory Committee – 8 September 2021 ○ Allied Health Professionals – 18 August 2021 • Remobilisation Plan v4 • Vice Chair • Proposed ACF dates 2022 • AOCB • Future Agenda Items

	<ul style="list-style-type: none"> • Date of next meeting
20/01/22	<ul style="list-style-type: none"> • Welcome and apologies • Action Plan from ED Report, with linkage to Whistleblowing • Minutes of Area Clinical Forum 18 November 2021 • Minutes of Reporting Groups/Feedback from Chairs <ul style="list-style-type: none"> ○ Allied Health Professionals (<i>in abeyance?</i>) ○ Area Medical Committee (<i>in abeyance?</i>) ○ Area Nursing & Midwifery Committee (<i>in abeyance?</i>) ○ Area Optical Committee – 25 October 2021 ○ Area Pharmaceutical Committee – 9 December 2021 ○ Psychology Advisory Committee 10 November 2021 ○ Area Dental Committee (<i>No meeting held since last ACF</i>) • AOCB • Future Agenda Items • Date of next meeting
24/03/22	<ul style="list-style-type: none"> • Welcome and apologies • Minutes of Area Clinical Forum 20 January 2021 • Minutes of Reporting Groups/Feedback from Chairs <ul style="list-style-type: none"> ○ Area Optical Committee – 24 January 2022 ○ Area Pharmaceutical Committee – 2 February 2022 ○ Psychology Advisory Committee – 9 February 2022 ○ Area Dental Committee – 1 February 2022 ○ <i>Allied Health Professionals – no meetings held</i> ○ <i>Area Medical Committee – no meetings held</i> ○ <i>Area Nursing & Midwifery Committee – no meetings held</i> ○ <i>Healthcare Sciences Forum – no meetings held</i> • ACF Annual Report • Annual Review • Vice Chair of Area Clinical Forum • Future meeting format • AOCB • Future Agenda Items • Date of next meeting

**9.5.2 Annual Report of Audit & Risk Committee 2021/22
For Assurance**

ANNUAL REPORT OF AUDIT & RISK COMMITTEE 2021/22

1. PURPOSE

To assist the Board in conducting a regular review of the effectiveness of the systems of internal control, Standing Orders require that this Standing Committee submits an annual report to the Board. This report is submitted in fulfilment of this requirement.

2. AUDIT AND RISK COMMITTEE

2.1 Purpose of Committee

The purpose of the Audit and Risk Committee is to ensure that NHS Board activities including Patients Private Funds and Endowment Funds are:

- Within the law and regulations governing the NHS; and
- That an effective system of internal control is maintained to give reasonable assurance that assets are safeguarded, waste or inefficiency avoided and reliable financial information produced and that value for money is continuously sought.

2.2 Composition

During the financial year ended 31 March 2022 membership of the Audit and Risk Committee comprised:

- Chairperson – Cllr Les Sharp
- Members – Mr John Ford
Cllr Susan McGill
Mr Robert Clark
Mr Stephen McAllister

2.3 Meetings

The Committee has met on five occasions during the period from 1 April 2021 to 31 March 2022, on the undernoted dates:

Tuesday 15 July 2021
Tuesday 13 August 2021
Friday 22 October 2021
Friday 21 January 2022
Friday 25 March 2022

This is in accordance with the requirements of the remit of the Committee. Due to the impact of Covid-19 restrictions, all meetings were held virtually using Microsoft Teams.

In addition, there were two closed sessions of the Audit and Risk Committee convened on 22nd October 2021 and 21st January 2022.

The attendance schedule is attached at Appendix 1.

2.4 Business

The Committee considered a combination of routine and specific work areas during the financial year. The routine work was largely in relation to internal financial controls, internal and external audit plans, and internal and external audit reports. Specific areas considered in accordance with the Committee remit included:

Internal Control and Corporate Governance

- Review of Risk Management Annual Report and key areas within the Risk Management Strategy;
- Receiving and reviewing quarterly and annual reports issued by Counter Fraud Services (CFS) including the review and consideration of cases relevant to NHS Forth Valley;
- Completion and consideration of the Audit Committee Self-Assessment Checklist as to ensure Audit and Risk Committee business is conducted in line with guidance published within the Audit Committee Handbook;
- Review of Best Value activities for assurance that arrangements to secure continuous improvement in performance, efficiency, economy, quality and cost are in place;
- Update on National Fraud Initiative;
- Review of Post Transaction Monitoring process;
- Update on Legal Claims lodged against NHS Forth Valley during the financial year;
- Consideration of the local implications of the various national audit publications;
- Consideration of guidance issued by the Scottish Government Health Finance Directorate regarding amendments made to the NHS Scotland Accounting Manuals for 2021/22; and
- Consideration given to impact of updates to the Payment Verification Process for Primary Medical Services.

Internal Audit

- Approve the Internal Audit Annual Plan;
- Receive regular reports on progress against delivery of the Plan;
- Consider the Annual Internal Audit and Governance Overview Reports;
- Regular review and consideration of reports issued relating to the Audit Follow-up process to enable assurance to be provided to the NHS Board that agreed protocols are being followed; and
- Review and approval of Audit Follow-Up procedures in line with guidance held within the Audit Protocol.

External Audit

- Review of Report to those Charged with Governance on the Audit of the 2020/21 Financial Statements;
- External Audit Annual Plan for 2021/22;
- Review of Internal Controls within NHS Forth Valley and also Internal Audit Reliance letter;
- External Audit Annual Report to the Board and Auditor General for Scotland 2020/21; and
- Review and consideration of reports on specific aspects of control environments and performance audits on areas requested by NHS Forth Valley.

Details of business items considered are attached at Appendix 2.

Minutes of the meetings of the Committee have been timeously submitted to the Board for its information and highlighted that during 2021/22 all meetings held were Quorate.

3. OUTCOMES

Throughout the financial year items of particular interest or importance were presented to the Audit Committee and these can be summarised as follows.

- At the first meeting in July 2021, the Statutory Accounts were presented for Endowment and Patients Funds. The Committee provided assurance for approval of these accounts to the NHS Board.
- The Risk Management Annual Report was presented to Committee at the July 2021 meeting where members were given assurance that there were adequate and effective risk management arrangements in place within NHS Forth Valley. The Committee were also provided with an update on Strategic Risks for quarter one of the financial year.
- At the July 2021 meeting the Director of Finance provided the Committee with an update on delays being experienced in finalising the Exchequer Annual Accounts for 2020/21, mainly due to a national issue on the agreement of accounting for Personal Protective Equipment (PPE).
- At the July 2021 meeting the Director of Finance presented a draft response to a request from the Scottish Government Directorate of Health Finance to disclose any significant issues that had arose during 2020/21 which may be of wider interest. Disclosure was subsequently approved on breaches on the Treatment Time Guarantee, and in addition, the response also included an extract from the 2020/21 Governance Statement regards changes to internal processes as a result of the Covid-19 pandemic.
- The Principal Auditor provided regular updates on the work of Counter Fraud Services throughout the year including updates on local cases within NHS Forth Valley that had been subject to Counter Fraud Services reviews.
- At the meeting held in August 2021, the NHS Forth Valley Statutory Accounts for 2020/21 were presented. The Committee provided assurance for approval of these accounts to the NHS Board. In addition, External Audit presented their Annual Report for 2020/21 and also the proposed Audit Opinion and Letter of Representation.
- The Director of Finance provided the Committee with an overview of the findings from three National Service Audits provided by National Services Scotland (NSS) on behalf of NHS Scotland. The Director of Finance informed the Committee that NSS had prepared a plan to mitigate future service and audit risks and that discussion had progressed with Directors of Finance across NHS Boards to provide assurance on issues. An independent review had also been carried out to establish recommendations for improvement.
- Throughout the financial year the Committee were provided with updates on progress in relation to the South East Payroll Consortium Programme to deliver a Shared Services approach to payroll services and a single employer process. The Committee were informed at the January 2022 meeting that a paper had been presented to a closed session on the NHS Board on 30th November at which the Business Case and Addendums were approved.
- At the January 2022 meeting the Regional Audit Manager presented the updated Internal Audit Framework and the Committee were also provided with an overview of the findings within the Internal Control Evaluation for 2021/22.
- The External Audit Annual Plans for 2022/23 was approved at the March 2022 meeting.
- Updates to NHS Forth Valley's Standing Orders, Standing Financial Instructions, Scheme of Delegation and Committee remits were presented by the Director of Finance at the March 2022 meeting.
- Updates on Audit Scotland reports issued by their Performance Reporting Group during 2020/21 were provided to the Committee for information within External Audit Progress Reports at each Audit Committee meeting as appropriate.
- The Audit Committee Annual Report was approved at the meeting held in March 2022.

Specific areas of future work will include:

- The 2021/22 Statutory Accounts for Exchequer, Endowment and Patient Funds will be reviewed at the Audit Committee meeting scheduled for 24th June 2022.
- Internal Audit Plan for 2022/23 – completed via a comprehensive risk assessment process.
- The Board will continue to work in partnership with the Scottish Government and External Audit in times of significant uncertainty over the longer term level of funding that will be provided to Boards across Scotland. This will allow the Board to continue to progress further service redesign and help deliver operating efficiencies.
- The impact of the ongoing Covid-19 pandemic will continue to be reported and monitored.
- Ongoing implications of changes to International Financial Reporting Standards and their impact on NHS Forth Valley will continue to be monitored.
- Recommendations made within both Internal and External Audit reports will continue to be reviewed as part of the Audit Follow-up process and regular update reports will also continue to be presented to the Committee.

4. ASSESSMENT CHECKLIST

In line with guidance published in the Scottish Government Handbook, the Audit Committee Terms of Reference should be regularly reviewed and in addition the Audit and Risk Committee should also review its own effectiveness. To assist this process the Self-Assessment Checklist from the Audit Committee Handbook was developed is appended at Appendix 3 and is an update to the checklist completed in March 2021. The Audit and Risk Committee Terms of Reference were reviewed at the meeting of 25th March 2022.

5. CONCLUSION

State of Assurance

Throughout 2021/22 the Audit and Risk Committee received reports from Internal and External Audit. These reflected work identified in the approved Internal Audit Plan or reports which had a national perspective but a local impact.

The Committee has considered these reports to seek reassurance that the Board has in place an effective system of internal control which gives reasonable assurance that assets are safeguarded, waste or inefficiency avoided, and reliable financial information produced and that value for money is continuously sought.

I am satisfied as Chair of the Audit and Risk Committee that the conduct of business, including the frequency of meetings, the breadth of the business undertaken, and the range of attendees at meetings of the Committee has allowed the Committee to fulfil its remit as detailed in the Code of Corporate Governance.

(signed).....

