There will be a meeting of the **Forth Valley NHS Board** via **MSTeams** on **Tuesday 27 September 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 26 July 2022**	Seek Approval
4.	**Matters Arising from the Minute**	Items 1 to 4 *10.30am-10.35am*
5.	**Patient/Staff Story**	*10.35am-10.50am*
6.	**FOR APPROVAL**	
6.1	**Workforce Plan** (Paper presented by Miss Linda Donaldson, Director of Human Resources)	Seek Approval *10.50am-11.05am*
6.2	**Anchor Contribution** (Paper presented by Mrs Cathie Cowan, Chief Executive)	Seek Approval *11.05am-11.20am*
6.3	**Code of Corporate Governance** (Paper presented by Mrs Cathie Cowan, Chief Executive)	Seek Approval *11.20am-11.30am*
6.4	**Whistleblowing Standards and Activity Report** Paper presented by Mrs Gillian Morton, Interim Executive Nurse Director)	Seek Approval *11.30am-11.45am*
	BREAK	*11.45am-11.55am*
7.	**BETTER CARE**	
7.1	**Healthcare Associated Infection Reporting Template** (Paper presented by Mrs Gillian Morton, Interim Executive Nurse Director)	Seek Assurance *11.55am-12.05pm*
7.2	**Recovery & Performance Scorecard** (Paper presented by Mrs Cathie Cowan, Chief Executive)	Seek Assurance *12.05pm-12.15pm*

8. BETTER VALUE

8.1 **Finance Report** — Seek Assurance
(Paper presented by Mr Scott Urquhart, Director of Finance) — *12.15pm-12.25pm*

9. BETTER GOVERNANCE

9.1 **ED Update** — Seek Assurance
(Paper presented by Mrs Cathie Cowan, Chief Executive) — *12.25pm-12.35pm*

9.2 **Governance Committee Minutes** — Seek Assurance *12.35pm-12.50pm*

9.2.1 **Performance & Resources Committee Update: 30/08/2022**
Performance & Resources Committee Minute: 28/06/2022
(Paper presented by Mr Martin Fairbairn, Committee Chair)

9.2.2 **Clinical Governance Committee Update: 23/08/2022**
Clinical Governance Committee Minute: 17/05/2022
(Paper presented by Dr Michele McClung, Committee Chair)

9.2.3 **Staff Governance Committee Minute: 13/05/2022**
(Paper presented by Mr Allan Rennie, Committee Chair)

10. ANY OTHER COMPETENT BUSINESS

10.1 **Emerging Topics**

11. DATE OF NEXT MEETING

Tuesday 29 November 2022 at 10.30am

Closed Session Agenda

Item of business	Grounds for consideration in Closed Session as detailed within the Code of Corporate Governance
• Minute of the NHS Board Closed Session held on 26 July 2022	The business relates to the commercial interests of any person and confidentiality is required, e.g., when there is an ongoing tendering process or contract negotiation. The Board is still in the process of developing proposals or its position on certain matters and needs time for private deliberation.
• Minute of the Special NHS Board Closed Session held on 9 September 2022	The Board is still in the process of developing proposals or its position on certain matters and needs time for private deliberation.
• Preparing for Winter, Developing Future Sustainable Services	The business relates to the commercial interests of any person and confidentiality is required, e.g., when there is an ongoing tendering process or contract negotiation. The Board is still in the process of developing proposals or its position on certain matters and needs time for private deliberation.

FORTH VALLEY NHS BOARD
TUESDAY 27 SEPTEMBER 2022

For Approval

Item 3 – DRAFT Minute of the Forth Valley NHS Board Meeting held on Tuesday 26 July 2022 at 10.30am via MS Teams

Present:

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

In Attendance:

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

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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 31 May 2022 was approved as an accurate record.

The minute of the meeting on Tuesday 27 June 2022 was approved as an accurate record.

4. Matters Arising from the Minute

Ms McCusker referred to item 7.2 (Recovery Scorecard) and specifically the ongoing unscheduled care (USC) challenges and poor performance. The Board Seminar scheduled for 9 August would enable Board Members to discuss the actions being taken to support improvement and additional capacity. In addition, there will be a deep dive on USC performance on the 30 August 2022 at the Performance and Resources Committee and Ms McCusker encouraged all Board Members to attend for this important item.

Mrs Cowan confirmed (reference item 9.1 Climate Change and Sustainability) the nominated Board Champion will be Dr Graham Foster.

Mrs Cowan referred to item 9.2 - ED update and commitment to implement recommendations that refer to 'nursing'. Board Members noted work to support nurse staffing and investment would be updated and considered at the Performance and Resources Committee - 30 August 2022.

5. Patient/Staff Story

Mrs Gillian Morton, Interim Executive Nurse Director introduced the 'Lochview' patient story which focused on patients, their families, and staff. Mrs Morton informed the Board that the video was developed during the pandemic, its focus was on Patients within Lochview and the impact of virtual visiting.

Staff members identified throughout the video the difficulties during Covid-19 for vulnerable patients within the service. One of the difficulties identified was patients trying to contact their families and carers both of whom play a significant role within their life. Board members noted that with the benefit of technology to support virtual visiting was achieved successfully, noting iPads had been donated to be used within the service.

Virtual visiting was set up for service user John and his mum. Before Covid-19 John's mum visited twice a week and phoned regularly. With the use of the iPad John was able to speak to his mum. The staff at Lochview identified that John was happy and cheerful from the virtual visiting and his mum was also happy with the arrangements to support family contact albeit it virtually. After John's virtual visit his mum wrote to the Patient Relations Team confirming she was delighted with the virtual visit and wished to thank the staff for making it happen. The staff at Lochview identified that the use of technology going forward will greatly increase the wellbeing of the patients (e.g., contact with their families and carers) and the experience of staff who work hard to support positive patient contact.

Ms McCusker in thanking John and his family and staff for sharing the story acknowledged the use of digital to positively support conversations. Mrs Morton identified that there are many areas that will continue to use technology to support virtual conversations instead of phone calls.

Cllr Fiona also acknowledged it was lovely to see family members connecting with their loved ones which would bring them reassurance.

6. FOR APPROVAL

6.1 Major Incident Plan

The NHS Board considered a paper 'Major Incident Plan' presented by Mrs Cathie Cowan, Chief Executive.

Mrs Cowan introduced Mrs Nicola Watt, Emergency Planning and Resilience Officer. Mrs Cowan informed Board members that the plan had been brought for approval having been updated as part of a regular annual review.

Mrs Watt confirmed the Major Incident Plan is subject to an annual review process. Board members noted that there were three changes included in the updated Plan. Mrs Watt informed Board members that an Internal Auditors had reviewed the Plan and had through their findings made recommendations which were presented to the Board's Audit and Risk Committee.

Mrs Watt identified that the plan was exercised through the preparation for Cop26 and also the major incident which was declared September 2021 (chlorine incident). Board members noted that the major incident declared did not come to the full extent anticipated but was a test of the Board's processes/systems.

Board members noted that the Emergency Planning and Resilience Group had proposed to move to a 3 yearly cycle for the Major Incident Plan. Mrs Watt highlighted that if there was a requirement to make any changes sooner these would be progressed and presented for consideration.

Mr Stuart noted the changes in the revised policy and highlighted it referred to training and exercise requirements (Section 8) and wished to seek clarity on what was planned and if there was annual event. Mrs Watt confirmed NHS Forth Valley staff do participate in external training. Board members noted that it is recommended to carry out training every 3 years however Covid-19 had created disruption to the training programmes.

Mr Rennie wished to know if there had been any issues releasing staff for training as a result of service pressures. Mrs Watt confirmed Cop26 had helped fast track training for staff in post along with sessions for new duty managers.

The Forth Valley NHS Board:

- ***Approved the Forth Valley Major Incident Plan Version 3.***

6.2 Equality and Inclusion

The NHS Board considered a paper 'Equality and Inclusion' presented by Mrs Gillian Morton, Interim Executive Nurse Director.

Mrs Morton informed the Board that the paper presented was an update of the Equality and Inclusion paper presented to the Board in November 2021. Mrs Morton before passing over to Charlene Condeco wished to thank Charlene for her hard work over the year as she nears retirement, this was also acknowledged by the Board.

Mrs Condeco informed Board members that the paper being presented to Board was intended to be an update on progress since the strategy was approved, including the learning from the pandemic and the changes implemented to aspects of service delivery as a result. The paper also highlighted achievements.

By way of background Mrs Condeco referred to the Board's statutory duty to promote equality across its services and to demonstrate fairness and equality and how we were delivering the objectives set out within the approved strategy.

In regard to learning and changes as a result of the pandemic Board Members reflected on the points set out in section 4 of the paper notably relating to PPE and for patients and staff with a disability e.g., hearing loss, mental health issues or conditions such as asthma. Support from occupational health, risk management procurement colleagues to accommodate adjustments was noted. Communication with people whose first language is not English or those with sensory loss caused a number of challenges which needed a different response e.g. telephone interpretation including facetime support from the Disability Liaison Officer. Interpretation and Translation Audits will commence in September and the finding form these audits will inform future planning of Interpretation and Translation provisions.

Board Members also noted the transfer of corporate leadership and management of Equality & Inclusion Services from the Nursing Directorate to the HR Directorate.

Mr Fairbairn highlighted Objective 6 and wished to seek clarity that the data being picked up is not something which the Board need to be concerned about. Mrs Condeco identified that things were changing quickly during Covid-19 so it was a very challenging time, but the team learned very quickly and collaboratively worked with the Board to get it right.

Mr Stuart wished to know the Governance route for reviewing the audit. Mrs Condeco identified that the Governance route was likely to be to both clinical and staff governance committees. This was being looked at to ensure the Board via its Governance Committees was receiving assurance on its statutory duty.

Miss Donaldson updated the Board on a development to establish a minority network and membership was being sought from staff from across NHS Forth Valley.

Ms McCusker wished to know if the network was exclusively for NHS Forth Valley and Miss Donaldson confirmed this was the case.

The Forth Valley NHS Board:

- ***Noted 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.***
- ***Noted progress to continue to deliver the Equality & Inclusion work plan to achieve the outcomes as outlined.***
- ***Noted the learning from covid and changes implemented to aspects of service delivery and staffing as a result.***
- ***Noted the transfer of corporate leadership and management of Equality and Inclusion from the Nursing Directorate to the HR Directorate.***
- ***Supported leadership requirement for maintaining Equality & Inclusion with service delivery, staff support and employment practice.***

6.3 Strategic Risk Register

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

Mr Urquhart identified that the Strategic Risk Register had been presented to a number of assurance groups before coming to the Board for approval. Mr Urquhart invited Mrs Sarah Mackenzie to present the paper.

Mrs Mackenzie identified that there were two changes to the score. The first change was identified as the sustainability risk which had increased from 20 to 25. Board member noted that this risk was in relation to the recurring saving requirement and workforce sustainability issue being experienced. Mrs Mackenzie identified that there was a number of further controls being put in place.

The second change to the Strategic Risk Register was the Covid-19 remobilisation risk which was being recommended to close. Board Members noted that Covid considerations were now part of business-as-usual planning as a result of moving out of the re-mobilisation phase and into annual delivery planning.

Mrs Mackenzie also highlighted the Cyber Resilience Risk following discussions at the March 2022 Board meeting the risk was reviewed in the context of an increase in threat from cyber-attacks however it was proposed the risk score remained the same due to compensating controls, this was supported.

Mr Rennie wished to seek clarification on the Unscheduled Care risk requiring to be updated. Mrs Mackenzie informed the Board that this risk did need updated and ta review was scheduled and will be presented to the next Board Meeting.

Mr Fairbairn wish to highlight that the 'red' risks reflect the strain on the whole system and they subsequent challenges. Ms McCusker wished to receive assurance that the risks continue to be reviewed to ensure there were adequate mitigations in place.

The Forth Valley NHS Board:

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

6.4 Risk Management Strategy 2022-2025

The NHS Board considered a paper 'Risk Management Strategy 2022-2025' presented by Mr Scott Urquhart, Director of Finance.

Mr Urquhart invited Mrs Sarah Mackenzie to present the paper. Mrs Mackenzie confirmed the Interim Risk Strategy approved in December 2020 had been reviewed to inform the 3-year Strategy presented for approval. The principal changes focused on risk appetite, assurance and the additions to roles and responsibilities (section 2.3) and monitoring and review of risk (section 4.7) and partnership working to include a statement on risk management activities i.e., corporate support the Partnerships including aligning Risk Management strategies.

Board Members noted the Strategy being presented had been submitted to Internal Audit for review and the majority of recommendations received had been incorporated into the strategy.
Mr Johnston highlighted that the IJB Risk Management work to align to the proposed risk approach had been stalled. Mr Johnston sought assurance that the Board would

provide the corporate support to the HSCP Team to get this back on track. Mr Johnson also hoped this would address having different approaches.

The Forth Valley NHS Board:

- ***Approved the Risk Management Strategy.***
- ***Noted 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.***

6.5 Strategic Workforce Wellbeing Plan 2022-2025

The NHS Board considered a paper 'Strategic Workforce Wellbeing Plan Strategy 2022-2025' presented by Miss Linda Donaldson, Human Resources Director.

Miss Donaldson informed the Board that the Plan had been developed in collaboration with the Staff Support and Wellbeing Group. Board members noted that the Group had 44 members with wide NHS Forth Valley including Partnership representation.

Miss Donaldson referred to the four pillars of wellbeing: i.e., mental, social, financial, and physical wellbeing. Board members noted that there had been a focus on financial wellbeing given the current cost of living issues.

As part of reflection Miss Donaldson had been involved in meetings with small groups of staff to seek their views to inform the Plan being presented. Board Members noted the intention to launch the Plan today along with the website which had been refreshed. Miss Donaldson wanted to highlight the great work with the communications team and Rachel Tardito.

Feedback from staff on the Plan will be requested during November to December and an evaluation will then be carried out from January to March 2023.

Mr Stuart wished to know if progress would be reported e.g., a standing item on the Partnership agenda. Miss Donaldson identified that this will be a standing item.

Mr Rennie wished to know how the success will be measured and brought back to the Board. Miss Donaldson identified that there was a commitment to do as set out in Appendix 2.

The Forth Valley NHS Board:

- ***Noted the work of NHS Forth Valley Staff Support and Wellbeing Programme Group.***
- ***Approved the strategic 3-year NHS Forth Valley Workforce Wellbeing Plan 2022 – 2025.***
- ***Noted that the updated Staff Support and Wellbeing web section will go live in August 2022.***
- ***Noted that a Managers Toolkit will be available from the end of August 2022.***
- ***Noted 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.***

6.6 Innovation Plan 2022-2027

The NHS Board considered a paper 'Innovation Plan 2022-2027' presented by Mr Andrew Murray, Medical Director.

Mr Murray highlighted that there had been a lot of time invested over the passed two years trying to create a process where innovation in the Organisation can be fast tracked with appropriate governance. Mr Murray referred to innovation as a critical enabler to support future ways of working and would be key to the Board's commitment to sustainability and as a consequence feature in 'quality planning'.

Mr Murray invited Mrs Bishop to present the Innovation Plan. Mrs Bishop wished to thank Wendy Nimmo and the team for bringing the paper to where it is. It was noted that feedback from the Board Seminar in June 2022 had contributed to the Innovation Plan. Mrs Bishop identified that if the plan is implemented effectively that this will benefit patients, staff and the wider public and partners.

Board members noted implementation of the Plan will rely on existing corporate support, innovation SLAs with the Chief Scientist Office and regional innovation infrastructure funding and income generation. Working with Community Planning Partners and notably our Local Authority colleagues would be of benefit for the population of Forth Valley.

Mr Fairbairn wished to seek clarity on how this work will be overseen to identify the success of the work. He also wished to seek clarity on the wide concept of innovation and how does this link with cost improvement and process improvement.

Mrs Bishop informed the Board that the Innovation Team are working closely in relation to the cost improvement. Board members noted that the team are aware of what is in the plan and how the plan will deliver along with the income and cost improvement it may bring.

Mrs Nimmo wished to highlight that within the plan the Team are aligning the innovation approach with the quality strategy.

Mr Rennie wished to highlight that innovation is a very competitive market and the way to cut through that would be a communication strategy and wished to seek clarity on how service users are part of the Innovation Journey. Mrs Bishop agreed and confirmed the work to date with colleagues in Communication had been very positive.

The Forth Valley NHS Board:

- ***Reviewed the NHS Forth Valley Innovation Plan 2022-2027.***
- ***Approved the NHS Forth Valley Innovation Plan 2022-2027.***

6.7 Falkirk Community Hospital Master Plan Strategic Assessment

The NHS Board considered a paper 'Falkirk Community Hospital Master Plan Strategic Assessment' presented by Mrs Cathie Cowan, Chief Executive.

Mrs Cowan informed the Board that the Falkirk Community Hospital development had been a key priority for the Health Board along with the two IJB's. Board members noted that the strategic assessment presented was being led by Mrs Patricia Cassidy, Chief Officer. Mrs Cowan invited Mrs Cassidy to present the paper.

Mrs Cassidy wished to highlight for noting that both Integration Joint Board's had supported the paper being presented which should be seen as a work in progress document. Board Members noted the level of stakeholder engagement and

involvement of NHS Health Improvement Scotland team in relation to the stakeholder engagement approach adopted. Mrs Cassidy reminded Board members noted that Falkirk Council had already committed 3.7million to an intermediate care facility in contribution to the wider Falkirk Masterplan.

Board members noted that the Programme Board was committed to the potential opportunities for new models of care. Mrs Cassidy identified that throughout the process a wide range of stakeholders had been committed to the project and come up with many proposals.

Board members noted that a number of workshops had been completed and that it will take up to 12 months to complete the next business case development stage.

The Forth Valley NHS Board:

- ***Noted that the Strategic Assessment is supported by the Falkirk Community Hospital/Primary Care Programme Board and the Falkirk Integration Joint Board (and Clackmannanshire & Stirling IJB).***
- ***Endorsed the Strategic Assessment for onward submission to Scottish Government.***
- ***Noted 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.***

6.7 Board Committee Membership Update

The NHS Board considered a paper 'Board Committee Membership Update' presented by Mrs Cathie Cowan, Chief Executive.

Mrs Cowan informed Board members that the paper was being brought for approval due to changes/new appointments to the Non-Executive Board Membership which resulted in a review of NHS Forth Valleys Committee Structure. Board members noted that the Chair had taken into consideration the non-executives' commitments to NHS Forth Valley during the review.

Board members noted changes to the Chair of the Audit and Risk Committee and the Endowments Committee with Councillor Fiona Collie now taking on the role as Chair. Mrs Cowan highlighted that Mr Martin Fairbairn had also recently taken on the role as Chair of the Performance and Resources Committee.

Vice Chairs were also noted for each Assurance Committee in line with the approved Code of Corporate Governance. Mrs Cowan referred to the agreed Vice Chairs -

- Vice Chair of Audit and Risk Committee - Mr John Stuart
- Vice Chair of Endowments Committee - Mr John Stuart
- Vice Chair of Performance and Resources Committee - Mr Robert Clark
- Vice Chair of Staff Governance Committee - Mr Stephen McAllister

Board members noted that the Code of Corporate Governance will be updated to reflect on the changes to the Committee Terms of Reference and Code of Conduct and will then be presented to the Board September 2022 for approval.

Mrs Cowan identified that the Endowments Committee is subject to change in response to a national review. Board members noted that the findings of the review will be reported to the Board.

Mrs Cowan confirmed no changes to the Falkirk IJB voting membership. In regard to non-voting members there is a review of clinical doctor and nurse, and the Chair will formally confirm changes in this membership. In Clackmannanshire &d Stirling IJB the non-voting membership proposed is Dr Julie Mardon to replace Mr Murray and Lorraine Robertson to replace Professor Angela Wallace. The voting membership has now moved to five Non-Executive Members and one Executive Member. Mr Fairbairn is proposed as Vice Chair of the Audit Committee and Mr Johnson is proposed as Vice Chair of the Finance & Performance Committee.

The Forth Valley NHS Board:

- ***Approved the Revised Committee Structure for 2022/23.***
- ***Approved the changes in membership to the Clackmannanshire/Stirling Integration Joint Board.***
- ***Noted the need to formally confirm Clinical Leads to the Falkirk Integration Joint Board.***
- ***Noted the update to the Code of Corporate Governance will be presented to Board in September 2022.***

7. BETTER CARE

7.1 Healthcare Associate Infection Reporting Template

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

Mrs Morton welcomed Mr Jonathan Horwood to present the HAIRT. Mr Horwood informed Board Members that there had been 3 SABs reported cases in total for June with no hospital enquired infections from the SABs. The device associated Bacteraemia remained stable over the last couple of months with 7 reported for June 2022.

Board Members noted the E. coli Bacteraemia rates for June was high with 17 reported. Mr Horwood highlighted that there is work still to be done nationally on E. coli Bacteraemia.

An unexpected increase in Clostridium difficle infections within healthcare sourced infections was identified. There were no surgical site infections surveillance noted for the month and no recorded deaths for June.

Two outbreaks of Covid were reported throughout wards A21 & A22 at Forth Valley Royal Hospital. Mr Horwood identified that Covid-19 inpatient numbers had steadily increased due to the Omicron variants. Board members noted that most patients confirmed were asymptomatic or had a mild illness. NHS Forth Valley's rate for hospital onset Covid-19 was currently noted as 17.7% compared to 24.7% nationally.

Mr Horwood highlighted that in May Infection Prevention & Control standards were published along with a process of carrying out a Gap analysis to identify any changes required to the previous 2015 HAI Standards that are currently followed.

Mr Stuart wished to know if there was any specific issue of an E.coli incident. Mr Horwood identified that in the warmer months E.coli infections increase.

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 once again to apologise for the delays and long waits being experienced. The pressures on the Acute site continue and she wished to thank staff for their efforts in what are very challenging circumstances. Mrs Cowan also highlighted the challenges in primary and community health and care services and thanked staff for their efforts.

Mrs Cowan referred to the 4-hour emergency standard being a system wide barometer and in July performance was reported at 51.8% which was well short of the standard. Unfortunately, there had been no real change to performance which reaffirmed the pressure across the system. Capacity on site with ongoing use of treatment rooms and additional beds in bays continues.

Mrs Cowan confirmed the pressures in social care was represented by the delays in transfer and discharge from both the acute and community NHS sites. Board members noted that there are 122 delayed discharges, 47 in the acute site, 9 in mental health and the remainder in community hospital beds. In addition to the 47 delays, 50 plus on the acute site were noted as waiting to be transferred into a community social care/health care facility.

Mrs Cowan referred to the Gold Command work led by Mr Murray in response to additional and ongoing pressures across the health and care system.

The Chair had asked that an update on Unscheduled Care would be presented at the Board Seminar 9 August 2022. Board members noted this would be a short update to share in more detail the pressures on site. Mrs Cowan identified that a dedicated deep dive had also been put in place for the Performance and Resources Committee Meeting - 30 August 2022.

Mrs Cowan also updated on the work to support Out of Hour services and recruit to workforce vacancies.

Board members noted that the 62 Day cancer performance was below the national standard. Mrs Cowan highlighted that both Colorectal and Urology cancers are contributing to the performance reported.

Mrs Cowan identified that the Board were informed previously that CAHMS performance would fall considerably whilst the Board dealt with the long waits. Board members noted the need to address the long waits before supporting improvement.
Psychological therapies in June were reported 64.4% for patients who had started retreatment. There had been data issues in mental health, and in relation to the data issues NHS Forth Valley had received support from the Scottish Government.

Mrs Cowan referred to the performance in planned care and support being provided to other NHS Boards.

Mr Stuart wished to make sure that the planned care performance is well recognised. Mr Johnston wished to highlight that it is unfortunate that there is so much attention given to ED figures without acknowledgement to wider system issues and the impact this has on staff.

Mr Murray identified that the approach he is currently taking to unscheduled care is to try every possible solution. Board members noted that NHS Forth Valley have a programme of work that has been nationally endorsed and improvement work being developed to support the national urgent and unscheduled care collaborative workstreams.

Mr Murray identified that he had established Gold Command to ensure a system wide leadership response to the performance reported.

Mr McAllister wished to highlight the impact of planned care and how NHS Forth Valley are good at planned care when they get the opportunity. He wished to also highlight that there is a single point of failure and that there is a need to try and figure out how to react in times of peak.

Mrs Cowan invited Ms Mackenzie to present the performance scorecard. Ms Mackenzie wished to highlight that the numbers may be increasing but the numbers of patients waiting beyond 12 weeks are being managed to be reduced. Board members noted the Outpatient activity with 89% of the remobilisation being achieved from May 2022 to June 2022. Inpatient and day cases was noted as 84% compliant.

Ms Mackenzie identified that diagnostics is excelling achieving 121% of the activity agreed with the Scottish Government. Board members noted that the June position for diagnostic was still more than June 2021, but the numbers are reducing month by month.

Endoscopy numbers were also noted as reducing with 137% of the planned activity being achieved. Board members noted that a huge amount of work is being carried out to make sure activity continues.

An increase in CAHMS waiting lists had been noted which had been indicated as there was an anticipated increase in line with an increase of referrals for children prior to the school holiday period.

Board members noted that Ms Mackenzie intends to reconvene the short life working group around the scorecard once the draft annual delivery plan had been submitted to the Scottish Government as the focus is now changing.

Mr Clark wished to note the performance of urgent care centre as a lot of money had been invested in this development and should be reported on. Ms Mackenzie confirmed this would be added when reviewing the scorecard.

The Forth Valley NHS Board:

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

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 identified that there is a challenging financial position for the year and the year ahead due to an increase in the risk to the financial sustainability.

Board members noted that the challenges for the financial year are coming from broadly three areas. The first being the whole system pressures as a result of significant supplementary spend, notably relating to agency costs. The second area was the broader economic environment with the impact from the higher inflation coming through. The third area was noted around redevelopment of new medicines and new treatment costs coming through.

Mr Urquhart highlighted that this was against the backdrop of reducing levels of funding to support some of the additional covid-19 related costs.

In terms of the budget for the year NHS Forth Valley has over £760m, £106m of that budget is anticipated funding that the Organisation are assuming will come from the Scottish Government. The Scottish Government had given some assurance in terms of a commitment to funding broadly to funding levels previous to similar years.

A deep dive had been carried out in terms of the quarter 1 financial performance. In terms of some of the financial pressures and cost trends, the assessment for the current year position has highlighted a financial risk of £7m to £10m for 2022/23.

In terms of mitigation NHS Forth Valley had invested in a programme of cost improvement work and in terms of financial break even the Board would be required to save just under £30m. The work done to date had identified a range of saving for this year and longer term, however there is a gap of £6.4m in terms of the expected delivery around the saving plans and a further range of higher risk savings in terms of the ones identified.

Mr Fairbairn wished for the Board to recognise that the challenge will not be sorted in one year. The focus on medium and long term improvement was key to future financial sustainability.

Mr Stuart wished to know if there were any additional controls that can be put in place to improve the management of the bank and agency spend. Mr Urquhart identified that the spend on bank and agency nursing had increased. Board Members noted the need to support supplementary spend in the short term whilst posts were recruited to.

Miss Donaldson wished to provide an update on the recruitment of staff. Board members noted that there is a process with 150 new qualified nurses and 50 mental health nurses being interviewed this week. Miss Donaldson highlighted that the nurses will be available to NHS Forth Valley between August - October this year.

Miss Donaldson also wished to provide an overview on the Bank and Agency spend. Board members noted that NHS Forth Valley has an active bank with 400-500 shifts covered a day.

The Forth Valley NHS Board:

- ***Noted 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.***
- ***Noted an overspend position of £1.8m for the three-month period 1st April 2022 to 30th June 2022.***
- ***Noted 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.***
- ***Noted 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.***
- ***Noted 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.***
- ***Noted a balanced capital position to 30th June 2022.***

9. BETTER GOVERNANCE

9.1 Annual Review 2021 Letter

The NHS Board considered a paper 'Annual Review 2021 Letter' presented by Mrs Cathie Cowan, Chief Executive.

Ms McCusker informed the Board that both herself and Mrs Cowan were invited to the Annual Review 2020/2021 meeting held via video conference on Wednesday 27 April 2022 chaired by Maree Todd, Minister for Public Health, Women's Health, and Sport. Board members noted that the Minister was supported by Caroline Lamb, Director General, Health & Social Care and Chief Executive of NHS Scotland. Ms McCusker highlighted that it was a very productive and balanced annual review meeting.

Mrs Cowan confirmed the areas highlighted remain priorities for the NHS Board.

The Forth Valley NHS Board:

- ***Noted the key points contained in the Annual Review 2020/21 letter***

9.2 Communications Update

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

Mrs Campbell confirmed that the Communication Update Report covers the period April 2022 to July 2022. Mrs Campbell wished to reflect on some of the key developments and innovations that had been seen during this period. Board Members noted that the communications team had been working with teams to locally promote the new Urology hub which the Health Secretary recently visited.

Throughout the report Mrs Campbell had taken the opportunity to highlight some of the recent awards and achievements. Board members noted that the Scottish Health awards were launched at the NHS Scotland event this year and that NHS Forth Valley are doing well in terms of nominations.

In relation to media issues Board members noted that there was focus on waiting times and the HIS report which was recently published.

Mrs Campbell highlighted website developments including those in Woman and Children Services to improve access to information.

The Forth Valley NHS Board:

- ***Noted 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.***

9.3 Annual Report Summary 2021/2022

The NHS Board considered a paper 'Annual Report Summary 2021/2022' presented by Mrs Elsbeth Campbell, Head of Communications.

Mrs Campbell confirmed that the annual report sets out a high-level summary. Board Members noted the emphasis on Covid-19 given the prominence on patients, staff and the wider public.

Board Members noted the positive developments despite the ongoing impact of the pandemic. Mrs Campbell in highlighting some of the success, achievements, and awards referenced Nurse Vicky Wright who had received a Gold Medal at the Olympics 2022.

The Forth Valley NHS Board:

- ***Noted the Annual Report Summary for 2021/22.***

9.4 Governance Committee Minutes

9.4.1 Performance & Resources Committee Update: 28/06/2022
Performance & Resources Committee Minute: 26/04/2022

Ms McCusker who chaired the meeting on the 28 June 2022 invited Ms Mackenzie to provide an update from the meeting.

Ms Mackenzie informed the Board that the Performance and Resources Annual Report 2021/22 was presented to the Performance and Resources Meeting with no exceptional issues for consideration.

Key aspects of the Recovery and Performance Score Card were discussed including system wide pressures and the impact on compliance on the 4-hour emergency access standard.

The Financial position was presented at the meeting where the Committee noted an overspend for the period ending May 2022. Board Members noted that the position also reflected the spend on supplementary spend.

Ms Mackenzie highlighted that Committee members also received a sustainability update with the health benefits of climate mitigation described. The draft NHS Scotland Climate Emergency and Sustainability Strategy was highlighted along with a number of national targets that NHS Forth Valley is taking forward.

The Committee was also advised that NHS Forth Valley is undertaking a refresh of the Property Asset Management Strategy.

The NHS Board noted the assurance provided by the minutes of the Performance and Resources Committee Meeting 26/04/22.

9.4.2 Audit & Risk Committee Update: 22/06/2022
Audit & Risk Committee Minute: 25/03/2022

Mr Fairbairn wished to emphasise that Audit Scotland (external auditors of the Board) highlighted the significant challenge which NHS Forth Valley are currently facing.

Mr Fairbairn also wanted to highlight from the Minute 25 March 2022 that the meeting was very compliance and process based with a lot of confirmation which was important. Board Members noted that the assurance received tells the Board that despite all the challenges being faced the Organisation is being controlled and well managed.

The NHS Board noted the assurance provided through the minutes of the Audit & Risk Committee Meeting 25/03/22.

9.4.3 Endowments Committee Minute: 25/03/2022

Mr Fairbairn acknowledged the level of endowment donations received.

Board Members noted that changes to future Endowment Committees.

The NHS Board noted the assurance provided through the minutes of the Endowments Committee Meeting 25/03/22.

9.4.4 Area Clinical Forum Minute: 19/05/2022 & 24/03/2022

Mrs Cassels informed the Board that a couple of themes had emerged from Forum discussions these included staff wellbeing and workforce planning. Board Members noted that Miss Donaldson had presented to a previous meeting 19 May 2022 and provided an update on workforce planning with the final paper coming back to the ACF in September 2022. Mrs Cassels highlighted that ACF Members were really keen to have that discussion due to there being concerns around what the future will look like in regard to workforce.

The NHS Board noted the assurance provided through the minutes of the Area Clinical Forum Meetings 19/05/22 & 24/03/22.

9.5 Board Assurance Committee Annual Reports 2021/2022

9.5.1 Area Clinical Forum

The NHS Board noted the assurance provided through the Area Clinical Forum Annual Report 2021/2022.

9.5.2 Audit and Risk Committee

The NHS Board noted the assurance provided through the Audit and Risk Committee Annual Report 2021/2022.

9.5.3 Clinical Governance Committee

The NHS Board noted the assurance provided through the Clinical Governance Committee Annual Report 2021/2022.

9.5.4 Endowments Committee

The NHS Board noted the assurance provided through the Endowments Committee Annual Report 2021/2022.

9.5.5 Performance and Resources Committee

The NHS Board noted the assurance provided through the Performance and Resources Committee Annual Report 2021/2022.

10. ANY OTHER COMPETENT BUSINESS

Ms McCusker wished to thank Mr John Ford on behalf of NHS Forth Valley Board for his contribution and leadership over the years and for his dedicated service to the Board.

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

FORTH VALLEY NHS BOARD
TUESDAY 27th SEPTEMBER 2022

Item 6.1 Workforce Planning

FOR APPROVAL

Executive Sponsor: Cathie Cowan, Chief Executive

Author: Linda Donaldson, Director of Human Resources

Executive Summary

This paper provides an update on the National Workforce Planning expectations for NHS Forth Valley described in DL (2022)09. The Workforce plan reflects the highlighted guidance. Following written feedback from Scottish Government, Workforce Plans will be taken through our Governance processes including Area Partnership Forum, Area Clinical Forum, Staff Governance Committee and then for final approval by the NHS Board for publishing on NHS Forth Valley website by October 2022.