**Cllr Les Sharp (Chair, Audit & Risk
Committee) NHS Forth Valley
March 2022**

AUDIT COMMITTEE ATTENDANCE RECORD – 2021/22

Members

NAME	POSITION	ORGANISATION	15/07/ 21	13/08 /21	22/10/ 21	21/01 /22	25/03 /22
Cllr Les Sharp	Chairperson	Audit Committee	AA	P	P	P	P
Mr John Ford	Member	Audit Committee	P	P	P	P	P
Mr Robert Clark	Member	Audit Committee	P	P	P	P	P
Cllr Susan McGill	Member	Audit Committee	P	P	P	P	P
Mr Stephen McAllister	Member	Audit Committee	P	-	-	AA	P

In Attendance

NAME	POSITION	ORGANISATION	15/07/ 21	13/08 /21	22/10/ 21	21/01 /22	25/03 /22
Ms Janie McCusker	Chair	NHS Forth Valley	-	-	P	-	-
Mrs Cathy Cowan	Chief Executive	NHS Forth Valley	P	P	P	P	-
Mr Scott Urquhart	Director of Finance	NHS Forth Valley	P	P	P	P	P
Mr Tony Gaskin	Chief Intern al Auditor	FTF Audit Services	P	-	P	P	P
Mrs Jocelyn Lyall	Regional Audi t Manager	FTF Audit Services	P	P	P	P	P
Ms Shona Slayford	Principal Auditor	FTF Audit Services	P	-	P	P	P
Mr John Cornett	Assistant Director	Audit Scotland	P	P	-	-	P
Mr Adam Haahr	Senior Audi Manager	Audit Scotland	-	P	P	P	-
Ms Louisa Yule	Senior Auditor	Audit Scotland	P	-	-	-	-
Ms Aimee MacDonald	Senior Auditor	Audit Scotland	-	-	-	-	P
Mr John Watkins	Chartere d Accounta nt	Dickson & Middleton	P	-	-	-	-
Mr Andrew Gibson	Corporate Ris k Manager	NHS Forth Valley	P	-	P	-	-
Mrs Kerry Mackenzie	Head of Performance	NHS Forth Valley	-	-	-	P	P
Mr Martin Fairbairn	Non-Executive Director	NHS Forth Valley	-	-	-	-	P
Mr Simon Dryburgh	Deputy Director of Finance	NHS Forth Valley	P	P	P	-	-

Mrs Christine Carruthers	Accounting services Manager	NHS Forth Valley	-	P	-	-	-
Mr Graeme Bowden	Capital Accountant	NHS Forth Valley	P	-	P	P	P

AUDIT COMMITTEE

SCHEDULE OF BUSINESS CONSIDERED 2021/22

All business discussed was in an Open Forum.

DATE OF MEETING	TITLE OF BUSINESS CONSIDERED
15 July 21 *	Minutes of Previous Meeting
*	Declarations of Interest
*	Matters Arising & Actions from Previous Meetings
*	Patients Funds Members Report & Annual Accounts
*	Endowment Funds Members Report & Annual Accounts
*	Internal Audit Progress Report
*	Internal Audit Annual Report 2020/21
*	Internal Audit Annual Plan 2021/22
*	Audit Follow-Up Report
*	Best Value Update
*	Risk Management Annual Report
*	Quarter 1 Strategic Risk Report
*	Counter Fraud Services Quarterly Report - Quarter ending 31 st March 2021
*	Counter Fraud Services Year End Report 2020/21
*	SG Correspondence – Notification from Sponsored Bodies Audit Committees
13 Aug 2021 *	Minutes of Previous Meeting
*	Declarations of Interest
*	Matters Arising & Actions from Previous Meetings
*	Proposed External Audit Annual Report incorporating ISA260 Report
*	Proposed Audit Opinion and Letter of Representation
*	NHS Forth Valley Annual Accounts 2020/21
*	National Services Scotland Service Audit Reports
22 Oct 2021 *	Minutes of Previous Meetings
*	Declarations of Interest
*	Matters Arising & Actions from Previous Meetings
*	National Shared Services - Payroll
*	Service Audit Reports
*	Internal Audit Progress Report
*	External Audit Progress Report
*	Audit Follow-Up Report
*	Quarter 2 Strategic Risk Register Update
*	Best Value Update
*	Counter Fraud Services Quarterly Report - Quarter ending 30 th June 2021
*	Post Transaction Monitoring
21 Jan 2022 *	Minutes of Previous Meeting
*	Declarations of Interest
*	Matters Arising & Actions from Previous Meetings
*	National Shared Services - Payroll
*	Internal Audit Progress Report

DATE OF MEETING	TITLE OF BUSINESS CONSIDERED
*	Internal Audit Framework
*	Internal Control Evaluation
*	External Audit Progress Report
*	Audit Follow-Up Report
*	Best Value Update
*	Counter Fraud Services Quarterly Report - Quarter ending 30 th September 2021
25 Mar 2022 *	Minutes of Previous Meeting
*	Declarations of Interest
*	Matters Arising & Actions from Previous Meetings
*	Internal Audit Progress Report
*	External Audit Annual Plan 2022/23
*	NHS in Scotland 2021
*	Audit Follow-Up Report
*	Quarter 3 Strategic Risk Register Update
*	Audit and Risk Committee Terms of Reference
*	Audit and Risk Committee Annual Report 2021/22
*	Code of Corporate Governance
*	NHS Scotland Accounting Manuals 2021/22
*	Legal Claims
*	Counter Fraud Services Quarterly Report - Quarter ending 31 st December 2021

SELF ASSESSMENT CHECKLIST

Role and remit	YES/NO/N A	Comments/Action
Does the audit committee have written terms of reference?	Yes	
Do the terms of reference cover the core functions of an audit committee as identified in the <i>SG Audit Committee Handbook</i> ?	Yes	
Are the terms of reference approved by the audit committee and reviewed periodically?	Yes	Reviewed Annually
Has the audit committee been provided with sufficient membership, authority and resources to perform its role effectively and independently?	Yes	
Does the body's governance statement mention the audit committee's establishment and its broad purpose?	Yes	
Does the audit committee periodically assess its own effectiveness?	Yes	Annual Report Prepared
Membership, induction and training	YES/NO/N A	Comments/Action
Has the membership of the audit committee been formally agreed by the management board and or Accountable Officer and a quorum set?	Yes	
Are members appointed for a fixed term?	Yes	Membership reviewed Annually
Does at least one of the audit committee members have a financial background?	Yes	
Are all members, including the chair, independent of the executive function?	Yes	
Are new audit committee members provided with an appropriate induction?	In Part	Induction provided to New Board Members and review of Individual Training needs discussed with Chair.
Has each member formally declared his or her business interests?	Yes	Annual Declaration Declaration of Interests requested at each Committee Meeting
Are members sufficiently independent of the other key committees of the Board?	Yes	As far as is feasible recognising limited number of Non Executive Directors
Has the audit committee considered the arrangements for assessing the attendance and performance of each member?	Yes	Attendance recorded in Annual Report. Chair meets with each Non Executive Director annually.

Meetings	YES/NO/N A	Comments/Action
Does the audit committee meet regularly, at least four times a year?	Yes	
Do the terms of reference set out the frequency and broad timing of meetings?	Yes	Timing covered in Agenda
Does the audit committee calendar meet the body's business and governance needs, as well as the requirements of the financial reporting calendar?	Yes	
Are members attending meetings on a regular basis and if not, is appropriate action taken?	Yes	
Does the Accountable Officer attend all meetings and, if not, is he/she provided with a record of discussions?	Yes	
Does the audit committee have the benefit of attendance of appropriate officials at its meetings, including representatives from internal audit, external audit and finance?	Yes	
Internal control	YES/NO/N A	Comments/Action
Does the audit committee consider the findings of annual reviews by internal audit and others, on the effectiveness of the arrangements for risk management, control and governance?	Yes	
Does the audit committee consider the findings of reviews on the effectiveness of the system of internal control?	Yes	
Does the audit committee have responsibility for review of the draft governance statement and does it consider it separately from the accounts?	In part	The Governance Statement is reviewed as part of the Annual Accounts Approval process The Governance Statement requirements were considered by the Committee.
Does the audit committee consider how accurate and meaningful the governance statement is?	Yes	Internal and External Audit both review the Annual Governance Statement and provide comment prior to Audit Committee review.
Does the audit committee satisfy itself that the arrangements for risk management, control and governance have operated effectively throughout the reporting period?	Yes	Internal Audit Annual Report. Audit Committee also approves the Risk Management Strategy and receives the Risk Management Annual Report.
Has the audit committee considered how it should coordinate with other committees that may have responsibility for risk management and corporate governance?	Yes	Risk Management control process is responsibility of Audit Committee. The Corporate Risk Register is reviewed at Performance & Resources Committee with relevant risks considered at each Governance Committee.

Has the audit committee satisfied itself that the body has adopted appropriate arrangements to counter and deal with fraud?	Yes	Regular Reports are considered and a presentation on the role of Counter Fraud services was delivered.
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Has the audit committee been made aware of the role of risk management in the preparation of the internal audit plan?	Yes	Process is covered in both 5-Year and Annual Plan.
Does the audit committee's terms of reference include oversight of the risk management process?	Yes	
Does the audit committee consider assurances provided by senior staff?	Yes	
Does the audit committee receive and consider stewardship reports from senior staff in key business areas such as Finance, HR and ICT?	NA	Audit Committee role covers assurance and other Committees and the Board cover Performance.
Financial reporting and regulatory matters	YES/NO/NA	Comments/Action
Is the audit committee's role in the consideration of the annual accounts clearly defined?	Yes	
Does the audit committee consider, as appropriate:		
• the suitability of accounting policies and treatments	No	Nationally determined; changes approved.
• major judgements made	Yes	As part of the Annual Accounts process.
• large write-offs	Yes	Reported but Scheme of Delegation covers. SGHD are required to approve over a certain limit.
• changes in accounting treatment	Yes	
• the reasonableness of accounting estimates	No	Predominantly major issues will have been included in Performance Reports.
• the narrative aspects of reporting?	NA	Not in role; reviews accounts.
Is an audit committee meeting scheduled to receive the external auditor's report to those charged with governance including a discussion of proposed adjustments to the accounts and other issues arising from the audit?	Yes	
Does the audit committee review management's letter of representation?	Yes	Issues covered in External Audit Report.
Does the audit committee gain an understanding of management's procedures for preparing the body's annual accounts?	In part	Covered through Audit Review and timetabling.
Does the audit committee have a mechanism to keep it aware of topical legal and regulatory issues?	Yes	Part of Remit
Internal audit	YES/NO/NA	Comments/Action
Does the Head of Internal Audit attend meetings of the audit committee?	Yes	

Does the audit committee approve, annually and in detail, the internal audit plans including consideration of whether the scope of internal audit work addresses the body's significant risks?	Yes	
Does internal audit have a direct reporting line, if required, to the audit committee?	Yes	
As well as an annual report from the Head of Internal Audit, does the audit committee receive progress reports from the internal audit service?	Yes	
Are outputs from follow-up audits by internal audit monitored by the audit committee and does the committee consider the adequacy of implementation of recommendations?	Yes	
If considered necessary, is the audit committee chair able to hold private discussions with the Head of Internal Audit?	Yes	
Is there appropriate co-operation between the internal and external auditors?	Yes	
Does the audit committee review the adequacy of internal audit staffing and other resources?	In part	Any issues would be covered in Progress Reports. FTF Partnership Board reviews staffing arrangements.
Are internal audit performance measures monitored by the audit committee?	In part	Internal audit KPIs are normally reported to A&R Committee as part of the progress reports to each meeting. Due to issues associated with an update of the Retain time management system, this has not been the case during 2021/22. KPIs will however be reported in the internal audit annual report 2021/22.
Has the audit committee considered the information it wishes to receive from internal audit?	Yes	Receives routine and Annual Reports where comment opportunity available to change.
Has the Committee considered formal terms of reference defining internal audit's objectives, responsibilities, authority and reporting lines?	Yes	Defined in Standing Financial Instructions and Audit Service Level Agreement and Service Specification.
External audit	YES/NO/NA	Comments/Action
Does the external audit representative attend meetings of the audit committee?	Yes	
Do the external auditors present and discuss their audit plans and strategy with the audit committee (recognising the statutory duties of external audit)?	Yes	
Does the audit committee chair hold periodic private discussions with the external auditor?	Yes	Opportunity provided annually to meet the Audit Committee Chair in private. Also includes Internal Audit.

Does the audit committee review the external auditor's annual report to those charged with governance?	Yes	
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Does the audit committee ensure that officials are monitoring action taken to implement external audit recommendations?	Yes	
Are reports on the work of external audit presented to the audit committee?	Yes	
Does the audit committee assess the performance of external audit?	Yes	Questionnaire on performance circulated by Audit Scotland. Completed in part by the Director of Finance and in part by Audit Committee Chair.
Does the audit committee consider the external audit fee?	Yes	As part of the Annual External Audit Plan but with limited opportunity to influence
Administration	YES/NO/NA	Comments/Action
Does the audit committee have a designated secretariat?	Yes	
Are agenda papers circulated in advance of meetings to allow adequate preparation by audit committee members?	Yes	
Do reports to the audit committee communicate relevant information at the right frequency, time, and in a format that is effective?	Yes	
Does the audit committee have guidelines and/or a pro forma concerning the format and content of the papers to be presented?	NA	Standard Board format utilised as far as possible.
Are minutes prepared and circulated promptly to the appropriate people, including all members of the Board?	Yes	Draft Minutes are prepared and circulated to the next feasible Board Meeting.
Is a report on matters arising presented or does the chair raise them at the audit committee's next meeting?	Yes	Matters Arising on each Agenda. Opportunity for any attendee to raise a Matter Arising at the meeting.
Do action points indicate who is to perform what and by when?	Yes	As applicable
Does the audit committee provide an effective annual report on its own activities?	Yes	
Overall	YES/NO/NA	Comments/Action
Does the audit committee effectively contribute to the overall control environment of the organisation?	Yes	The Audit and Risk Committee has a key role in contributing to the overall control environment through its workplan.
Are there any areas where the audit committee could improve upon its current level of effectiveness?	Yes	Updates have been made to the draft Terms of Reference to reflect improvements and consistency with other Committees.
Does the audit committee seek feedback on its performance from the Board and Accountable Officer?	Yes	Summarised outputs from the Committee are reported to the NHS Board.

FORTH VALLEY NHS BOARD

TUESDAY 26 JULY 2022

9.5.3 ANNUAL REPORT OF CLINICAL GOVERNANCE COMMITTEE 2021/2022

For Assurance

Medical Director Overview of Year.

During the year April 2021 to March 2022 NHS Board governance processes remained modified due to the Emergency footing from the Covid-19 global pandemic. This is reflected in the reduction of the Clinical Governance Committee meetings over the year and the inclusion of agenda items which specifically related to Covid-19. The specific changes made are documented in this report. During this time patient safety remained a priority across Forth Valley and I am providing assurance that, despite the ongoing challenges, the Clinical Governance Committee has overseen effective Clinical Governance across all levels of the organisation.

I would like to thank the members and attendees of the Clinical Governance Committee as well as those members of staff who have prepared and presented reports for the meetings.

Mr Andrew Murray, Medical Director

1. PURPOSE

In order to assist the NHS Forth Valley Board in conducting a regular review of the effectiveness of the systems of internal control, Standing Orders require that this Standing Committee submits an annual report to the Board. This report is submitted in fulfilment of this requirement.

2. CLINICAL GOVERNANCE COMMITTEE (CGC)

2.1 Purpose of the Committee

The purpose of the Clinical Governance Committee is:

- To provide the NHS Board with
 - Systems assurance – that clinical governance mechanisms are in place and effective throughout the local NHS system and services that are commissioned from independent providers and other partner agencies
 - Public Health Governance – that the principles and standards of clinical governance are applied to the Public Health activities of the Board
 - Clinical Risk Management - assurance that an appropriate approach is in place to deal with clinical risk management across the system, working within the NHS Forth Valley Risk Management Strategy

2.2 Composition

During the financial year ended 31 March 2022 membership of Clinical Governance Committee comprised:
Present and In attendance to be separated

Present:

- Mrs Julia Swan, Non-Executive, Chairperson
(stood down from the committee on 24 August 2021)
- Dr Michele McClung, Non- Executive, Chairperson
(joined the committee 01 June 2021)
- Ms Janie McCusker, NHS Forth Valley Chairman
- Mrs Kirstin Cassells, Chair Area Clinical Forum / Non Executive Member
(joined the committee on 16 November 2021)
- Mr Allan Rennie, Non-Executive Member
- Mr Gordon Johnston, Non-Executive Member
(joined the committee on 01 June 2021)
- Mr Martin Fairbairn, Non-Executive Member
(joined the committee on 22 February 2022)
- Mr John Stuart, Non-Executive Member
(joined the committee on 22 February 2022)
- Mrs Helen Macguire, Patient Public Panel member
- Ms Eileen Wallace, Public Involvement Member
(stood down from the committee on 01 June 2021)

In Attendance:

- Mrs Cathie Cowan, Chief Executive
- Mr Andrew Murray, Medical Director (Executive Lead)
- Professor Angela Wallace, Director of Nursing
- Dr Graham Foster, Director of Public Health
- Mrs Lynda Bennie, Head of Clinical Governance
- Mr Jonathan Horwood, Infection Control Manager
- Mr Scott Mitchell, Pharmacy Director
(left NHSFV 14 January 2022)

2.3 Appointment of Chairperson

The Chairperson of the Clinical Governance Committee was appointed at a full business meeting of Forth Valley NHS Board in accordance with standing orders.

2.4 Meetings

The Committee has met on 4 occasions during the period from 1 April 2021 to 31 March 2022 on the undernoted dates:

- 1 June 2021
- 24 August 2021
- 16 November 2021
- 22 February 2022

The attendance schedule is attached at Appendix 1.

All meetings of the Clinical Governance Committee were quorate.

2.5 Fulfilling the Committee's Purpose in 2021/22

The Clinical Governance Committee fulfils its purpose by receiving and considering the information and documents of the agreed CGC forward planner for the year. The CGC forward planner 2021-2022 is set out in (Appendix 3).

The Committee considered both routine and specific work areas during the financial year 2021/22 however there was a focus on the COVID-19 pandemic and its impact on Clinical Governance.

The meeting agendas were structured following the Vincent Framework ¹ and are carried into the meeting agendas throughout the year to demonstrably provide assurance of safe care.

1 <https://www.health.org.uk/publications/the-measurement-and-monitoring-of-safety>

CGC Agenda Item	CGC Reports and Updates Received
In Our Services Is Care Safe Today?	Information outwith the scheduled programme of reports but relevant to raise at CGC
Was Care Safe in the Past?	The agenda items under this heading are reports and presentations which are standard items on the CGC agenda. These items contain key safety metrics and narrative which provides assurance of overall safety in our services
Will Care be Safe in the Future?	Risk Management and the identification of new harms raised through our FV Clinical Outcomes Group are discussed in this section of our agenda
Is Our Care Person Centred?	The NHS FV Complaints and Feedback Performance Report and Person Centred Care annual reports are presented to CGC under this item on our agenda
Are We Learning and Improving?	Under this agenda item we share Quality Improvement workstreams as well as learning from adverse events
Are Our Systems Reliable?	This is the section where we receive updates on the wider system to provide assurance of safe systems and processes

2.6 Business

All information on the Forward Planner was received by the Committee with the exception of:

- Mental Health update at the meeting in August, however there have been several Mental Health Service updates at the CGWG which have been captured in the minutes shared with this committee
- Risk Management update at the February meeting as the FV Corporate Risk Manager left NHS FV and a replacement is not currently in post
- Clinical Governance Working Group Annual Report at the February meeting. This is a timing issue as a CGWG meeting is still to take place in March, once the CGWG annual report has been updated and approved it will be shared with the committee

2.7 The Impact of the Gap in Received Items

The assessment of the impact of the gap in the information received, is not felt to be significant, and therefore does not adversely affect the in-year assurance given by this report.

2.8 Extra Items Received by the Committee

In addition to the Forward Planner items, additional items were considered by the Committee in 2021/22.

- **COVID - 19 Global Pandemic**

The pandemic had a profound impact on many aspects of the provision and assurance of safe care. The challenges on services were varied but examples were delayed discharges, staff absence and the requirement to adapt the way many of our services were delivered. To support decision making and approval of changes in care delivery a Gold, Silver and Bronze command structure was introduced. Each meeting provided a forum where key senior managers and executive board members were briefed of the changes.

The CGC received updates regarding the pandemic, as a clinical risk assessment paper, at the meetings on November 2021 and February 2022.

- **Emergency Department Review**

In late 2020 an external review was commissioned into concerns regarding the Emergency Department. This report was shared widely with the Board in 2021 and a Sub-committee, led by NHS Forth Valley's Chair was set up to oversee the implementation of the Review recommendations. The section concerning Clinical Governance was considered at the CGC during 2021/22 and in detail in February 2022.

- **Overview of Clinical Governance**

A draft paper was presented to the committee at the meeting in June 2021 which showed the Clinical Governance meeting structures from the services, through the directorates to the Clinical Governance Working Group and Clinical Governance Committee. The areas covered in this report were Acute, Women and Childrens and Mental Health and Learning Disability services and identified the key assurance and escalation processes in these areas. Further work is being undertaken to include Health and Social Care Partnerships and Primary Care.

- **Ethical Advisory Group – Final Report**

An Ethical Advisory Group (EAG) was formally launched in April 2020 at the first wave of the pandemic to ensure assurance around ethical guidance on policy implementation during the COVID-19 pandemic to meet Scottish Government directives. The EAG terms of reference, referral and meeting structure was developed following national guidance and was well supported by Forth Valley Clinicians. The EAG weekly meetings reduced to monthly and were stood down with a final report presented to the CGC at the meeting in June 2021.

- **Feedback from Clinical Governance event in April**

An event was held in April 2021 inviting all Senior Doctors, Senior Nurses, AHP's, Managers and Everyone with a Governance or Safety Role to attend. The event focussed on Incident Reporting, Significant Adverse Events and Duty of Candour with presentations and discussions on current processes and future opportunities across NHS Forth Valley.