Recommendations:

The NHS Board are asked to:

- **NOTE** that the Draft NHS Forth Valley Workforce Plan has been submitted to Scottish Government and that feedback is awaited following a meeting with Government Colleagues on 29 August 2022
- **NOTE** that the Executive Leadership Team, Area Partnership Forum and Staff Governance Committee have provided feedback on the plan and that the Area Clinical Forum are still to comment.
- **NOTE** that Workforce Plans have also been completed for Falkirk HSCP and Clackmannanshire and Stirling HSCP
- **NOTE** that the Workforce plan will need to be approved through Governance processes by the end of October 2022
- **NOTE** that the Workforce Plan 2022 – 2025 when approved requires to be published on NHS Forth Valley Website by 31st October 2022

Key Issues to be considered:

On 1st April 2022, Health Boards and HSCPs were issued with guidance from Scottish Government relating to the development of Three-Year Workforce Plans which reflect the National Health and Social Care Workforce Strategy (Appendix 1). The guidance constitutes the first iteration of new medium term workforce planning guidance for health and social care, with the express intention of improving the strategic alignment between workforce, financial and service planning.

A copy of the draft NHS Forth Valley Workforce Plan 2022 - 2025 was submitted to the Scottish Government for comment in August 2022. Analysis was undertaken and feedback provided at a meeting on 29th August 2022. Changes are currently being made to the draft plan on receipt of verbal feedback received from Scottish Government colleagues, NHS Forth Valley's Area Partnership Forum and the Staff Governance committee. We await feedback from the Area Clinical Forum in advance of seeking approval at the NHS Board.

NHS Forth Valley Board is expected to publish the agreed Workforce Plan on our website by the 31st October 2022. Based on the feedback received to date, it is not anticipated that there will be major changes required to the plan.

In line with national expectations, the Three-Year Workforce Plan uses the Five Pillars of Workforce Planning outlined within the National Workforce Strategy (Plan, Attract, Train, Employ, Nurture) Appendix 2.

To enable regular quarterly reporting on achievement against the Workforce Plan at the Staff Governance Committee, Directors were asked to complete workforce plan action documents that are risk based and will facilitate monitoring of achievement against the workforce plans at Directorate and service level. Appendix 3 provides the baseline Directorate reports. It is anticipated that these, along with the Staff Governance Action Plans and regular Workforce Performance Reports, will inform the Performance Review Process going forward.

Financial Implications

The Workforce Plan financial impact is consistent with the level of funding contained within the NHS Forth Valley Financial Plan.

Workforce Implications

The Workforce Plan includes implications for workforce in relation to

- Demographics - age profiling and potential impact of pension changes on workforce
- Recruitment and retention of appropriately skilled workforce and sustainable workforce
- Staff support, health and wellbeing

Risk Assessment

Workforce planning is included within the Corporate Risk Register and reported on through the Staff Governance Committee and NHS Board on a regular basis. Assessment of risk and mitigation has been included within the content of the plan.

Relevance to Strategic Priorities

The Workforce Plan supports delivery of the Healthcare Strategy, Our People Strategy, Wellbeing Strategy (Our Wellbeing plan) and Annual Corporate Plan.

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 evaluation it is noted that the paper is not relevant to Equality and Diversity.

Consultation Process

It is intended that this Workforce Plan when completed will be presented to ELT, APF, ACF, Staff Governance Committee and the NHS Board during September / October 2022.

Scottish Government
Health Workforce Directorate

Scottish Government
Riaghaltas na h-Alba
gov.scot

DL 2022 (09)

1 April 2022

Addresses

For action

NHS Board Chief Executives, Integration Joint Board Chief Officers and Local Authority Chief Executives.

For information

NHS Board Directors of HR, Local Authority Heads of Human Resources, NHS Directors of Planning, Medical, Nursing, AHP and Finance Directors;
Employee Directors and National Staff-side representatives;
National Workforce Planning Group
NHS Regional Workforce Planning Leads
NHS and Local Authority Workforce Planners

Enquiries to:

Stephen Lea-Ross
Scottish Government
Health Directorates
Health Workforce
Ground Floor Rear
St Andrew's House
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Tel: 07411 239921

E-mail:
DeputyDirectorofHealthWorkforce@gov.scot

Dear Colleagues,

NATIONAL HEALTH AND SOCIAL CARE WORKFORCE STRATEGY: THREE YEAR WORKFORCE PLANS

1. This Director's Letter provides guidance to NHS Boards and HSCPs on completion of their Three Year Workforce Plans, including the key information and analysis that should be set out in those plans. Boards and HSCPs are required to submit a copy of their plan to the Scottish Government by **31 July 2022**. An analysis and feedback process will then take place, pursuant to which the plans should be published on organisations' websites by **31 October 2022**.

2. The guidance follows publication on 11 March 2022 of the National Workforce Strategy for Health and Care, and should be read alongside the NHS Recovery Plan, published in August 2021. The guidance appended to this letter constitutes the first iteration of new medium term workforce planning guidance for health and social care, with the express intention of improving the strategic alignment between organisations' workforce, financial and service planning.

3. When developing their workforce plans, we expect NHS Boards and HSCPs to align with the key policy commitments set out in the NHS Recovery Plan, considering also, where relevant, projected recovery needs in Social Care services, in anticipation of the development of the National Care Service. We expect that Workforce Plans will also sit alongside the priorities and deliverables that will be set out in the upcoming medium-term operational planning guidance, also due for submission in July.

4. Three Year Workforce Plans are expected to use the Five Pillars of Workforce Planning outlined within the National Workforce Strategy (Plan, Attract, Train, Employ, Nurture) as the basis for outlining proposed actions to secure sufficient workforce to meet local projected short-term recovery and medium-term growth requirements across the health and/or social care services you manage.

Actions

5. NHS Boards and HSCPs are asked to use the Guidance to assess upcoming workforce demand and need in their Three Year Workforce Plans, and provide:
    - Information on their current workforce (undertaking a gap analysis comparing demand analysis with current workforce);
    - their assessment of workforce needs to fill the gap; and
    - an action plan to address the gap predicated on the Five Pillars of the Strategy.

Alignment with Service and Financial Planning

6. A key aim of the approach to workforce planning is to ensure a robust and aligned approach across workforce, operational service and financial planning. Three Year Workforce Plans should therefore align with priorities identified in Board Medium-term Operational and Financial Plans, and HSCP Strategic Commissioning Plans (SCPs). In particular, financial planning assumptions should reflect how you prioritise actions within your local workforce plans (i.e. to support training, new recruitment, retention etc.), so that investment is made in the areas that will make the greatest impact on achieving the Strategy's tripartite ambition leading to long-term workforce sustainability.

7. It is recognised that the financial outlook, over the medium term, is highly likely to remain very challenging. In the context of prioritising investment, Boards and HSCPs should, within their Plans, expressly consider approaches to filling existing funded vacancies, and/or opportunities to repurpose vacancies in order to support, inter alia, service reform and different models of recruitment.

8. As we finalise the Delivery Framework for health and care services, work is progressing on development of medium-term service planning guidance for NHS Boards, which is planned to be issued by 30 April 2022. As noted above, it is expected that your workforce plans, as far as possible, will reflect and align with the medium-term planning priorities.

9. In particular, this should consider where planned future changes to the shape, size, delivery infrastructure and location of services impacts on the quantum of workforce required, their skills and abilities, and changing education and training requirements. This might include, for example, the impact of expanding digital options in the future; of the improvement work being led and co-ordinated by the Centre for Sustainable Delivery; and the work of the National Treatment Centres.

Aligning workforce and service planning in HSCPs

10. We recognise that HSCPs are being asked to develop Workforce Plans at a time when they are yet to develop their Strategic Commissioning Plans (SCPs), setting out how they will plan and deliver services over the medium-term , using the integrated budgets under their control. These plans will generally include a high level summary of workforce issues.

Scope of Three Year Workforce Plans

11. The key elements of the guidance appended to this letter relate to all NHS Boards and HSCPs. We recognise however the distinct contribution made by National Boards, who will wish to engage with their respective Sponsor Teams in advance of submitting their Three Year Workforce Plans. All Boards and HSCPs are expected to discuss the development of their plan with relevant stakeholders and partners.

Timescales

12. The guidance below this Director's Letter sets out the following timescales:

- **By end July 2022:** Three Year Workforce Plans should be submitted in draft to the National Health and Social Care Workforce Plan Programme Office WFPPMO@gov.scot
- **By end August 2022**: Draft Three Year Workforce Plans will be reviewed and feedback provided by Scottish Government;
- **By end October 2022**: Three Year Workforce Plans to be published on organisations' websites with electronic side copy to the email link above.

Stephen Lea-Ross
Deputy Director
Directorate of Health Workforce

NHS Scotland Boards and HSCPs:
Three Year Workforce Plan Development Guidance

Contents

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7. Health and Care (Staffing) (Scotland) Act
8. Developing Workforce Plans in Partnership
9. Three Year Workforce Plans Submission, Feedback and Publication Timelines
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11. Review of Workforce Planning Guidance

Appendix 1 – Three Year Workforce Plan Checklist
Appendix 2 – Workforce Planning Methodologies and Guidance documents

April 2022

INTRODUCTION: ABOUT THIS GUIDANCE

This document provides guidance to NHS Boards and HSCPs on completion of their Three Year Workforce Plans, for submission by **31 July 2022**, and for publication on organisations' websites by **31 October 2022**.

This guidance follows the March publication of the National Workforce Strategy for Health and Care, and should be read alongside the NHS Recovery Plan published in August 2021.

Although plans for social care reform are still in development, Three Year Workforce Plans should address the need to achieve a sustainable social care workforce, leading to the introduction of a National Care Service for Scotland.

NHS Boards and HSCPs are asked to assess upcoming workforce demand and need in their Three Year Workforce Plans, taking into account:

- their current workforce (undertaking a gap analysis comparing demand analysis with current workforce);
- their assessment of workforce needs to fill the gap;
- and an action plan to address the gap predicated on the Five Pillars of the Strategy

NHS Boards and HSCPs should:

Reflect the local workforce implications of the National Workforce Strategy (Recovery, Growth and Transformation) by describing:

- Short-term (12 months) workforce drivers focusing on recovery and remobilisation of local health and care services;
- Medium-term (12-36 months) workforce drivers focusing on sustaining growth and supporting longer term transformation;
- Outcomes of local establishment gap analysis comparing demand for future staff with current workforce numbers and skills; and in three year plans;
- Profile the numbers of staff and new roles required to achieve the above.

Use the 5 Pillars in the Workforce Strategy (Plan, Attract, Train, Employ, Nurture) as a framework in Three Year Workforce Plans, to:

- Detail the actions which organisations will take to recruit and train staff in sufficient numbers to deliver the future workforce;
- Describe the current workforce and issues affecting the quality of staff experience, wellbeing and actions to support the retention of current staff;
- Identify any short/medium-term risks to service delivery in meeting projected workforce requirements and outline actions in place to mitigate shortfalls.

While Three Year Workforce Plans are an important element of organisations' local plans (including service and financial plans), they should also inform national developments, providing workforce planning information to support Scottish Ministers' decisions on health and social care services. A checklist of content is suggested at **Appendix 1** to support local organisations in achieving this balance.

NHS Boards and HSCPs should ensure that their workforce planning uses an approach which best meets their individual organisational needs. Further guidance on workforce planning methodologies and supporting tools currently in use across local authorities, the third and independent sector, and NHSScotland is set out at **Appendix 2**.

1. PURPOSE OF GUIDANCE

1.1 The purpose of this guidance is to support a consistent and collaborative approach to the development of local Three Year Workforce Plans by NHS Boards and Integration Authorities (though Health and Social Care Partnerships), across an integrated landscape.

1.2 Following publication of the National Workforce Strategy in March 2022[1], this guidance provides further advice on the process for development and submission of Three Year Workforce Plans and sets out the main aspects that NHS Boards and HSCPs should consider.

1.3 In developing Three Year Workforce Plans, NHS Boards and HSCPs should provide workforce planning information aligning local activity with the Strategy. Using the "5 Pillars" identified in the Strategy (Plan, Attract, Train, Employ, Nurture) they should clearly outline actions to address these objectives at a local level.

What this Guidance will be used for

1.4 Three Year Workforce Plans will inform Scottish Ministers' decisions on:

- planned future models of care for health and social care services;
- aggregating local workforce needs into a national picture of workforce demand and supply requirements; and
- national approaches supporting the recruitment, training, and retention of a skilled and sustainable workforce.

1.5 It is imperative that organisations respond to each of the key questions set out in the ensuing sections as fully as possible, including quantitative detail throughout and clear narrative assessment.

1.6 Three Year Plans will also inform the Strategy's commitment[2] to build a national projected growth trajectory based on the Medium-term Financial Framework. This will help achieve better understanding, for example, of the linkages between staffing capacity and affordability and modelling around pay, terms and conditions.

1.7 A suggested checklist for Three Year Workforce Plan content is attached to this guidance in **Appendix 1**.

1.8 NHS Boards and HSCPs should ensure that workforce planning uses an approach which best meets their individual organisational needs. Workforce planning methodologies and tools currently in use across local authorities, the third and independent sector, and NHSScotland are set out at **Appendix 2**.

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[1] National Workforce Strategy https://www.gov.scot/isbn/9781804350058

[2] Page 45, National Workforce Strategy, "We will, for the first time, publish our indicative projections for Health and Social Care Workforce growth later this year. This will allow us to expressly incorporate evidence from a range of sources, including Three Year Workforce Plans and the forthcoming revised Medium-Term Financial Framework. We will review these projections annually, in line with new and emerging evidence."

2. NATIONAL WORKFORCE STRATEGY

2.1 The National Workforce Strategy for Health and Social Care in Scotland published in March 2022 sits within a wider planning landscape, supported at local level by NHS Boards' and HSCPs' Strategic, Operational, Financial and Workforce Plans:

2.2 The Strategy includes the following vision:

"A sustainable, skilled workforce with attractive career choices and fair work where all are respected and valued for the work they do"

focuses on three objectives:

- **Recovery**
- **Growth**
- **Transformation**

and sets out "Five Pillars of the workforce journey":

- **Plan** – supporting evidence-based workforce planning;
- **Attract** – using domestic and ethical international recruitment to attract the best staff into health and care employment in Scotland;
- **Train** – supporting staff through education and training to equip them with the skills required to deliver the best quality of care;
- **Employ** – making health and social care organisations "employers of choice" by ensuring staff are, and feel, valued and rewarded;
- **Nurture** – creating a workforce and leadership culture focusing on the health and wellbeing of all staff.

3. THREE YEAR WORKFORCE PLAN CONTENT

3.1 **To support the Strategy, Three Year Workforce Plans must respond to the following four questions:**

i. What are your current service demands (including recovery requirements and projected Board/HSCP population health needs), and the workforce requirements associated with these?

ii. What is your current staffing profile (including quantitative detail)?

iii. What is the establishment gap between projected service demand and your current staffing profile?

iv. What actions are you taking at a local level, in accordance with the 5 pillars of workforce set out in the Strategy, to support service growth and transformation, in line with your gap analysis (as set out at iii. above)?

Organisations are expected to provide a sufficient level of detail in their responses to fully reflect their key local challenges and priorities. They should align their action planning with recovery objectives and new resource allocations, and prioritise actions accordingly.

3.2 Using the Five Pillars in the Strategy, Three Year Plans should:

- Detail actions to attract, recruit and train staff in sufficient numbers to deliver the future workforce in the context of changing local workforce demography - reflecting local, national and international employment markets;
- Describe the current workforce and issues affecting the quality of staff experience, wellbeing and actions to support the retention of current staff;
- Identify short/medium-term risks to service delivery in meeting projected workforce requirements, and outline mitigating actions including service design and implementation of new technology-enabled care;

4. ALIGNMENT WITH SERVICE AND FINANCIAL PLANS

4.1 A key aim of the national approach to workforce planning is to ensure a robust and aligned approach across workforce, operational service and financial planning. Three Year Workforce Plans should therefore align with local service priorities identified in Medium-term Operational Plans (incorporating Board Annual Delivery Plans for 2022/23). These plans will be developed in partnership with Integration Authorities and submitted to the Scottish Government at the end of July 2022.

4.2 Three Year Workforce Plans should also align with local Financial Plans and financial planning assumptions, reflecting appropriately any issues of affordability in achieving the required future workforce.

5. NHS RECOVERY PLAN

5.1 The Scottish Government published the **NHS Recovery Plan**[3] in August 2021 which set out key ambitions aimed at addressing the backlog of care across the next five years while maintaining continued delivery of high quality health and care.

5.2 NHS Boards and HSCPs should ensure Three Year Plans reflect workforce implications associated with the priority areas outlined in the Recovery Plan i.e. Social, Primary & Community Care, Planned Care (including Outpatients and Diagnostics), Cancer Care, Unscheduled Care and Mental Health services.

6. NATIONAL CARE SERVICE FOR SCOTLAND

6.1 The Scottish Government's proposals for the development of a National Care Service (NCS)[4] recognise the significant challenges facing social care in Scotland, exacerbated by the Covid-19 pandemic.

6.2 Although the scope and nature of social care reform is still in development, Three Year Workforce Plans (particularly for HSCPs) should consider workforce implications of ongoing social care demand in advance of the development of a National Care Service. Based on organisations' existing service provision responsibilities, they should describe their projected workforce needs across social care and social work services in the short and medium-term s.

7. HEALTH AND CARE (STAFFING) (SCOTLAND) ACT

7.1 Progress is continuing on measures within the Health and Care (Staffing) (Scotland) Act, with the Scottish Government (SG) continuing to fund the Healthcare Staffing Programme (HSP) through Healthcare Improvement Scotland (HIS), and the Safe Staffing Programme (SSP) through the Care Inspectorate. HIS and Chief Nursing Officer Directorate (CNOD) have also developed a number of real-time staffing resources (for use during Covid-19), which will inform further developments.

7.2 HIS has developed a Self-Assessment Template to support NHS Boards in preparations for implementing the Act and its reporting requirements once in force. Feedback from testing indicates that this is a useful tool, both for external reporting to Scottish Government and internal reporting within local Health Boards.

7.3 A care management safety huddle tool[5] developed during the pandemic for use in care homes for older people is being used by HSCPs and others to mitigate identified risk. The tool is also informing the Care Inspectorate's approach to developing workload tools for social care.

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[3] NHS Recovery Plan 2021-2026 NHS Recovery Plan 2021-2026 (www.gov.scot)

[4] National Care Service - Social care - gov.scot (www.gov.scot)

[5] Safety_Huddle_Care_Management_Tool_-_update_for_Care_Inspectorate_newsletter_-_Final_20_August_2020.pdf (careinspectorate.com)

7.4 NHS Boards and HSCPs should use all available workforce modelling tools to inform their assessments of projected workforce demand in Three Year Workforce Plans.

8. DEVELOPING PLANS IN PARTNERSHIP

8.1 NHS Board and HSCP workforce planning leads should develop their Three Year Plans in partnership with stakeholders (including those in third and independent sectors and in primary care) and Trade Unions, to present an aligned and cohesive picture of health and care workforce need across their geographic areas.

8.2 There are also strong interconnections between strategic commissioning, service procurement and workforce planning. To support longer term workforce planning, third and independent sector providers will need strategic commissioning and workforce plans to be clear about what kind of care and support will be required, in order that they can plan and develop their workforce appropriately.

9. SUBMISSION, FEEDBACK AND PUBLICATION TIMESCALES

9.1 The timescales below align as far as possible with other extant requirements of NHS Boards and Integration Authorities:

- **By end July 2022:** Three Year Workforce Plans should be submitted in draft to the National Health and Social Care Workforce Plan Programme Office WFPPMO@gov.scot
- **By end August 2022**: Draft Three Year Workforce Plans will be reviewed and feedback provided by Scottish Government;
- **By end October 2022**: Three Year Workforce Plans to be published on organisations' websites with electronic side copy to the email link above.

10. ANNUAL REVIEW OF WORKFORCE PLANS

10.1 NHS Boards and HSCPs will require to review and update their Workforce Plans annually in the years between publication of full Three Year Plans. This will not require full new Workforce Plans and should reflect progress on actions and workforce planning assumptions.

10.2 Annual revisions to Workforce Plans should be submitted to the Scottish Government WFPPMO@gov.scot and updated Plans published on organisations' websites by the end of October each calendar year.

11. REVIEW OF WORKFORCE PLANNING GUIDANCE

11.1 Scottish Ministers strongly support the role of clear and consistent guidance in supporting employers to improve and integrate workforce planning so it fully informs and addresses national as well as local responses to demand. They recognise the need for more consistent linkage between workforce, service and financial planning, as well as commissioning processes.

11.2 While this Guidance relates to the submission of Three Year Workforce Plans, existing guidance on wider workforce planning will be revised to reflect this document and other developments including those on the Health and Care (Staffing) (Scotland) Act and the National Care Service for Scotland and published in due course.

Appendix 1

THREE YEAR WORKFORCE PLAN – INDICATIVE CONTENT CHECKLIST

Heading	Indicative Workforce Plan Content	Yes	No	n/a
Methodology	Our Workforce Plan has been developed using a methodology appropriate to the organisation's needs.			
Partnership Working	Our Workforce Plan describes the process for developing the three year plans.			
	A Responsible Officer has been appointed to ensure the development, submission and publication of our Three Year Workforce Plans in line with the timescales outlined.			
	Our Workforce Plan reflects discussions with stakeholders, including: • Local Service Planning Leads • Financial Planning Leads • Trades Unions • NHS/Local Authority/HSCP Workforce Planning Leads • Social work/social care Leads • Professional lead officers, including Nursing and Medical Directors, AHP Directors and Healthcare Science Leads • HR Leads • Third and Independent Sector Representatives • Primary Care Contractor Representatives • Other identified stakeholders			
	Our Workforce Plan development process has support from the organisation's senior management team.			
Alignment with other strategic documents	Our Workforce Plan aligns with other local strategic, service and financial plans. Our Workforce Plan reflects service priorities identified in our: • Medium-term Operational Plans (incorporating Board Annual Delivery Plans for 2022/23) • Strategic Plans			
	Our Workforce Plan reflects our local Financial Plan assumptions and affordability in achieving the required future workforce.			
Planning the required workforce	Our Workforce Plan describes how the workforce will support recovery, growth and transformation.			
	Our Workforce Plan analyses the health and care needs of the population and identifies the impact on local workforce demand.			

	Our Workforce Plan has considered internal and external environments and how they may impact on our services and workforce.			
	Our Workforce Plan has been informed by the use of available national workforce planning and workload tools.			
	Our Workforce Plan describes and summarises the workforce required in the short (12 months) and medium-term (36 months) to deliver the key service **recovery** and **growth** priorities, outlining • Required staff numbers (FTE/WTE) • Job Families and Professional Roles			
	Our Workforce Plan analyses our current workforce profile and considered the impact of • Age profiles and retiral projections • Leavers and turnover projections			
	Our Workforce Plan contains an analysis/description of the establishment gap between the projected future workforce need and current staffing in terms of overall numbers (WTE/FTE).			
	Our Workforce Plan considers options to meet required workforce demand (e.g. increased supply, improved productivity, demand suppression including surge capacity, bank use etc.).			
Action Planning	Our Workforce Plan details local actions required to achieve necessary changes to the workforce through: • Domestic Recruitment • International Recruitment • Service Redesign • Role Redesign • Staff Training and Development			
	Our Workforce Plan describes and quantifies opportunities to transform the delivery of health and care services identified or accelerated during the pandemic – e.g.: • Embedding and extending the role of Digital Health and Telecare using Virtual/Remote Consultations • Virtual Wards • Hospital @ Home • Extension of MDT (multidisciplinary team working) • Opportunities to support Mutual Aid, Joint and Regional Working.			
	Our Workforce Plan describes areas of workforce skills development that will be required to support future models of care/ service. Our workforce plans describe the need for and development of new posts/new roles/extension of current duties including:			

	• Advanced Practice roles; • Physicians Associates; • Assistant Practitioners roles; • Extended Social Care roles in Primary Care and Community settings • Other new roles			
Staff Wellbeing	Our Workforce Plan describes actions supporting the physical and mental wellbeing of our staff.			
	Our Workforce Plan considers workforce diversity and inclusion as a key part of profiling and defining future workforce requirements and needs.			
	Our Workforce Plan describes key workforce issues affecting the quality of staff experience, and projected impact of these on staff retention.			
Summary of Actions	Our Workforce Plan summarises actions being taken to address identified workforce challenges			
	Actions being taken align to the Five Pillars of the Workforce Journey contained within the National Workforce Strategy: • Plan • Attract • Train • Employ • Nurture			
Implementing and Reviewing	Our Workforce Plan identifies key workforce targets to be achieved.			
	Our Workforce Plan describes how/when targets and milestones will be measured.			

Appendix 2

Workforce Planning Methodologies and Guidance Documents

Workforce Planning Methodologies and Supporting Documents		
Publishing Organisation	**Document Title**	**Content Description**
Skills for Health - Workforce Projects Team	The Six Steps Methodology to Integrated Workforce Planning http://www.skillsforhealth.org.uk/resources/guidance-documents/120-six-steps-methodology-to-integrated-workforce-planning	Developed for use in the NHS, this methodology provides a practical guide to sustainable and evidence based workforce planning applicable across workforce and service based planning to support designing new ways of working
Skills for Care	Practical Approaches to Workforce Planning http://www.skillsforcare.org.uk/Document-library/NMDS-SC,-workforce-intelligence-and-innovation/Workforce-planning/Workforce-planning-guide.pdf	This guidance, is aimed at owners, managers and organisational leads responsible for workforce planning in small and medium sized organisations delivering adult social care. Though developed for use by social care providers in England the advice contained will, in part, be transferable.
Voluntary Sector Social Services Workforce Unit	Workforce Planning - A Toolkit for Voluntary Sector Social Services in Scotland http://www.ccpscotland.org/wp-content/uploads/2014/02/Workforce-Planning-Update-July-2009.pdf	Developed for application within the voluntary sector, the toolkit provides an introduction to the key stages involved in workforce planning. The tools included help build up the information required for voluntary sector organisations to develop workforce plans. The toolkit is structured around a set of six key stages of Workforce Planning.
National Improvement Service for Local Government in Scotland	*http://www.improvementservice.org.uk/workforce-planning.html*	A suite of tools, checklists and training materials which promote better understanding of the requirements for workforce planning and ensure effective workforce planning within Councils

NHS Forth Valley

WORKFORCE PLAN 2022 - 2025

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FOREWORD

NHS Forth Valley is an organisation that cares: cares for our patients, cares for each other and cares for the communities we serve and support. Delivering person-centred, safe and effective care and services remains a key priority for us and we believe if we get it right for our staff, then we will get it right for our patients and the communities we serve.

Our Workforce Plan 2022 – 2025 builds on the learning from the past and looks positively to the future. We are fortunate in Forth Valley to have a highly skilled and committed workforce**.** This enables us to plan our workforce effectively in partnership with key stakeholders - our staff, staff side colleagues and partners.

We are committed to maintaining an **appropriately trained and developed** workforce who, in their everyday interactions with patients, their families and each other, display our NHS Forth Valley values and behaviours. We have been developing innovative and new ways of working which have been enhanced by digital solutions. New roles continue to emerge that will enable different pathways of care.

A key priority is to further develop a compassionate culture where everyone treats each other **fairly and consistently with dignity and respect and where diversity is valued.**

The working environment is also important to us and we have committed to ensuring staff have access to a **safe working environment that promotes the health and wellbeing of staff patients and the wider community**.
Our three-fold workforce aims have not changed. These are

- To develop a modern, fit for purpose, sustainable workforce
- To be an exemplar employer and employer of choice
- To create and maintain a healthy and modern culture

In common with other Health Boards, NHS Forth Valley faces many challenges in relation to the delivery of ongoing affordable health care. In addition to implementing the NHS Forth Valley Workforce Plan 2022 – 2025, our key workforce priorities are:

- Refreshing Our People Strategy in line with the National Workforce Strategy by September 2022
- Implementing our approved Strategic Workforce Wellbeing Plan 2022-2025 including launching our new Wellbeing Website and Management Toolkit from August 2022
- Launching Our Culture and Compassionate Staff Programme in Autumn 2022
- Rolling out of Joy at Work from Autumn 2022
- Enhancing the Employee Voice through 'red flag' partnership meetings; Speak Up; Mediation; Patient Safety Visits; and Exit Interview programme
- Achieving a sustainable workforce through the new Retire and Return policy; Flying Finish programme; Ethical International Recruitment
- Increase Employability through our Anchor Institution work
- Focus on Attendance Management
- Exploring Regional Workforce Solutions
- Deliver eRostering Solutions

I would like to say a huge thank to everyone who has contributed to all that we do in our everyday interaction with our patients, partners and each other – it is a privilege to observe and be part of of these exchanges and to convert lots of what we do into this delivering this Plan. Our commitment to align service, workforce, infrastructure and financial deliverables is something we all aspire to achieve. I commend this Plan to you all.

Cathie Cowan, Chief Executive

WORKFORCE PLAN 2022 – 2025

The NHS Forth Valley Workforce Plan 2022 – 2025 has been developed using the guidance provided to NHS Boards within the Director's Letter (DL 2022 (09)).

The guidance followed publication of the National Workforce Strategy for Health and Care, The NHS Recovery Plan and both have explicitly highlighted the intention to improve the strategic alignment between workforce, financial and service planning.

The vision for this strategy is to deliver:

"A sustainable, skilled workforce with attractive career choices and fair work where all are respected and valued for the work they do"

In developing our three year workforce plan, we have used the Five Pillars of Workforce Planning to describe our proposed actions for delivering a sustainable workforce to meet the local projected short-term recovery and medium-term growth requirements across our services, as outlined within the National Workforce Strategy.

Plan: Supporting evidence-based workforce planning

Attract: using domestic and ethical international recruitment to attract the best staff into health and care employment in Scotland

Train: supporting staff through education and training to equip them with the skills required to deliver the best quality of care

Employ: making health and social care organisations "employers of choice" by ensuring staff are, and feel valued and rewarded

Nurture: creating a workforce and leadership culture focusing on the health and wellbeing of all staff

The Director of Human Resources is the Board Lead Director responsible for Workforce Planning across NHS Forth Valley.

Stakeholder Engagement:

The Workforce Plan 2022 -2025 reflects discussions with a number of stakeholders across NHS Forth Valley including:

- Professional lead officers (Executive Nurse Director; Medical Director; AHP Director and Healthcare Science leads);
- HR, OD and Learning Leads;
- Finance and Planning leads;
- Strategic Directors / Executive Leadership Team
- Staff Side colleagues
- Area Partnership Forum
- Area Clinical Forum

The Workforce plan aligns with our ADP and reflects our local financial planning assumptions.

In addition to the Workforce Plan there are Directorate 'risk-based' workforce action plans in place which have measureable objectives. Achievement against these plans will be monitored through our Staff Governance Committee quarterly.

Key Timescales:

Scottish Government will review the Workforce plan and feedback to NHS Forth Valley at a meeting with key officers (workforce, finance and planning leads) on 29th August 2022

Changes will be made as necessary thereafter to the Workforce Plan and will be shared through our Governance Structures, Executive Leadership Team 12th September 2022; Staff Governance Committee on 16th September 2022 and NHS Board Meeting on 27th September 2022 for final approval

NHS Forth Valley Workforce Plan will be published on NHS Forth Valley website by 31st October 2022

POPULATION CONTEXT

NHS Forth Valley is one of 14 regional Health Boards and serves a population of more than 310,000 in a diverse geographical area which covers the heart of Scotland. It covers 3 council areas: Clackmannanshire, Stirling and Falkirk.

We provide a range of primary, community based, and acute hospital services and have strong strategic partnerships with our 2 Integration Joint Boards; 3 local authorities and our local University and College Boards.

Our modern acute hospital in Larbert is one of the most advanced and well equipped in Europe and is supported by a network of four community hospital, 56 health centres, day centres providing care and support for patients with mental illness and learning disabilities and a wide range of community-based services. In addition, NHS Forth Valley provides services to 3 National Prisons.

NHS Forth Valley has an annual budget of £640m and is the largest employer in the area.

The majority of our staff live in postcodes covered by the Health Board area so will reflect the demographics of the population. Our central geographical position means that we also attract staff from (and lose staff to) Fife, Lothian, Lanarkshire, Greater Glasgow & Clyde and Tayside.

OUR CURRENT WORKFORCE

Workforce Drivers

Since the publication of the last Board Workforce Plan, in 2019, many things within the NHS in Scotland have changed. The UK is no longer a member of the European Union, with BREXIT having been completed in December 2019; and the service is still going through the biggest challenge to public health and healthcare since the NHS was established in 1948. The COVID-19 pandemic has dramatically realigned priorities for all NHS Boards and changed significantly some of the challenges that the Board faces. What has not changed is the need to define, identify, attract and retain a workforce for now and into the future. The significant challenges and workforce drivers are:

- Changing demographic and epidemiology
- • National Strategies and Policy Directions notably the National Workforce Strategy for Health and Social Care in Scotland
- Health and Social Care Integration
- Preventative and proactive care to tackle health inequalities
- FInancial position nationallly and locally with £29.4 m savings target
- Ongoing service redesign across primary, community and acute care locally and regionally
- Mutual aid and regional working
- Labour market and recruitment and retention challenges including impact of changes to pensions and tax contributions.
  Economic - cost of living challenges including high inflation and impact on workforce e.g. likely industrial action

WORKFORCE AT A GLANCE

Our Workforce at a Glance as at 31st March 2022. Full details can be found in appendix 1.