- **Clinical Prioritisation Plan – Remobilisation**

A presentation on the impact of the pandemic on elective and scheduled care was shared with the committee at the meeting in August 2021. The presentation included the challenges with waiting times for appointments and procedures and shared the work being undertaken within the services to reduce the potential impact of delays.

- **Internal Audit Report - Clinical Governance Process**

A report from Internal Audit on the Internal Controls Evaluation (ICE), specific to Clinical Governance, was shared with the committee at the August meeting

- **Adult Support and Protection Inspection update**

NHS FV were asked to facilitate 3 local authority inspections. A verbal update on these inspections was shared with the committee at the meeting in November.

- **Code of Corporate Governance Paper**

Corporate Governance is the term used to describe the overall control system. It details how functions are directed and controlled, and how we relate to our communities and covers service delivery arrangements, structures and processes, risk management and internal control and standards of conduct. The Code of Corporate Governance is reviewed annually and was tabled at the committee meeting in November.

- **Internal Control Evaluation**

As Accountable Officers, Chief Executives are responsible for maintaining a sound system of internal control and managing and controlling all available resources used in their organisation. The committee was asked to note the report shared at the meeting in February 2022.

2.9 Other Specific Updates

2.9.1 Health and Social Care Partnerships

The formal Clinical Governance links with our Health and Social Care partnerships are through the Falkirk IJB Clinical and Care Governance Committee and Clackmannanshire & Stirling IJB Clinical and Care Governance Group. Members of the Health Board Clinical Governance Committee attend these meetings and provide reports which provide assurance of safe systems of care. In response to the pandemic there has been multidisciplinary working that fulfils the requirement for professional oversight of our care homes. This can be demonstrated through joint working and leadership with the Care Home Assurance Group.

2.9.2 Risk Management

The following risks are aligned to, and actively considered by, the Clinical Governance Committee:

- **SRR.002: Unscheduled Care:**

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

- **SRR.004: Scheduled Care:**

If there are delays in delivery of scheduled care there is a risk that NHS Forth Valley will be unable to meet its obligations to deliver the National Waiting Times Plan targets for 2021-2022 resulting in poor patient experience and outcomes

A Risk Management Work Plan has been developed and endorsed by the Senior Leadership Team and Audit Committee. This work plan is in the process of being rolled out by the Corporate Risk Manager and will see the review and development of risk registers across Directorates and Partnerships. As these risk registers are developed, significant clinical risks will be escalated to the Clinical Governance Working Group and Clinical Governance Committee as appropriate and in line with risk escalation triggers defined in the Risk Management Strategy.

Minutes of the meetings of the Committee have been timeously submitted to the Board for information.

3. SUMMARY

Through the financial year the Committee was presented with various items and outcomes that can be summarised as follows:

- Assurance and Governance was provided by having an oversight and adequate reporting mechanisms from the various groups within the Governance infrastructure
- While the new agenda structure provided a breadth of safety assurance, there was also scrutiny of proposed changes to systems and processes specifically related to the impact of the Covid-19 pandemic
- Other elements of the Clinical Governance infrastructure report directly to the committee either because it is sensible to do so, or in compliance with guidance with an example being Healthcare Associated Infection
- Due to the impact of the COVID-19 pandemic it has not been possible to include clinical representatives from the services to present directly to the Committee but through the minutes of the Clinical Governance Working Group and standard reports there is a means of capturing safety issues internally generated and those that come from external agencies
- Given the wide scope of the agenda, it is a major achievement to have maintained the broadest oversight yet maintained adequate detail to be appropriately informed and assured

CONCLUSION

STATEMENT OF ASSURANCE

As Chair of the Clinical Governance Committee during the year 2021/2022, I am satisfied that the integrated approach, the frequency of meetings, the breadth of the business undertaken, and the range of attendees at meetings of the Committee has allowed us to fulfil our remit as detailed in Standing Orders. As a result of the work undertaken during the year, I can confirm that adequate scrutiny of Clinical Governance arrangements were in place throughout NHS Forth Valley during the year.

I would like to pay tribute to the dedication and commitment of fellow members of the committee and to all attendees. I would thank all those members of staff who have prepared reports and attended meetings of the committee, and last but certainly not least, express my sincere thanks to Mrs Julia Swan, for her excellent support in chairing this committee.

Dr Michele McClung

CHAIRPERSON 2021/2022

On behalf of the CLINICAL GOVERNANCE COMMITTEE

Appendix 1

P Present
A Absent – apologies received
AA Absent – no apologies received

NAME	POSITION	01 June 2021	24 August 2021	16 November 2021	22 February 2022
Julia Swan	Non-Executive (Chair)	A	P		
Michele McClung	Non-Executive (Chair)	P	P	A	P
Janie McCusker	NHS FV Chairman	P	A	P	P
Allan Rennie	Non-Executive	P	P	P	P
Gordon Johnston	Non-Executive	P	P	P	P
Kirstin Cassels	Non-Executive			P	P
Eileen Wallace	Public Involvement Member				
Helen Macguire	Patient Public Panel Member			P	P
IN ATTENDANCE					
Cathie Cowan	Chief Executive	P	A	P	P
Andrew Murray	Medical Director (Executive Lead)	P	P	P	P
Graham Foster	Director of Public Health	A	A	A	P
Angela Wallace	Director of Nursing	P	A	P	A
Jonathan Horwood	Infection Control Manager	P	P	P	P
Lynda Bennie	Head of Clinical Governance	P	P	P	P
Scott Mitchell	Pharmacy Director	A	P	A	
John Stuart	Non-Executive				P
Martin Fairbairn	Non-Executive				P

01 June 2021	<p>1. Welcome and Apologies</p> <p>2. Declaration(s) of Interest(s)</p> <p>3. Minute of NHS Board Clinical Governance meeting held on 9th February 2021</p> <p>4. Matters Arising from the Minute/Action log</p> <p>5. In our services, Is Care Safe Today? 5.1 Overview of Clinical Governance <i>(Paper presented by Andrew Murray, Medical Director)</i></p> <p>6. In our services, Was Care Safe in the Past? 6.1 Safety and Assurance Report February 2021 – April 2021 <i>(Paper presented by Andrew Murray, Medical Director)</i> 6.2 HAIRT Annual Report 2020 - 2021 <i>(Paper presented by Jonathan Horwood, Area Infection Control Manager)</i> 6.3 Standards and Reviews Report February 2021 – April 2021 6.3.1 Standards and Reviews Report Nov 2020 – Jan 2021 (update) <i>(Papers presented by Mr Andrew Murray, Medical Director)</i> 6.4 SPSP update – Falls <i>(Paper presented by Louise Boyle, Head of Nursing)</i></p> <p>7. In our services, Will Care Be Safe in the Future? 7.1 Risk Management Update <i>(Paper presented by Andrew Gibson, Corporate Risk Manager)</i></p> <p>8. Is Our Care Person-Centred? 8.1 NHS FV Complaints and Feedback Performance Report <i>(Paper presented by Elaine Kettings, Head of Patient Centred Care)</i></p> <p>9. Are We Learning and Improving? 9.1 Quality Improvement Report <i>(Paper tabled by Susan Bishop, Head of Efficiency, Improvement and Innovation)</i> 9.2 Significant Adverse Events Report May 2021 <i>(Paper presented by Lynda Bennie, Head of Clinical Governance)</i> 9.3 Ethical Advisory Group – Final Report <i>(Paper presented by Dr Prakash Shankar, Consultant Psychiatrist)</i> 9.4 Clinical Governance – Feedback from event in April <i>(Verbal update by Mr Andrew Murray, Medical Director)</i></p> <p>10. Are our Systems Reliable? 10.1 Duty of Candour Annual Report <i>(Paper presented by Andrew Murray, Medical Director)</i></p> <p>11. Reports from Associated Clinical Governance Groups 11.1 Minute of the Clinical Governance Working group meeting –23.03.2021 <i>(Paper presented by Andrew Murray, Medical Director)</i> 11.2 Area Prevention & Control of Infection Committee – 10.11.2020 <i>(Paper presented by Jonathan Horwood, Area Infection Control Manager)</i> 11.3 Minute of the Organ Donation Committee meeting – 16.12.2020 <i>(Paper presented by Mr Andrew Murray, Medical Director)</i> 11.4 Minute of the Child Protection Action Group meeting – 26.01.2021 <i>(Paper presented by Professor Angela Wallace, Nurse Director)</i></p> <p>12. Further Assurance Medical Appraisal and Revalidation Report No report this year as all appraisal and revalidation was paused for Covid</p>
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13.Any Other Competent Business

14.Date and Time of the next Clinical Governance Committee meeting

The next meeting will be held on Tuesday 24th August 2021 at 9am via Teams

24 August 2021

1.Welcome and Apologies

2. Declaration(s) of Interest(s)

3. Minute of NHS Board Clinical Governance meeting held on 1st June 2021

4. Matters Arising from the Minute/Action log

5. In our services, Is Care Safe Today?

5.1 Emergency Department Report

(Verbal update by Andrew Murray, Medical Director)

6.In our services, Was Care Safe in the Past?

6.1 Safety and Assurance Report April – June 2021

(Paper presented by Andrew Murray, Medical Director)

6.2 Standards and Reviews Report May - June 2021

(Paper presented by Andrew Murray, Medical Director)

6.2.1 HEI Report

(Presentation by Andrew Murray, Medical Director)

6.3 SPSP update – Mental Health

(Verbal update by Dr Jennifer Borthwick, Head of Clinical Services and Ross Cheape, Service Development Manager, Mental Health Service)

6.4 HAIRT Quarterly Report April 2021 – June 2021

(Paper presented by Jonathan Horwood, Infection Control Manager)

7.In our services, Will Care Be Safe in the Future?

7.1 Remobilisation Plan - Clinical Prioritisation

(Verbal update by Juliette Murray, Deputy Medical Director)

8.Is Our Care Person-Centred?

8.1 NHS FV Complaints and Feedback Performance Report – May 2021

(Paper presented by Elaine Kettings, Head of Patient Centred Care)

9.Are We Learning and Improving?

9.1 Significant Adverse Events Report

(Paper presented by Olwyn Lamont, Clinical Governance Manager)

9.2 Internal Audit report – Clinical Governance Process

(Paper presented by Andrew Murray, Medical Director)

10.Are our Systems Reliable?