WTE - 5882.17

Headcount - 6901

93.6% of the workforce are permanent

Nursing / Midwifery = 52.44% of the workforce

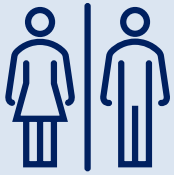
39% of the workforce are 50+

10% of the workforce are 60+

44.79% of workforce are part-time

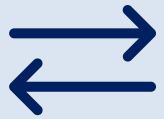
Turnover 2021/22 – 11.09%

85.8% of the workforce are female



6.02% absence rate 2021/22

1179 Joiners



912 Leavers

FINANCIAL CONTEXT

The financial position for 2022/23 and beyond remains extremely challenging and it is recognised that the scale and magnitude of the financial pressure has increased during the course of the pandemic.

Uncertainty regarding the wider economic outlook is also a significant concern in light of the financial challenges and key messages flowing from the Scottish Government's recently published resource spending review and medium-term financial framework.

In order to respond to these challenges, savings equivalent to 5% of our recurring baseline budget will be required year on year in order to achieve financial balance. As a result, it is clear that major reform and transformation of health and social care services is essential if we are to deliver better care, better health, and better value on a sustainable basis.

It is acknowledged that transformation will require a whole systems approach to embed innovation, quality, and efficiency in how we deliver local services and our workforce will have a key supporting role to play in this. A savings target of £29.4m has been identified for 2022/23 with further cumulative 2-year savings target to 2024/25 estimated at £45.5m. Work is underway in conjunction with the Corporate Portfolio Management Office (CPMO) to progress a medium-term cost improvement programme to deliver these savings on a recuring basis over the coming 3 years through the development of a pipeline of innovative efficiency projects.

FINANCIAL CONTEXT

Fit for Purpose Tests

The National Workforce Planning Framework identifies three principles which must be met to ensure workforce planning conclusions are fit for purpose:

Affordability	Availability	Adaptability
Most of our overall budget relates to staff costs. As a result, it is critical that we ensure best value in the use of this resource. This will involve whole systems working across boundaries and the development of integrated workforce plans in conjunction with our Health and Social Care Partnerships and other stakeholders. It is acknowledged that the complexity of services and inter-relationships between organisations make integrated workforce planning more difficult, but this is essential if we are to deliver truly patient centered care in the right place at the right time. To this end, NHS Forth Valley will endeavour to ensure that workforce planning is effectively integrated with partners, reflects the transformation agenda and post pandemic recovery and is fully aligned with our financial planning arrangements. In terms of delivery of savings targets, any planned staff cost reductions will be linked to digital innovation and workforce redesign programmes underpinned by clear strategies to demonstrate affordability. Our medium-term financial strategy sets out the total resources available to deliver NHS Forth Valley's strategic priorities informed by our strategy deployment approach are designed to optimise health and wellbeing outcomes for our local population. It is essential that our strategic priorities are delivered on a sustainable financial basis within the statutory Revenue and Capital Resource Limits set by Scottish Government. Our overarching approach to this is to deliver better value by driving out waste, inefficiencies and unwarranted variation whilst improving quality of services and outcomes for patients, and maximising opportunities from digital developments and innovation.	Whilst NHS Forth Valley is advantaged by its geographical location enabling us to recruit across the East and West of Scotland, as well as from the central belt, we recognise that we are recruiting from an intensely competitive labour market. We must continue to be an exemplar employer and to ensure that we retain and recruit the staff we need to deliver the highest standard of services for our patients.	This iteration of NHS Forth Valley's Workforce Plan clearly demonstrates that our workforce is changing to meet the needs of our population and is aligned with both financial and service planning, as well as supporting our Local Delivery Plan. We will continue to develop roles and services to ensure that we have the right people, doing the right thing, in the right place at the right time. In addition, our future projections aim to ensure that National planning for all training places takes account of capacity throughout NHS Scotland to provide clinical placements, mentoring, assessment, tutelage and guidance.

EQUALITY & DIVERSITY STATEMENT

NHS Forth Valley is committed to ensuring that all our employment policies and practices for staff are fair, advance equality of outcome, eliminate discrimination and foster good relations. To inform our areas of improvement we gather quality monitoring data covering all our staff. We will publish an annual summary online of the employment monitoring data we have collated and considered in our workforce equality and diversity reports.

Work is underway to develop a new minority ethnic network for local staff across NHS Forth Valley to help champion diversity and inclusion.

NHS Forth Valley Equality & Inclusion Strategy NHS-Forth-Valley-Equality-and-Inclusion-Strategy-2021-2025 "Everyone Means Everyone" was approved by the NHS Board in November 2021. The strategy was developed with patient and public partners, Equality & Diversity advisors, local equality groups, national benchmarking and staff across the system.

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.

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.

The delivery plan EQUALITY AND INCLUSION STRATEGY 2021 DELIVERY PLAN.docx 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.

All staff will experience a caring and listening work environment which is free from discrimination, specific focus will be given to monitoring the experiences of those from protected characteristic groups. The plan aims to:

- Gain a better understanding why some groups,
  e.g. Black, Asian and minority ethnic applicants, and disabled applicants,
  are proportionately less likely to apply/succeed in getting jobs than other groups
- Involve staff in decision and staff networks e.g. BAME.
- Obtain Disability Confident Leader status.

CURRENT WORKFORCE CHALLENGES

Nursing & Midwifery

The context in which Nursing and Midwifery care is provided across the health and care system of Forth Valley is constantly changing, with the requirement to be responsive to patient demand and need as well as local and national policy drivers. There are also a number of factors which need to be taken into consideration that impact both demand and supply both in the short term and longer term when planning the Nursing and Midwifery workforce required across Forth Valley:

Impact of Covid Pandemic and National Policy Drivers

Demand

- Currently seeing increased patient acuity and complexity (within acute and community services – akin to winter pressures but now all year round) which results in an increased need for 'enhanced observations and additional staff to respond to needs
- Increased need for new services, teams and models of care across the health and care system
- Increased requirement for additional senior clinical decision makers i.e. ANPs to augment other healthcare clinical roles
- Increased need for alternative contingency beds within in-patient services in response to current patient demand
- Growing prison population with an increased need for prison healthcare services which continues to be a recruitment challenge

Supply

- Current staff absence due to Covid is reducing existing workforce and creating a reliance on supplementary staffing to maintain safe staffing levels
- High staff turnover in some areas e.g. District Nurses, Health Visitors
- High demand for experienced and appropriately trained staff compounded by loss of experienced staff through retirement
- Ageing staff workforce profile across certain areas
- Movement of staff from often difficult to recruit to areas into other specialist areas to progress their careers e.g. midwives moving into Health Visiting and Family Nurse Partnerships roles or Learning Disability nurses moving into CAMHs etc. due to lack of career pathway options
- Increased staff demand for flexible working options to enhance work-life balance has seen an increase in requests for the creation of part-time posts, particularly within midwifery services

CURRENT WORKFORCE CHALLENGES: NURSING AND MIDWIFERY

Planning the Nursing and Midwifery Workforce

The following sections outline the key drivers that influence the ways in which the Nursing and Midwifery workforce across Forth Valley is planned across the different fields of practice and developed to ensure that it continues to be responsive and sustainable by having a focus on both building and progressing careers.

NHS Forth Valley is focused on providing the highest quality of Nursing and Midwifery care. Our nursing and midwifery workforce is underpinned using workforce and workload assessment tools which have been in place and used consistently within NHS Forth Valley.

The information from the tools continues to inform nursing numbers and skill mix appropriate for each clinical area and specialism. These tools have been implemented across all areas including Mental Health, Paediatrics, Neonates, Community Nursing, Midwifery, Community Hospitals and Acute Services. We are committed to using the tools on a regular basis and feedback through reporting structures to ensure safe and efficient staffing in NHS Forth Valley.

Planning for the workforce will also now be underpinned by the duties imposed on Boards through the new Health and Social Care (Staffing) (Scotland) Act which gained Royal Assent in June 2019. This is the first comprehensive multi-disciplinary workload and workforce planning legislation in the UK.

The new law aims to provide high quality care and improved outcomes for those using Health and Social Care services. It will also embed openness in decisions about staffing across all clinical staff groups.

Health boards will have a duty to:

- Ensure appropriate staffing for Nursing and Midwifery
- Follow a common staffing method
- Have real time staffing assessments in place with a risk escalation process.

CURRENT WORKFORCE CHALLENGES: NURSING AND MIDWIFERY

Transforming Nursing Roles

NHS Forth Valley is supporting the workforce priority within the Healthcare Strategy, ensuring that staff are being supported to take on new roles and develop new skills to meet the current and future needs of the people of Forth Valley. NHS Forth Valley has embraced the national approach to Transforming Nursing Roles and this is reflected as a key priority in the Nursing and Midwifery strategy "We Care" 2021-2024.

Advanced Nurse Practitioners (ANPs)

NHS Forth Valley are robustly supporting the professional and clinical development of the ANP role with a specific NHS Forth Valley Advanced Practice Workforce Framework and Governance Framework now in place. This ensures a consistent approach is taken in the development and support of these clinical roles going forward. Currently there are 138 Advanced Practitioners working across a range of settings within Forth Valley. ANP roles can be found within a range of services in Acute Services, Hospital at Home, Urgent Care, Out of Hours, Primary Care and Clinical CHART and Portfolio ANPs, Same Day Emergency Care, Prison Health Care, Mental Health, Hospital at Night and more recently the development of roles within the Emergency Department.

It is recognised that this requires significant educational commitment and investment to underpin the provision of high quality safe and effective practice. The combination of academic preparation to achieve a master's level qualification, clinical competence development and effective clinical supervision is the tripartite approach to the training, education, and maintenance of competency of the ANP. At present (June 2022) NHS Forth Valley is supporting the development of 40 trainee ANPs. These are across Acute, the Out of Hours service, daytime GP Practice, Prisons, Community Hospitals, Paediatrics, Mental Health and District Nursing. Although the ANP role is not a recordable title within the Nursing & Midwifery Council (NMC) register the responsibility for competence remains embedded within the NMC code.

CURRENT WORKFORCE CHALLENGES NURSING AND MIDWIFERY

To ensure good governance processes are in place the Directorate of Nursing hold a register of all currently employed ANPs as well trainees. Strict adherence to the competency framework is in place and is consistent with the national recommendations from the Chief Nursing Officer Directorate.

We will continue to review all nursing posts as they become vacant, but we are also planning for the future. To embrace the predicted diminishing Medical workforce in NHS Scotland, we are scoping and planning alternative solutions to support junior medical rotas. An example of this is in acute specialities such as Emergency Medicine where there remain gaps in medical rotas. This is often supported by using transient medical staff which can be both expensive and variable in ability, availability, and knowledge of the local processes. As an alternative, we can maximise the contribution of the Nursing workforce and develop advanced practice to ensure we meet the department demands and maintain and increase our standards of performance.

Learning Disability Nursing

The number of new registrants in Learning Disability (LD) Nursing has steadily increased over recent years, however these numbers are still not meeting demand across Forth Valley and indeed Scotland. There are ongoing challenges recruiting to Band 5 Learning Disability Nursing vacancies particularly within the community and there has been a significant loss of experienced registered LD nurses who have now retired.

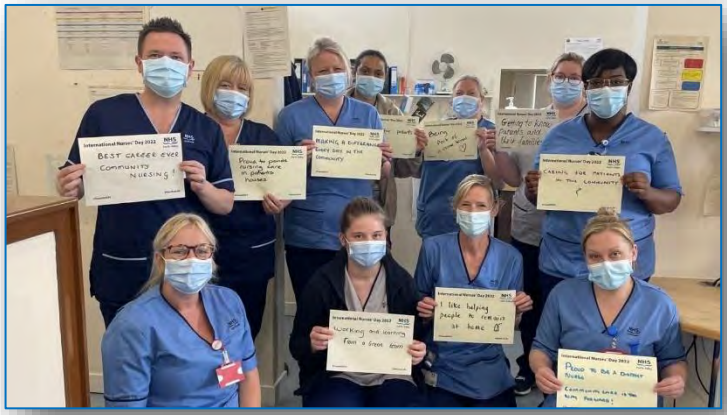
Student nurse intake numbers have increased slightly but only two universities offer the Registered Nurse Learning Disability (RNLD) course. This is now being discussed at a national level due to the national shortage. NHS Forth Valley has also increased its number of student placements within LD settings to encourage students to consider future employment in Forth Valley and is working alongside Forth Valley College and the 2 universities to attract students undertaking the HNC in Healthcare, upon successful completion of their programme, to enter into year 2 of their LD nurse training. We have also taken a targeted approach to recruit Return to Practice students who were previously registered LD nurses.

CURRENT WORKFORCE CHALLENGES: Nursing and Midwifery

Community Nursing Services

As we continue to progress with supporting the implementation of legislation including the Public Bodies (Joint Working) (Scotland) Act 2014 and the Children and Young People (Scotland) Act 2014 with Health & Social Care Integration, Community Nursing services are facing new challenges in relation to national policy drivers with the added difficulty in recruiting experienced and appropriately trained staff for available posts.

The ageing staff workforce profile also presents a significant challenge.



Health Visiting

Following on from CEL 13 and the refocusing of the Health Visiting role in 2015 there was a successful Scottish Government programme to increase recruitment and training of the Health Visitor workforce locally.

This was to ensure we would meet the requirements of:

- the Children and Young People (Scotland) Act 2014, underpinned by the Scottish Government's commitment to the United Nations Convention on the Rights Child
- Increased emphasis on care planning via team around the child to ensure children's needs are met
- The Promise Scotland (2021)
- Embedding the use of the National Practice Model for assessment
- Meeting the requirement of caseload sizes as per Caseload Weighting Tool to ensure safe staffing

CURRENT WORKFORCE CHALLENGES: NURSING AND MIDWIFERY

For the Health Visiting Workforce, consideration is being given to:

- Implementation and re-introduction of the full Universal Health Visiting Pathway as part of the COVID-19 recovery plan
- Development of a workforce programme to support the ongoing recruitment and training of appropriately educated experienced and knowledgeable staff
- Leadership development within Health Visiting including Queen's Nursing programme, and The Scottish Coaching and Leading for Improvement Programme (SCLIP)
- Implementation of the revised NMC education standards, Standards of Proficiency for Registered Nurses
- Supervision for all Health Visitors and preceptorship for newly qualified Health Visitors
- Skill mix review of Health Visitor teams including an increase in the number of team leaders to support excellence in care and clinical supervision and administration staff to support the role of the named person

School Nurses

The publication in April 2018 of the Chief Nursing Officer Directorate (CNOD) Transforming Nursing Role Paper 4, "The School Nursing Role in Integrated Community Teams" set out a clear direction for School Nursing. This publication outlined 10 priority areas for School Nursing. This resulted in a period of significant change and refocusing of the School Nursing role and remit but will better enable the service to support children and young people in multiple areas. The Scottish Government provided funding for a further 250 School Nursing posts nationally in Autumn 2018 with an end date of Jan 2023. NHS Forth Valley was proactive in progressing the recruitment of appropriately trained School Nurses based on a 'Grow your Own' model. As a result, the service is on track to meet the target completion date of January 2023 despite significant disruption to the education programme due to the COVID-19 Pandemic.

For the School Nursing Workforce consideration is being given to:

- Completion of the 3-year programme to recruit an additional 16 members of staff required to complete the Specialist Practitioners School Nursing Course to enable NMC registration as a School Nurse in line with Scottish Government funding allocation
- Training Needs Analysis for existing staff and mapping of provision is required in areas that are new to the School Nursing service e.g., youth justice
- Learning & Development of existing school nurses to support learning in line with the 10 priorities e.g. CAMHS, Youth Justice, Looked after Children (LAC) Service and Homeless Services
- Supervision for all School Nurses and preceptorship for newly qualified School Nurses
- Leadership development including Queen's Nursing programme, Leading for the Future and SCLIP
- Implementation of revised NMC education standards, Standards of Proficiency for Registered Nurses
- Implementation of all 10 priority areas of the school nurse pathway

CURRENT WORKFORCE CHALLENGES: NURSING AND MIDWIFERY

Family Nurse Partnership

Family Nurse Partnership (FNP) became a permanent service in August 2017. All pregnant teenagers across NHS Forth Valley expecting their first baby are offered a Family Nurse. The full implementation of the team was achieved in September 2019. However, the Scottish Government Pledge to extend the age for eligibility for the programme from 19 years to 21 years and up to age 24 years for all care experienced young people expecting their first baby will be challenging to achieve within our current staffing allocation. A scoping exercise is currently underway to identify the extent of the possible staffing gaps to inform discussion with the Scottish Government. This programme remains fully Scottish Government funded.

Consideration will have to be given to the following:

- Workforce Scoping exercise
- Impact of recruitment on other services traditionally Health Visiting and Midwifery
- National training provided via NES moving to master's level for all Family Nurses and Supervisors
- Support of local training and skills development
- Experienced staff however they are most likely to be new to FNP role

Child Protection Service

NHS Forth Valley supports the rights of all children and young people in Forth Valley to be cared for and protected from abuse and harm in a safe environment in which their rights are respected. NHS Forth Valley will work collaboratively at all levels within health services and across partner agencies to promote the wellbeing and safety of our children and young people. NHS Forth Valley Child Protection Service support the aims of the above vision and works, both internally with NHS Forth Valley staff and with partner agencies, to ensure that needs and risks are identified for our vulnerable children including those in need of protection and that appropriate action is taken to support their wellbeing.

To ensure we meet this vision the service will:

- Support NHS Forth Valley Services with the Implementation of the revised Child Protection Guidance by Sept 2023
- Support services to comply with The Promise Scotland 2021
- Support and inform NHS Forth Valley to ensure compliance with The United Nations Convention on the Rights of the Child
- Support and inform NHS Forth Valley to ensure compliance with the GIRFEC principles across all areas of practice where children and young people are involved

CURRENT WORKFORCE CHALLENGES: NURSING AND MIDWIFERY

For the Child Protection Workforce consideration is being given to:

- The introduction of the revised Initial Referral Discussion (IRD) process (eIRD)
- Implementation of the new Multi-Agency Learning Review Model (Sept 2021)
- Revision of a single and multi-agency Child Protection Learning & Development Programme
- Review and update NHS Forth Valley Child Protection Guidance to Child Protection Policy
- Extension of provision of Child Protection Supervision

Community Children's Nursing Team / Paediatric Daycare Unit

Nationally it is recognised that there is a gap in education for Community Children's Nurses. This is having an impact on the competency of staff who can be attracted to community posts. NHS Forth Valley is represented at Strategic Paediatric Educationalists and Nurses in Scotland (SPENS) where this is being discussed.

Anecdotal evidence would suggest that the number and acuity of patients in each speciality has increased over the past 10 years, including treatment options. Currently NHS Forth Valley is undertaking a scoping exercise to understanding what changes in the staffing allocation are necessary.

There are technological advances currently being made available within the Paediatric Diabetes Service which will have a significant impact on the learning requirements for staff, children and families and education services. This includes the new National Institute for Health and Care Excellence (NICE) guidance on the use of Continuous Glucose Monitoring (CGM) for all patients on Insulin pumps. NHS Forth Valley is waiting on the NICE guidelines being adopted nationally before acting in relation to staff.

Children's Ward /Acute Inpatient Paediatrics Service

Currently NHS Forth Valley has a stable Paediatric Nursing workforce. It is important however to note that as Scotland has a smaller population of Paediatric Nursing staff in comparison to Adult Nursing, NHS Forth Valley can have some recruitment difficulties at certain points of the year. The reason for this is that the Health Board is positioned adjacent to several larger Health Boards in the Central Belt who normally attract new recruits.

NHS Forth Valley is currently progressing a 'grow your own' sustainable workforce in Advanced Nursing Practice. This is to ensure a safe and effective service in the coming years when it is predicted that there will be a reduction in medical workforce.

CURRENT WORKFORCE CHALLENGES: NURSING AND MIDWIFERY

Children's Complex Care Team

Advancements in medicine over the past few years we are seeing many more babies and children surviving longer term with more complex issues that require individualised care packages. Recruitment to these packages requires ongoing funding to ensure these patients and their families are given this vital support to care for their child in their own home. In recent times NHS Forth Valley has supplemented the workforce with bank staff to meet this increasing need. The Health Board however has now authorised the recruitment of a substantial workforce.

Neonatal Unit (NNU)

The Best Start Programme for the redesign of Neonatal Services will impact the staffing requirements for the inpatient unit. There is a planned reduction of Level 3 NNU's, 3 in total across Scotland resulting in babies who do not require ITU support being transferred to other NNU's to support the Level 3 units. There is a drive for early discharge from hospital which will impact on the Neonatal Outreach Team and will require investment into this team to provide a wider service to support this.

With the predicted reduction in Medical workforce over the next few years, there is a requirement for advanced nursing practice to be supported to ensure safe and effective care can be provided in an acute setting.

Similar to the comment noted for Paediatric Nursing Teams, Neonatal Nursing has a small population of qualified staff from which to recruit. Previously NHS Forth Valley has had challenges in recruiting. This is being addressed through active recruitment practice e.g., advertising via social media and widely sharing with networks.

CURRENT WORKFORCE CHALLENGES: NURSING AND MIDWIFERY

Vaccination and Immunisation Team

The Immunisation Team has expanded at pace to meet the needs of the pandemic while also transferring responsibility for the delivery of all vaccination programmes away from General Practice to Health Board, in accordance with the Vaccination Transformation Programme (VTP - Scottish Government 2017).

This increased activity required NHS Forth Valley's Vaccination and Immunisation Team to increase from 13 WTE registered nurses to a team of 112 WTE, made up of Registered Nurses and the newly introduced Band 3 Vaccinator. Band 3 Vaccinators work under the supervision of the Registered practitioner to administer flu and Covid vaccinations in accordance with national protocols. The Health Board works on a ratio of 1 registrant Vaccinator (Band 5) to 3 unregistered Vaccinators (Band 3)

Currently recruitment has been good to the Vaccination and Immunisation Team, however staff retention has been more challenging. On exit interviews it appears that the repetitive nature of the post and recently the lack of clarity of the service model in the long term has influenced people's decision to leave post after on average 6 – 12 months. This has been mirrored nationally.

Key Issues for this team are:

- National guidance is outstanding about the scope of practice of the Band 3 Vaccinators going forward. For example: they can currently administer flu and Covid vaccines but no others.
- The future of large vaccination programmes/delivery models/programme expansion is unconfirmed
- National governance on large scale programmes has given little flexibility to local teams in matching workforce-timeframes
- The recent expansion of the Vaccination and Immunisation Team has had an impact on recruitment for acute service.
- Funding for workforce for the Immunisation Team is still under close review both locally and nationally to secure a long-term recurring funding for the service

Recently the team have offered learning placements to the year 2 student cohort under the direction of the Practice Education Facilitator (PEF).

Staff learning has been streamlined nationally with National Education for Scotland (NES) providing a great learning resource on Turas.

CURRENT WORKFORCE CHALLENGES: NURSING AND MIDWIFERY

District Nursing

There is provision of a wide range of community-based nursing services which are delivered in homes, Health Centres and clinic settings across Forth Valley. These are provided by the District Nursing Service who play a crucial role within the Primary Healthcare Team. They visit people within their own homes, Care Homes, (residential and Nursing Homes) and Treatment Rooms providing increasingly complex care for patients and supporting family members and carers.

Services are delivered locally where possible, working to meet the needs of patients of varying complexity with access to area wide specialist teams where appropriate, these include services such as the Hospital at Home Team, Reach Team, Continence Services, Tissue Viability and the Hospice.

District Nursing work remains both preventive and supportive. It is responsive and able to deliver anticipatory care rather than crisis led intervention, allowing people to live independently, supporting health and wellbeing for both them and their carers; and supporting self-management. People are living longer, often with complex health conditions.

In order to build a district nursing workforce which is fit for the future and in line with the 2020 and 2030 vision the following is taken into consideration:

- Increasing patient frailty and complexity and an ageing population
- Increasing number of patients who receive end of life care at home
- Increase in post operative care required due to earlier discharges from hospital
- Requirement for effective care for people with long term conditions, establishment of nurse-led, person centred, outcome focused, anticipatory programmes of care which support resilience and self-management
- The need for continuous improvement with a focus on better personal outcomes for those in our care
- Prevention and early intervention to support the public to manage their health conditions
- Impact of social deprivation, housing, and employment
- Service changes and improvements as a direct result of the covid pandemic

There is currently a Transforming Community Nursing Delivery Plan in place and the review of the District Nursing workforce and requirements going forward has identified that although there are a significant number of Band 5s likely to retire within the next six years. recruitment to these posts is generally not an issue.

Although recruitment to Band 6 posts remains a challenge nationally, with current District Nursing trainee numbers and continuation of the transformation plan and model over the next 3 to 6 years, the District Nursing Service is on target to fill upcoming vacancies. In addition, in line with predicted retirals and the career pathway there is a requirement to support a minimum of four staff per year to complete the District Nursing Specialist Practitioner Qualification.

CURRENT WORKFORCE CHALLENGES: NURSING AND MIDWIFERY

District Nursing

Work continues to support the development of staff in line with the DN Career Framework. This has therefore meant over the last few years; a significant number of staff have been supported to develop Advanced Practice skills, however, in terms of career progression, they have moved onto other services. This has further impacted on the ongoing issue in relation to recruitment and retention of District Nurses. Work through the Transformation Plan has therefore focussed on the development of career pathways and has recently seen the introduction of the addition of Level 7 ANPs to the DN workforce to ensure provision of assessment and care at a senior level of advanced clinical decision-making for highly complex patients. Working as part of the integrated team, ANPs will prevent hospital admission and support timely discharge. Other aligned community roles such as Tissue Viability and Continence remain difficult to recruit to due to lack of specialist qualification needed for the roles. This has resulted in a need to take more targeted approaches to the recruitment and development of these roles and exploring a 'growing from within approach'.

General Practice Nursing (GPN)

As with other community services the GPN workforce also has an ageing demographic that will see further anticipated retirements in the next couple of years. The revised General Medical Services (GMS) contract altered the role of the GPN with aspects of the role moving to health board responsibility for example treatment room provision, aspects of long-term conditions monitoring and immunisation. The CNOD Transforming Nursing Roles Paper 6 published in 2018 focused on the revised role of a GPN as part of the wider Community Team.

For General Practice Nursing consideration has been given to:

- Workforce demographics and anticipated high retirement rate in the next 3-5 years
- Changing composition of Primary Care within practices and locality hubs including Mental Health Practitioners, ANPs, Care and Treatment Nurses and Immunisation Teams
- Continuing to promote paper 6 with GP workforce and GP clinical leads to encourage individual practice discussions on levels of practice and promoting career opportunities and enhancing integrated working with community nursing teams. Lead Practice Nurses hours increased to allow a greater focus on this area
- Leadership development within GPNs including Queen's Nursing programme, Leading for the future and SCLIP

CURRENT WORKFORCE CHALLENGES: NURSING AND MIDWIFERY

Prison Nursing

Prison Nursing continues to experience a high turnover of staff with poor retention of staff and difficulty in recruiting to vacancies. The high turnover of staff has led to a significant loss of skills and knowledge. This applies both clinically and to the custodial environment. 16.5% of the workforce are over the age of 55 years.

The following actions and considerations have been taken for prison healthcare:

- Workforce planning – The 3 prison establishments continue to utilise the professional judgment tool. Our prison population continues to grow and the needs are becoming more complex
- An active recruitment campaign has taken place since the beginning of the year with a SNAP campaign; participation in Newly Qualified Generic Recruitment, Open Days at HMPYOI Polmont and HMP Glenochil, promotion on social media, participation in recruitment events at University of Stirling and University of Dundee and filming of a recruitment video
- Increased placements at all 3 prison sites for Adult, Mental Health & Learning Disability Students
- Robust career pathway in place with increase in Band 6 & Band 7 posts. These are both in clinical and leadership/management roles
- Consideration being given as to how the role of the Healthcare Assistant Band 3 can be developed & expanded to support the Mental Health, Primary Care & Substance Use Teams
- Actively recruiting to practice nurse posts to support the increasing management of people with long-term conditions within the prison setting and reviewing the appointment system
- Engagement with staff on implementation of a hybrid model of rostering
- Supporting Leadership & Development Training for all prison nurses

CURRENT WORKFORCE CHALLENGES: NURSING AND MIDWIFERY

Child and Adolescent Mental Health Services (CAMHS)

Treatment of children and young people's mental health difficulties requires mental health nurses to have advanced knowledge and skills in a diverse spectrum of mental health difficulties. Nurses are required to be experienced and trained in advanced assessment techniques as well as evidenced based psychological therapies and non-medical prescribing. Due to a National workforce shortage of experienced child mental health nurses, the retention and development of the workforce is crucial to achieving local and national delivery plan targets which aims to see waiting times for this service reduced to 18 weeks by March 2023. The CAMHS Service Specification (ScotGov, 2020) sets out a clear outline for the priorities of the service.

A recent review of NHS Forth Valley recruitment within the mental health sector aims to recruit newly qualified Band 5 nursing posts prior to qualification offering them the opportunity of a substantive post within CAMHS. NHS Forth Valley also aim to build on and up skill the existing nursing workforce across Bands 5-7 with the aim of providing succession planning within our own workforce. Developments will include the addition of the roles laid out in the Transforming Nursing Roles and this is reflected as a key priority in the Nursing and Midwifery strategy "We Care" 2021-2024. FV CAMHS have also recently employed three new Clinical Support Workers to the team. This has had a positive impact, and improved flexibility of the care the service is able to provide.

In addition, specialist roles and training are now required in family-based treatment for eating disorders, administering the Assessment and Diagnosis Observation Schedule (ADOS), and providing care and treatment to those children and young people with the most serious of mental health disorders. The implementation of the Intensive Child and Adolescent Mental Health Service (iCAMHS) brings Forth Valley in line with other CAMHS teams across Scotland with the aim of providing intensive treatment to those children most seriously affected by poor mental health, reduce inpatient care and enable patients and families to be supported within the community. Options for managing Unscheduled Care are also being considered and plans are afoot to liaise with similar nurse led services and develop Forth Valley CAMHS in line with national developments. There is also initial consideration being given to Tier 4 Eating Disorder Services, Paediatric Liaison Services, CAMHS Out of Hours Service and extending the age range of our population with specialist characteristics such as Care Experienced children.

CURRENT WORKFORCE CHALLENGES: NURSING AND MIDWIFERY

Child and Adolescent Mental Health Services (CAMHS)

As a key action within The Scottish Governments Mental Health Strategy 2017-2027 - a 10-year vision, ongoing support is in place for tier 1 and tier 2 professional. The aim of this is to build and sustain relationships and collaborative working across primary care and children's services to improve the identification of children who have or are at risk of developing mental health difficulties. A further aim is to facilitate those working with young people to develop strategies which support young people's mental health and wellbeing. The CAMHS nursing workforce continues to provide training to increase awareness in children's mental health to support those working with children and young people and to develop an awareness of the resources available to support young people.

For CAMHS the following are key requirements:

- Continuing Professional Development (CPD) and accredited training for existing mental health nurses in relation to intensive treatment including Family Based Treatments in Eating Disorders, Cognitive Behavioral Therapy, Family Therapy and Non-medical Prescribing
- Development of competency-based learning to providing development opportunities for newly qualified registered mental health nurses (RMN) across Band 5 and Band 6 to ensure workforce retention and succession planning
- Continuing to support and develop tier 1 and tier 2 professionals through opportunities for direct training, education, supervision and capacity building across all children's services including Paediatrics, Health Visiting, Family Nurse Partnership and School Nursing
- Continuing to develop and implement varied groups to support children, young peoples and families through education of mental health and wellbeing and ensuring continuity of care
- The implementation of Choice and Partnership Approach (CAPA) to improve access to our service, reduce waiting times and ensure CAMHS are the most appropriate service to provide care to the family at this time

CURRENT WORKFORCE CHALLENGES: NURSING AND MIDWIFERY

Midwifery Services

Implementing the outcomes and recommendations from the national review of Maternity and Neonatal care in Scotland "Best Start". The recommendations require that services are remodelled to ensure that Continuity of Carer, Transitional Care Models, and an Alongside Maternity Unit (AMU) are implemented. NHS Forth Valley was an early adopter site and we have implemented transitional care as well as the AMU in which occupancy continues to increase. The continuity of carer model piloted in NHS Forth Valley in June 2018 with full national implementation commenced in June 2019. Due to the Global Pandemic in March 2020 the project was paused nationally. NHS Forth Valley has now received a directive from the Scottish Government to recommence implementation. Timescales will be readjusted to effect this change in project plan. We have continued to collect data locally which has facilitated ongoing analysis of the team models.

- Recruitment to midwifery posts has been more difficult recently which is due to the previous decrease in midwives being trained, this has been reviewed with increased numbers for training but services will take a few years to notice an improvement.
- Newly qualified midwives do not particularly wish full time employment and are seeking a better work life balance than was traditionally the case.
- Midwives are choosing to advance their careers to work in areas such as Health Visiting, Family Nurse Partnership and more recently School Nursing which both reduces and dilutes the experienced midwifery workforce .
- We have advertised for return to practice midwives in a bid to support the current challenges around recruitment.
- Plans to review maternity service and staffing requirements are ongoing to ensure we are exploring all options.
- Maternity staff continue to liaise with universities to develop training and link with local schools to promote midwifery as an occupation.
- Mandatory training throughout the pandemic has continued as far as possible but on a reduced level with priority given to clinical training to ensure safe practice.
- Theatre work is undertaken by Midwives in NHS Forth Valley, we are currently reviewing maternity theatre activity with the theatre department to see if this can be incorporated into the main theatre team for elective cases 5 days a week.

- Nationally there is difficulty with the maternity scanning work force. The Directorate has recently converted the ultrasound training post into a permanent position which has been filled.
- The continued increase in the number of women having labour induced at an earlier stage and/or Caesarean Section as a result of GAP, patient choice and a rise in complex pregnancies impacts on length of stay as well as midwifery staffing. This has also had an effect on the NNU staffing requirement due to an increase in late preterm admissions. MCQIC held a workshop to explore and understand the caesarean section context and variation in rates in Scotland. The workshop highlighted that Scotland's Caesarean section rate is higher than the other UK nations, with rising induction of labour and caesarean section rates. A further workshop is to be held on 23rd August 2022 to discuss challenges and next steps.
- The increase in vulnerable women continues to impact on the Prebirth Planning workload.
- Midwifery staffing is affected by the increased number of patients with co-morbidities requiring additional monitoring at Day Care, Triage and Outpatient Clinics.

CURRENT WORKFORCE CHALLENGES: NURSING AND MIDWIFERY

Midwifery Services

- Midwives now offer all postnatal patients with long term contraception before being discharged from hospital. Online training as well as practical training at a sexual health clinic has been implemented to support this agenda

- As with all other services the workforce profile indicates a continuing number of midwives retiring in the next year

- Real Time Staffing/Workload Tool – work continues on the maternity real time staffing resource which is scheduled to move to a digital platform shortly. We have seen very good compliance within Forth Valley for this resource and hope to build on this to assist with workforce requirement reports. The workload tool for maternity is nationally being reviewed as feedback from all boards was that it required to be updated to be of benefit

- Work continues to support staff wellbeing within the maternity workforce in several different projects

- The e-obs project has been re-launched across the FVRH acute site as part of the overall deteriorating patient safety workstream. It is hoped that the project will deliver an electronic system that will monitor patient vital signs and alert clinicians when a patient is deteriorating, allowing for early intervention and timeous clinical decision making. A project charter has been developed, with representation from Women and Children Directorate

- Due to the COVID pandemic, mobilisation plans were developed for all areas within Women and Children Directorate to reflect service position as it was recognised that adjustments to service delivery would be required if staffing or demand compromised this. These plans are reviewed regularly and are utilised when delivery of services have been compromised

CURRENT WORKFORCE CHALLENGES: NURSING AND MIDWIFERY

Sexual Health

- Sexual Health nursing staffing has maintained. However, following the COVID 19 pandemic and some reduction in sexual health services provided by primary care the has added pressure onto the service. This is currently under review with service redesign to include postal contraception for specific cases. The service is communicating with primary care which will include specific training needs as the service steps up.

The Meadows

- The launch of the new national self-referral service on 1st April 2022 now offers local services including medical examination to people who have experienced rape or sexual assault without them having to report it to the police first or be referred by GP or other healthcare professional. This may have an impact on capacity within The Meadows and this will be reviewed and actioned accordingly.

CURRENT WORKFORCE CHALLENGES: NURSING AND MIDWIFERY

Occupational Health

Forth Valley Occupational Health Nursing is a key part of the Occupational Health (OH) multidisciplinary team.

NHS Forth Valley Occupational Health nursing team is comprised of 1 Head of Service, 1 Lead Nurse, 6 SCPHN OH nurses (WTE 4.39) and 3 staff nurses (WTE 2.0). They are supported by 2 (WTE 0.3) bank nursing colleagues to deliver a range of OH activities to Forth Valley NHS staff, Serco community and those who contract service from FV OH. FV OH nurses have provided excellent organisational pandemic support services. They are working to address Occupational Health core activities paused to accommodate pandemic planning and response.

The OH nursing team provides online and in person fitness for work activities such as, pre-employment health assessments, in - service self and management referral appointments reporting to managers with client informed consent. OH reports include advice to staff and management on fitness for work, potential workplace adjustments, safety critical driver health assessments and Health Surveillance (HS) such as noise, skin.

Due to OH core workload displacement Governance and HS represents an area of unmet need. OH nursing must address mandatory health surveillance which should be identified by managers commissioning roles for recruitment. OH nurses collaborate with national and local services to provide an evidence-based approach underpinning service delivery and consultancy.

Access to NMC approved OH nursing courses is a quality standard required to future proof OH service provision. A FV OH staff nurse has completed the first year of her SCPHN OH nursing course and another is seeking access to the same. This is unlikely to occur for 2 years. Scottish OH nurse managers who engaged with the NMC to develop post registrations and education standards have since lobbied the NMC, approved educational providers, HR Directors, the CNO, Directors of Nursing and NES about the 2-year lack of NMC approved SCPHN OH courses. Due to OH core work displacement, and retirements from OH nursing there will be an immediate and enduring impact upon NHS Scotland OH service capacity. A collaborative approach to address this 2 year pause on NMC SCPHN OH courses is urgently required.

CURRENT WORKFORCE CHALLENGES: ALLIED HEALTH PROFESSIONALS

AHPs

AHP Workforce

Allied Health Professions* (AHP) provide vital and valuable services to the people of Forth Valley in partnership with colleagues across Acute, Health and Social Care Partnerships, Education, and the 3rd sector. AHPs have been delivering effective and evidence-based services underpinned by a commitment to improvement methodology and the key principles of ASPIRE 2020 delivering on the corporate objectives of Forth Valley Health Board, and the strategies of Falkirk and Clackmannanshire and Stirling HSCPs.

There has been significant learning from the impact of the pandemic on service provision which will inform service design, delivery, and workforce planning. The organisational structures across Forth Valley bring complexity to workforce planning, with significant challenges in ensuring equity of service, particularly where services are hosted and delivered across the organisational structures. Excellence in Care is the transformational plan for AHPs in Forth Valley for the coming 3 years, building on the learning from the provision of service delivery through the pandemic and the work-streams of ASPIRE. Excellence in Care sets out 6 shared core ambitions for all AHPs across professions, care groups, and all parts of our organisation in Forth Valley for the coming 3 years. These establish the principles for a culture shift in practice with a focus on prevention, rehabilitation, collaboration, and multi professional working with the local communities and people of Forth Valley at the heart of service.

In addition in an increasingly busy policy landscape this plan seeks to support delivery to the National policy and legislative agenda across CYP and adult service delivery in Scotland.

This plan will build on the foundations of Aspire https://nhsforthvalley.com/wp-content/uploads/2014/06/AHP-Allied-Health-Professionals-Strategy-2017-2021.pdf

CURRENT WORKFORCE CHALLENGES: AHPs

AHPs

The main drivers for AHPs include:

- Safe Staffing Act: Health Care Support Worker development planning; AHP Workforce and Workload (HISS/Scottish Government)
- National Care Service
- Health and Social Care Integration (ongoing)
- Health Improvement Strategy
- The Rehabilitation Strategy
- Long Covid Delivery
- The Care Home Framework
- Aspire 2: Excellence in Care: new framework of service delivery and ambitions for care for AHPs in Forth Valley
- The Quality Strategy
- Realistic Medicine

- Health and social care partnerships' strategic plans and delivery plans
- Primary care transformation
- Unscheduled Care including 7-day services
- Ready to Act: A National Plan for AHPs who work with Children and Young People
- Additional Support for Learning Action Plan (Morgan Review 2020) Scottish Government
- Implementation of UNCRC
- Covid Recovery Speech Language and Communication Plan (Scottish Government 2022)
- Connecting People Connecting Support: Dementia Strategy
- Plus Forth Valley Estate Development Workforce Impact

CURRENT WORKFORCE CHALLENGES: AHPs

AHP Issues

Recognising the value and contribution of AHPs in delivering to organisational and national priorities is critical for effective, efficient, safe and person-centred service delivery and outcomes. AHPs contribute to the AHPs support the NHS Scotland 2020 vision which has a focus on community living, of supporting people to live longer, healthier lives at home, or in a homely setting; a focus on integrated health and social care and a focus on prevention, anticipation and supported self-management all of which are at the heart of AHP service delivery. The priorities for AHPs can be summarised as follows:

- Leadership and capacity for quality improvement and data to support workforce business cases
- Maximising the use of technology where appropriate

AHP Service Delivery

Given the considerable challenges and opportunities that exist for AHP practice, there is a need to articulate how the AHP workforce can be supported to develop in each of these 4 tiers:

Tier 1	**Application of Advanced Practice and beyond** managing the most complex patients, and taking on increasingly skilled work that may have previously been undertaken by medical colleagues e.g. management of spasticity, diagnosis of learning difficulty; extended scope physiotherapists in GP practice; carrying out video-fluoroscopy; head and neck valve management
Tier 2	**Application of Specialist practice** delivering specialist input to patients with more complex needs
Tier 3	**Application of Generalist practice** managing a wide range of clinical presentations using broad professional knowledge and skills across a wide range of settings. For community staff this is likely to be services that are delivered within localities and lends itself to competency based, interdisciplinary working, where staff cross professional boundaries where they have the competencies to do so
Tier 4	**Enabling others** Universal approach to sharing knowledge and building capability and capacity in others; training, educating and enabling others to be able to positively impact on the health of the 'communities' where they live or work

CURRENT WORKFORCE CHALLENGES: AHPs

AHPs

Workforce Planning and Workforce Development

Contemporary and affordable workforce plans that capture new ways of working need to be in place to maximise the contribution of the AHP workforce. These need to reflect the workforce requirements for integration and to deliver the Healthcare Strategy, and cross organisational and policy imperatives.

AHPs in Forth Valley will be working to deliver to the Safe Staffing Act and the NMAHP Workforce workstream being taken forward for AHPs by HISS, NES, and the Scottish Government. This work will commence with a Forth Valley wide Service Specification workstream across AHP Services to determine current workforce to need ratios in different populations and delivery across the AHP Framework (Fig 1).

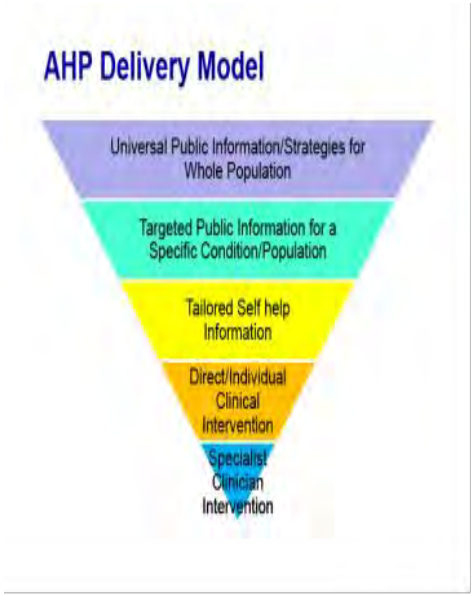
Baseline data of offers across Universal, Targeted and individual Levels of provision will act as a foundation for workforce service design and delivery change programme planned over the next 1-3 years. This will include project planning for adherence to the Safe Staffing Act and the AHP Real Time Staffing workstream. This activity will be reported in a Workforce Service Specification Report in autumn 2022.

AHP service delivery will be designed and delivered based on this framework, taking forward transformational change, and moving towards a shift in the culture of practice involving a focus on early intervention and prevention. In committing to a systematic shift in the culture of practice to embrace early intervention and preventative strategies in service delivery, it is recognised that for many services, current systems and models of care make it challenging to shift the balance of care. AHPs will need effective cooperation from and partnership-working with universal services (including public health) and partners across the organisation and H&SCPs to realise this ambition.

All Professions and services will progress towards this framework of delivery over the next 5 years underpinned by a commitment to quality improvement, data collection analysis, and reporting and care assurance through robust governance procedures, evidencing the impact of the ambitions of this plan for people of Forth Valley.

CURRENT WORKFORCE CHALLENGES: AHPs

Safe staffing and workforce/workload work-streams cannot be achieved in a silo by individual professions and will require AHPs to learn from services that have evidenced a cultural shift towards the use of specialist resources in the most impactful ways. This will change how we view workload and create new opportunities for system-wide workforce planning. As we Remobilise, Recover and Redesign, AHP workforce planning choices can only be truly understood by examining local needs, our existing resources, and joint planning with all our delivery partners in all settings. How we perceive each other's roles and work between professions will be key for leaders to understand the potential of what could be possible.



The trilogy of National Health and Social Care Workforce Plans [1, 2, 7] set out recommendations to support workforce plans that deliver high-quality, person-centred integrated care with the right people, in the right place, at the right time. Building on these recommendations, the Integrated Health and Social Care Workforce Plan for Scotland sets out a whole-system approach to workforce planning that puts safe, effective, and high-quality integrated services at the heart of all workforce decisions. (Workforce Paper NES 2021)

To commit to this workforce ambition, AHPs must be given the ability to record and gather essential information on e-Systems that are fit for purpose. Data should be easily extracted to national repositories but remain transparent, functional, and beneficial at a local level using data collection tools that are of minimum burden and maximum utility. Part of this challenge includes examining the data we chose to value and collect, how we ask clinicians to gather data, and the way this data is received by national repositories (NES Workforce Paper 2021) FIG 1

Professional leadership

As operational responsibility for services transfers across to IJBs, it is important that professional leadership and governance arrangements reflect contemporary practice. With more integrated ways of working, service delivery is no longer linear and roles and responsibilities can be shared across organisations, not just public service organisations. So the need for clear and robust professional leadership arrangements becomes increasingly important to assure safe patient care and safe professional practice.

Key AHP Workstreams

AHP services continue to review the contribution they make to person centred care and to the patient's experience within the 4 tiers listed above and continually strive for improvement in patient experience, efficiency, effectiveness, timely interventions, and patient safety.

CURRENT WORKFORCE CHALLENGES: AHPs

Some of the key areas of improvement work that have an impact on the AHP workforce are:

Partnership Working

Partnership working needs to be at the heart of everything AHPs do in services for people. AHPs will create mutually beneficial partnerships with people, carers, parents, and families within and between partner organisations to develop genuine collaboration and multi-professional working and hubs for improved health and wellbeing outcomes. We will build on present collaborations and recognise the existing opportunities created by partners in the third sector in local communities, which will enable us to work collaboratively to improve population and individual well-being. People, their parents, carers, and families will be supported to develop knowledge, skills, and confidence to more effectively manage and make informed decisions about their health care, which will be coordinated and tailored to individual needs, with a focus on co-production and measuring the outcomes that matter to people.

Access

The focus for people who access AHP services will be on promoting their well-being and enabling them to self-manage their challenges. Access in this sense is broader than direct individual service provision. It also includes access to:

- information
- services in a timeous manner
- provision of support and strategies to promote self-management
- education and skills development for partners
- new ways of organising and delivering services
- flexible working (such as twilight clinics for children who are in school and evening workshops for parents, carers and families) as needed by the local population
- A focus on early intervention and prevention does not diminish or replace the need for people to have access to effective, evidence-based interventions at individual case level, and this framework makes expertise at different levels accessible to meet needs at different times. Such an approach has the potential to benefit people's health and well-being, reducing dependency on services while offering access to direct intervention when required. Many services have (or are developing) universal and targeted approaches, which complement the delivery of individual -level services. A practice shift towards resourcing and developing early and preventative interventions and service delivery across AHP services was implicit in the findings of the Commission on the Future Delivery of Public Services in Scotland, which called for a radical change in the design and delivery of services, with person centred service provision, effective partnerships and early intervention and prevention.

Evidence has emerged from the transformational change in AHP CYP services in Scotland that a commitment to resourcing early intervention universal and targeted level supports , has the potential to improve access to support at the point of need, reduce demand on individual level services and increase confidence in communities about access to support (Ready to Act in Action Scottish Government 2018). This work-stream will include scoping the current provision of early intervention and prevention offers and resources across Forth Valley.

CURRENT WORKFORCE CHALLENGES: AHPs

Job Planning; Clarity of roles and accountabilities

Working with Coordinators and Team Leads to undertake a job planning workstream using RACI to explicitly articulate the roles and responsibilities of Coordinators and Team Leads and to ensure reporting and accountability to the new Governance Strategy. Inclusion of AHPs currently outwith the professional governance structures currently in place for AHPs in Forth Valley.

Service Specification

Undertaking an AHP wide service specification workstream to map current service offers and resourcing and identify gaps across the AHP Framework particularly considering capacity for delivery to the core principles of early intervention and prevention and community-based service delivery.

Transforming Roles

Working collaboratively with NES to implement the transforming roles workstreams ensuring safe effective efficient and person-centred care across the whole workforce. Developing Advance Practice Roles and implementing the HCSW development guidance. Building on the First Point of Contact Practitioner roles and testing these in additional AHP professions in Forth Valley. Creating new roles for supporting rehabilitation, rehabilitation and preventative mobility interventions through the employment of Exercise Specialist Support Worker roles as part of the soon to be launched Partnership with Forth Valley College and University of Stirling.

Pathway development

Review and enhancement of the Falls Pathway workstream to support the Falls Coordinator Role currently being recruited to in Clackmannanshire and Stirling Development of multiagency working e.g. Falls pathway, developed links with Fire Service and refreshed work with Scottish Ambulance Service. Continued developed of closer to home that focuses on prevention of admission, across Forth Valley. Development of the Rapid Response Teams and enhanced Hospital at Home. Further implementation of MSK pathways and support from QI to address significant waiting lists post Covid.

Quality Improvement

All workforce development and service change workstreams in Forth Valley will be underpinned by Quality Improvement to generate data evidencing impact of any changes and supporting learning moving forward to transforming the ways our workforce is configured across the AHP Framework. We are committed to supporting applications for SCLIP and SCIL and ensuring QI support is developed internally to our own services and used to the collective good across the organisation. We have several QI supported workstreams in place currently which will enable improved outcomes for people in Forth Valley including the MSK Pathways workstream.

Governance

AHPs in Forth Valley are working to deliver to a detailed Governance Strategy which will increase assurance in respect to safe, effective and efficient service delivery with a commitment to accountability and exception reporting to reduce variation across service and provide assurance of quality service provision.

CURRENT WORKFORCE CHALLENGES: AHPs

Community

Change in the focus of service delivery, with supports closer to where people live in their local communities, understanding the diverse needs of local populations and the impact of inequalities and socioeconomic determinants on health and wellbeing outcomes will be central to workforce and workload work-streams for AHPs in Forth Valley. This ambition has as its driver a need to acknowledge inequalities in accessing support for our people in Forth Valley and to collaborate with our partners in making access to help at the point of need easier and relevant. Our data shows us that up to 82% of our non-attendance at clinic appointments is by people who live in our highest areas of deprivation. It is critical in seeking to meet the needs of our whole population that we make changes to how and where we provide our knowledge expertise and supports and how we collaborate with our colleagues and partners providing community-based support. AHPs will work collaboratively and in partnership with stakeholders and communities to understand what is needed to improve well-being outcomes, agreeing specific services at universal level. Focused work will be undertaken to support and strengthen early intervention, creating a Forth Valley wide approach to support the development of targeted offers. This workstream has the potential to transform where our workforce is deployed to support communities' needs as identified by them and will reconfigure the use of our workforce resource across the Framework (FIG 1)

Socio-economic inequalities and evidence showing poorer outcomes for people and families living in poverty and with low incomes strengthens the need for the development of prevention and early intervention support. AHPs' contribution to reducing the inequalities gap in Forth Valley is significant, and their role in this area needs to be promoted and valued.

AHP Education and Development

All AHPs are registered with the Health Care Professions Council and since 2006 evidence of CPD and the learning and outcomes achieved from it are now a legal requirement for registration and re-registration. The roll out of clinical supervision provides additional assurance about safe and effective practice.

Increasingly, CPD activity has become more patient, service and care group focused delivering better outcomes and economies of scale and organised in a more co-ordinated way, across both health and, where possible, social care, education and 3rd sector. AHP care groups has provided a focus for learning needs to be identified across professions and that has provided a helpful cross profession forum for shared learning and development.

The NHS Education Scotland (NES) AHP Career Fellowship Scheme continues to provide funding on a bi-annual basis and FV have received funding for a number of staff to support their learning while delivering on discrete projects.

The role of the AHP PEL is also to look at learning needs across AHPs and maximise opportunities for shared learning e.g. training needs analysis for implementation of clinical supervision. The AHP Education and Development Group provide direction to the AHP PEL to promote AHP education and development to support national and local priorities and work force development. AHP PEL has been part of the group looking to implement clinical supervision within NHS FV.

Scoping the mandatory learning needs for all AHPs in Forth Valley is a critical component of supporting delivery to roles as part of job planning and the new AHP Governance Strategy.

CURRENT WORKFORCE CHALLENGES: Healthcare Sciences (HCS)

Healthcare Sciences

The Healthcare Sciences (HCS) contain a number of different disciplines comprising 3.62% of NHS Forth Valley Workforce.

These include:

- Biomedical Sciences
- Physiological Sciences
- Life Sciences
- Physical Sciences
- Clinical Technology and
- Sterile Services

working in areas such as Laboratories, Audiology, Cardiac Physiology, Respiratory, Vascular Neurophysiology, Vascular Science, Perfusion, Gastrointestinal, Ophthalmic Services and Sleep Medicine. The range of whole-time equivalent staff (WTE) varies greatly across Boards and specialties reflecting the general population distribution and how and where some more complex services are delivered.

Nationally there are a number of challenges with this workforce including:

- Lack of consistent/ standardised workforce data – no commissioning
- Size of the workforce - making it difficult to develop HCS specific programmes
- Regional variation
- The disparate nature of HCS - one size does not fit all!
- Future workforce pipeline

Nationally, there has been workforce planning ongoing around Life sciences (Labs) at national HCS and DiSSG level and a final workforce paper is expected. The Clinical Physiology disciplines are looking at getting good quality data and coding on their workforce, as this is where workforce planning has fallen down in the past. This is being led by the Clinical Physiology executive Board, CPEB. Audiology services in particular are currently undergoing a Scottish Government review.

CURRENT WORKFORCE CHALLENGES: Healthcare Sciences (HCS)

Local Healthcare Sciences (HCS) issues are described below:

Laboratory Services

There remains a continual challenge to attract and retain scientists and technical staff within all lab areas. The following information provides more detail around the current situation within NHS Forth Valley:

Clinical Chemistry and Haematology

Both services currently sit with unfilled posts due to difficulties with recruitment and retention. Biomedical Science students did not complete their laboratory placement in 2020 due to the pandemic and we are now seeing the impact of this in 2022 with a delay in graduation. This was discussed at the HATs (Haematology and Transfusion diagnostic network) workforce and education subgroup. Recruitment/staffing issues are affecting labs throughout Scotland.

At the above meeting, SNBTS reported that they are working towards a pool of trained bank staff that could move to labs as required to support vulnerable boards. Plans are currently being drawn up to implement this within the SNBTS supported labs across the country that use the etraceline LIMS system, in an attempt to address current recruitment issues affecting all boards. A national or shared LIMS for BTS and other lab disciplines could facilitate this initiative on a bigger scale across Scotland.

Pathology

There has been a recent shift in staff from Pathology leaving 2 Consultant vacancies and 2 senior management gaps. There is a national shortage of Pathologists and smaller Health Boards find it more difficult to attract and retain staff at this level. Recruitment is underway to fill gaps with a small selection of candidates. A new Department Manager has taken up post recently with a new Deputy Manager due to start in September and the current absence of a Quality Lead is under review. Imminent plans include a new MOHS service and Digital Pathology.

CURRENT WORKFORCE CHALLENGES: Healthcare Sciences (HCS)

Microbiology

Currently good staffing levels, both medical & scientific areas. However, medical staffing has only been at full complement for the past 2.5 years, prior to this, the service ran with one consultant short for several years.

However, in reviewing workforce consideration must be given to the factors below:

- Nationally, recruitment to the national Covid hubs had significantly reduced availability of workforce for NHS Boards (though this position now improving, will it step up again come winter pressures)
- Payment scales and the use of Annex 21 differs between Health Boards
- Use of fixed term contracts from non-recurring funds has led to uncertainty. Staff are leaving for permanent contracts in other Boards. This has had significant impact on investment in training in Forth Valley
- Recruitment must be from Biomedical Science Accredited degree cohorts (IBMS restrictions) otherwise lengthier, HEI supported training routes must be implemented
- Extremely limited availability of experienced BMS's, so trainees are invariably the only option
- Time to train- can be onerous to departments already experiencing staff shortages
- Training posts in labs do not run as supernumerary posts
- 2 years training once recruited to post for Specialist Biomedical Scientists - so any staffing gaps cannot be remedied quickly. This requires robust succession planning and ability to retain and train staff
- Significant training and competency standards to be met under ISO;15189

Respiratory and Sleep Services

Within these services the main issue is again recruitment. The biannual intake Clinical Physiology undergraduate course at Glasgow Caledonian University was stopped because there was insufficient uptake of places. There are issues with recruiting qualified staff and there is a long training process while in service leading to issues with the scientist workforce being able to keep up with medical requests in periods when short of staff.

CURRENT WORKFORCE CHALLENGES: Healthcare Sciences (HSC)

Cardiac Physiology

The Government 2019 Workforce plan supported the creation of 30 additional Cardiac Physiologists and the remaining 13 STP posts for NHS Scotland have just been released. Forth Valley has managed to secure a student starting a MSc equivalent 3-year fixed term training post in September 2022. This post is supernumerary and fully funded by NES and will follow a developing Scottish wide STP training program.

An ageing workforce is a further issue within this service. Of the 20 current staff, 6 of the senior staff will retire within 10 years.

Medical Physics

Both Clinical Technologists and Specialist Clinical Technologists are extremely difficult to recruit due to a national skills shortage. The department has put a structure in place to allow us to grow our own staff, when possible, filling Specialist Clinical Technologists posts internally from our pool of Clinical Technologists. Clinical Technologists, however, have become increasingly difficult to recruit. Recent appointments were only possible after going to advert multiple times resulting in a gap of several months between the start of the recruitment process and appointment.

Neurophysiology

Neurophysiology in NHS Forth Valley is currently the smallest service in Scotland with only 2 physiologists totalling 0.74 WTE. Both staff are likely to retire within the next 10 years. Running the service is challenging and there is currently no administration support other than the arranging of appointments by the centralised booking team. There are challenges in trying to reduce the long waiting lists caused by the pandemic and small staffing numbers. There is a pressing need for a service review.

CURRENT WORKFORCE CHALLENGES

Medical & Dental

The current context for NHS Scotland is the most challenging it has ever been, and NHS Forth Valley is no different to other Health Boards in that regard, with pressures across the whole system as a result of the global COVID-19 epidemic impacting on unscheduled and unscheduled care. The workforce challenges facing the NHS are seen as the greatest current threat to the provision of quality health care in the UK.

Medical schools

NHS Forth Valley does not have its own Medical School but does provide undergraduate teaching for Glasgow University, Edinburgh University and Dundee University and we are aware of the drives to increase both the numbers of medical students and Medical Schools and we have indicated our willingness to contribute to those developments.

Foundation programmes

NHS Forth Valley is recognised as an excellent provider of FY1 training and experience, which is a vital building block for future consultant recruitment. The chart below is from a self-reported website, Messly.com and is UK wide.

Nationally, the numbers of Foundation programme doctors progressing directly into training has dropped from 83% in 2010 to 38% in 2018. Although those not entering formal training schemes follow a variety of paths, the vast majority return to specialty training within three years. However, this is still an area of concern and means we in NHS Forth Valley need to be prepared to develop flexible approaches to these roles, as that is a significant recruitment factor for these trainees.

CURRENT WORKFORCE CHALLENGES

Medical & Dental

Core and Specialty training

Like Foundation doctors, Core & Specialty trainees are allocated to NHS Forth Valley. Their experiences are fed back to the Director of Medical Education via the GMC survey, and those are disseminated through the organisation. To supplement those trainee numbers, the Board invests in Clinical Development Fellows across many specialities. These roles sit alongside formal training positions and ensure workload for everyone is manageable, rotas are not excessive and all trainees receive an excellent experience, to both further their careers and act as a key step for NHS Forth Valley in future consultant recruitment.

Consultant Workforce

In many specialities, consultant recruitment is relatively straight forward but in national shortage specialities such as Psychiatry and Radiology, we can encounter difficulties with longstanding vacancies despite repeated efforts. Regular recruitment updates are shared with staff side in Joint Local Negotiating Committee meetings. Our consultant vacancy rate was above the national average in 2019 (13% v 8%) and updated figures are awaited.

International Recruitment

NHS Forth Valley has participated in international recruitment schemes previously though currently we have no one recruited through these processes. We were relatively protected against the impact of Brexit regulations with no senior medical staff leaving citing that as a reason.

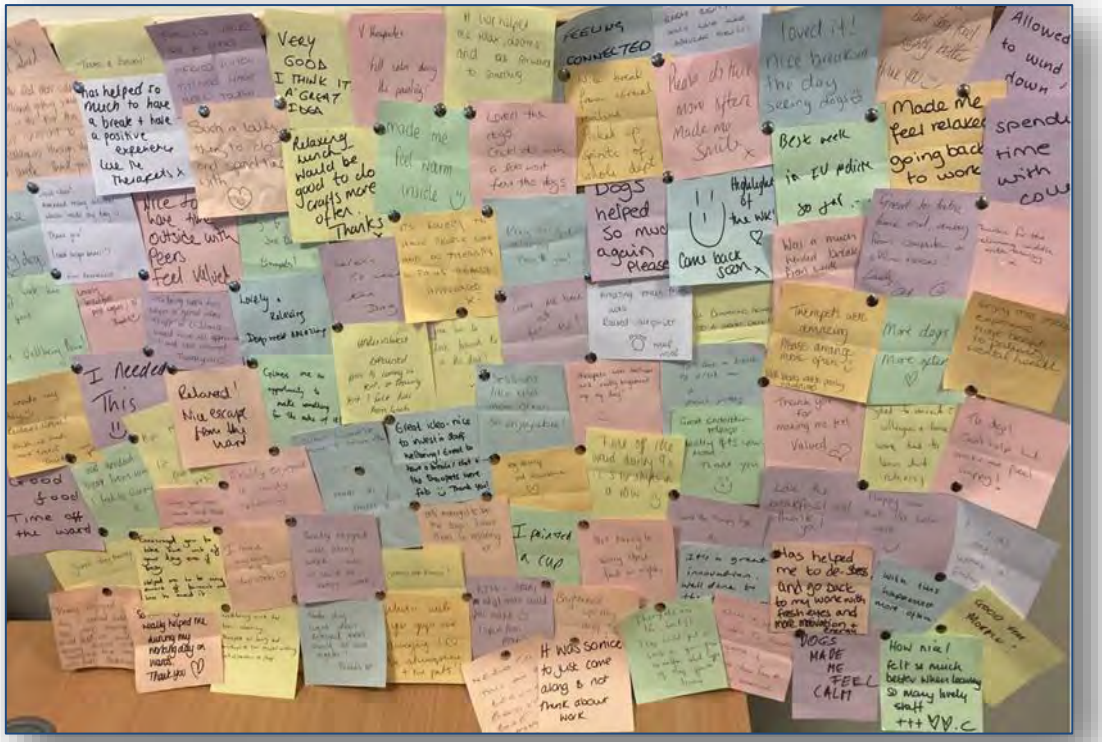
Working Conditions and Wellbeing

It is in the interest of both doctors and the patients they care for to ensure working and training environments which promote positive wellbeing amongst NHS staff. Health professionals should feel valued and part of a team and have rotas that are predictable, produced well in advance and without gaps and we work to achieve those in NHS Forth Valley. We also invest in a wider approach to wellbeing for doctors, providing a Doctors' Mess for trainees and ensuring there is specific peer support for trainees, and, through our Medical Peer Support lead who has job planned time, for consultants too.

CURRENT WORKFORCE CHALLENGES

Medical & Dental

Each year NHS Forth Valley appoints a group of trainee leaders as Chief Residents who link to the Director of Medical Education and Medical Director and take forward a programme of work each year, mainly focused on wellbeing. The picture below is feedback from trainees from the Wellbeing Week in April 2022.
In July each year there is also a Trainee Celebration event, recognising outstanding contributions from the trainee cohort over the previous year.



Retaining Consultants in the NHS

At a time when consultant recruitment is limited, as highlighted above, it becomes all the more important that consultant staff are retained in the workforce.

In a previous pre-pandemic BMA survey of 4000 consultants, 58% over 50, 10% over 60, 83% working full time, highlighted that 60% intended to retire before the age of 60.
The current position post-pandemic is still evolving but there would appear to be no improvement in those figures and, anecdotally, a possible increase in retirements.

In NHS Forth Valley our approach is to ensure we offer fair and balanced job plans at the point of recruitment and adhere to those, to attract key staff. When consultants indicate they are considering retirement we ask if there is any possibility of using a “Flying Finish” approach and several consultants have taken up that offer.

CURRENT WORKFORCE CHALLENGES

Pharmacy

Pharmacy at a local and national level faces significant recruitment challenges over the next three years. These challenges are largely driven by:

- the rapid expansion in roles, particularly in pharmacotherapy a new GP contract service **and**
- a lack of adequate workforce pipeline which has driven pressure on the system, increased movement of individuals between sectors of pharmacy and led to significant service delivery pressures. This has led to one of the factors influencing local community pharmacy closures due to a lack of workforce available.

Over the last 26 months (since 2020-present) NHS FV pharmacy have managed **100 vacancies** and **150 WTE** pharmacy staff have been recruited. Vacancy numbers have increased by **450%** since 2019.

Supply / Pipeline

Scotland has two schools of Pharmacy. Despite the policy direction set out in ***Prescription for Excellence and Achieving Excellence*** there has been little meaningful change in the numbers of students studying Pharmacy in Scotland. Job opportunities have expanded and the Pharmacist pipeline has failed to keep up with demand.

For Pharmacy Technicians the challenge has been even greater. With no full-time academic programme available, the only access route historically in Scotland was to train on the job. Due to the significant numbers of Pharmacy Technicians taking up Band 5 roles in the new Pharmacotherapy Service as part of the GMS contract; the traditional route of training in the hospital or community setting has become challenged as employers face the twin impacts of losing experienced staff that can train trainees and losing newly trained staff once qualified.

Locally in FV we have implemented “a grow your own pharmacy technician” programme and currently within primary care we have 6 Pre-registration Trainee Pharmacy Technicians who are training and will qualify in 2023. Work and support are also underway to encourage the Pre-reg Pharmacy Technician Trainees to remain in one of the FV pharmacy sectors once qualified.

CURRENT WORKFORCE CHALLENGES

Pharmacy

Education and Training:

The planned roll out of the changes in education and training reforms such as the expansion of Pharmacy Technician training, experiential learning for Pharmacist undergraduates, postgraduate Pharmacists moving through foundation & advanced practice will impact on the current workforce.