10.1 Duty of Candour Annual Report

10.1.1 Update on outcome of CLO guidance

(Paper presented by Andrew Murray, Medical Director)

11.Reports from Associated Clinical Governance Groups

11.1 Minute of the Clinical Governance Working group meeting –18.05.2021

(Paper presented by Andrew Murray, Medical Director)

11.2 Minute of the Organ Donation Committee meeting – 17.03.2021

(Paper presented by Allan Rennie, Non-executive Member)

12.Further Assurance

	<p>13.Any Other Competent Business</p> <p>14.Date and Time of the next Clinical Governance Committee meeting The next meeting will be held on Tuesday 16th November 2021 at 9am via Teams</p>
<p>16 November 2021</p>	<p>1.Welcome and Apologies</p> <p>2. Declaration(s) of Interest(s)</p> <p>3. Minute of NHS Board Clinical Governance meeting held on 24th August 2021</p> <p>4. Matters Arising from the Minute/Action log</p> <p>5. In our services, Is Care Safe Today? 5.1 COVID-19 Risk Assessment <i>(Update by Lynda Bennie, Head of Clinical Governance)</i></p> <p>6.In our services, Was Care Safe in the Past? 6.1 Safety and Assurance Report <i>(Paper presented by Andrew Murray, Medical Director)</i> 6.1.1 Stroke Bundle Focus <i>(Verbal update by Lynda Bennie, Head of Clinical Governance)</i> 6.2 HAIRT Quarterly Report July to September 2021 <i>(Paper presented by Jonathan Horwood, Infection Control Manager)</i> 6.3 Standards and Reviews Report <i>(Paper presented by Lynda Bennie, Head of Clinical Governance)</i></p> <p>7.In our services, Will Care Be Safe in the Future? 7.1 Risk Management Quarter 2 update <i>(Paper presented by Andrew Gibson, Head of Risk Management)</i></p> <p>8.Is Our Care Person-Centred? 8.1 NHS FV Complaints and Feedback Performance Report – July 2021 <i>(Paper presented by Professor Angela Wallace, Nurse Director)</i> 8.2 Person Centred Care Annual Report 2021-2021 <i>(Paper presented by Professor Angela Wallace, Nurse Director)</i></p> <p>9.Are We Learning and Improving? 9.1 Significant Adverse Events Report <i>(Paper presented by Olwyn Lamont, Clinical Governance Manager)</i></p> <p>10.Are our Systems Reliable? 10.1 ED Review – Clinical Governance Recommendations 10.1.1 Cascade of Vincent Framework – Recommendation 6 <i>(Verbal update by Andrew Murray, Medical Director)</i> 10.1.2 Review of Clinical Governance – Recommendation 1 <i>(Verbal update by Lynda Bennie, Head of Clinical Governance)</i></p> <p>11.Reports from Associated Clinical Governance Groups 11.1 Minute of the Clinical Governance Working group – 29.07.2021 <i>(Paper presented by Andrew Murray, Medical Director)</i> 11.2 Minute of the Organ Donation Committee meeting – 02.06.2021 <i>(Paper presented by Allan Rennie, Non-executive Member)</i> 11.3 Minute of the Child Protection Action Group meeting – 04.05.2021 <i>(Paper presented by Professor Angela Wallace, Nurse Director)</i></p> <p>12.Further Assurance 12.1 Adult Support and Protection Inspection update <i>(Verbal update by Andrew Murray, Medical Director)</i> 12.2 Medical Education Annual Report</p>

(Presentation by Dr Kate Patrick, Director of Medical Education)

13.Any Other Competent Business

13.1 Code of Corporate Governance Paper

(Paper presented by Andrew Murray, Medical Director)

13.2 Membership of the Committee

Date and Time of the next Clinical Governance Committee meeting

The next meeting will be held on Tuesday 22nd February 2022 at 9am via Teams

**22 February
2022**

1.Welcome and Apologies

2. Declaration(s) of Interest(s)

3. Minute of NHS Board Clinical Governance meeting held on 16 November 2021

4. Matters Arising from the Minute/Action log

5. In our services, Is Care Safe Today?

5.1 Covid Risk Assessment

(Paper presented by Lynda Bennie, Head of Clinical Governance)

5.2 Internal Control Evaluation

6.In our services, Was Care Safe in the Past?

6.1 Safety and Assurance Report November to December 2021

(Paper presented by Andrew Murray, Medical Director)

6.2 HSMR Review

(Paper presented by Viv Meldrum, Head of Information)

6.2.1 COG update

(Verbal update by Andrew Murray, Medical Director)

6.3 Cancer update

(Verbal update by Dr Milling-Smith, Clinical Lead for Cancer Services)

6.4 HAIRT Quarterly Report October – December 2021

(Paper presented by Jonathan Horwood, Infection Control Manager)

6.5 Standards and Reviews Report September to October 2021

(Paper presented by Lynda Bennie, Head of Clinical Governance)

7.In our services, Will Care Be Safe in the Future?

8.Is Our Care Person-Centred?

8.1 NHS FV Complaints and Feedback Performance Report November 2021

(Paper presented by Angela Wallace, Director of Nursing)

9.Are We Learning and Improving?

9.1 Significant Adverse Events Report

(Paper presented by Olwyn Lamont, Clinical Governance Manager)

10.Are our Systems Reliable?

10.1 ED Improvement Plan Recommendations

(Paper presented by Andrew Murray, Medical Director)

11.Reports from Associated Clinical Governance Groups

11.1 Clinical Governance Committee – Annual Report / Forward Planner

(paper presented by Lynda Bennie, Head of Clinical Governance)

11.2 Clinical Governance Committee Terms of Reference

(paper presented by Andrew Murray, Medical Director)

12.Further Assurance

12.1 Minute of the Clinical Governance Working group – 01.12.2021

(Paper presented by Andrew Murray, Medical Director)

12.2 Minute of the Organ Donation Committee meeting – 15.09.2021

(Paper presented by Allan Rennie, Non-executive Member)

12.3 Minute of the APCIC – 01.12.2021

(Paper presented by Jonathan Horwood, Infection Control Manager)

12.4 Minute of the Child Protection Action Group meeting – 11.11.2021

(Paper presented by Professor Angela Wallace, Nurse Director)

13.Any Other Competent Business

14.Date and Time of the next Clinical Governance Committee meeting

The next meeting will be held on Tuesday 17th May 2022 at 9am via Teams

Appendix 3

Clinical Governance Committee Forward Planner 2021				
	June 2021	August 2021	November 2021	February 2022
IS CARE SAFE TODAY?				
Organisational Safety Huddles	REAL TIME			
Care Assurance System	REAL TIME			
Leadership Walk-rounds & Safety Conversations	SCHEDULED PROGRAMME			
WAS CARE SAFE IN THE PAST?				
*Safety And Assurance Report	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Care Assurance Update				
HSMR Detailed Review				<input checked="" type="checkbox"/>
SPSP Update	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Falls	<input checked="" type="checkbox"/>			
Pressure Ulcer / CAUTI	BY EXCEPTION			
Deterioration / COG				<input checked="" type="checkbox"/>
Mental Health		<input checked="" type="checkbox"/> x		
Medicines / 1y Care	BY EXCEPTION			
Maternity			<input checked="" type="checkbox"/>	
SNAP	AS PUBLISHED, DETAIL BY EXCEPTION			
Cancer Update				<input checked="" type="checkbox"/>
*HAIRT	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
*Standards And Reviews	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Additional	AS REQUIRED			
WILL CARE BE SAFE IN THE FUTURE?				
*Risk Management Update	<input checked="" type="checkbox"/> (Q4)	<input checked="" type="checkbox"/> (Q1)	<input checked="" type="checkbox"/> (Q2)	<input checked="" type="checkbox"/> (Q3) x
New Harms Identified Through COG				<input checked="" type="checkbox"/>
Essential Safety Training Completion	STAFF GOVERNANCE COMMITTEE			
Implementation Of Quality Strategy	ONGOING			
Public Health Update				
IS OUR CARE PERSON CENTRED?				
*Person Centred / Complaints / SPSO	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
ARE WE LEARNING AND IMPROVING				
Quality Improvement Report	<input checked="" type="checkbox"/>			
Significant Adverse Event Report	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Duty Of Candour	<input checked="" type="checkbox"/>			
ARE OUR SYSTEMS RELIABLE?				
Public Protection update				
Child Protection				
Adult Support & Protection	TBA			
Gender Based Violence				
TRIANGULATION				
Leadership Walkrounds				
Clinical And Care Governance Referrals	CONSIDERED ON THE AGENDA			
Exception Reporting To The Board	CONSIDERED ON THE AGENDA			
FURTHER ASSURANCE				
Clinical Governance Committee Annual Report				<input checked="" type="checkbox"/>
Clinical Governance Working Group Annual Report				<input checked="" type="checkbox"/> x
Person Centred – Annual Report				<input checked="" type="checkbox"/>
Child Protection Annual Report (no yrly report yet)				
Medical Education Annual Report		<input checked="" type="checkbox"/> Defer to next mtg	<input checked="" type="checkbox"/>	
Medical Appraisal & Revalidation Annual Report	<input checked="" type="checkbox"/> (paused)			
CGC Terms of Reference				<input checked="" type="checkbox"/>
CGC Forward Planner				<input checked="" type="checkbox"/>
MINUTES				
Clinical Governance Working Group	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Organ Donation Committee	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Area Infection Prevention & Control Group	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>
Child Protection Action Group	<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Adult Support and Protection Group				

*core report

FORTH VALLEY NHS BOARD
TUESDAY 26 JULY 2022

9.5.4 ANNUAL REPORT OF ENDOWMENT COMMITTEE 2021/2022
For Assurance

ANNUAL REPORT OF THE NHS FORTH VALLEY ENDOWMENT FUND COMMITTEE
FOR THE YEAR ENDED 31ST MARCH 2022

1. PURPOSE

In order to assist the Board in conducting a regular review of the effectiveness of the systems of internal control, Standing Orders require that this Standing Committee submits an annual report to the Board. This report is submitted in fulfilment of this requirement.

2. ENDOWMENT COMMITTEE

2.1 Purpose of Committee

The purpose of the Endowment Committee is to ensure that Endowment Funds held in trust comply with the relevant laws and regulations and that an effective system of financial control is in place. In so far as they are able, the Committee administers the Endowment Funds in accordance with the wishes of donors.

2.2 Composition

During the financial year ended 31 March 2022 the membership of the Endowment Committee comprised:

Chairperson

- Cllr. Les Sharp Non-Executive Board Member

Membership

- Mrs. Cathie Cowan Chief Executive
- Mr. Scott Urquhart Director of Finance
- Mr. Robert Clark Non-Executive Board Member
- Mr. John Ford Non-Executive Board Member
- Mr. Stephen McAllister Non-Executive Board Member
- Mr Gordon Johnston Non-Executive Board Member

In attendance

- Mr. Jonathan Procter Lead Director
- Mr. Mark Fairley Senior Finance Manager
- Mrs. Christine Crosbie Endowments Finance Manager
- Mr. Craig Holden Fundraising Manager
- Mr. Stephen Hall Rathbones Investment Advisor
- Fiona Gillespie Rathbones Head of Charities Scotland

2.3 Meetings

The Committee has met on 4 occasions (via Microsoft Teams) during the period from 1 April 2021 to 31 March 2022 on the undernoted dates:

- 11th June 2021

- 22nd October 2021
- 21st January 2022
- 25th March 2022

The attendance schedule is attached at Appendix 1.