A simplistic estimate in terms of the individual impacts on job planning capacities is estimated **0.1 WTE for every post**. For NHS FV, locally investing in the education and training requirements of pharmacy staff will support the board to increase clinical capacity across FV patient services e.g. Pharmacists being integrated as part outpatient/community MDT teams etc.

Pharmacy Vacancies and planned future posts

Analysis by national key stakeholder groups within pharmacy in Scotland, allied to data from the NES led national workforce survey process, have identified the following very **short-term** needs for additional staffing. These figures have been adapted for NHS FV Pharmacy.

WTE vacancies and planned posts 2022-2025 (estimated figures for FV[$])

	Pharmacist	Pharmacy Technician	PSW
Hospital ^	8.4	7.6	3.8
Pharmacotherapy*	21.3	28.7	4.4
Community Pharmacy~	10.7	3	8.3
Education and Training reform#	8.8	4.8	0.3
Total	**49.2**	**44.1**	**16.8**

[$] Based on national estimates (FV share – 1/20)

^ Vacancies based on NES survey, new posts based on NAPS survey.

*Based on national analysis on the 2/5000 model by SPA3

~Based on NES survey

Based on 0.1 WTE but not including the new staff which would add 55 pharmacists and 60 pharmacy technicians and doesn't include community

CURRENT WORKFORCE CHALLENGES

Pharmacy

RECOMMENDATIONS/SUMMARY

Pharmacy remains a small profession, the demand on the profession is growing significantly and the demand for personnel outstrips the numbers of Pharmacists and Pharmacy Technicians that are home grown locally and across Scotland. Pharmacy faces a significant staffing challenge in meeting service needs in the next few years. It will require collective understanding and a collaborative approach to improve the pipelines and to improve efficiency within services if patient care is not to be impacted.

Key recommendations:

- Given the size of the gap there is a need to both:
  - Increase the pipeline delivery of pharmacy staff by utilising local partnerships to help create pipelines of Pharmacy Support Workers and Pharmacy Technicians **and**
  - Attract Pharmacists and Pharmacy Technicians from outside Scotland to maximise staffing availability.

- On the demand side there is a significant need to maximise technological efficiency, develop a skill mix that maximises top of competence working and streamline working practices/processes to maximise the staff productivity available e.g. Whole System Working project in NHS Forth Valley Primary Care to maximise/free up the capacity of the Pharmacotherapy Team.

CURRENT WORKFORCE CHALLENGES: Support Services

Support Services

Nationally, the requirements for the NHS built environment and the need to deliver sustainability targets, including in response to Scottish Government's net zero agenda will have implications for local Boards and their services.

NHS Scotland Assure is a Scotland wide initiative established by the Programme for Government ((2019) 'Protecting Scotland's Future: the Government's Programme for Scotland 2019-2020' 3 Sept 2019, Edinburgh, Scotland ISBN: 9781839601279 www.gov.scot/publications) to strengthen infection prevention and control to ensure patient safety in the built environment. A new national body, established within Health Facilities Scotland, NHSS Assure will have oversight for the design, construction, and maintenance of major infrastructure developments within NHS Scotland and also play a crucial role in the development of policy and guidance role in response to incidents and outbreaks across health and social care. The new body has five key functions: to develop a national leadership strategy; to provide planned lifecycle support; to ensure capacity and capability within systems; to provide a systems response service; and to develop intelligence and knowledge sharing. There are several initial emerging themes for action including: Governance and Assurance; Balancing Time, Cost and Quality; Ensuring that water and ventilation systems are designed for outbreak prevention; and that the systems across Scotland have a degree of preparedness and sustainability.

NHSS Assure has also established a national Workforce Planning Service, which aims 'to develop and deploy strategies to improve the recruitment and retention of staff', including succession planning, career pathways and market analysis; and to support skills planning required across the system to manage risks in the healthcare built environment and deliver actions to address immediate and anticipated workforce shortages.

Within Estates and Capital Planning and in the context of continuing to deliver business as usual, there are three important strategic priorities that the Department will need to respond to, including:

1. Responding to the national agenda, including the NHS Scotland (NHSS) Recovery Plan and more specifically the requirements of NHS Scotland Assure and the Sustainability and Climate Change agenda.	2. Responding to a range of challenging capital requirements, including the establishment of a new Elective Care Centre, the redevelopment of the Falkirk Community Hospital and the capital and operational management elements of the new GP contract, which required NHS Boards to assume responsibility of all GP practice premises across the NHS Board area and ensure that these remain fit for purpose for the future delivery of primary healthcare services	3. Ensuring that the NHS Board has sufficient and sustainable capital and property management resource.

CURRENT WORKFORCE CHALLENGES: Support Services

The NHS Board has a number of ambitions within the built environment, but these also present a number of challenges, both in terms of workforce capacity and ensuring that the projects deliver both in terms of quality and compliance requirements set for all Boards. The redevelopment of the Falkirk Community Hospital was a manifesto commitment for Scottish Government and is likely to be the biggest capital project that the NHS Board has managed since the redevelopment of the Royal Forth Valley Hospital, which was more than 10 years ago and the more recent Stirling Health and Care Village. In addition to this large-scale capital development, the commitment within the National Recovery Programme to establish an Elective Centre in Forth Valley, as part of a network of such centres, led by the NHSS Assure programme, together with the development of new primary care facilities, and the commitments of the new GP Contract to improve existing GP premises, will all add to the NHS Board's Capital Plan.

The current team is small and the capacity to deliver the Board's ambitions will need to be addressed through investment. Recently, the team have managed a capital programme of between £3-5m annually, with around 25 to 30 schemes of different sizes and complexity, but these new requirements, particularly the developments in Falkirk and across Primary Care, is of a much greater magnitude and will require a different approach and additional workforce. Although, likely to be addressed through a mix of new appointments, growing staff locally, and appointment of external contractors, it will still be a significant challenge and is not within the current cost base.

The NHSS Assure programme will impact not only on capital projects, but operationally, in relation to building development and life cycle management. Even without bigger projects, the capacity to deliver, achieve both the compliance and quality requirements across a range of areas presents a significant challenge to the team.

Compliance is a theme that runs through many aspects of the challenges facing the department, including within operational estates, waste and travel planning and asset management. Quality of service and sustainability is also a common theme in several services, as is the requirement to implement and support new IT systems within a number of different areas.

Sustainability and achieving the zero waste targets expected of all NHS Boards in contributing to the Government net zero ambitions will be challenging for all Boards. The Targets identified by Government are becoming ever more prescriptive, and again, the NHS Board has limited capacity to address these. The NHS Board does have an Environmental and Sustainability Manager but this is a practically standalone post, with the potential for single point of failure. The Department has recently identified the requirement for a Head of Sustainability and Climate Change and an appropriate supporting structure.

Waste and Travel Planning are closely aligned to this agenda, but like other services face issues in relation to compliance, quality and sustainability. Whilst there is some administrative support for this, they support several sections of the Department's work and the capacity requirements outstrip resources in all areas.

CURRENT WORKFORCE CHALLENGES: Support Services

The green agenda may be led by the Estates and Capital Planning team, but it is one that needs to be owned across and throughout the NHS Board and will require others to act, to change practice, to monitor and audit compliance, for example, in relation to clinical waste. Many colleagues remain unaware of these additional demands and will present an OD challenge to the NHS Board.

The Department will oversee the introduction of new and improved IT systems to support monitoring and ensure compliance, these include an updated and improved 'Common Data Environment' to host estates data, a replacement for the Estates Management System, including a new 'Fire Manager' section, as well as a new a new Environmental Management System. The Estates Department also has an ambition to achieve formal quality assurance standards (ISO 9001). Both the necessary skills, capacity and systems required to introduce, support and maintain these IT systems and the rigours of an internationally recognised accreditation scheme, currently do not exist and will require additional investment.

Governance requires that compliance is not just achieved, but that it is seen to be achieved and can be evidenced. New, improved IT systems are a tool to support improved monitoring and recordkeeping, but there is also a need to invest in administrative support, working in support of these projects. The benefits are two-fold – ensuring that the administrative processes to demonstrate compliance are in place and providing an environment for succession planning in the Capital Projects Team.

The Property Management Service is reliant on a single individual despite the growing agenda. Capacity challenges mean that the focus is on the statutory requirements, responding to planning consent issues rather than concentrating on development of a clear property strategy for the Board. Delivery will require additional investment both in property management and the skills required to maintain and interrogate the new systems.

The need for tradesmen, particularly electricians within the Estates Department, is well documented and remains challenging, particularly in an NHS Board where people can easily travel either west or east for more lucrative work. As noted above, this issue is not confined to NHS staff but also to many of the Contractors who work with the Board. This shortage is likely to be exacerbated by the sustainability agenda, where the move away from gas boilers towards electric and heat pump approaches will mean that the requirement for electrical trades continues to increase and competition is likely to be even more keen.

CURRENT WORKFORCE CHALLENGES: Support Services

The skills required within the trades workforce will need to adapt and change as the environment changes, for example, a move away for gas engineers and the development of different skills to support the green agenda. The need to establish Modern Apprenticeship programme for trades and training for Maintenance Assistants has been recognised.

Fire Safety is always challenging within Boards, particularly with older buildings. The Board continues to retain an older estate, along with the new builds identified above. The need to adapt and reuse property, rather than always building new will present a range of challenges, not least, ensuring that all of the estate remains compliant in relation to health and safety and fire. With only 2 wte Fire Safety Advisors, with limited administrative support, this will again present capacity issues.

Workforce sustainability and capacity has been highlighted in relation to many of the emerging priorities, but there are also issues in delivery of the day-to-day staff management and the commitments this creates. Whilst the management team want to maintain the good staff relations that they currently enjoy, there is an urgent need to ensure that all staff work at the top of their licence. To do so, there is a need to review the span of control for some managers to achieve a manageable and sustainable span of control.

Health and wellbeing of staff is a key priority on the NHS Board's Workforce Plan. The continued health and wellbeing of staff within Estates and Capital Planning, as they face increasing demands is an area of which to be mindful.

The NHS Board currently has a significant savings target. Any new target, particularly in a department that needs to increase key skills, will be challenging and presents the risk of creating or perpetuating a situation where backlog maintenance is not reduced and facilities do not supply the environment required for modern health and care services that will promote the reputation of the NHS Board.

In summary, the main challenges and priorities facing the team include:

- **Compliance and Governance** across all services, both achievement and ensuring that these can be evidenced
- **Workforce** – recruitment, skills, capacity, retention and the process of good staff management
- **Sustainability, climate change, green travel planning and reduction of waste**
- **Capacity** – time, skills, availability
- **Engagement and Communications** with others across the system
- **Capital Planning and Property Management**; and
- **Delivering the big Priorities** highlighted, as well as delivering the day-to-day service

CURRENT WORKFORCE CHALLENGES: Support Services

The **green and net zero agenda needs to be the golden thread that runs through everything** the NHS Board does. Compliance with the **NHSS Sustainable Design and Construction Guide** that supports a **sustainable capital plan** in all aspects of the Estate, PAMS and capital developments.

Net zero does not always mean new build, going forward buildings need to be more adaptable and a question remains over the need for as many buildings as the Service emerges from the pandemic and the changes this has forced on service delivery. The PAMS will review whether there is a need for further rationalisation of the estate, post-COVID, moving away from the delivery of services in a place to the growth of the **e-health and digital delivery of care** in earnest, for example, NHS Near me, clinics online, use of information and clinical portals, and the impact on administrative accommodation. This will have implications for future staff and skills requirements.

Investment in a Capital and Property Management Team that oversees both new developments and the management of the property base would offer improved oversight over the estate base. A new Capital Planning Manager (Band 8b), with oversight of the Commissioning Manager and Project Managers, including the addition of a Project Manager (Band 7 x 1), Project Support Officers (Band 5 *x 2*) and administrative support (Band 3 x 1).

Further review of Property Management is also likely to be required as this is an area which also currently lacks resource.

Delivery of the **sustainability** agenda will be crucial within the Board. As noted above, in addition to the Environment and Sustainability Manager (Band 7) and the shared Energy and Environment Assistant (Band 4) a Head of Sustainability and Climate Change (band 8B), six new posts have been identified as necessary to deliver against this challenging agenda. A bid has been submitted to Scottish Government and a decision is awaited at the time of writing. This bid identified that recurring funding will be required for any new posts.

There are a range of IT systems required across the department, whether new systems or upgrades. Oversight of such systems can be a challenge when added to a non-technical IT manager. A Systems Support Officer at c. Band 5 (1wte) is required to support the systems. This person should be aligned to a wider administrative team supporting the function as a whole, to ensure that there is administrative support and succession planning. The team have also recognised the need for a Senior Administrator (Band 6) to provide oversight and management.

CURRENT WORKFORCE CHALLENGES: Support Services

As noted, **compliance** is a major element of the departments agenda currently and going forward. As such, investment in upgrading of the current Compliance Officer post to Compliance Manager (Band 6 to Band 7) and inclusion of a Compliance Support Officer (Band 5) is seen as essential. These ports will link closely with the Systems Support Officer to ensure data capture and quality.

The need for different skills going forward within the trades and the shortage of key skills, such as electricians have highlighted the need to develop technical or trades Modern Apprenticeships (MAs). Given the geographical location of Forth Valley, and the competition for these shortage skills, growing our own may be the only option. The majority of the Modern Apprentices within the Board are administrative apprentices.

The team would also like to consider training programmes to develop Maintenance Assistants, through use of relevant SVQ modules. This would attract young workers not previously attracted to the health service and could provide a pipeline for the MA route. In order to identify potential posts for redesignation as MAs a review may be required within the estates team.

Trades Staff

Elsewhere in this plan, the challenges experienced in appointing experienced craftsmen within the Trades roles has been highlighted, together with the ageing age profile and the demands of preventative planned maintenance and responding to the urgent and emergency needs of the estate. In addition to replacement of existing posts, the estates team would benefit from further investment in additional trades craftsmen, at this point focused on the key trades of Electrician and Plumber.

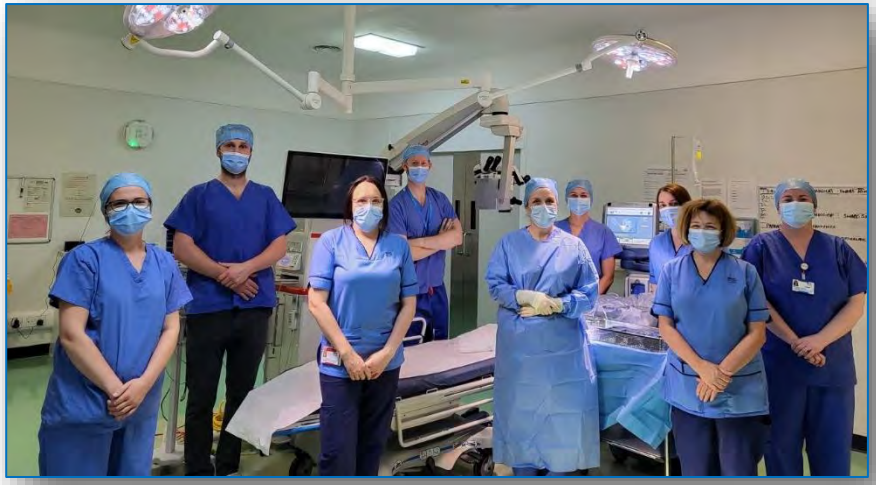
It is recognised that some of these roles may change over time, but these changes are likely to be in the longer-term future and does not negate the current requirements. It is expected that there may be difficulty in recruiting to some roles and where this is the case, alternative approaches, such as establishing apprenticeships, as noted above may be required.

CURRENT WORKFORCE CHALLENGES

Acute Services: Scheduled Care

Scheduled Care

The impact of the pandemic has resulted in reduced resilience in staffing. Staff close to retirement age have chosen to leave earlier and some staff have chosen to move from acute to less demanding working environments. However, we have managed to maintain a safe level of staffing but some specialities remain challenged.



The main areas for concern within scheduled care are:

- Oral Maxillofacial Service (OMFS) – currently one of the two consultants has resigned and will leave in July 2022. There is a national shortage of OMFS consultants and recruitment to the current vacancy may prove difficult. Discussion is underway with West of Scotland colleagues to establish a regional service with a hub and spoke model to support Head and Neck cancer, Trauma and Orthognathic surgery.
- Ear Nose and Throat (ENT) – continued challenges in attracting ENT consultants. We have a longer-term plan which bolster service and achieve a sustainable position but that will not be in place before August 2023. In the short term, we continue to seek local and regional solutions to sustain service delivery.

CURRENT WORKFORCE CHALLENGES

Acute Services: Scheduled Care

Cancer

The key workforce challenges faced within Cancer Services are similar to those faced by the NHS as a whole. There are shortages in key groups of essential staff; Nursing, medical staff, administration and if the emerging trend of staff leaving the workforce early continues and the number of newly trained staff does not increase sufficiently this challenge will only become bigger.

The main obstacle to workforce was funding however recruitment and retention are now equally important. This is a specialised group where there are limited number of trained staff available and a national shortage of trained radiology, pathology & oncology consultants. We are faced with a number of unique challenges that are hindering our ability to both attract and retain our staff including:

- Increased demand
- The growing skills gap
- Lack of Career Progression, Training or Professional Development
- Rise of workforce Mobility
- Competing against other Boards / Private Companies due to difference in salaries and roles

We need to develop a sustainable workforce and this will only be achieved by maximising the potential of staff through better use of existing skills, enhancing those skills, redesigning roles *(increasing nurse practitioners, speciality doctors etc)* and looking at new ways of working. Currently we anticipate a range of workforce planning and capability development issues, which are outlined below.

Shared workforce

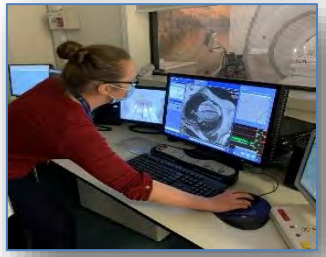
Cancer Services has a 'Shared' workforce where many of the staff involved in the care of cancer patients are not exclusively involved in cancer services. Workforce pressures are experienced across the whole of cancer services. There have been significant pressures felt recently in relation to SACT and oncology services.

Medical workforce

Nationally, for diagnostic radiology, urology and gastroenterology there are significantly fewer trainees due for completion compared to the number of vacancies and expected retirements. This identifies an anticipated gap within these respective services looking forward. The predicted shortfall in radiology and pathology consultants will have a particular impact on cancer diagnostic services. A national agreement on role development would be welcome but may take some time to be agreed.

CURRENT WORKFORCE CHALLENGES

Acute Services: Scheduled Care



Nursing workforce

Given the predicted shortfalls in the medical workforce, there is significant potential to continue development of the CNS role to facilitate nurse-led patient pathways. There is an urgent need to provide short-term investment to support the continuing development of the cancer nursing workforce to enable necessary progression, role development, and long-term solutions to ensure stability.

National Treatment Centre

NHS Forth Valley is supporting the commissioning of a National Treatment Centre, consisting of a new ward hosting up to 30 beds, and increased theatre activity over two theatres. Much of the core nursing for theatre has been recruited to, however there will need to be new recruitment of registered nurses for the inpatient area of approximately 14 WTE. This may lead to short-term nursing gaps elsewhere. Plans to increase the capacity of scheduled services such as Endoscopy, Minor Ops and fallow theatre sessions will require two levels of nurse recruitment. Firstly, core nursing staff will need to be recruited to provide the additional services for both registered and unregistered staff. Secondly, there is the challenge in recruiting and training specialist nursing roles, such as SCP and Nurse Endoscopist, without substantive funding and appropriate lead-in time.

CURRENT WORKFORCE CHALLENGES

Acute Services: Scheduled Care

Radiology

The main areas of concern in Radiology are the ability to recruit suitably trained Radiographers, Radiologists, and the leadership in the Ultrasound Modality. There is currently a national advert out for a Band 8a Lead Sonographer. There has been no interest. There is a need for leadership currently as waiting lists remain high nationally. There is a constant pressure on sonographers as independent reporting Advanced Practitioners to fill every gap in each session. Recruitment to lower grade posts has been more successful. However, there has been a push nationally to increase the number of student radiographers to support the increasing demand for staff. The current demands of unscheduled care and the increased number of inpatients is having a substantial impact on the IP services, for both scanning and reporting of images. Currently we would require an additional 3 Radiologists to keep up with the demand for CT/MRI/specialist US reporting sessions.

"Near Me"

We will continue to systematically embed Near Me into TRAK. We have incorporated Near Me into clinic bookings and patient information (via Netcall), as part of our outpatient remobilisation and recovery planning. We have set up multiple Near Me-friendly spaces that can be used by clinical staff for appointments. Training Near Me users will continue and we will move to business as usual support for Near Me. Our mental health services rapidly increased use of Near Me at the start of COVID-19 and are embedding it within their remobilisation plan.

Eye Health

The tele-ophthalmology real time virtual assessment of emergency and urgent eye conditions has been extended to community-based optometrists and formed the basis of national Emergency Eyecare Treatment Centres. Fewer patients have to travel; physical distancing is maintained for patients and healthcare providers and, in some cases, treatment, including medicines and emergency surgery, has been accessed more quickly than before. We plan to increase the types of eye conditions that can be assessed remotely.

CURRENT WORKFORCE CHALLENGES

Acute Services: Urgent & Unscheduled Care

Unscheduled Care Programme *'Improving our care'*

On 1 June 2022 the Scottish Government launched a new Urgent & Unscheduled Care Collaborative Programme (UUCC). It is Scotland-wide and for each Health Board a 'whole system' approach is key and based on 8 High Impact Changes (HIC) that will form the basis of the Scottish Government's 10-year vision for health and social care. Each board has undertaken a proscribed self-assessment against the criteria specified for all 8 HIC. Boards are then recommended to choose 3 or 4 HIC as the first tranche of their UUCC Programme. It is mandated for all Health Boards and the HIC are proscriptive with weekly, fortnightly and monthly reviews with the Scottish Government's Urgent & Unscheduled Care Team.

Following Scottish Government feedback on the Forth Valley self-assessment it has been agreed the first tranche of the programme will focus on:

- Redesign of Urgent Care (including Urgent and Emergency Assessment);
- Virtual Capacity; and
- Discharge without Delay (whole system flow).
- The wide range of work undertaken over the last year through the 'Improving our care' programme has formed a sound base with key building blocks enabling us to continue and further develop this work as part of the new national Urgent and Unscheduled Care Collaborative Programme.

The key workforce challenges faced within Unscheduled Care are similar to the system wide workforce challenges faced by NHS Scotland. These pressures are further exacerbated by the continued demands COVID-19 places on our workforce, affecting staff through burnout, absence, retention and recruitment. Whilst these challenges are prevalent across Unscheduled Care, we continue to flex our available resource to ensure our services continue to operate safely and meet the needs of the population of Forth Valley.

CURRENT WORKFORCE CHALLENGES

Acute Services: Urgent & Unscheduled Care

The main areas within Unscheduled Care include:

Emergency Department (ED)

Nursing workforce - We restructured nursing leadership within the department, with the appointment of a Clinical Nurse Manager in February 2022, the appointment of two new Senior Charge Nurses in June 2022 and an ED Clinical Nurse Educator in January 2022. This additional resource will ensure strong and consistent nursing leadership within the department as well as help create a continuous learning and improvement culture within the team and ensuring nursing staff are given the opportunity of regular training, development and improve retention. Continuous rolling recruitment continues for Emergency Department Staff Nurses to replace leavers and recruit to the department workforce plan, challenges remain in finding and recruiting registered nursing staff to fill these vacancies.

Medical workforce – Two new ED Consultants have been recruited and have staggered start dates over the remainder of 2022, bolstering our senior medical team within the department. We continue to have a gap of 2.6 WTE Middle grade doctors within the department, recruitment is ongoing, and we are working with 'NHS P' to develop a framework to recruit to these positions from both a national and international talent pool.

Out of Hours Service

We face significant challenges trying to recruit GPs to the Out of Hours Service (OOH), this is further exacerbated by the national shortage of GPs. We are undertaking a major recruitment drive to encourage GPs to work with the service and highlight the great opportunity the service presents as well as develop alternative models of care, such as upskilling and increasing our ANP workforce to maintain a resilient service. The first of our recruitment open nights is scheduled for August 2022. In addition, we are working with our SAS partners to jointly appoint paramedics and testing a hybrid in-hours/out of hours role.

Urgent Care Centre (UCC)

We have made a number of successful appointments into the UCC over 2022 and have active recruitment plans in place to further bolster and resource the service as it continues to develop. We have recently recruited 6 WTE Clinical Nurse Advisors to the UCC Flow Navigation Hub to aid with triage and streaming of patients who are referred into the acute site from NHS 24, GPs and other professional partners.

CURRENT WORKFORCE CHALLENGES

Acute Services: Urgent & Unscheduled Care

Acute Medical Unit (AMU)

Nursing workforce – To further bolster our nursing leadership within AMU we successfully recruited an additional Senior Charge Nurse for the department, to work alongside the existing Senior Charge Nurse and Clinical Nurse Manager. Our AMU staff nurse workforce continues to be challenged and similar to the Emergency Department we have continuous rolling recruitment to try and achieve the workforce desired in the Unit's workforce plan.

Medical Workforce – Over 2022 we have recruited two additional AMU consultants to bolster our senior medical workforce and provide further leadership and development of the Unit, both new consultants will be in position by Autumn 2022.

Care at Home and Housing Support

Older people in Forth Valley who are acutely unwell may now be able to recover at home, rather than having to be admitted to hospital. Under the new service, known as Hospital at Home, Consultants will go out to see and assess patients in their own homes and arrange for them to be supported by a multidisciplinary team including advanced nurse practitioners, nurses, physiotherapists and medical staff. Hospital at Home focuses primarily on people who are frail, older people with an acute illness. In the past they would have required to have been admitted to hospital with conditions such as chest infections and pulmonary embolisms but now, in many cases, they will be able to be treated in the comfort of their own home. After referral from a GP, a patient will be assessed, normally within a few hours, by a Hospital at Home practitioner who will take a history and conduct an initial examination. Following this a Consultant Geriatrician will assess the individual in their own home and discuss a care and treatment plan with input from the individual and their family. Patients can also be referred for hospital investigations as though they were an inpatient and their case will be discussed daily at the multidisciplinary team meeting until they have been discharged back to their GP.

We have established around 25 Hospital at Home 'virtual beds' across Forth Valley with plans in place to expand the service by the end of the year with the average length of stay four to six days for initial intensive support. Any further rehabilitation or home support would then be arranged, if required, depending on the person's individual needs.

CURRENT WORKFORCE CHALLENGES

Mental Health

There are significant local and national challenges with the recruitment and retention of Registered Nurses across both Mental Health and Prison Healthcare. Nationally there is a limited workforce supply meaning that boards across Scotland are in competition with one another. The release of Newly Qualified Nurses on an annual basis during September/October provides a limited supply of new workforce into our services. As all Universities have one intake of student nurses per year, they all exit the training programme at the same time which creates significant competition across all the boards. An additional concern as a result of the annual release of newly qualified nurses is that any vacancies unfilled in September/October and any vacancies created beyond this date are extremely difficult to fill and can often be vacant for up to one year. The Nursing workforce is also experiencing a significant loss due to high levels of retirement which creates a loss of nurses with a wealth and experience.

Over the past few years, we have seen a significant increase in acuity and complexity of demand on our Mental Health Services, this is projected to continue to escalate. As a result, additional workforce resources have been requested for both Adult Mental Health Nursing and Prison Healthcare Nursing from the Scottish Government and NHS Forth Valley and although additional resources are anticipated there remains the risk of not being able to recruit into all vacant posts. To further support the change in demand within the Acute Mental Health Unit additional senior staff workforce has been requested. This change is supported by the workforce and workload management tools and professional judgement tools.

Substance Use Services require to implement the newly driven national MAT standards which require additional Band 6 staff and Advanced Nurse Practitioners to support the delivery of rapid access and same day prescribing. Investment has been received from Scottish Government to support this work however it is projected that an increase on demand will be created following the introduction of the MAT standards and that further additional staffing will be required. A business case is being devised to support this additional ask.

CURRENT WORKFORCE CHALLENGES

Mental Health

This challenge is not new and has been the position for the past few years. In order to address some of the shortfalls in registered staff we have at times supplemented the shortfall by recruiting additional health care support workers, converting nursing posts into other supporting roles i.e. Occupational Therapists, Pharmacists which has caused a deficit in the expected 60/40 % ratio of registered to unregistered nurses and a potential dilution of nursing posts.

Psychological Services Workforce

Recent Health Board and Scottish Government investment in Psychological Services has allowed new posts to be advertised with the potential for gradually improving performance against the LDP target (90% of those referred for psychological therapy starting treatment within 18 weeks of referral). Trajectory modelling indicates that the target will be achieved by October 2023 providing posts are filled, remain filled, and demand for the service does not increase. Some posts have been recruited to and filled, others are appointed to but the candidate is not yet in post, while others remain vacant. There are significant local and national challenges with recruitment. Locally there is a 1-month notice period for staff however clinicians working in other health boards are required to give 3 months' notice meaning that FV experiences disproportionately high lengths of vacancies when clinicians are recruited across health boards. Recent recruitment to short-term funded posts has been unsuccessful with feedback indicating that short-term posts are too financially risky for both eligible candidates and the Health Board. Nationally there is a limited workforce supply meaning Boards are in competition with one another. This is particularly true for Band 8a posts which are often recruited to from training courses where the majority of a finite number of trainees complete training at the same time each year. Even if successfully recruited to Band 8a posts which become vacant throughout the year are often filled by candidates who won't be available until the following October. Furthermore there is a trend towards part-time working meaning more people are needed to fill the same WTE of vacancy. The demographic profile of the workforce is such that the service is exposed to high rates of maternity leave.

CURRENT WORKFORCE CHALLENGES

Mental Health

Psychological Services are engaged in continuous quality improvement to ensure that all available resources are being used in the most effective and efficient way, and to this end are actively engaged with enhanced support provided by Scottish Government's Psychology Advisor. Current local work includes the development of an improved patient-facing website, completing clinical assessments of all patients on the waiting list to ensure that they are waiting for the correct service and correct treatment, expansion of the therapeutic group programme, increasing skill mix to ensure recruitment draws on as wide an eligible workforce as possible, and wellbeing initiatives to nurture and retain existing staff. The service has participated in national enterprises including a national recruitment campaign, development of a new psychological therapist role via the Enhanced Psychological Practitioner Programme and benefitted from a NES resource to increase supervision capacity.

Additional resource is anticipated from Scottish Government however there remains the risk of not recruiting to all vacant posts and therefore not meeting the LDP standard. The risk of reduced capacity is exacerbated by impending retirements.

WORKFORCE PRIORITIES

Youth

Youth Employment

Youth Employment is a declared commitment of the Scottish Government Health Department and NHS Forth Valley wants to support this national agenda to improve roles within the 16 – 24-year-old age group.

Although the total working age population of Forth Valley (adults aged 16-64) will remain fairly constant over the next 20 years at about 182,000 it is important to recognise that the percentage over 50 will increase from 36% to 41.7% by 2025.

Young people may be new to work environment and lacking confidence in applying for employment and they will not have the depth of experience that more mature applicants can draw from to demonstrate good fit for the vacancy. If they have not worked before they may not have the discipline required by work. This means that they need greater support to transition successfully. Also, it is important to recognise that Young People who are helped to socialise into the workplace are more likely to stay in employment, which means a more efficient and effective recruitment process reducing the cost of replacement.

NHS Forth Valley's commitment to the Youth Employment agenda resulted in the award of Investors in Young People "Gold" award in 2018. The assessment process found that NHS Forth Valley has a clearly understood approach for recruiting and developing Young People, and how we expect staff to support new Young People who join our organisation. Our Young People who were interviewed felt supported in terms of their learning and development which helps them grow and thrive in a highly supportive environment. Our current and planned work on this agenda will focus on:

Modern Apprentices

NHS Forth Valley has delivered a successful Modern Apprenticeship Programme since 2015. We work in partnership with Forth Valley College to provide the Apprenticeship Programme.

The Modern Apprentices (MAs) are supported and trained to carry out all the duties and responsibilities outlined in the job description and have an agreed Training Plan. The MAs are working through an agreed Modern Apprentice Framework for Business & Administration/Engineering and, on completion will receive an SVQ qualification which is awarded through Forth Valley College.

WORKFORCE PRIORITIES

Youth

Over the next 3 years we will look at expanding the Modern Apprenticeship programme to offer roles in:

- Pharmacy Technicians
- AHP Support
- Healthcare Support Workers

Project Search

Project Search was developed in Cincinnati Children's Hospital in 1996. It was based on the principle of working with a large employer, providing the appropriate support and tutoring on site to maximise the student experience and replicate a real working environment. It is a one-year transition programme for 18 – 24-year-olds which provides employability, training and education for young people with learning disabilities. The goal is to provide on-site internship experiences in order for young adults to acquire necessary skills leading to competitive employment. It is a partnership that brings together employers, colleges and adult supported employment providers.

Project Search has run successfully in Forth Valley since 2018 with or partners in Falkirk Council, Forth Valley College and Serco. The programme was based in Forth Valley Royal Hospital until March 2020, and then from Forth Valley College, during this time the programme followed the work programme developed by Serco.

A return to Forth Valley Royal Hospital is planned for the 5th cohort due to start in August 2022.
Moving forward we hope to expand the placement opportunities for students within the wider NHS Forth Valley.

Youth

NHS Youth Academy

The NHS Scotland Academy is a partnership between NHS Golden Jubilee and NHS Education for Scotland established to offer accelerated training for a wide range of health and social care roles and professions. NHS Scotland Academy will provide an opportunity for existing staff to improve their skills in specific areas to facilitate career development and progression, responding to the evolving and emerging workforce needs of NHS Scotland.

Within NHS Scotland Academy, the Youth Academy is developing the capacity to provide Scotland's young people with opportunities to develop the skills needed to join the health and social care workforce. This includes enabling young people to understand the breadth of opportunity so that they can align their strengths and career aspirations with the right role. This will enable NHS Scotland to establish and articulate robust career pathways to attract young adults to the health and social care workforce.

The Youth Academy will align its activities with the Young Person's Guarantee for Scotland by focusing developments on support for young people under the age of 25 across Scotland. This includes:

- Focusing on enabling seamless progression from school and college courses into NHS employment with support for the transition to the workplace
- Actively developing and promoting apprenticeship opportunities
- Ensuring no one is left behind by including support for those young people no longer accessing educational opportunities.
- Supporting young people in employment who wish to progress and develop their career locally

Huddles are also being set up in Dumfries & Galloway, Grampian, Highland and Tayside.

The plan is to work closely with the schools and develop an "Education Apprenticeship", and to look at innovative ways to engage with schools e.g., using the technology of the Simulation Centre and creating a virtual ward in the school. The Academy will focus on the areas where NHS have gaps i.e., Health & Social Care Support Workers, AHPs, Healthcare Sciences, and how we can encourage young people to see Health as a career choice.

WORKFORCE PRIORITIES

Youth

University College Health Partnership

As part of NHS Forth Valley's role as an Anchor Organisation a University College Health Partnership will be launched in September 2022 with NHS Forth Valley, Forth Valley College and University of Stirling

This partnership which will focus on 3 areas - Research and Innovation; Education and Skills and Workforce Development and Career Pathways.

The Workforce Development and Career Pathway will develop a plan to inform the development of the Quality and People Academy across the region, focussing on two priority areas of Leadership development Health and well-being.

WORKFORCE PRIORITIES

International Recruitment

Background and Funding

On 5th October 2021, the Cabinet Secretary for Health and Social Care announced a range of measures and new investments as part of winter planning, including increasing the use of international recruitment to alleviate pressures and fill key roles. The initial target for NHS Scotland was to recruit 200 registered nurses from overseas by March 2022. The Health Workforce Directorate agreed to provide £4.5 million of non-recurring funding in 2021/22. NHS Forth Valley's allocated share to support direct recruitment costs, temporary accommodation and other reasonable out of pocket expenses amounted to £188,253.

To create capacity within Boards to take forward the additional tasks related to recruiting and employing overseas staff, a budget of £67,500 of recurring funding was allocated to NHS Forth Valley to recruit to an International Recruitment Lead post and an internal appointment was made and started in post at the end of February 2022.

Cohort One

Due to UK Visa and Immigration suspending priority visa services, in response to the situation in Ukraine, there was a delay in the issuing of visas to the 13 nurses and therefore the nurses were split into 2 cohorts depending on their visa issue dates.

The first cohort of 6 nurses, all from India, arrived in Scotland on 8th April 2022. As part of the nationally agreed relocation package, NHS Forth Valley worked with Stirling University to secure off campus student accommodation for the first 3 months following the nurses arrival.

Since their arrival, they have been supported with settling into their accommodation and their new local area and using public transport and local shops. They have participated in a 2-week supported induction programme at Forth Valley Royal Hospital which included tours of the hospital, visits to their allocated wards and sessions with speakers from nursing, Spiritual Care, IT and the Royal College of Nursing. Partnerships have also been developed with external organisations such as Friends of Scottish Settlers (FOSS), who support new arrivals to the area, and the British Indian Nurses Association (BINA), who provide pastoral support to Indian nurses arriving in the UK as well as post NMC registration support during their career development. Both FOSS and BINA presented to the new nurses during their induction programme.

International Recruitment

The 6 nurses attended a 3-week OSCE training programme, provided by NHSP in Milton Keynes, to prepare them to take their OSCE exam and allow them to become registered with the NMC and move from a band 4 unregistered nurse to a band 5 registered Staff Nurse. The nurses were booked to take their OSCE exam at the new OSCE test centre at Leeds Teaching Hospitals NHS Trust on 25th May 2022.

The nurses will be provided with ongoing pastoral support as they settle into the local area, secure longer term accommodation and begin the process of bringing spouses and children across from India to live with them.

Cohort Two

The second cohort of 7 nurses, 6 of whom are from India and 1 from Zimbabwe arrived on 5th May 2022 and arrangements were made for Forth Valley Royal Hospital induction from 9th May and OSCE training in Milton Keynes from 16th May. The OSCE exam was booked for the 7 nurses at Northumbria University OSCE Test Centre on 7th July 2022.

Early Learning

Overall, the arrival and induction of our first cohort of nurses has been very successful and they have indicated they are very happy with the welcome and support they have received.

We have witnessed how important it is to provide the correct type of accommodation to give each nurse their privacy but also to provide them with an environment where they can bond as a group and create a support network for each other. Feedback from the nurses on how they are experiencing a colder climate and the foods they like to cook and the ingredients they require for their diets has helped inform the advice and supplies we will provide to the next cohort of nurses to further enhance their experience.

Ongoing commitment

NHS Forth Valley is committed to continuing with ethical International Recruitment and has identified a further 20 posts that it will endeavour to recruit to in 2022 – 2023. In addition, we are exploring international recruitment to medical posts in our hard to fill areas.

WORKFORCE PRIORITIES

eRostering

eRoster is currently being implemented across NHS Forth Valley. It is a 2-year project covering all Agenda for Change (AfC) staff and medics. It consists of an interactive suite of products that produce a roster based on whole time equivalent, budget and staffing requirements. All rosters managed within Health Roster which provides an electronic audit trail. This will result in improved service delivery – right people, right place, right time. The project commenced in November 2021 but unfortunately this was paused on 2 occasions due to the impact of Covid. This was recommenced in March/April 2022.

Early implementation areas are now complete. These areas are:

- A22 FVRH
- Emergency Dept (this includes nursing, medics and Minor Injuries Unit)
- Acute Assessment Unit
- Estates
- Drivers and Transport Hub

- Ward 1 FVRH
- Patient Flow
- Occupational Health

Anaesthetics planned to go live on 8th August 2022 but this will now be delayed until late September. The latest areas of completion within A&B block are Wards B11, B12 and Surgical Assessment Unit. The team will complete the rest of the A&B block wards including Day Surgery, Cardiology, Intensive Care Unit and theatres. Completion of the wards within FVRH will allow the Safe Care Module to be utilised. Work is also underway to complete the remaining wards within Acute Mental Health at Forth Valley Royal Hospital. Once they have been completed, Women & Children's areas will be rostered and all of the other nursing teams within Acute Services. From a medical perspective Cardiology and Out of Hours (OOH) are the next areas to be rostered. AFC staff will also be incorporated within OOH including drivers, Advanced Nurse Practitioners and Admin Staff.

As we move into Year 2 Community Hospitals, Community Nursing Services, AHP's, laboratories, pharmacy and all non-clinical staff will be the focus for the AfC e-Roster team. The medical team will focus on the rest of the consultant teams across FVRH, mental health and community areas.

The eRoster team have been introducing The Loop app to areas already implemented. This allows individuals to view shifts, request leave etc. As areas are implemented they will also gain access to the app.

WORKFORCE PRIORITIES

Learning & Development

NHS Forth Valley Organisational Development, Learning and Education Plan 2022-23 is currently under review, aligned to Our People Strategy and NHS Forth Valley Health Care Strategy supporting the organisation's strategic direction. Workforce development and training is prioritised to support our staff as we work collaboratively across the organisation to ensure we support and nurture our people to sustain our high-quality standards and flourish in our continuous improvement culture.

OD Priorities include:

- Support during the Pandemic
- Staff Support and Wellbeing
- Recovery and Remobilisation, Managing Transformational change and redesign
- Developing Organisational Culture – Supporting Positive Staff Experience
- iMatter Staff Experience Continuous Improvement Model
- Staff Conference
- External Assessment and Benchmarking
- Investors in People (IIP) and Investors in Young People 2020-2021 Assessment:
- Mediation
- Speak Up Initiative Training Plan
- OD Plan to support ED
- LABS
- The Learning Organisation
- Supporting High Quality KSF Reviews/Personal Development Planning
- Turas Appraisal
- Corporate Induction
- LET, Mandatory Training Activity Statistics
- Medical Appraisal and Revalidation: National Arrangements for Restarting Medical Appraisal in Scotland.
- Developing Leadership and Management Capability and Capacity
- Talent Management and Succession Planning
- Acute Services Programme
- HRSLT Programme
- Coaching

OD support included the following:

- The development of wellbeing activity and resources which was successfully rolled out across the organisation
- Listening and support service offered staff a safe and confidential space to reach out when they needed to
- Coaching – there was significant uptake in addition to staff who contacted us for a supported conversation
- Interactive OD Facilitated sessions which included reflection and appreciation: Interactive safe reflective space to pause, reflect and share and learn together about experiences as individuals and as a team during the pandemic Celebrate achievements, reflect on behaviour, what you want to hold on to and what you want to leave behind
- Compassion focussed resilience facilitated by Psychology and OD: Reflective and interactive session provides an introduction to CFR, how to apply the model to understand ourselves and others under stress, to share and learn from each other

WORKFORCE PRIORITIES: Learning & Development

iMatter

The iMatter questionnaire enables staff the opportunity to feed back their experience within their team and at organisational level on a real-time basis. iMatter results are directly reported at all levels throughout an organisation. Once team results are delivered, teams are invited to collectively share responsibility for developing an action plan within an 8-week period and to review actions and progress made throughout the year. As an integral part of the iMatter process, teams come together to review the results and share thoughts and ideas in order to develop and implement Action Plans. The 2022 cycle is underway.

Priorities for 2022-2023

- Ongoing support from senior level and partnership colleagues for the further embedding of iMatter moving forward
- Managers require to personally confirm their teams on the system
- The implementation of our identified Directorate/Local Administrators (LA) for all areas to provide direct support locally in each of our Directorates together with the Board Administrators currently within the LET Team
- Training is being provided for the 2022 cycle via MS teams across the organisation to reinforce the role of Managers and Local Administrators, to provide an overview of the iMatter continuous improvement process and to highlight the importance of action planning and submitting staff stories
- Manager's access of Webropol site to monitor progress in areas, e.g. iMatter 4 KPI data
- Reinforce the importance of action planning across the service and the value of having quality conversations. Action plan themes should remain a recurring item for teams to review and update throughout the year

Mediation Training

Following completion of mediation training for our Internal NHSFV Mediators; the Mediation Oversight group was convened to support the provision of our Mediation service across the organisation. The NHSFV Mediation Service was launched in July 2022 with the publication of the Mediation Framework which outlines the purpose, principles, and process within NHSFV. Future Mediation Supervision and CPD support for our Mediators is currently being planned for 2022/2023. Several cohorts of Mediation and Conflict Management awareness sessions have been delivered and evaluated very positively. In view of high demand, further sessions are planned. Discussions are underway for planning a second cohort of internal mediators.

Talent Management and Succession Planning Framework, Leadership programmes and workshops

Effective career conversations and signposting staff to appropriate support is invaluable to talent management and career progression. The Talent Management Framework and Career Conversations template is available online for staff to use in their developmental conversations with their manager. Virtual sessions are available on MS teams to provide practical examples of the use of the framework and having quality career conversations

Speak Up Initiative Training Plan

Following the launch of the Speak up initiative, the OD team are providing additional support sessions and coaching for the team.

Team Development

OD provided tailored team sessions across NHSFV. OD advisors are aligned to Directorates to ensure support is agreed as part of strategic and Directorate priorities.

Mentoring Training

A train the trainer approach to mentoring is planned for 2022. Dates will be scheduled shortly

WORKFORCE PRIORITIES

STAFF SUPPORT AND WELLBEING

Staff wellbeing has been a priority within NHS Forth Valley for many 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.

Covid 19 required a quick and immediate response to supporting our staff. A range of resources and initiatives were developed including:

- A collaborative approach ensures 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
- The recruitment of Speak-Up Ambassadors and Advocates will help encourage staff voice and provide a safe listening space for any concerns
- Introduction of hydration stations and tuck shops to support staff during shifts

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.

WORKFORCE PRIORITIES

STAFF SUPPORT AND WELLBEING

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.

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. An initial update and refresh of the Staff Support and Wellbeing 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 updated with new events and news stories monthly.

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
- in addition to good news stories and updates in relation to the Workforce Wellbeing Plan

A manager's toolkit is available which will provide support to managers to help them support themselves and their staff in relation to wellbeing. This features resources such as communication guides, networking opportunities and signposting to relevant policies and information.

A number of priorities have been identified and progress against these, including evaluation of effectiveness will be reported quarterly through the Staff Governance Committee and Area Partnership Forum.

WORKFORCE PRIORITIES: Staff Support and Wellbeing Priorities

Priority	We will...	To achieve this, we aim to...
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.	1. Work closely with our Communications Team Colleagues to ensure any updates are available through a variety of media that all staff can access. 2. Deliver robust inductions for new staff members joining the organisation. 3. 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. 4. Develop a 'Meaningful Conversations' toolkit to enhance the quality of conversations we have within the organisation. 5. 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.	1. Provide a varied and extensive training menu open to all staff. 2. 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. 3. Continue to develop coaching opportunities and talent management training. 4. 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.	1. Promote and encourage Employee Voice - providing a safe space for staff to share their thoughts and inform organisational decisions. 2. 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. 3. Creation of short-life working groups as appropriate to support organisational change. 4. Re-visit our values and ensure they are fit-for-purpose.

WORKFORCE PRIORITIES: Staff Support and Wellbeing Priorities

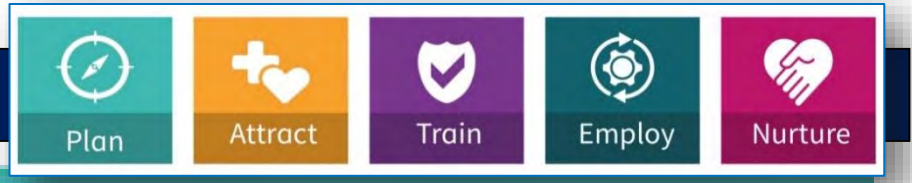
Priority	We will...	To achieve this, we aim to...
Staff are treated fairly and consistently, with dignity and respect, in an environment where diversity is valued	We will commit to cultivating an organisational culture that values diversity and promotes inclusion at all levels. We will ensure our workplace policies are fit-for-purpose and are applied fairly and consistently across all areas.	1. Establish an annual programme of events that celebrates diversity within the NHS Forth Valley community. 2. Continue with Once for Scotland training and education sessions via HR Connect, ensuring support for fair implementation. 3. Work closely with our Speak Up Ambassadors and Advocates, acting upon all interactions with these in a transparent and timely manner. 4. Continue with Sturrock Report Review Group meetings, aimed at implementing the learning from this report within NHS Forth Valley. 5. Train our managers to account for differences in personal circumstances, whilst maintaining fair policy application within their teams. 6. 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.	1. 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. 2. Enlist the help of our Corporate Portfolio Management Office (CPMO) in how we can best deliver the aims of this Strategy. 3. Review our current policies and procedures to improve the health and safety culture of our organisation.

The Five Pillars of Workforce

Plan

No.	Workforce Priority	Action	Expected Outcome	Lead	Timescales
P1	NHS Forth Valley Workforce Plan 2022 - 2025	Agree Workforce Plan 2022 – 2025 in partnership	Plan will be implemented in line with National guidance and aligned to finance and service planning	Director of HR	Approval by the NHS Board and published on NHS Forth Valley Website by October 22
P2	NHS Forth Valley Workforce Strategy: Our People Strategy 2022 – 2025	Refresh Our People Strategy 2022 – 2025	NHS Forth Valley Workforce Strategy will be refreshed, aligned to the National Workforce Strategy with quarterly monitoring through Staff Governance Committee	Director of HR	To go to Staff Governance Committee in September 22
P3	NHS Forth Valley Workforce Wellbeing Strategy: Our Workforce Wellbeing Plan 2022 - 2025	Launch and implement Our Workforce Wellbeing Plan and Wellbeing Website	Our Workforce Wellbeing Plan 2022 – 2025 in place with a corresponding Staff Support and Wellbeing Website; management toolkit. Monitoring of impact will be reported to Staff Governance quarterly	Director of HR	Agreed at NHS Board in August 2022 for launch by the end of August 2022 throughout NHS Forth Valley
P4	Directorate / HSCP Staff Governance Self-Assessment and Action plans	Complete Directorate / HSCP Staff Governance Action Plans and report progress to SGC quarterly	Staff Governance Self-Assessment completed and all Directorates / HSCPs will report progress against their action plans to ensure delivery against the 5 strands of the Staff Governance Standard	All Directors / Chief Officers	Reporting against Action Plans commences in September 2022 and quarterly thereafter
P5	National / Regional Workforce Planning	Participate in Regional Workforce planning activity	Regional workforce planning will delivery sustainable workforce solutions. Examples: NTC; WoS Medical Workforce Group; East Region Payroll Consortium; East Region Health Protection	Directors	NTC: workforce in place by December 2022 (END) East Payroll Consortium East Region Health Protection leadership model in place

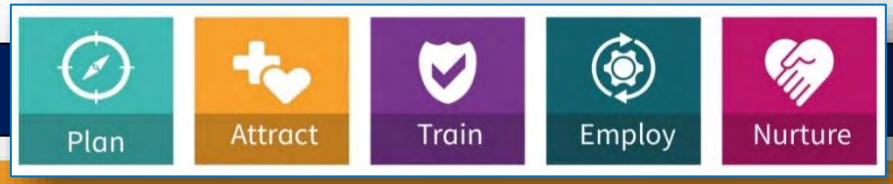
The Five Pillars of Workforce



Plan

No.	Workforce Priority	Action	Expected Outcome	Lead	Timescales
P6	e-Rostering	Implement eRostering National Programme and all related modules within the next 24 months	Health Roster; Medic Roster; Safe Care module will be in place for all NHS Forth Valley staff. This will result in improved management of the workforce and safe, open and transparent rostering practices	Director of HR	eRostering Programme Board meeting monthly to monitor achievement against the Plan with assistance from CPMO Reporting through Staff Governance Committee
P7	Equality, Diversity and Inclusion	Board Lead responsibility will move to Director of HR	All Equality, Diversity and Inclusion activity will be managed through Director of HR	Director of HR	Transfer of staff and responsibility will take place on 31st August 2022
P8	Winter Planning	Build sustainable workforce solutions	Sustainable solutions will be determined to ensure that workforce is available to provide safe, effective care	All Directors / Chief Officers	Autumn 2022

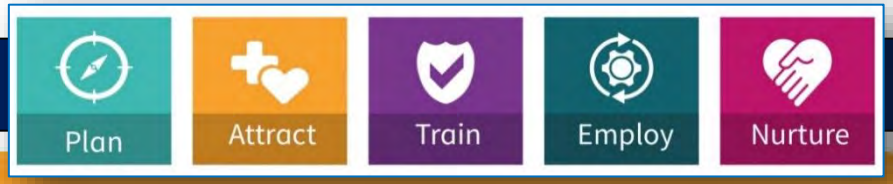
The Five Pillars of Workforce



Attract

No.	Workforce Priority	Action	Expected Outcome	Lead	Timescales
A1	Ethical International Recruitment	Cohort 1 & 2 will be employed within NHS Forth Valley Recruitment of further 20 posts Exploring medical staff recruitment for hard to fill posts	13 New Staff Nurses will be appointed across Acute Services within NHS Forth Valley Further 20 posts including Midwives; AHP's and nurses will be recruited in 2022 – 2023 Pipeline of staff found to deliver services in hard to fill areas	Head of HR Resourcing Lead Nurses Deputy Director of Finance	Cohort 1 and 2 will be appointed by the end of August 2022 Next Cohort will be recruited in 2022 – 2023 and appointed by end of March 2023 Additional medical staff to fill vacancies will be sought and appointed if available
A2	Equality, Diversity & Inclusion	Improve equality, diversity and inclusion in our workforce planning; and recruitment activities	By being proactive in our recruitment practices we will ensure different lived experiences and perspectives are gained and leadership positions will attract staff who reflect the communities we serve	Director of HR Resources Equality Diversity and Inclusion Lead	31st March 2023
A3	Establish an NHS Forth Valley Minority Ethnic Network	Establish a minority Ethnic network	Staff with protected characteristics will have a voice and be heard, supported, valued and engaged in the development of policies; initiatives that recognise our diverse population and their needs	Director of HR Employee Director EFM / SG leads	Autumn 2022
A4	Retention of staff	Actively implement Retire and Return Policy and Flying finish programme	Staff will choose to retire and return to work with NHS Forth Valley ensuring service continuity and retention of skills and experience	Director of HR Employee Director	August 2022 onwards
A5	NHS Academy Work for Youths	Establish a 'Huddle' within NHS Forth Valley linking with Boards	Encourage school pupils to see Health as a future career choice.	NHS Academy Director	September 2022 onwards

The Five Pillars of Workforce



Attract

No.	Workforce Priority	Action	Expected Outcome	Lead	Timescales
A6	Enhanced employability 'no-one left behind' – helping to address inequalities	As the largest employer in Forth Valley, seek funding for a small team of staff to manage placements for potential employees linking with local authority teams	By establishing an Employability hub we will help to address inequalities in our communities and be able to provide placements for single mothers, unpaid carers; people with disabilities or long-term health conditions; black and minority ethnic households	Director of HR Head of OD and Learning	2023
A7	Youth Employability enhanced	Expand places available for Project Search	Project Search 5th Cohort commences in August 2022. Additional placement opportunities will be established that will enable young people to gain employment in NHS Forth Valley / SERCO or be equipped to gain employment elsewhere	Director of HR Key partners in SERCO Forth Valley College and Local Authorities	August 2022 ongoing
A8	Youth Employability enhanced	Expand places available for Modern Apprenticeships	Modern apprentices will train and gain employment in NHS Forth Valley focus on expansion to include Pharmacy Technician; AHP support worker; Healthcare support workers	Director of HR	2022 - 2023

The Five Pillars of Workforce

Train

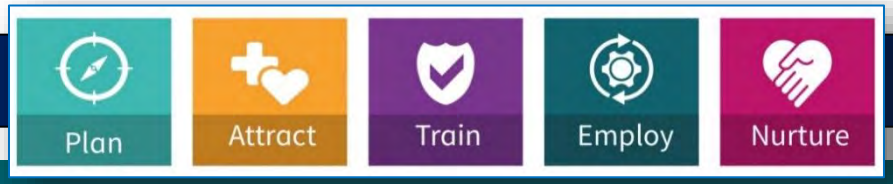
No.	Workforce Priority	Action	Expected Outcome	Lead	Timescales
T1	Appropriately Trained	Roll out Essential Training 2-day passport for all staff and monitor activity through achievement against Directorate / HSCP Staff Governance action plans	All staff will have been provided set aside time that will be planned to undertake their mandatory training. Improved safety and compliance levels 70% achievement is the aim for this year with the aim of all staff undertaking this training on the TURAS platform	All Directors/Chief Officers	70% of all staff will have undertaken their Essential training by the end of March 2022
T2	Personal Development Reviews and Plans	Relaunch PDR and PDP Training for staff and managers	The direct link with improved patient outcomes and appraisal is well known. All staff will have at least 2 quality development conversations with their line manager each year	All Directors/Chief Officers	70% of all staff will have a PDR and PDP recorded on Turas learn by end of March 2022 100% of all ESM staff will have their PDRs and Plans on the Turas learn platform
T3	Occupational Health Nursing	Explore with HRDs, CNOD and Heads of Occupational Health the development of a nursing framework for Occupational Health	Working with key partners including the NMC, provide an Occupational Health Framework that will provide a sustainable workforce in Occupational Health for the future	Director of HR Occupational Health Lead	Autumn 2022
T4	Grow our own	Establish more local programmes to grow our own workforce	Development of new roles; promote career development opportunities and upskill the workforce using T&C's Examples Physicians Assistants; Health Care Scientists; ANP and ENPs	Specialist Leads	2022 - 2023

The Five Pillars of Workforce

Train

No.	Workforce Priority	Action	Expected Outcome	Lead	Timescales
T5	Attract OOH staff	Attract appropriately trained workforce for OOH services	Provision of a sustainable workforce in OOH services including advanced practitioners; Paramedics & GPs	Head of Service OOH lead HR	2022 - 2023
T6	AHP 3-year Transformational Plan	Deliver Excellence in Care Transformational Plan for AHPs in NHS Forth Valley	A culture shift in AHP practice will be achieved with a focus on prevention, rehabilitation, collaboration and multi-professional working with the local communities and people of Forth Valley	Director of Nursing Director of AHPs	2022 - 2025
T7	Talent management and Succession planning Strategy	Relaunch the Talent management and succession planning Strategy	Talent management assessment will be undertaken across NHS Forth Valley	Director of HR Head of OD & Learning	By the end of 2022
T8	Work with Educational establishments to develop programmes University and College collaboration	Develop a University College Health Partnership with Forth Valley College and University of Stirling.	To enhance Workforce Development and Career Pathways	Director of HR Director of Nursing	2022 - 2025

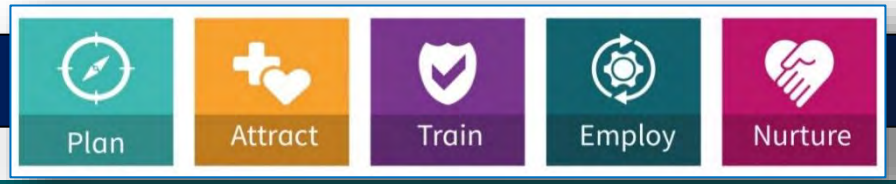
The Five Pillars of Workforce



Employ

No.	Workforce Priority	Action	Expected Outcome	Lead	Timescales
E1	Creating a sustainable workforce: Appoint Newly Qualified Nurses	Appoint Newly Qualified Nurses to all Band 5 Nursing vacancies, taking account of turnover; temporary Bank and Agency workforce spend and attrition rates	137 nurses interviewed and have been offered posts within NHS Forth Valley 106 in Acute Services 28 in Mental Health 3 in Learning disabilities	Head of HR Resourcing Deputy Director of Finance Associate Director of Nursing	Appointment to these posts will take place from 24th August 2022 onwards
E2	Creating a sustainable workforce: Band 2 to 3 review of HCSW	Partnership working group in collaboration with Senior Charge Nurses reviewing 801 HCSW across NHS FV Monitoring of progress through APF and SGC	HCSW across NHS Forth Valley will have contemporaneous job descriptions that reflect service requirements. Anticipating that the majority of staff will move to Band 3	Associate Director of HR Head of Payroll Partnership SLWG	Matching exercise, appointment to new job descriptions and payroll calculations/ backpay will be concluded by December 2022
E3	Creating a sustainable workforce: Expansion of the Hospital @ Home service	Employ Band 5 nurses and Band 3 HCSW to provide care within the Hospital @ Home service	By increasing the Hospital @ Home service this will provide bridging solutions where patients still need hospital care which can be provided by health staff in their homes.	Director of HR Head of HR Resourcing Lead Nurses	Recruitment mid-August with a view to appointing within 8 weeks – October 2022
E4	Significantly reduce the requirement for Agency workforce	Approval process re-established regarding Agency use	With the introduction of permanent workforce, Agency use will be the exception especially within nursing	Directors of Nursing, Finance and HR	Autumn 2022
E5	Reduce Bank activity by converting bank spend to ensure delivery of sustainable solutions	Convert temporary workforce spend to permanent workforce	Bank activity will be significantly reduced and permanent, sustainable workforce will be in place	Directors of Nursing, Finance and HR	Autumn 2022

The Five Pillars of Workforce



Employ

No.	Workforce Priority	Action	Expected Outcome	Lead	Timescales
E6	Increase bank posts in hard to fill areas: midwifery; Paediatric and Neonatal Nursing; AHP's	Recruitment drive to attract Midwives, paediatric and neonatal nurses and AHPS to Bank posts	Temporary workforce will be available in Hard to Fill areas	Director of HR Head of HR Resourcing	Autumn 2022
E7	National Treatment Centre workforce in place	Complete recruitment of workforce in time for the opening of the National Treatment Centre in NHS Forth Valley	National Treatment Centre will be opened with a full complement of staff to deliver services as planned.	Director of CPMO Director of HR Head of HR Resourcing	Winter 2022

The Five Pillars of Workforce

Nurture

No.	Workforce Priority	Action	Expected Outcome	Lead	Timescales
N1	Culture	Adopt 4 stage approach to support culture change programme	Inclusive culture where staff have a feeling of belonging	CEO/HRD	2022 -2025
N2	Enhance Employee Voice: Speak Up Service; Whistleblowing Service and Confidential Contact	Further develop and communicate services for these services	Staff will be aware of all opportunities to speak up across NHS Forth Valley. Quarterly reporting of key themes linked to the red flag process will enhance organisational learning.	CEO Director of HR Speak Up Ambassadors	September 2022
N3	Workforce Wellbeing Plan implementation	Implement the 5 commitments/priorities outlined within the Wellbeing Plan	Peer support programme Measure impact of wellbeing programmes	Director of HR Employee Director	3-year plan with quarterly updates to Staff Governance Committee
N4	Staff Awards & Long Service Awards	Working with APF and ACF plan and deliver the Staff Awards and Long Service Award activities	Staff recognition events will be delivered to recognise long service and to celebrate achievements with our staff	Director of HR Employee Director Chair of ACF	By December 2022
N5	Sturrock Partnership Working group ED Review learning and impact assessment	Restart Sturrock Partnership Working group to take forward agreed action plan	Agreed action plan will be progressed and actions reported quarterly through the Staff Governance Committee	Director of HR Employee Director	September 2022 and 2 monthly meetings arranged thereafter

The Five Pillars of Workforce

Nurture

No.	Workforce Priority	Action	Expected Outcome	Lead	Timescales
N6	Regional approach to delivery of Values Based recruitment for ESM cohort	Explore with West of Scotland HRD's a regional approach to the delivery of values-based recruitment for ESM	This approach will ensure compassionate leadership and the diversity and inclusivity of the most senior roles	WoS HRD's	By March 2023
N7	Implement safe working environments	To implement safe working environments	Safe working practices Safe staffing levels workloads	Director of Nursing Director of Facilities & Infrastructure Director of HR	2022 - 2025
N8	Red and Green Flags	Design proforma to triangulate red and green flag information in the organisation	Red flags will be acknowledged, managed and investigated wherever identified from – examples Staff side meetings Patient safety visits Workforce Dashboard	Director of HR	September 2022
N9	Exit interviews	Determine the reporting tool to highlight key themes quarterly as part of the red / green flag process	All staff leaving the organisation will be encouraged to participate in the exit interview programme. This will include staff moving to other departments to capture learning.	Director of HR Associate Director of HR	September 2022
N10	Mediation	Train 2nd cohort of mediators and establish red and green flag quarterly reporting process	Mediation service has been launched in NHS Forth Valley 2nd cohort of mediators will commence training and key themes will be identified and reported quarterly part of the Red and Green flag proforma	Director of HR Associate Director of HR Head of OD and Learning	2022 - 2023

APPENDIX 1

Workforce Information as of 31st March 2022

Since the publication of the last Board Workforce Plan, in 2019, many things within the NHS in Scotland have changed. The UK is no longer a member of the European Union, with BREXIT having been completed in December 2019; and the service is still going through the biggest challenge to public health and healthcare since the NHS was established in 1948. The COVID-19 pandemic has dramatically realigned priorities for all NHS Boards and changed significantly some of the challenges that the Board faces. In some areas, the impact of the pandemic has been to add to already existing challenges; and in others, it has added new, and sometimes, unforeseen challenges. What has not changed is the need to define, identify, attract and retain a workforce for now and into the future.

The 2019-20 NHS Forth Valley Workforce Plan, highlighted a number of challenges for the Board, which remain relevant, including:

- Demographics of the workforce;
- Impact of integration of health and social care;
- Requirement to deliver significant cost savings;
- Organisation wide service redesign;
- Integration at national and regional level to deliver integrated regional approaches;
- Pressure to deliver changes in the workforce.

Understanding the size and shape of the current workforce is integral to planning the future workforce.

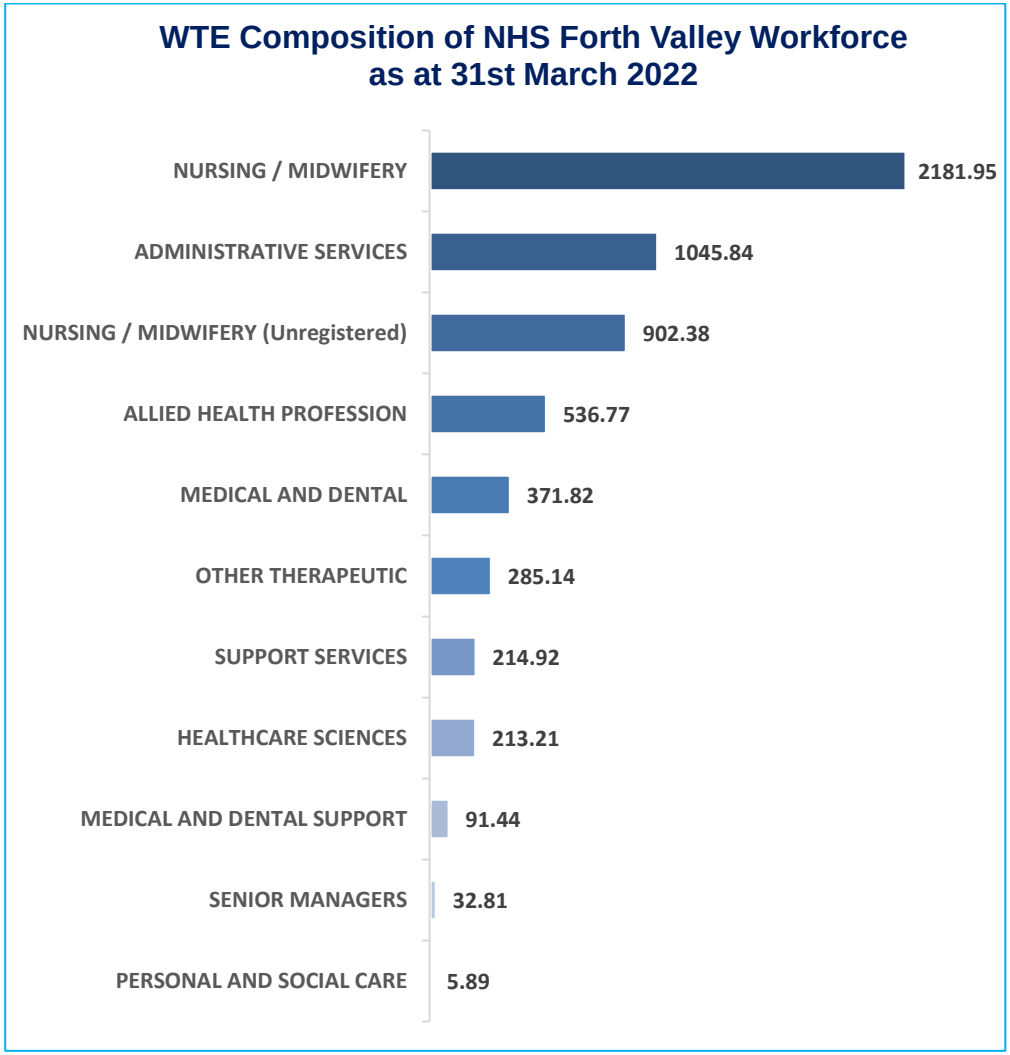
NHS Forth Valley is a large employer with a workforce of clinical and non-clinical staff.