All meetings of the Endowment Committee held during 2021/22 were quorate.

2.4 Business

The Committee met to administer and monitor the utilisation of all Endowment Funds to ensure compliance with the Endowment Committee's Policies and Objectives.

Key items of business considered in accordance the remit of the Committee included:

Internal Control & Corporate Governance

- Review of regular financial and investment performance reports.
- Approval of Annual Budget in respect of Unrestricted Funds.
- Review of all additional requests for funding from the Endowment Fund's Small Grants Scheme.
- Review and approval of Expenditure Policy.
- Review and approval of Investing in Health Policy.
- Review and approval of NHS Charities Together COVID-19 Grants Programme
- Review and approval of Risk Management Strategy.
- Review and approval of the Committee's Annual Report.

External Audit

- Review and noting of the Annual Accounts of the Endowment Fund including the Trustees Report.
- Review and noting of the Auditor's Management Letter including the implementation of remedial action where required.

Internal Audit

- Review of Internal Audit report and implementation of audit recommendations. The last internal audit was conducted 2019/20.

Investment Portfolio

- Review and approval of Investment Policy.
- Review of regular performance reports from the Investment Advisors.

Full details of the business items considered at each meeting are attached at Appendix 2.

Minutes of the meetings of the Endowment Committee are timeously submitted to the Board for information.

3. OUTCOMES

The activities of the committee during the year and subsequent outcomes were as follows:

- The committee set aside an annual budget from its General Reserves to fund a number of activities intended to enhance and supplement the services and facilities provided by the Health Board. This included the provision of patient related activities

and comforts, patient Christmas gifts and a staff bursary scheme for education courses.

- The committee continued to administer the NHS Charities Together COVID-19 Urgent Response Grants Programme, which provided funding to a number of small projects as follows:
 - A contribution to the Public Health Directorate for an income maximisation service to support priority patient and staff groups financially impacted by the COVID-19 pandemic.
 - A contribution to the Cardiology Outpatients department for the provision of Kardia Monitors for GP Practices to obtain heart rhythm information.
 - A contribution to Falkirk Community Hospital for new iPad devices to combat digital exclusion in response to COVID-19.
 - A contribution for the Forth Valley Royal Hospital Learning Centre Lecture Theatre upgrade.
 - A contribution to Mental Health Bungalow 2, to create a mindful space to improve patient and staff wellbeing.
 - A contribution to Livilands Resource Centre for a yoga/mindfulness room for staff & patients; improvements to the waiting room; and provision of football equipment for patients.
- The committee administered the NHS Charities Together COVID-19 Second Wave Grant Funding programme, which provided funding to a number of projects including the following:
 - Supporting People Following the Pandemic – bereavement support via the provision of memorial areas, bereavement counselling and mindfulness.
 - Sensory Garden, The Rowans, Bungalow 6 - For patients / carers and families to use as part of their physiotherapy sessions as guided by the physiotherapists.
 - Grow & Recover Together - Create a growing space at Forth Valley Royal Hospital (Women & Children) which will offer a quiet; calm; sensory therapeutic area to relax, recover and heal for Staff, Volunteers and patients.
 - Trystview Patient & Staff Experience & Wellbeing
- The Committee approved projects for the NHS Charities Together Stage 2 Community Partnership Grants and Stage 3 Recovery & Post Pandemic Grants applications which have been submitted.
- The Committee was unable to carry out the planned fundraising events during 2021/22 as a result of the COVID-19 restrictions.
- The Committee received satisfactory reports from External Audit confirming that the financial statements and the administration of the Endowment Funds complied with Charity Law and Accounting Standards.
- The Committee received a satisfactory report from Internal Audit during 2019/20 that examined the design and operation of controls within the Endowment Fund's Fundraising Policy. The audit findings concluded there was an adequate framework of key controls with three minor recommendations. Two of the recommendations were implemented in 2019/20 and the third recommendation to update and revise the Endowment Fund's Fundraising Strategy has been implemented during 2020/21. The report also concluded that the Endowment Fund is managed within prescribed frameworks and that associated risks are monitored at the appropriate forums.
- The committee continued to monitor the progress of a group set up by the Scottish Government to review the future relationship and independence of each of the NHS Endowment Funds in Scotland with their respective host Health Boards.

3. CONCLUSION

STATEMENT OF ASSURANCE

As Chairperson of the Endowment Committee during the year ended 31st March 2022 I am satisfied that the integrated approach, the frequency of meetings, the breadth of the business undertaken, and the range of attendees at meetings of the Committee has allowed us to fulfil our remit as detailed in Standing Orders. As a result of the work undertaken during the year I can confirm that the Endowment Funds held in trust comply with the relevant laws and regulations and that an effective system of financial control is in place to ensure the proper stewardship and utilisation of these funds.

I would again pay tribute to the dedication and commitment of fellow members of the Committee and to all attendees. I would thank all those members of staff who have prepared reports and attended meetings of the Committee and also express my sincere thanks to Mr Jonathan Procter, Lead Director, Craig Holden, Fundraising Manager, and Christine Crosbie, Endowments Finance Manager for their excellent support of the Committee.

Approved by the Endowment Committee on 25th March 2022 and signed on its behalf by:-

.....

Cllr. Les Sharp
Trustee, Member and Chairperson

ENDOWMENT COMMITTEE - ATTENDANCE RECORD - YEAR ENDED 31ST MARCH 2022

NAME	POSITION	ORGANISATION	Meeting of 11 th June 2021	Meeting of 22 nd October 2021	Meeting of 21 st January 2022	Meeting of 25 th March 2022
Cllr. Les Sharp	Chairperson, Non-Executive Board Member	NHS Forth Valley	P	P	P	P
Mrs. Cathie Cowan	Chief Executive	NHS Forth Valley	P	AA	AA	AA
Mr. Scott Urquhart	Director of Finance	NHS Forth Valley	P	P	P	P
Mr. John Ford	Non-Executive Board Member	NHS Forth Valley	P	P	P	P
Mr. Robert Clark	Non-Executive Board Member	NHS Forth Valley	P	P	P	P
Mr Gordon Johnston	Non-Executive Board Member	NHS Forth Valley	P	P	AA	P
Stephen McAllister	Non-Executive Board Member	NHS Forth Valley	P	AA	AA	P

NAME	POSITION	ORGANISATION	Meeting of 11 th June 2021	Meeting of 22 rd October 2021	Meeting of 21 st January 2022	Meeting of 25 th March 2022
Mr. Jonathan Procter	Lead Director	NHS Forth Valley	P	P	P	AA
Mrs. Christine Crosbie	Endowments Finance Manager	NHS Forth Valley	P	P	P	P
Mr. Craig Holden	Fundraising Manager	NHS Forth Valley	P	P	AA	P
Mr. Stephen Hall	Investment Advisor	Rathbone Investment Management Group	-	-	P	-
Fiona Gillespie	Head of Charities	Rathbones Investment Management Group	-	-	P	-
Mr. Mark Fairley	Senior Finance Manager		AA	P	AA	P

Key

- P - Present
- A - Absent – no apologies received
- AA - Absent – apologies received
- - attendance not required

**ENDOWMENT COMMITTEE
SCHEDULE OF BUSINESS CONSIDERED DURING THE YEAR ENDED 31ST MARCH 2021**

DATE OF MEETING	TITLE OF BUSINESS DISCUSSED
11 th June 2021	Minutes of previous meeting
	Financial Governance Report
	Annual Accounts and Management Letter for year ended 31 st March 2021
	Fundraising Manager Report
	External Auditor Update
	Research & Development Funding
22 nd October 2021	Minutes of previous meeting
	Financial Governance Reports
	Obsolete & Slow Moving Funds Review
	Fundraising Managers Report
	NHS Charities Together COVID-19 Grants Programme
	Large Grants Programme
	Artlink Update
	R&D Funding
21 st January 2022	Minutes of previous meeting
	Investment Performance Report
	Financial Governance Reports
	Fundraising Manager's Report
	Committee Governance
	Artlink SLA Proposal
	Bursary Committee Meeting Minutes
	Investing in Health Large Grants 2022/23
	D G Cochrane Legacy Purpose
25 th March 2022	Minutes of previous meeting
	Financial Governance Report
	Proposals for Allowable Staff Expenditure
	Financial Budget Proposals for the 3 years ending 31 st March 2025
	Fundraising Action Plan 21/22
	Fundraising Manager's Reports
	NHS Charities Together COVID-19 Grants Programme
	Committee Governance NHS
	Investing in Health Large Grants Programme
	External Audit Appointment Plan
	Bursary Committee Annual Report
	Artlink's Annual Report

FORTH VALLEY NHS BOARD
TUESDAY 26 JULY 2022

**9.5.5 Performance & Resources Committee Annual Report 2021/2022
For Assurance**

**ANNUAL REPORT OF PERFORMANCE AND RESOURCES COMMITTEE FOR
THE YEAR ENDED 31 MARCH 2022**

1. PURPOSE

To assist NHS Forth Valley Board in conducting a regular review of the effectiveness of the systems of internal control, the Standing Orders within the Code of Corporate Governance requires that this Standing Committee submits an annual report to the NHS Board. This report is submitted in fulfilment of this requirement.

2. PERFORMANCE AND RESOURCES COMMITTEE

2.1 Purpose of Committee

The purpose of the Performance and Resources Committee is:

To scrutinise, on behalf of the Board, all financial and operational performance focusing on strategic planning, organisational priorities and ensuring that corrective actions are taken as required and improvements in performance acknowledged.

To oversee the ongoing development of a performance management culture in the organisation where performance management is seen as part of the day job striving for excellence and focusing on improvement in all aspects of NHS Board business.

Ensure the production of an Annual Plan, incorporating the Board's Financial Plan/Capital Plan/AOP and setting out the overall direction for the year for Board approval. The Committee will also ensure actions are in place to support the delivery of the plan acknowledging partnership delivery plans.

Ensure NHS Forth Valley delivers its statutory obligation to comply with information governance and *General Data Protection Regulation* (GDPR). Maintain an overview of the work to deliver improvements in Information Governance ensuring appropriate prioritisation of this work.

2.2 Composition

During the financial year ended 31 March 2022 membership of Performance & Resources Committee comprised:

- Mr John Ford, Committee Chair
- Mr Robert Clark, Employee Director
- Mrs Cathie Cowan, Chief Executive
- Miss Linda Donaldson, Human Resources Director
- Dr Graham Foster, Director of Public Health and Strategic Planning
- Mr Gordon Johnston, Non-Executive Director

- Dr Michele McClung, Chair of Staff Governance Committee
- Mr Stephen McAllister, Non-Executive Director
- Mr Andrew Murray, Medical Director
- Ms Janie McCusker, NHS Forth Valley Chair
- Mr Allan Rennie, Non-Executive Director
- Cllr. Les Sharp, Chair of Audit Committee
- Mrs Julia Swan, Chair of Clinical Governance Committee (until August 2021)
- Mr Scott Urquhart, Director of Finance
- Professor Angela Wallace, Director of Nursing

2.3 Meetings

The Committee has met on six occasions during the period from 1 April 2021 to 31 March 2022 on the undernoted dates: -

Tuesday 27 April 2021

Tuesday 29 June 2021

Tuesday 31 August 2021

Tuesday 26 October 2021

Tuesday 18 January 2022 (*Postponed from 21 December 2021*)

Tuesday 01 March 2022

The Performance and Resources Committee attendance record for 2021/2022 is attached at **Appendix 1**.

All meetings of the Performance & Resources Committee were quorate.

2.4 Business

The Committee considered both routine and specific work areas during the financial year 2021/22 however there was a focus on the Covid-19 pandemic, response, and recovery. The agenda considered urgent business, financial and performance issues, and scrutiny of key issues around priorities, recovery, and remobilisation.

Areas of business considered included:

For Approval

- Performance & Resources Committee Annual Report 2020/2021
- Vaccination Service
- Mental Health Recovery & renewal Fund Allocations
- Batch Testing Capacity
- ED Improvement Plan Implementation Costs
- Parkview Medical Practice – Application to Redefine Practice Area
- Sustainability Loan – Tillicoultry Health Centre

Better Health

- Community Planning Partnership Update
- Elective Care Update
- Child & Adolescent Mental Health Services Update
- Psychological Therapies Update
- Vaccination Programme Update

Better Care

- Recovery & Performance Scorecard
- Elective Care Waiting Times
- Cancer Services Update
- Unscheduled Care Update

Better Value

- Finance Report
- Financial Plan Update
- Integration Joint Board 2022/23 Financial Planning
- Corporate Portfolio Management Office Update
- Medicines Optimisation
- Sustainability Update
- Capital Projects, Properties Equipment & eHealth Update
- Pentana Update
- Queen Elizabeth University Hospital Review Report – Scottish Government and Health Board Actions

Better Governance

- Information Governance Group Annual report
- Strategic Risk Register
- Review of Performance & Resources Committee Risks
- Strategic Risk – Financial Breakeven
- Internal Control Evaluation
- Performance & Resources Committee Assurance & Work Plan
- Network & Information Systems Regulations Update
- Emergency Planning and Resilience Group Minutes
- Information Governance Group Minutes

3. OUTCOMES

Items Approved by the Performance & Resources Committee in 2021/2022

- The allocation of £1.1m capital spend against the unallocated balance of the capital plan approved by the NHS Board on 30 March 2021, for works to support the relocation of services as part of Urgent Care redesign model.
- Funding to support Vaccination Services.
- Recruitment to Specialist Clinical Posts in Child & Adolescent Mental Health Services and Psychological Therapies on a permanent basis accepting that there may be a risk to the Health Board and Integrated Joint Boards until confirmation received from Scottish Government that funding was recurring.
- The fixed term installation of a new Abbott Alinity m analyser supplying NHS Forth Valley with 200 tests per day, over 5 days (1000 tests per week) increasing capacity for batch Covid-19 testing.
- 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.
- Application to redefine the practice area for Parkview Medical Practice.

Better Health

- **Child & Adolescent Mental Health Services (CAMHS)**

The extent of CAMHS referrals for Neuro Developmental Disorders, which are not included in the Scottish Government CAMHS referral threshold, was highlighted noting the work undertaken to ensure an appropriate pathway for this cohort of patients in providing a patient centred approach.

A project management approach was detailed to scope; develop and deliver a 0-18 pathway for all neurodevelopmental difficulties; providing a multidisciplinary assessment and ensuring access and provision of appropriate evidence-based treatment provided by competent staff in a timely manner. The removal of this cohort of patients would have a positive impact on the CAMHS waiting times.

In addition, key performance issues and actions in respect of the 18-week referral to treatment target were discussed.

- **Psychological Therapies**

A number of service wide issues were highlighted including recruitment, increased demand for supervision/training, increased demand on the service and limited data. Service wide actions were noted to be progressing to support improvements with the resumption of routine appointments, waiting list validation, online group pilot, use of Near Me, the continuation of primary care support service and communication with patients at the point of referral enabling initial sign posting to information and online resources.

- **Vaccination Programme Update**

Progress with the Covid-19 Vaccination Programme and the Vaccination Transformation Programme was detailed noting that the Booster by the Bells campaign had been fully supported. The approach taken by the vaccination team to ensure maximum Covid Vaccination coverage was detailed with the successful switch to a self-appointing portal which had reduced Did Not Attend rates. NHS Forth Valley had opted to distribute a reminder letter to those who had not yet self-appointed. A separate helpline had also been set up for those requiring travel vaccinations.

Scotland's vaccination schedule from Pregnancy to Adulthood was outlined highlighting the extent of the vaccination programme. Key dates for the transition of vaccination programmes were outlined.

- **Community Planning Partnership Update**

Regular Community Planning Partnership Updates had been paused during the pandemic however reporting was reinstated in 2021/2022. There was a focus on Poverty and Child Poverty specifically noting that 24% of children in Scotland were in persistent poverty after housing costs in 2017-2020. After a long fall in child poverty rates from the late nineties to 2010-2013, child poverty rates had been gradually rising with 68% of children in poverty in Scotland live in working households in 2017-2020. It was noted that Clackmannanshire, Falkirk and Stirling Community Planning Partnerships had focused on tackling poverty for a number of years and all three Local Outcome Implementation Plans have a strong emphasis on this.

Better Care

- **Elective Care Waiting Times**

The long-standing imbalance in demand and capacity, the additional pressures because of Covid-19 and the resultant impact on waiting times including diagnostics were presented along with the scale of the challenge to address the non-recurrent and recurrent demand and subsequent conversion to theatre sessions. An overarching paper setting out the ambition and financial requirements to sustainably deliver waiting times was proposed for presentation to the NHS Board.

This was fully supported and approved in May 2021.

- **Unscheduled Care Update**

The Committee was provided with background and context in terms of trend analysis data around the number of attendances at ED and the 4-hour standard compliance along with a comparison of other Health Board areas.

The National Unscheduled Care Workstreams of, Redesign of Urgent Care, Interface, and Discharge without Delay were detailed with the local plan in dovetailing with this. The Acute Unscheduled Care Recovery Plan set out immediate actions with 30 day, 60 day and 90 day priorities with plans to embed refreshed systems aligned to the national workstreams. Key areas of focus included ED Flow 1 to achieve 100%; Flow 3 discharge without delay; Daily morning huddle in place reviewing safety, capacity, flow and site management; Escalation plan and implementation; Integrated discharge service; Redirection; Communication and Trajectory recovery.

- **Recovery & Performance Scorecard**

The Recovery & Performance Scorecard was considered at each meeting of the Performance & Resources Committee.

Key areas of performance, issues and actions in respect of unscheduled care, scheduled care, psychological therapies, CAMHS, Workforce, delayed discharges, test & Protect, and the Covid-19 Vaccination programme were presented at each meeting of the committee. Following a review of the scorecard in August 2021 a focus on establishing more of a 'norm' going forward was agreed with the inclusion of monthly key performance measures specific to the eight key standards: 12 week outpatient target, Diagnostics, 12 week treatment time guarantee, 31-day and 62-day cancer targets, access to Psychological Therapies, access to Child & Adolescent Mental Health Services and Accident & Emergency 4-hour wait.

The Committee noted the commitment to enhance the Recovery and Performance Scorecard in line with the Annual Operational Plan moving in to 2022/2023.

- **Cancer Services Update**

Presentation to the Committee highlighted the Clinical Governance Routes for Cancer Services along with the Framework for Effective Cancer Management. The framework was refreshed and published in December 2021 and was noted to be central to achieving the 62-day standard and would require collective collaboration between primary and secondary care. The Framework was noted to cover the eight key elements of, Corporate Responsibility, Optimal Referral, Initiating the Pathway, Dynamic Tracking & Escalation, Optimal Diagnostics, Effective MDT, Treatment, and Collective Strength, with the patient's needs at the centre. The framework would also serve as a benchmarking tool for Forth Valley Cancer services. Key performance issues in relation to the cancer targets were discussed with actions ongoing to support delivery of services.

Better Value

- **Finance Report**

The Committee has at each of its meetings, considered the Finance Report, robustly scrutinising the underlying variances, trends, forecasts, and risks, in order to provide assurance to Forth Valley NHS Board with regard to the delivery of financial targets and achievement of Best Value.

- **Corporate Portfolio Management Office (CPMO) Update**

Regular updates were provided by the CPMO noting support to a number of projects and initiatives considered to be of National, Regional, and organisational priority. The CPMO continued to mobilise and deploy resources at pace to support the Covid-19 immunisation programmes, National Treatment Centre, medicines efficiencies and the implementation of the new eRostering system.

- **Medicines Optimisation**

Detail of NHS Forth Valley's Medicines Efficiency Programme was presented to the Committee highlighting the vision was to make Forth Valley the safest place for patients to take their medicines whilst providing the best value. The aim of quality prescribing was noted as utilisation of formulary ensuring safe and cost-effective medicine choices, to update and establish treatment pathways and to ensure these are followed, to reduce variation, and to promote equity in medicines utilisation. The work in relation to formulary transformation and changing prescribing behaviours was presented along with the implementation of the Prescribing Improvement Initiative.

- **Pentana Update**

Pentana Risk is a cloud-based performance management system that can manage vital organisational metrics while supporting the delivery of strategic aims and project management.

A progress update was provided in August 2021 following agreement at the committee meeting in February 2021 to support the utilisation and development of Pentana on a system-wide basis. It was noted that a Performance Strategy Map had been developed to ensure activities were aligned to the aims of the organisation and to support consistency in future development opportunities. Performance indicators were being aligned to the six dimensions of quality with each dimension of quality created and managed as a separate workstream.

- **Sustainability Update**

The environmental impact of NHS Scotland was detailed noting CO₂ emissions, waste and procurement spend along with the health impacts from climate change. These are rising health inequalities, fuel poverty, poor air quality, physical and mental health impacts of adverse climate events, and health service delivery and reputational risk. Targets in relation to carbon footprint and energy consumption have been agreed for NHS Forth Valley with associated stretch targets to be achieved by 2024. A number of Forth Valley supporting projects were highlighted e.g., use of Near Me, MSTeams, walking aids recycling scheme, installation of car charging points, along with detail of the Forth Valley Royal Hospital energy efficiency project.

- **Capital Projects, Properties, Equipment & eHealth Update**

The Committee received regular updates in relation to Capital Projects, Properties, Equipment & eHealth Update, including the Digital Strategy for the period 2020/2025. Updates relating to primary care premises, Falkirk Community Hospital, elective capacity, Urgent Care Centre expansion, property transactions, and the Digital and eHealth Delivery Plan were received with a detailed status report detailing key dates, cost and progress.

- **Queen Elizabeth University Hospital (QEUE) Review Report – Scottish Government and Health Board Actions**

Key recommendations from the independent review of the QEUE and the Scottish Government responses were highlighted to the Committee noting that both had implications for all Health Boards. The review covered 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.