As at 31st March 2022 NHS Forth Valley employed 5882.17 wholetime equivalent (WTE) staff (excluding training grade Medical & Dental staff who are employed by a lead Board and work in NHS Forth Valley on placement, GPs, and General Dental Services as no comparable WTE is available) in the following Job Families, though 877.94 WTE of these staff work in services currently managed by the Health and Social Care Partnerships (see Falkirk and Clackmannanshire

Job Family	Number of posts	WTE	% of Total
ADMINISTRATIVE SERVICES	1198	1045.84	17.78%
ALLIED HEALTH PROFESSION	661	536.77	9.13%
HEALTHCARE SCIENCES	246	213.21	3.62%
MEDICAL AND DENTAL	453	371.82	6.32%
MEDICAL AND DENTAL SUPPORT	110	91.44	1.55%
NURSING / MIDWIFERY	2445	2181.95	37.09%
NURSING / MIDWIFERY (Unregistered)	1057	902.38	15.34%
OTHER THERAPEUTIC	344	285.14	4.85%
PERSONAL AND SOCIAL CARE	8	5.89	0.10%
SENIOR MANAGERS	34	32.81	0.56%
SUPPORT SERVICES	345	214.92	3.65%
Grand Total	**6901**	**5882.17**	**100.00%**

Job Families

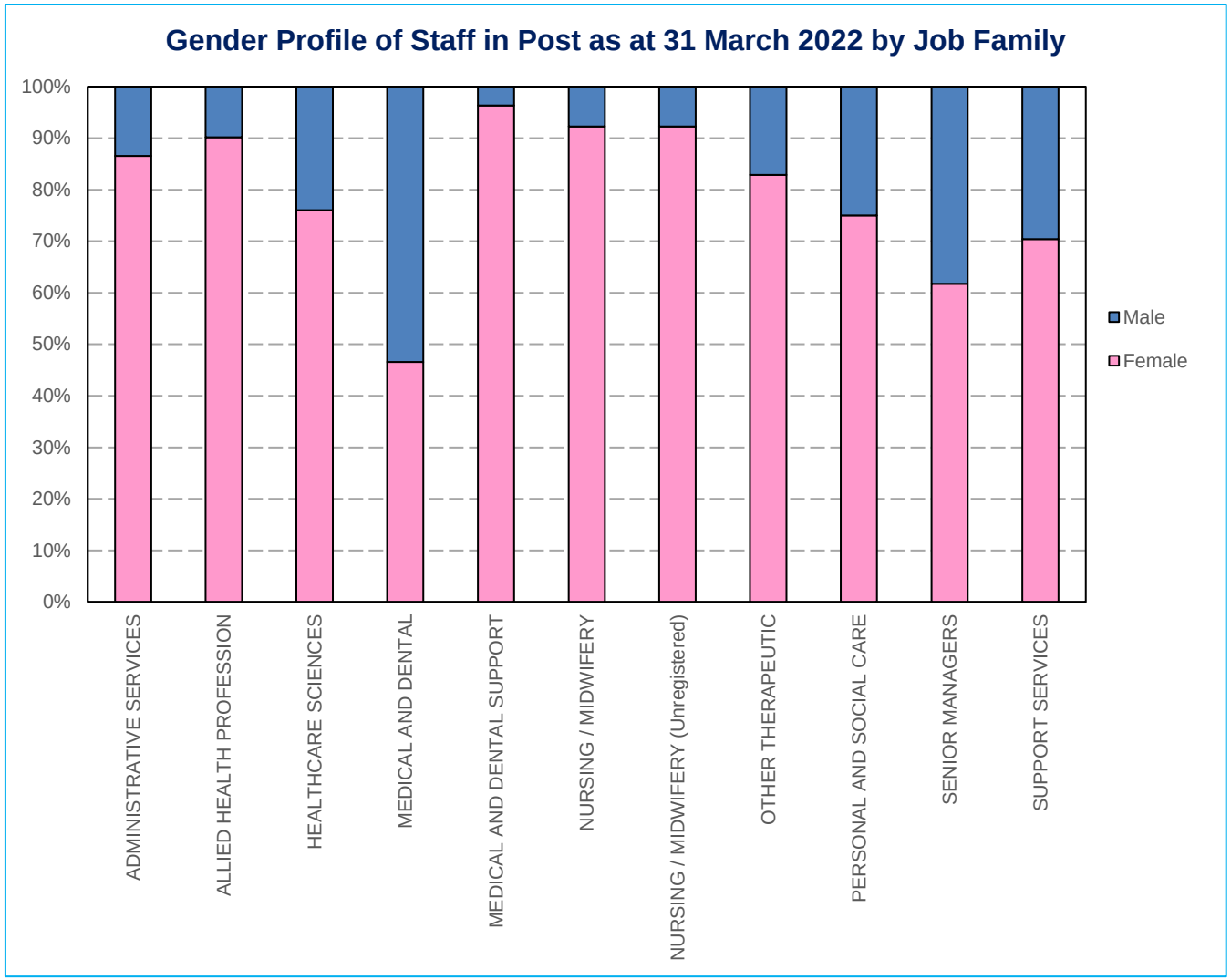
- Nursing and Midwifery staff (all pay bands) remain the largest single staff group accounting for 52.44% of the workforce.
- Medical and Dental staff account for 6.32% of the workforce. This includes hospital doctors and dental practitioners but excludes training grade doctors and dentists who are on the payroll of a different lead Board and work with us on placement, GPs, and General Dental Services.
- 19.25% of the workforce work in the other clinical staff groups: Allied Health Professions (AHPs) (9.13%), Medical & Dental Support (1.55%), Other Therapeutic staff (4.85%), Healthcare Science (3.62%) and Personal and Social Care staff (0.10%). These figures include Support Workers in relevant categories.
- 21.99% of the workforce are employed in non-clinical staff groups: Administrative Services & Senior Managers, including non-Executive Board members, (18.34%) and Support Services (3.65%)



Source: eESS

Gender

85.8% of our workforce is female. This is largely accounted for by the high proportion of females in the Nursing and Midwifery staff (92.26% overall), Administrative Services staff (86.56%), Support Services (70.43%) and the collective grouping of Allied Health Professions, Other Therapeutic, Healthcare Science, Personal and Social Care and Medical and Dental Support staff (86.19%).



Source: eESS

Ethnicity

The following table shows the ethnicity of staff in post as of 31st March 2022 as recorded in eESS and demonstrates a positive picture of the workforce demographic of NHSFV compared to the local demographic based on the latest available census data.

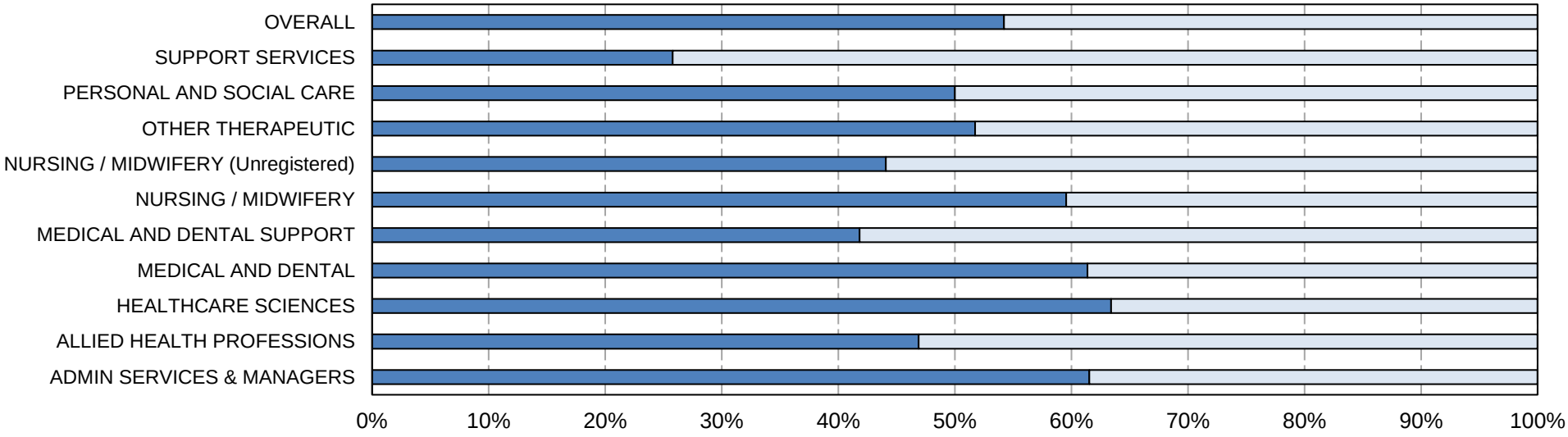
Ethnicity	NHSFV % of Total	NHSFV 2011 census
African - African, African Scottish or African British	0.39%	0.16%
African - Other	0.06%	0.00%
Asian - Bangladeshi, Bangladeshi Scottish or Bangladeshi British	0.01%	0.04%
Asian - Chinese, Chinese Scottish or Chinese British	0.10%	0.44%
Asian - Indian, Indian Scottish or Indian British	0.93%	0.28%
Asian - Other	0.22%	0.24%
Asian - Pakistani, Pakistani Scottish or Pakistani British	0.53%	0.59%
Caribbean or Black - Black, Black Scottish or Black British	0.04%	0.02%
Caribbean or Black - Caribbean, Caribbean Scottish or Caribbean British	0.04%	0.05%
Caribbean or Black - Other	0.00%	0.01%
Mixed or Multiple Ethnic Group	0.49%	0.26%
Other Ethnic Group - Arab, Arab Scottish or Arab British	0.10%	0.07%
Other Ethnic Group - Other	0.16%	0.08%
White - Gypsy Traveller	0.00%	0.09%
White - Irish	1.87%	0.68%
White - Other	1.91%	1.42%
White - Other British	6.80%	6.92%
White - Polish	0.16%	0.72%
White - Scottish	75.64%	87.95%
Declined to Comment	2.31%	0.00%
Unknown	8.29%	0.00%

Source: eESS

Working Pattern

45.79% of our occupied posts as at 31st March 2022 were part-time. Within the clinical group Medical and Dental Support, Unregistered Nurses & Midwives and Allied Health Professions staff had the highest proportion working part-time. Within the non-clinical group, Support Services staff had the highest proportion working part-time. Following a local and national programme NHS Forth Valley, in partnership with the national E-Rostering team and Allocate Software Solutions, became the first implementer of the new eRostering system for NHS Scotland. NHS Forth Valley recruited an eRostering team and they are working with a PMO approach to implement eRostering across all areas of NHS Forth Valley within a 2-year window. Nine early implementer pilot areas are now live and further roll-out across the organisation has commenced. ***Insert comments re 12 hrs shifts etc***

NHS Forth Valley Working Pattern of Staff In-Post as at 31 March 2022 (Pay Number Count)



	ADMIN SERVICES & MANAGERS	ALLIED HEALTH PROFESSIONS	HEALTHCARE SCIENCES	MEDICAL AND DENTAL	MEDICAL AND DENTAL SUPPORT	NURSING / MIDWIFERY	NURSING / MIDWIFERY (Unregistered)	OTHER THERAPEUTIC	PERSONAL AND SOCIAL CARE	SUPPORT SERVICES	OVERALL
Full-time	758	310	156	278	46	1456	466	178	4	89	3741
Part-time	474	351	90	175	64	989	591	166	4	256	3160

Source: eESS

Contract Type

Staff were employed on the following types of contract. Fixed term contracts are largely used for long term sickness cover, maternity cover or specific projects/time limited funding or for staff employed on training contracts such as national training schemes. These contracts are reviewed regularly to determine the appropriateness of their use. In the case of the Senior Managers the fixed term contracts represent the Government appointed Non-Executive Directors. The majority of the "permanent secondments" are existing staff who have been temporarily deployed into second or subsequent jobs at a different Pay Band for some or all of their hours related to the availability of funding or as development opportunities present.

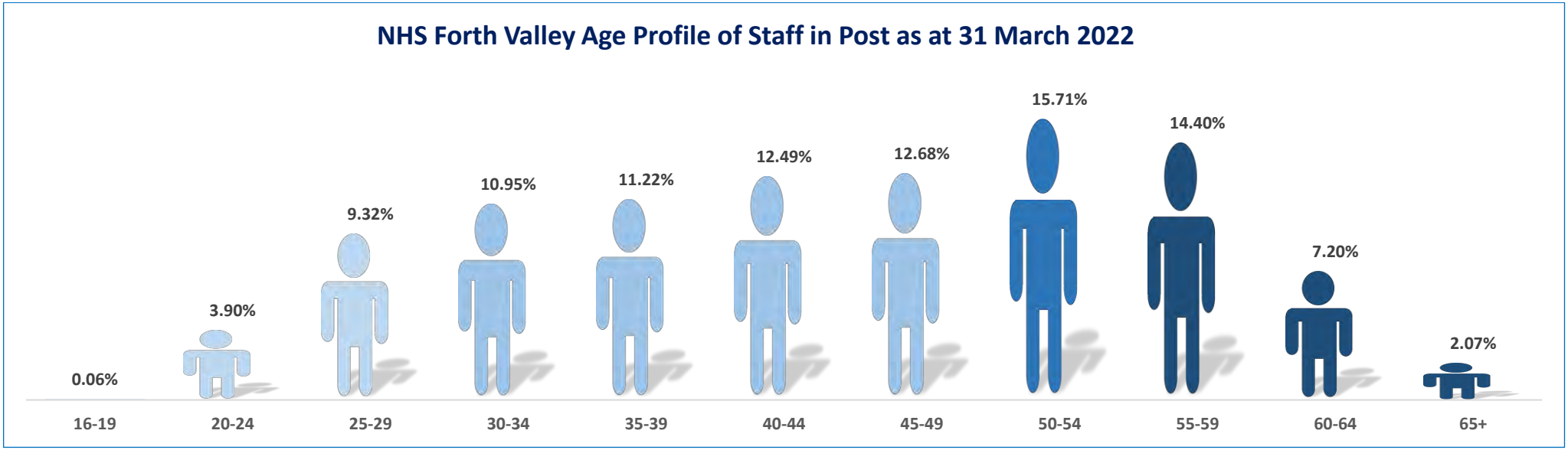
Job Family	Fixed Term	Permanent	Permanent Secondment	Total
ADMINISTRATIVE SERVICES	95	1034	69	1198
ALLIED HEALTH PROFESSION	7	636	18	661
HEALTHCARE SCIENCES	7	231	8	246
MEDICAL AND DENTAL	75	377	1	453
MEDICAL AND DENTAL SUPPORT	6	101	3	110
NURSING / MIDWIFERY	17	2366	62	2445
NURSING / MIDWIFERY (Unregistered)	15	1033	9	1057
OTHER THERAPEUTIC	30	311	3	344
PERSONAL AND SOCIAL CARE		8		8
SENIOR MANAGERS	12	18	4	34
SUPPORT SERVICES	1	343	1	345
Total	**265**	**6458**	**178**	**6901**

Source: eESS

Age

The NHS workforce, like the population it serves, is ageing. The following chart shows the overall age profile of our in-post staff as at 31 March 2022.

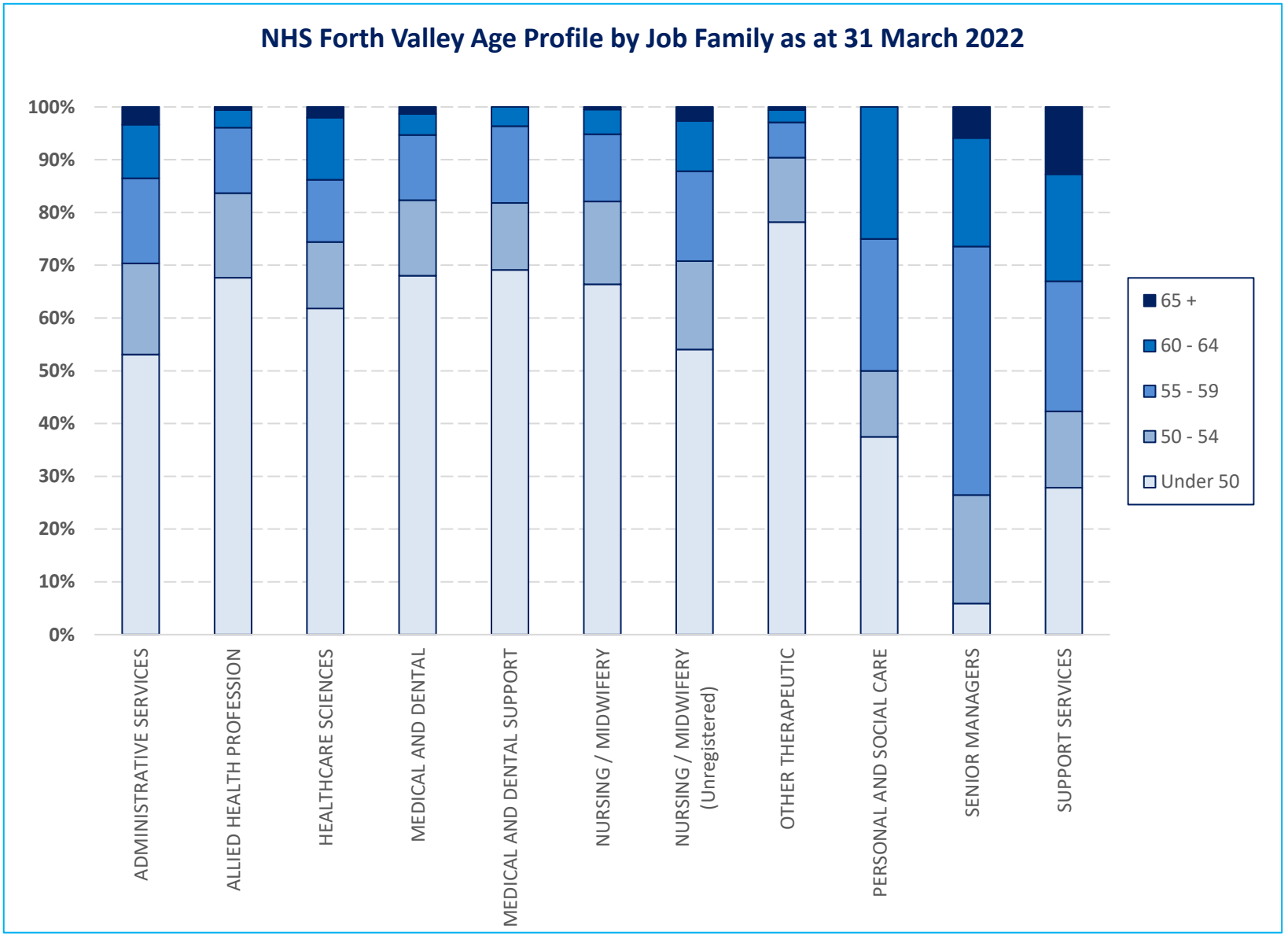
Comparison of nationally published workforce information for NHS Forth Valley with that of NHS Scotland overall shows that 22.5% of NHS Forth Valley's workforce is aged 55+ which compares favourably with the national figure of 24.2% aged 55+ (figures are slightly different to local figures as training grade Medical & Dental staff have been included in the placement Board figures produced by Public Health Scotland but their data is not available for inclusion in local figures).



Age Band	16-19	20-24	25-29	30-34	35-39	40-44	45-49	50-54	55-59	60-64	65+
Headcount	4	269	643	756	774	862	875	1084	994	497	143

(Source:https://turasdata.nes.nhs.scot/data-and-reports/official-workforce-statistics/all-official-statistics-publications/07-june-2022-workforce/dashboards/nhsscotland-workforce/?pageid=6963)

However, there are variations across individual Job Families with our Administrative Services, Healthcare Sciences, Unregistered Nursing / Midwifery and Support Services workforces being significantly older than that of any other group with significant in-post numbers



Source: eESS

Approximately 18% of our current overall in-post registered Nursing & Midwifery workforce are aged 55 or over and just over one-third are aged 50 or over. However, amongst our clinical staff, almost 70% of our Registered Neonatal Midwives, around 35% of other registered Midwives, around 25% of our Care of the Elderly Nurses, Specialist Nurses, Sexual / Reproductive Health Nurses, District Nurses, Health Visitors and Practice Nurses are currently aged 55+.

Job Family	Grand Total	% aged 50+	% aged 55+	%aged 60+	Average Age
ADMINISTRATIVE SERVICES	**1198**	46.91%	29.63%	13.52%	46.29
ALLIED HEALTH PROFESSION	**661**	32.38%	16.34%	3.93%	43.03
HEALTHCARE SCIENCES	**246**	38.21%	25.61%	13.82%	44.30
MEDICAL AND DENTAL	**453**	32.01%	17.66%	5.30%	44.97
MEDICAL AND DENTAL SUPPORT	**110**	30.91%	18.18%	3.64%	42.40
NURSING / MIDWIFERY (Registered)	**2445**	33.62%	17.91%	5.15%	42.59
NURSING / MIDWIFERY (Unregistered)	**1057**	45.98%	29.23%	12.20%	45.85
OTHER THERAPEUTIC	**344**	21.80%	9.59%	2.91%	40.26
PERSONAL AND SOCIAL CARE	**8**	62.50%	50.00%	25.00%	52.00
SENIOR MANAGERS	**34**	94.12%	73.53%	26.47%	56.71
SUPPORT SERVICES	**345**	72.17%	57.68%	33.04%	53.94
Grand Total	**6901**	**39.39%**	**23.68%**	**9.27%**	**44.52**

Source: eESS

Within our Consultant workforce specialties with at least 25% of the workforce aged 55+ are:

Grade	% aged 55+
CONS - DERMATOLOGY	50.00%
CONS - GERIATRICS	30.77%
CONS - MEDICINE	36.36%
CONS - ORTHODONTICS	40.00%
CONS - RADIODIAGNOSIS	25.00%
CONS - RHEUMATOLOGY	33.33%
CONS - UROLOGY	25.00%
CONSULTANT OCC HEALTH	100.00%
Grand Total	**16.60%**

Source: eESS

It should be noted that all of these except Geriatric Medicine, General Medicine and Radiology have 5 or fewer in-post staff working in the specialty in total.

Staff reaching the age of 60 over the next 10 years

Looking to the future, we have reached the stage when all staff who remained in the 2008 NHS pension scheme have reached the end of their tapered protection and can no longer contribute to a scheme where the normal pension age is 60.

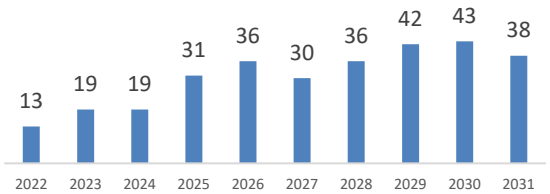
However, some may still have sufficient years in this scheme to make retirement around age 60 a viable option, especially if the offer to return on reduced hours is a possibility.

Just under 10% of the overall workforce on 31st March 2022 is currently aged 60+.

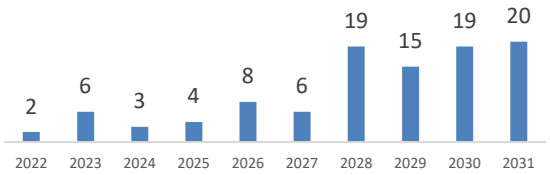
Over the next 10 years between 2.4%-3.4% of the current workforce will reach the age of 60 each year.

The charts show the numbers of current staff who will reach age 60 over the next 10 years by job family (excluding those who were already aged 60 by 31st March 2022).

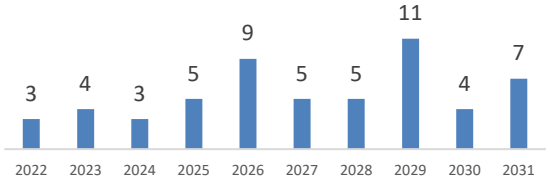
ADMINISTRATIVE SERVICES



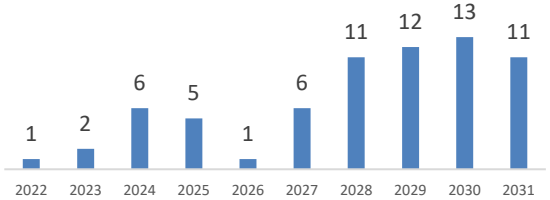
ALLIED HEALTH PROFESSION



HEALTHCARE SCIENCES

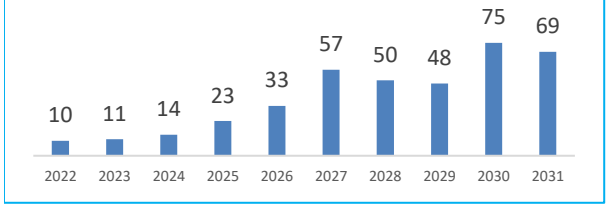


MEDICAL AND DENTAL

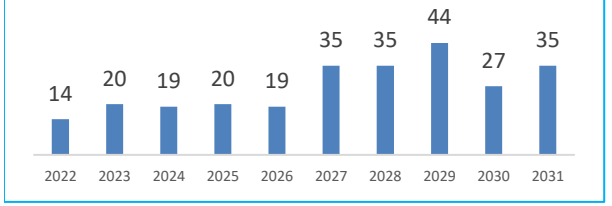


Source: eESS

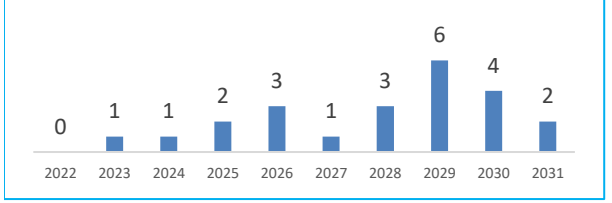
NURSING / MIDWIFERY



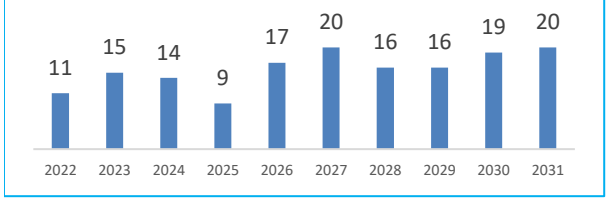
NURSING / MIDWIFERY (Unregistered)



SENIOR MANAGERS



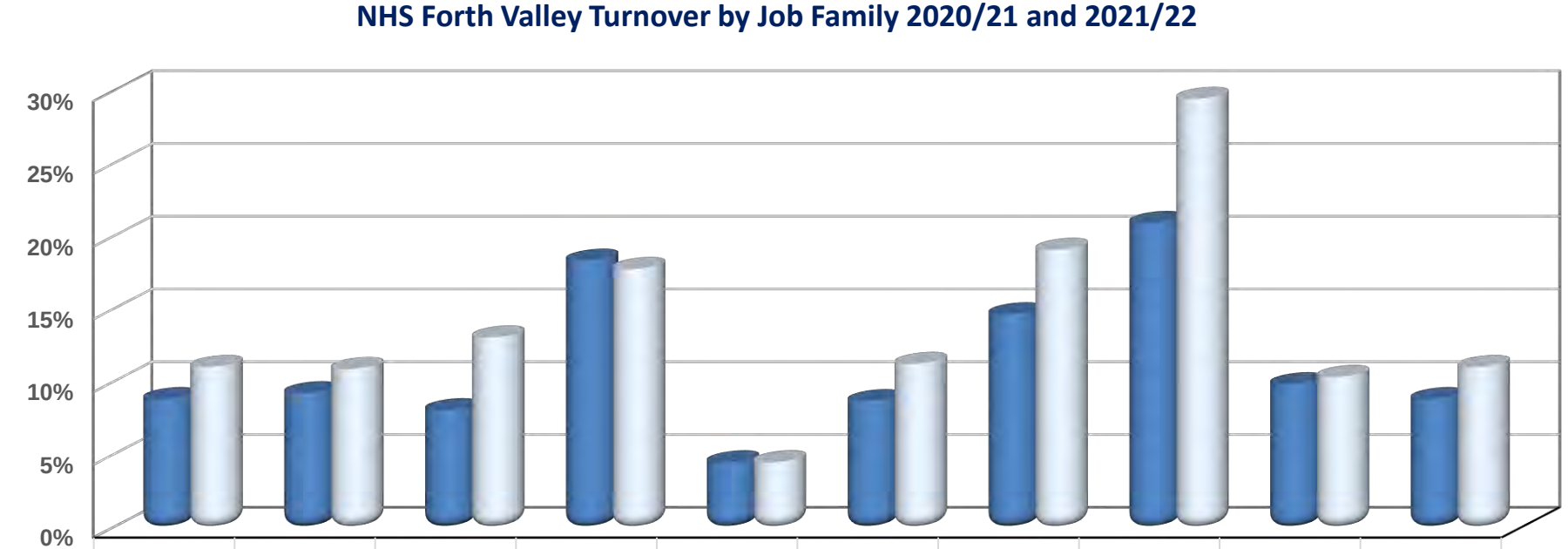
SUPPORT SERVICES



Turnover

A degree of turnover is to be expected in our workforce which contains large numbers of professionally registered staff who move around to widen experience or seek promotion. Turnover for the year 2021/22 was 11.09%. (Source:https://turasdata.nes.nhs.scot/data-and-reports/official-workforce-statistics/all-official-statistics-publications/07-june-2022-workforce/dashboards/nhsscotland-workforce/?pageid=6963).

The following chart shows the comparative WTE turnover rates for 2020/21 and 2021/22 (excluding Medical & Dental Training Grades who are only with us on placement) by Job Family. The apparent high percentage turnover in Personal and Social Care staff reflects the distorting effect of minimal number of in-post staff in this Job Family



	Administrative Services	Allied Health Professions	Healthcare Sciences	Medical & Dental	Medical & Dental Support	Nursing & Midwifery	Other Therapeutic	Personal & Social Care	Support Services	Overall
2020/21	8.88%	9.29%	8.12%	18.40%	4.54%	8.74%	14.71%	21.00%	9.90%	8.88%
2021/22	11.09%	10.95%	13.11%	17.82%	4.54%	11.30%	19.13%	29.53%	10.39%	11.09%

(Source:https://turasdata.nes.nhs.scot/data-and-reports/official-workforce-statistics/all-official-statistics-publications/07-june-2022-workforce/dashboards/nhsscotland-workforce/?pageid=6963

Leavers

The movement of staff within and across NHS Scotland employers is also reflected in our reasons for leaving since 2015/16 with the top "Reason for Leaving" consistently being "New Employment with NHS Scotland".

Reason for Leaving	2015/16	2016/17	2017/18	2018/19	2019/20	2020/21	2021/22
New employment with NHS Scotland	1	1	1	1	1	1	1
Vol. resignation - Other	3	2	3	2	2	2	2
Retirement - age	2	3	2	3	3	4	3
Other	5	4	4	4	4	5	4
End of Fixed Term Contract	4	5			5	3	5
Ill Health			5				
Retirement Other				5			

Source: SWISS

An Exit Interview and Feedback Procedure was launched in April 2022. This exit interview and feedback procedure sets out the process, which should be followed when a member of staff indicates their intention to leave or transfer to another service within NHS Forth Valley. When a line manager is made aware of the notice of resignation, they will arrange to meet with the member of staff to discuss the reason for leaving NHS Forth Valley or Service and any steps that could to be taken to prevent the resignation. All staff will be provided with the opportunity to meet with someone to discuss in more detail their exit feedback.

Data collected from the exit interview process will be presented to the Executive Team and Area Partnership Forum on a 6-monthly basis and will also be presented to the Staff Governance Committee and the Strategic Workforce Planning Group with recommendations. Data presented will be non-identifiable.

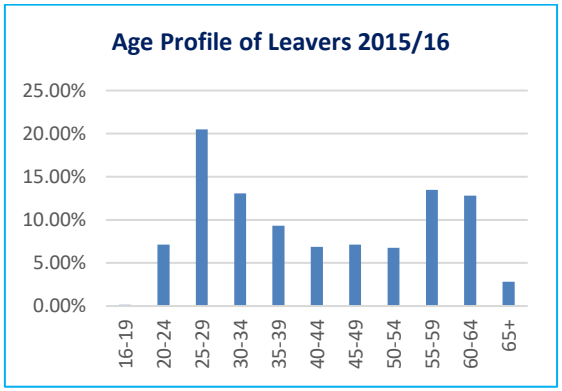
However, in general, approximately 25 – 35% of those who leave our employment each year are aged 55 or over (2020/21 figures are skewed by the temporary employment of approximately 300 student nurses on fixed term contracts during the height of the pandemic) and around 20 – 25% of all leavers (excluding Bank staff) are recorded as leaving because of "Age Retirement" or "Retirement Other" each year.