- **Financial Plan**

The refreshed financial plan outlining the high levels of spend and the requirement to balance resources against costs was presented to the Committee. The strategic context was noted with issues in respect of the delivery of planned care noting backlog and

demographic changes, unscheduled care delivery, integrated services and the future of services in living with Covid. The impact of unavoidable cost increases in respect of pay inflation and price inflation were described along with additional investment in developments. Several service improvement initiatives had been identified and it was noted there had been cost improvement groups set up to drive saving efficiencies.

Better Governance

- **Strategic Risk Register**

The Performance & Resources Committee received regular update reports on a quarterly basis on the risks aligned to the Committee in order to effectively track and scrutinise the risk mitigation progress, to effectively provide assurance to the NHS Board on the successful management of risk.

- **Strategic Risk – Financial Breakeven**

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. The first pilot assessment carried out was against SRR005: Financial Break-Even. An overview of the risks and opportunities facing the Board in terms of financial sustainability was presented along with 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.

- **Internal Control Evaluation (ICE)**

As part of the reporting to the Audit and Risk Committee, Internal Audit requested that Standing Committees should formally consider the Internal Control Framework 202/2022. The ICE 2021/22 contained 12 recommendations, intended to embed good governance principles and to ensure coherence between Governance Structures, Performance Management, Risk Management and Assurance. The points aligned to the remit of the Performance and Resources Committee highlighted were noted as Corporate Governance, Financial Governance, Property Asset Management Strategy, and Information Governance.

- **Information Governance Annual Report**

To assist the NHS Board in conducting a regular review of the effectiveness of the systems of internal control, the Information Governance Group was required to submit an annual report to the Performance & Resources Committee. Key successes and achievements were highlighted including the Year-2 Network Information Security Audit that had been completed in association with the Competent Authority yielding a 10% improvement on the last financial year. Also, successful recruitment of fixed term staff for the Cyber and Information Security Team.

- **Minutes**

Minutes of the Information Governance Group and Emergency Planning and Resilience Group were regularly received by the Committee.

Minutes of each meeting of the Performance & Resources Committee have been timeously submitted to the Board.

4. RISK ASSURANCE AND REPORTING

The Performance and Resources Committee receives updates and assurance reports on the following Strategic Risks currently aligned to the Committee on a quarterly basis. The year

end position for each of these Strategic Risks is highlighted in table 1.

Table 1: Performance & Resources Committee Strategic Risks

Code	Risk Title	Risk Status	Key Mitigation
SRR.003	<p>Information Governance</p> <p>If NHS Forth Valley fails to implement effective Information Governance arrangements there is a risk we will not comply with a range of requirements relating to GDPR and the Network and Information System Regulation (NIS), resulting in reputational damage and potential legal breaches leading to financial penalties.</p>	16	<p>Current:</p> <ul style="list-style-type: none"> • Data Protection Officer in place • Information Sharing Agreements in place • Vulnerability Management Solution Tool • Incident Reporting <p>Further:</p> <ul style="list-style-type: none"> • One Trust Data Protection Impact Assessment Management • Post-Brexit review of agreements to ensure compliance
SRR.005	<p>Financial Sustainability</p> <p>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.</p>	25	<p>Current:</p> <ul style="list-style-type: none"> • Directorate Financial Management • Integration Authority Budget Setting • Infrastructure Programme Board • Integration Authority Partnership Working • National Engagement (Strategic) • National Engagement (Operational) • Standing Financial Instructions • Directorate Finance Performance Reviews • Cost Improvement Oversight Group • Cost Improvement Programme <p>Further:</p> <ul style="list-style-type: none"> • Set Aside budget • Transformation Programmes • Value Management • Development of Decision Matrix • Review and Strengthening of the System of Internal Control

Code	Risk Title	Risk Status	Key Mitigation
			<ul style="list-style-type: none"> Review and refresh the current 3 year financial plan (2022-2025)
SRR.010	<p>Estates and Supporting Infrastructure</p> <p>If there is insufficient Capital funding to develop and improve the property portfolio there is a risk the Estate and supporting infrastructure will not be maintained in line with national and local requirements.</p>	20	<p>Current:</p> <ul style="list-style-type: none"> NHS Board Capital Plan Property and Asset Management Strategy Estates Asset Management System Falkirk Community Hospital Strategic Assessment Primary Care Premises Initial Agreement <p>Further:</p> <ul style="list-style-type: none"> Outline Business Cases for Locality projects Initial Agreement for Falkirk Community Hospital development
SRR.011	<p>IT Infrastructure</p> <p>If there are significant technical vulnerabilities there is a risk the NHS Forth Valley IT Infrastructure could fail, resulting in potential major incidents or impact to service delivery.</p>	12	<p>Current:</p> <ul style="list-style-type: none"> Annual Digital and eHealth Delivery Plan Lifecycle System Matrix Security Patches Forth Valley Royal Hospital Information & Communications Technology Infrastructure Upgrades Infrastructure Programme Board <p>Further:</p> <ul style="list-style-type: none"> Network & Information Systems Review Audit Action Plan Review wide area network (WAN) Bandwidth Asset Review
SRR.014	<p>Healthcare Strategy</p> <p>If the planned review of the NHS Forth Valley Healthcare Strategy (2016-2021) does not incorporate learning from the Covid-19 pandemic and does not align with government policy and / or Integration Authorities Strategic Commissioning Plans there is a risk the Board's vision, corporate objectives and key priorities will be incorrect, resulting in services that are not sustainable in the long term and</p>	15	<p>Current:</p> <ul style="list-style-type: none"> Cancer Services Plans In response to COVID-19 NHS Forth Valley Strategic Programme Boards Performance Reporting Primary Care Improvement Plan Healthcare Strategy

Code	Risk Title	Risk Status	Key Mitigation
	an inability to deliver transformation.		<p>Refresh Timeline</p> <ul style="list-style-type: none"> National Stakeholder Engagement Regional Planning Meetings <p>Further:</p> <ul style="list-style-type: none"> National Elective Centre Development Strategic Deployment Matrices Partnership Working Culture and Value Events
SRR.015	<p>Cyber Resilience</p> <p>If NHS Forth Valley does not build and maintain effective cyber resilience, there is a risk that the cyber security of the organisation may be compromised, resulting in disruption to our ICT systems and service delivery. Increased Cyber risk as reported by National Cyber Competent authorities (NCSC, SG Cyber Unit).</p>	20	<p>Current:</p> <ul style="list-style-type: none"> Security Patching Infrastructure Programme Board / CISCO Software Digital and eHealth Strategy Enhanced Information & Communications Technology Infrastructure Business Continuity /Disaster Recovery Cyber Security Awareness Strategy Digital Delivery Plan 2022/2023 <p>Further:</p> <ul style="list-style-type: none"> Cyber Resilience Network & Information Systems Audit Recommendations Improved Supplier Management Procedures
SRR.012	<p>Covid-19 Re-mobilisation</p> <p>Recognising that Covid-19 has an exacerbating effect on almost all the strategic risks, and that Covid-19 considerations are now part of business-as-usual planning, the risk has been closed. We have moved out of the re-mobilisation phase into consideration of Annual Delivery Plans, and guidance has been received from Scottish Government around the development of these plans. The existing internal controls have either been moved to the strategic risk to which they relate, or status updates have been provided. Outstanding actions are complete. Covid-19 considerations will be part of the reviews of all existing strategic risks, with additional controls added where necessary.</p>		

5. ISSUES FOR CONSIDERATION IN NHS FORTH VALLEYS GOVERNANCE STATEMENT

There are no exceptional issues, noting that challenges presented by the Covid-19 pandemic and remobilisation will be considered in a broader context with the Governance Statement, and

that any risks relevant to the business of Performance and Resources Committee have been mitigated and/or managed effectively throughout 2021/22.

6. CONCLUSION

I am satisfied as Chair of the Performance and Resources Committee that the conduct of business, including the frequency of meetings, the breadth of the business undertaken, and the range of attendees at meetings of the Committee has allowed the Committee to fulfil its remit as detailed in the Code of Corporate Governance.

I can confirm as Chair of the Performance and Resources Committee that effective financial and operational performance arrangements were in place within NHS Forth Valley during the financial year ended 31 March 2022, and through adequate scrutiny this was demonstrated to the Committee.

I wish to acknowledge the contribution and commitment of Committee Members and attendees, and to thank those who have prepared reports and attended meetings. In addition, I wish to acknowledge and thank Mr John Ford the outgoing Chair in 2021/2022 for his contribution to the Performance & Resources Committee during his tenure.

Mr Martin Fairbairn

CHAIR

On behalf of the

PERFORMANCE AND RESOURCES COMMITTEE

APPENDIX 1

PERFORMANCE AND RESOURCES COMMITTEE – RECORD OF ATTENDANCE – YEAR 1 APRIL 2021 TO 31 MARCH 2022

NAME	POSITION	27 APR 21	29 JUN 21	31 AUG 21	26 OCT 21	18 JAN 22 <i>(from 21 Dec 21)</i>	01 MAR 22
MEMBERS							
Mr John Ford	Committee Chair	Present	Present	Present	Present	Present	Present
Mr Robert Clark	Employee Director	Present	Present	Present	Present	Present	Present
Mrs Cathie Cowan	Chief Executive	Present	Present	Present	Present	Present	Present
Miss Linda Donaldson	Human Resources Director	Present	Present	Present	Apologies	Present	Present
Dr Graham Foster	Director of Public Health & Strategic Planning	Apologies	Apologies	Present	Present	Present	Present
Mr Gordon Johnston	Non-Executive Director	Present	Present	Present	Present	Present	Present
Dr Michele McClung	Chair of Staff Governance Committee	Present	Present	Present	Apologies	Present	Present
Mr Stephen McAllister	Non-Executive Director	Present	Present	Present	Present	Present	Apologies
Mr Andrew Murray	Medical Director	Present	Present	Present	Present	Present	Present
Ms Janie McCusker	NHS Forth Valley Chair	Present	Present	Present	Present	Present	Present
Mr Allan Rennie	Non-Executive Director	Present	Present	Present	Present	Present	Apologies
Cllr Les Sharp	Chair of Audit Committee	Present	Present	Present	Present	Present	Present
Mrs Julia Swan	Chair of Clinical Governance Committee	Apologies	Present	Present	/	/	/
Mr Scott Urquhart	Director of Finance	Present	Apologies	Present	Present	Present	Present
Prof Angela Wallace	Director of Nursing	Present	Apologies	Present	Present	Present	Present
IN ATTENDANCE							
Mrs Elsbeth Campbell	Head of Communications	Present	Present	Present	Apologies	Present	Present
Ms Kerry Mackenzie	Head of Policy and Performance	Present	Present	Present	Present	Present	Present
Mr Jonathan Procter	Director of Facilities & Infrastructure	Present	Present	Present	Present	Present	Present
Mrs Phyllis Wilkieson	Acting Director of Acute Services	/	Present	Present	Present	Present	Present

Key:

- / Attendance not required
- ** Absent – No apologies received