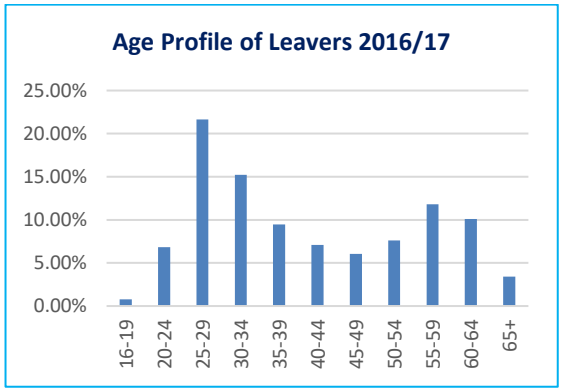
Year	Total Leavers	% Aged 50+	% Aged 55+	% Aged 60+
2015/16	742	35.85%	29.11%	15.63%
2016/17	762	32.94%	25.33%	13.52%
2017/18	807	36.31%	30.98%	14.87%
2018/19	830	34.34%	28.31%	13.73%
2019/20	705	46.10%	36.31%	19.43%
2020/21	1019	33.37%	26.01%	15.31%
2021/22	916	45.74%	36.90%	19.65%

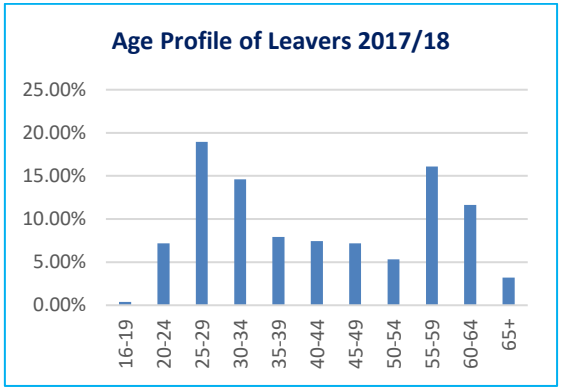
Source: SWISS

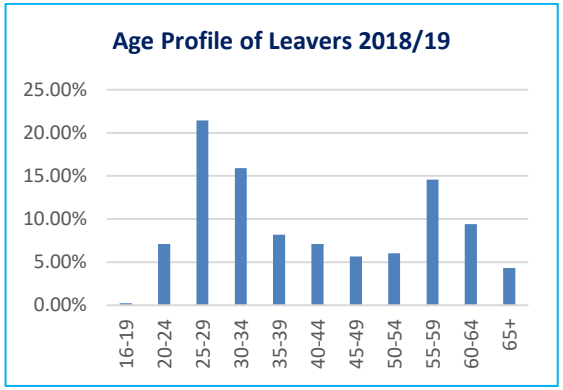
Within those leavers recorded as “Age Retirement” around 40% on average overall each year are aged 55 – 59 but for registered Nurses & Midwives that increases to around 66% of all age retirements, far higher than any other occupational group but this is likely to be due, at least in part, to these staff being able to retire at age 55 under the “Special classes” provisions of the NHS Pension scheme. Approximately 18% of our current in-post registered Nursing & Midwifery workforce are aged 55 or over and just over one-third are aged 50 or over.

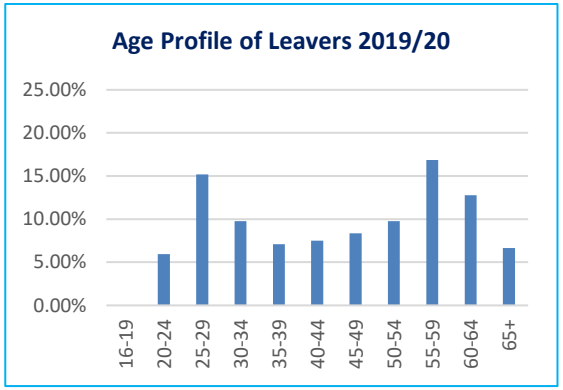
A number of those who retire subsequently return to work in a variety of roles. Of the 424 staff aged 55+ who were recorded as having left employment on the ground of age or “other” retirement during the years 2020/21 and 2021/2022, 20 had identifiably returned to work within the following 12 months, 80% of whom were registered nurses, the majority of whom returned on reduced hours (a small number returned in lower banded posts). This excludes retirees who

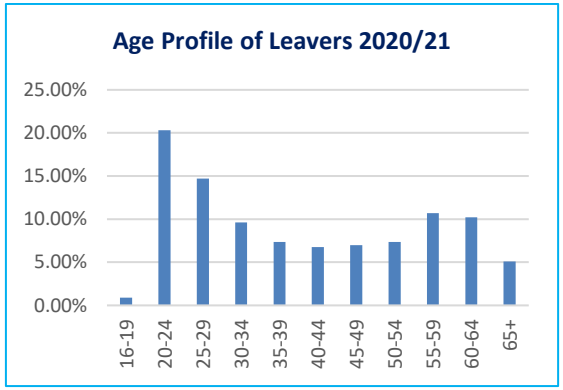


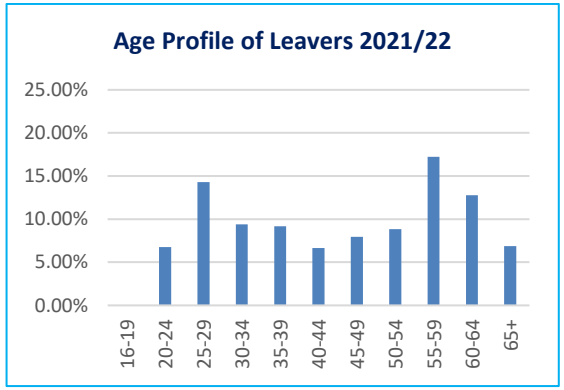












Source: SWISS

Absence

NHS Forth Valley is committed to the promotion and support of the health and wellbeing of its workforce and recognises that 95% of its staff are always at work. We will continue to work to achieve the national HEAT Standard, through focused and robust but supportive management of absence, aligned to the Staff Wellbeing agenda.

The top 5 reasons for absence have been remarkably consistent within Forth Valley over the last 10 years (as can be seen in the table below) with mental health issues of all kinds always being the top reason for absence and Gastro-intestinal Problems and Cough/Cold/Flu generally always being ranked in the top 5 (although, notably, absences due to the latter reason fell dramatically during the height of the pandemic). Covid related absences of any type are recorded under Special Leave and not under sickness absence. Musculoskeletal issues also generally rank in the top 5, particularly "Other Musculoskeletal Problems" highlighting the need for ongoing manual handling training and awareness and the importance of access to health and treatment services such as the staff Physiotherapy service.

Reason for Absence, Rank & %	2012/2013	2013/2014	2014/2015	2015/2016	2016/2017	2017/2018	2018/2019	2019/2020	2020/2021	2021/2022
Anxiety/Stress/Depression/Other Psychiatric Illness	1 24.9%	1 21.8%	1 27.9%	1 19.1%	1 21.0%	1 29.3%	1 28.3%	1 38.0%	1 38.1%	1 33.6%
Other Known Causes Not Elsewhere Classified	2 9.4%	2 11.1%	2 10.4%	2 14.0%	2 14.0%	3 9.6%	2 14.8%	2 8.6%	 4.6%	3 6.4%
Gastro-intestinal Problems		4 8.2%	3 8.3%	3 9.7%	3 10.0%	2 10.0%	3 9.8%	3 7.6%	4 7.1%	5 6.1%
Cold/Cough/Flu	4 8.7%		4 7.1%	4 8.6%	5 8.4%	4 9.2%		5 4.7%		2 6.7%
Other Musculoskeletal Problems	5 7.8%	3 10.4%	5 6.9%	5 7.7%	4 8.5%	5 6.1%	4 6.9%	4 7.1%	2 9.1%	
Injury/Fracture	3 8.9%									
Back Problems		5 6.5%								
Chest & Respiratory Problems							5 6.9%		3 7.1%	
Nervous System Disorders									5 5.4%	4 6.3%

Source: SSTS/eESS

Notes on Completing the Action Plan
General Notes
The action plan should outline proposed actions to meet local projected short-term recovery and medi
Complete a new Action Ref for each action. If an action relates to more than one job family complete
Enter date plan completed in row 4
Action Plan Columns
Action Ref
Department
WHY is the change to staffing required
HOW will this change to staffing be achieved e.g. investment, Skill Mix change
WHERE will the resources/skills come from e.g. recruitment, development of existing staff
WHEN Timescales
Post Title
Band / Grade
Number required HC / WTE
Job Family
Contract
Risk of Non Delivery
Impact Areas / Categories
Score
Untreated Risk Level (1 - 5)
Action RAG Status
Notes / Commentary
Current Risk Level
WHO is responsible

um-term growth requirements.
a separate line for each job family.
Number
Free text box - enter the name of the department the workforce change applies to
Free text box
Free text box
Free text box
Free text box
Free text box
Free text box
Free text box
Select the appropriate Job Family from the drop down list
Select the appropriate Contract from the drop down list
Free text box
Select the appropriate Score from the drop down list (0-5)
Select the appropriate Level from the drop down list (1-5)
Select the appropriate Status from the drop down list (1-5)
Free text box
Select the appropriate Level from the drop down list (1-5)
Free text box - enter Lead Name

Workforce Action Plan 2022-2025

CORPORATE (PMO)
Programme Management Office

Version 1.0
Date 24/06/2022

Impact	
1	Negligible
2	Minor
3	Moderate
4	Major
5	Extreme

Action Ref	Department	Anticipated Workforce Changes				Post Title	Band / Grade	Number required		Job Family (Select from drop down list)	Contract (Select from drop down list)	Risk of Non Delivery	Impact Areas / Categories	Score (Select Score)	Untreated Risk Level (1 - 5) (Select Level)	Action RAG Status (Select Status)	Notes / Commentary	Current Risk Level (Select Level)	WHO is responsible Lead Name
		WHY is the change to staffing required	HOW will this change to staffing be achieved e.g. investment, Skill Mix change	WHERE will the resources/skills come from e.g. recruitment, development of existing staff	WHEN Timescales			Headcount	WTE										
Workforce Requirements:																			
Example	A&E Nursing	Staff due to retire between August and October	Skill Mix change	Recruitment	31-Dec-22	A&E Staff Nurse	Band 5	5	4.6	Nursing / Midwifery	Permanent	Unable to maintain current service	Patient Experience	4	3	On Target	Job advert currently live	1	Lee Anderson
													Objectives / Project	1					
													Injury / Illness to patient / visitors / staff	4					
													Complaints / Claims	3					
													Service / Business Interruption	2					
													Staffing and Competence	5					
													Financial	2					
													Inspection / Audit	3					
													Adverse Publicity / Reputation	4					
1	CPMO	Due to vacancy following promoted post within the team	Skill mix change	Recruitment	31/08/2022	Project Support Officer	Band 5	1	1	Admin Services & Managers	Permanent	Unable to maintain current service	Patient Experience	1	3	On Target	Vacancy form out for approval	1	Maggie MacKinnon
													Objectives / Project	3					
													Injury / Illness to patient / visitors / staff	1					
													Complaints / Claims	1					
													Service / Business Interruption	2					
													Staffing and Competence	3					
													Financial	2					
													Inspection / Audit	2					
													Adverse Publicity / Reputation	3					
2	CPMO	Support demand of service and succession planning	Apprentriceship	Recruitment	31/10/2022	Adminastrative Apprentice	Band 4	1	1	Admin Services & Managers	Fixed Term	Unable to maintain current service	Patient Experience	1	2	On Target	Reviewing current financial situation to support the progression of this post	1	Debbie MacLeod
													Objectives / Project	2					
													Injury / Illness to patient / visitors / staff	1					
													Complaints / Claims	1					
													Service / Business Interruption	2					
													Staffing and Competence	2					
													Financial	1					
													Inspection / Audit	2					
													Adverse Publicity / Reputation	2					
3													Patient Experience	0					
													Objectives / Project	0					
													Injury / Illness to patient / visitors / staff	0					
													Complaints / Claims	0					
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													Staffing and Competence	0					
													Financial	0					
													Inspection / Audit	0					
													Adverse Publicity / Reputation	0					
6													Patient Experience	0					
													Objectives / Project	0					
													Injury / Illness to patient / visitors / staff	0					
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9													Objectives / Project	0					
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													Financial	0					
													Inspection / Audit	0					
													Adverse Publicity / Reputation	0					
12													Patient Experience	0					
													Objectives / Project	0					
													Injury / Illness to patient / visitors / staff	0					
													Complaints / Claims	0					
													Service / Business Interruption	0					
													Staffing and Competence	0					
													Financial	0					
													Inspection / Audit	0					
													Adverse Publicity / Reputation	0					

Notes on Completing the Action Plan
General Notes
The action plan should outline proposed actions to meet local projected short-term recovery and medi
Complete a new Action Ref for each action. If an action relates to more than one job family complete
Enter date plan completed in row 4
Action Plan Columns
Action Ref
Department
WHY is the change to staffing required
HOW will this change to staffing be achieved e.g. investment, Skill Mix change
WHERE will the resources/skills come from e.g. recruitment, development of existing staff
WHEN Timescales
Post Title
Band / Grade
Number required HC / WTE
Job Family
Contract
Risk of Non Delivery
Impact Areas / Categories
Score
Untreated Risk Level (1 - 5)
Action RAG Status
Notes / Commentary
Current Risk Level
WHO is responsible

um-term growth requirements.
a separate line for each job family.
Number
Free text box - enter the name of the department the workforce change applies to
Free text box
Free text box
Free text box
Free text box
Free text box
Free text box
Free text box
Select the appropriate Job Family from the drop down list
Select the appropriate Contract from the drop down list
Free text box
Select the appropriate Score from the drop down list (0-5)
Select the appropriate Level from the drop down list (1-5)
Select the appropriate Status from the drop down list (1-5)
Free text box
Select the appropriate Level from the drop down list (1-5)
Free text box - enter Lead Name

Workforce Action Plan 2022-2025

CLACKMANNANSHIRE & STIRLING HSCP
AHP Reach Care Group

Impact	
1	Negligible
2	Minor
3	Moderate
4	Major
5	Extreme

Version DRAFT
Date Enter date (format dd/mm/yy)

Action Ref	Department	Anticipated Workforce Changes				Post Title	Band / Grade	Number required		Job Family (Select from drop down list)	Contract (Select from drop down list)	Risk of Non Delivery	Impact Areas / Categories	Score (Select Score)	Untreated Risk Level (1 - 5) (Select Level)	Action RAG Status (Select Status)	Notes / Commentary	Current Risk Level (Select Level)	WHO is responsible Lead Name
		WHY is the change to staffing required	HOW will this change to staffing be achieved e.g. investment, Skill Mix change	WHERE will the resources/skills come from e.g. recruitment, development of existing staff	WHEN Timescales			Headcount	WTE										
Workforce Requirements:																			
Example	A&E Nursing	Staff due to retire between August and October	Skill Mix change	Recruitment	31-Dec-22	A&E Staff Nurse	Band 5	5	4.6	Nursing / Midwifery	Permanent	Unable to maintain current service	Patient Experience	4	3	On Target	Job advert currently live	1	Lee Anderson
													Objectives / Project	1					
													Injury / Illness to patient / visitors / staff	4					
													Complaints / Claims	3					
													Service / Business Interruption	2					
													Staffing and Competence	5					
													Financial	2					
													Inspection / Audit	3					
													Adverse Publicity / Reputation	4					
1	Occupational Therapists	RAPID service being introduced into the partnership following business case introduced in Mar 2022. AHP role focussing on - Discharge to Assess (AHPs working with Carers and SW to assess patient need away from hospital) and Reablement (support clients living in the community to maximise independence)	Investment from IJB - signed off in Mar 2022	Recruitment	31/102022	Sepcialist Occupational Therapists	Band 6	3	2.8	Allied Health Profession	Permanent	Longer length of stay at hospital and risk of increase in delayed discharges	Patient Experience	0	3	On Target	Recruitment progress to begin in July	1	Shiona Hogg
													Objectives / Project	0					
													Injury / Illness to patient / visitors / staff	0					
													Complaints / Claims	0					
													Service / Business Interruption	0					
													Staffing and Competence	0					
													Financial	0					
													Inspection / Audit	0					
													Adverse Publicity / Reputation	0					
2	Occupational Therapists	RAPID service being introduced into the partnership following business case introduced in Mar 2022. AHP role focussing on - Discharge to Assess (AHPs working with Carers and SW to assess patient need away from hospital) and Reablement (support clients living in the community to maximise independence)	Investment from IJB - signed off in Mar 2022	Recruitment	31/102022	Occupational Therapists	Band 5	3	2.6	Allied Health Profession	Permanent	Longer length of stay at hospital and risk of increase in delayed discharges	Patient Experience	0	3	On Target	Recruitment progress to begin in July	1	Shiona Hogg
													Objectives / Project	0					
													Injury / Illness to patient / visitors / staff	0					
													Complaints / Claims	0					
													Service / Business Interruption	0					
													Staffing and Competence	0					
													Financial	0					
													Inspection / Audit	0					
													Adverse Publicity / Reputation	0					
3	Occupational Physios	RAPID service being introduced into the partnership following business case introduced in Mar 2022. AHP role focussing on - Discharge to Assess (AHPs working with Carers and SW to assess patient need away from hospital) and Reablement (support clients living in the community to maximise independence)	Investment from IJB - signed off in Mar 2022	Recruitment	31/102022	Specialist Occupational Physios	Band 6	2	2	Allied Health Profession	Permanent	Longer length of stay at hospital and risk of increase in delayed discharges	Patient Experience	0	3	On Target	Recruitment progress to begin in July	1	Shiona Hogg
													Objectives / Project	0					
													Injury / Illness to patient / visitors / staff	0					
													Complaints / Claims	0					
													Service / Business Interruption	0					
													Staffing and Competence	0					
													Financial	0					
													Inspection / Audit	0					
													Adverse Publicity / Reputation	0					
4	Occupational Physios	RAPID service being introduced into the partnership following business case introduced in Mar 2022. AHP role focussing on - Discharge to Assess (AHPs working with Carers and SW to assess patient need away from hospital) and Reablement (support clients living in the community to maximise independence)	Investment from IJB - signed off in Mar 2022	Recruitment	31/102022	Occupational Physios	Band 5	5	4.7	Allied Health Profession	Permanent	Longer length of stay at hospital and risk of increase in delayed discharges	Patient Experience	0	3	On Target	Recruitment progress to begin in July	1	Shiona Hogg
													Objectives / Project	0					
													Injury / Illness to patient / visitors / staff	0					
													Complaints / Claims	0					
													Service / Business Interruption	0					
													Staffing and Competence	0					
													Financial	0					
													Inspection / Audit	0					
													Adverse Publicity / Reputation	0					
5	Occupational Physios	RAPID service being introduced into the partnership following business case introduced in Mar 2022. AHP role focussing on - Discharge to Assess (AHPs working with Carers and SW to assess patient need away from hospital) and Reablement (support clients living in the community to maximise independence)	Investment from IJB - signed off in Mar 2022	Recruitment	31/102022	Falls Lead	Band 7	2	1.3	Allied Health Profession	Permanent	Not have opportunity for earlier prevention / intervention	Patient Experience	0	3	On Target	Recruitment progress to begin in July	1	Shiona Hogg
													Objectives / Project	0					
													Injury / Illness to patient / visitors / staff	0					
													Complaints / Claims	0					
													Service / Business Interruption	0					
													Staffing and Competence	0					
													Financial	0					
													Inspection / Audit	0					
													Adverse Publicity / Reputation	0					
6													Patient Experience	0					
													Objectives / Project	0					
													Injury / Illness to patient / visitors / staff	0					
													Complaints / Claims	0					
													Service / Business Interruption	0					
													Staffing and Competence	0					
													Financial	0					
													Inspection / Audit	0					
													Adverse Publicity / Reputation	0					
7													Patient Experience	0					
													Objectives / Project	0					
													Injury / Illness to patient / visitors / staff	0					
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8													Patient Experience	0					
													Objectives / Project	0					
													Injury / Illness to patient / visitors / staff	0					
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													Service / Business Interruption	0					
													Staffing and Competence	0					
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													Inspection / Audit	0					
													Adverse Publicity / Reputation	0					
													Patient Experience	0					

9													Objectives / Project	0					
													Injury / Illness to patient / visitors / staff	0					
													Complaints / Claims	0					
													Service / Business Interruption	0					
													Staffing and Competence	0					
													Financial	0					
													Inspection / Audit	0					
													Adverse Publicity / Reputation	0					
10													Patient Experience	0					
													Objectives / Project	0					
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													Service / Business Interruption	0					
													Staffing and Competence	0					
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11													Patient Experience	0					
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12													Patient Experience	0					
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													Injury / Illness to patient / visitors / staff	0					
													Complaints / Claims	0					
													Service / Business Interruption	0					
													Staffing and Competence	0					
													Financial	0					
													Inspection / Audit	0					
													Adverse Publicity / Reputation	0					

Workforce Action Plan 2022-2025

CLACKMANNANSHIRE & STIRLING HSCP
Community Hospitals

Version DRAFT
Date Enter date (format dd/mm/yy)

Impact	
1	Negligible
2	Minor
3	Moderate
4	Major
5	Extreme

Action Ref	Department	Anticipated Workforce Changes				Post Title	Band / Grade	Number required		Job Family (Select from drop down list)	Contract (Select from drop down list)	Risk of Non Delivery	Impact Areas / Categories	Score (Select Score)	Untreated Risk Level (1 - 5) (Select Level)	Action RAG Status (Select Status)	Notes / Commentary	Current Risk Level (Select Level)	WHO is responsible Lead Name
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													Objectives / Project	1					
													Injury / Illness to patient / visitors / staff	4					
													Complaints / Claims	3					
													Service / Business Interruption	2					
													Staffing and Competence	5					
													Financial	2					
													Inspection / Audit	3					
													Adverse Publicity / Reputation	4					
1	No anticipated changes												Patient Experience	0					
													Objectives / Project	0					
													Injury / Illness to patient / visitors / staff	0					
													Complaints / Claims	0					
													Service / Business Interruption	0					
													Staffing and Competence	0					
													Financial	0					
													Inspection / Audit	0					
													Adverse Publicity / Reputation	0					
2													Patient Experience	0					
													Objectives / Project	0					
													Injury / Illness to patient / visitors / staff	0					
													Complaints / Claims	0					
													Service / Business Interruption	0					
													Staffing and Competence	0					
													Financial	0					
													Inspection / Audit	0					
													Adverse Publicity / Reputation	0					
3													Patient Experience	0					
													Objectives / Project	0					
													Injury / Illness to patient / visitors / staff	0					
													Complaints / Claims	0					
													Service / Business Interruption	0					
													Staffing and Competence	0					
													Financial	0					
													Inspection / Audit	0					
													Adverse Publicity / Reputation	0					
4													Patient Experience	0					
													Objectives / Project	0					
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													Objectives / Project	0					
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7													Patient Experience	0					
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													Adverse Publicity / Reputation	0					
													Patient Experience	0					

9													Objectives / Project	0					
													Injury / Illness to patient / visitors / staff	0					
													Complaints / Claims	0					
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													Staffing and Competence	0					
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10													Patient Experience	0					
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													Inspection / Audit	0					
													Adverse Publicity / Reputation	0					

Workforce Action Plan 2022-2025

CLACKMANNANSHIRE & STIRLING HSCP
Community Nursing

Version DRAFT
Date Enter date (format dd/mm/yy)

Impact	
1	Negligible
2	Minor
3	Moderate
4	Major
5	Extreme

Action Ref	Department	Anticipated Workforce Changes				Post Title	Band / Grade	Number required		Job Family (Select from drop down list)	Contract (Select from drop down list)	Risk of Non Delivery	Impact Areas / Categories	Score (Select Score)	Untreated Risk Level (1 - 5) (Select Level)	Action RAG Status (Select Status)	Notes / Commentary	Current Risk Level (Select Level)	WHO is responsible Lead Name
		WHY is the change to staffing required	HOW will this change to staffing be achieved e.g. investment, Skill Mix change	WHERE will the resources/skills come from e.g. recruitment, development of existing staff	WHEN Timescales			Headcount	WTE										
Workforce Requirements:																			
Example	A&E Nursing	Staff due to retire between August and October	Skill Mix change	Recruitment	31-Dec-22	A&E Staff Nurse	Band 5	5	4.6	Nursing / Midwifery	Permanent	Unable to maintain current service	Patient Experience	4	3	On Target	Job advert currently live	1	Lee Anderson
													Objectives / Project	1					
													Injury / Illness to patient / visitors / staff	4					
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													Staffing and Competence	5					
													Financial	2					
													Inspection / Audit	3					
													Adverse Publicity / Reputation	4					
1		Upgrade of Band 2 HCSW to band 3, national agreement for this	National monies	development and regrading of existing staff	Dec-22	Clinical Support Worker	band 3	15			permanent	staff retention	Patient Experience	0			proforma submitted for regrading		
													Objectives / Project	0					
													Injury / Illness to patient / visitors / staff	0					
													Complaints / Claims	0					
													Service / Business Interruption	0					
													Staffing and Competence	0					
													Financial	0					
													Inspection / Audit	0					
													Adverse Publicity / Reputation	0					
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													Objectives / Project	0					
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													Complaints / Claims	0					
													Service / Business Interruption	0					
													Staffing and Competence	0					
													Financial	0					
													Inspection / Audit	0					
													Adverse Publicity / Reputation	0					
3													Patient Experience	0					
													Objectives / Project	0					
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													Complaints / Claims	0					
													Service / Business Interruption	0					
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													Financial	0					
													Inspection / Audit	0					
													Adverse Publicity / Reputation	0					
4													Patient Experience	0					
													Objectives / Project	0					
													Injury / Illness to patient / visitors / staff	0					
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													Service / Business Interruption	0					
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													Inspection / Audit	0					
													Adverse Publicity / Reputation	0					
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													Objectives / Project	0					
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													Complaints / Claims	0					
													Service / Business Interruption	0					
													Staffing and Competence	0					
													Financial	0					
													Inspection / Audit	0					
													Adverse Publicity / Reputation	0					
6													Patient Experience	0					
													Objectives / Project	0					
													Injury / Illness to patient / visitors / staff	0					
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8													Patient Experience	0					
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													Patient Experience	0					

9													Objectives / Project	0					
													Injury / Illness to patient / visitors / staff	0					
													Complaints / Claims	0					
													Service / Business Interruption	0					
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													Staffing and Competence	0					
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													Inspection / Audit	0					
													Adverse Publicity / Reputation	0					

Workforce Action Plan 2022-2025

CLACKMANNANSHIRE & STIRLING HSCP
Learning Disability and Mental Health Service

Impact	
1	Negligible
2	Minor
3	Moderate
4	Major
5	Extreme

Version DRAFT
Date Enter date (format dd/mm/yy)

Action Ref	Department	Anticipated Workforce Changes				Post Title	Band / Grade	Number required		Job Family (Select from drop down list)	Contract (Select from drop down list)	Risk of Non Delivery	Impact Areas / Categories	Score (Select Score)	Untreated Risk Level (1 - 5) (Select Level)	Action RAG Status (Select Status)	Notes / Commentary	Current Risk Level (Select Level)	WHO is responsible Lead Name
		WHY is the change to staffing required	HOW will this change to staffing be achieved e.g. investment, Skill Mix change	WHERE will the resources/skills come from e.g. recruitment, development of existing staff	WHEN Timescales			Headcount	WTE										
Workforce Requirements:																			
Example	A&E Nursing	Staff due to retire between August and October	Skill Mix change	Recruitment	31-Dec-22	A&E Staff Nurse	Band 5	5	4.6	Nursing / Midwifery	Permanent	Unable to maintain current service	Patient Experience	4	3	On Target	Job advert currently live	1	Lee Anderson
													Objectives / Project	1					
													Injury / Illness to patient / visitors / staff	4					
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													Service / Business Interruption	2					
													Staffing and Competence	5					
													Financial	2					
													Inspection / Audit	3					
													Adverse Publicity / Reputation	4					
1	IMHS Clacks and Stirling	Band 8a due to retire in August 2022	No skill mix change	recruitment in progress	Aug-22	IMHS Team Manger HSCP (Stirling)	Band 8a	1	1.0 WTE	Nursing nad Midwery	Permanent	Provision of management/leadership	Patient Experience	0	4	in progress	job going back out to advert	2	Nicola Cochrane
													Objectives / Project	0					
													Injury / Illness to patient / visitors / staff	0					
													Complaints / Claims	0					
													Service / Business Interruption	0					
													Staffing and Competence	0					
													Financial	0					
													Inspection / Audit	0					
													Adverse Publicity / Reputation	0					
2	IMHS Clacks and Stirling	vacancies due to staff moving to other posts	No skill mix change	recruitment in progress	Sep-22	Staff Nurse	Band 5	4	3.6 WTE	Nursing and Midwery	permanent	Unable to maintain delivery of service	Patient Experience	0	3	in progress	All of these [osts are critical to the safe, efficient delivery of a quality service. Currently with recruitment	2	Nicola Cochrane
													Objectives / Project	0					
													Injury / Illness to patient / visitors / staff	0					
													Complaints / Claims	0					
													Service / Business Interruption	0					
													Staffing and Competence	0					
													Financial	0					
													Inspection / Audit	0					
													Adverse Publicity / Reputation	0					
3	IMHS Clacks and Stirling	vacancies due to staff moving to other posts	No skill mix change	recruitment in progress	Aug-22	Community Psychiatric Nurse	Band 6	1	1.0 WTE	Nursing and Midwery	Permanent	Unable to maintain delivery of service.	Patient Experience	0	3	in progress	This post is a senior clinical post which takes responsibility for a complex caseload. Currently with recruitment	2	Nicola Cochrane
													Objectives / Project	0					
													Injury / Illness to patient / visitors / staff	0					
													Complaints / Claims	0					
													Service / Business Interruption	0					
													Staffing and Competence	0					
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													Inspection / Audit	0					
													Adverse Publicity / Reputation	0					
4	IMHS Clacks and Stirling	Vacancies due to resignation	No skill mix change	recruitment in progress	Jul-22	Deputy Charge Nurse	Band 6	1	1.0 WTE	Nursing and Midwery	Permanent	Unable to maintaine delivery of service.	Patient Experience	0	3	in progress	This post is a deputy team leader post which supprts the management team and is vital for the organisation and support of the service as well as HR support for staff	2	Nicola Cochrane
													Objectives / Project	0					
													Injury / Illness to patient / visitors / staff	0					
													Complaints / Claims	0					
													Service / Business Interruption	0					
													Staffing and Competence	0					
													Financial	0					
													Inspection / Audit	0					
													Adverse Publicity / Reputation	0					
5	IMHS Clacks and Stirling	new fixed term post tp support remobilisation from pandemic	Not applicable	recruitment in progress	Jul-22	Staff Nurse	Band 5	1	1.0 WTE	Nursing and Midwery	fixed term for 2 years	to support remobilisation of services post pamdemic.	Patient Experience	0	3	in progress	This post si a 2 year fixed term post. Fubding is coming from the partbnership and its main priority is the remobilisation of mental health services in Clacks	2	Nicola Cochrane
													Objectives / Project	0					
													Injury / Illness to patient / visitors / staff	0					
													Complaints / Claims	0					
													Service / Business Interruption	0					
													Staffing and Competence	0					
													Financial	0					
													Inspection / Audit	0					
													Adverse Publicity / Reputation	0					
6	IMHS Clacks and Stirling	new fixed term post tp support remobilisation from pandemic	Not applicable	recruitment in progress	Jul-22	Health Care Assistant	Band 3	1	1,0 WTE	Nursing and Midwery	fixed term for 2 years	to support remobilisation of services post pamdemic.	Patient Experience	0	3	in progress	This post si a 2 year fixed term post. Fubding is coming from the partbnership and its main priority is the remobilisation of mental health services in Clacks	2	Nicola Cochrane
													Objectives / Project	0					
													Injury / Illness to patient / visitors / staff	0					
													Complaints / Claims	0					
													Service / Business Interruption	0					
													Staffing and Competence	0					
													Financial	0					
													Inspection / Audit	0					
													Adverse Publicity / Reputation	0					
7	IMHS Clacks and Stirling	Vacancyu to cover secondment	No skill mix change	recruitment in progress	Jul-22	Staff Nurse	Band 5	1	1.0 WTE	Nursing and Midwery	Fixed term for 1 year	Unable to maintaine delivery of service.	Patient Experience	0	3	in progress	This post si a 21year fixed term post. This is to back fill someone on secondment to a promoted post	2	Nicola Cochrane
													Objectives / Project	0					
													Injury / Illness to patient / visitors / staff	0					
													Complaints / Claims	0					
													Service / Business Interruption	0					
													Staffing and Competence	0					
													Financial	0					
													Inspection / Audit	0					
													Adverse Publicity / Reputation	0					
8	IMHS Clacks and Stirling	vacancies due to staff moving to other posts	No skill mix change	recruitment in progress	Sep-22	Occupational Therapist	Band 5	1	1.0 WTE	AHP	permanent	Unable to maintain delivery of service	Patient Experience	0	4	in progress	this post has already been advertised twicw with unsuccessful recruitment on each occadsion.	3	Nicola Cochrane
													Objectives / Project	0					
													Injury / Illness to patient / visitors / staff	0					
													Complaints / Claims	0					
													Service / Business Interruption	0					
													Staffing and Competence	0					
													Financial	0					
													Inspection / Audit	0					
													Adverse Publicity / Reputation	0					
													Patient Experience	0					

9	LD Service Clacks	SIGNIFICANT Increase in residential builds within the Clackmannan area, previously service had 3 Nurses, 1 C/N 2 S/N .Highest number of people with a LD in Scotland in Clacks.Coming home report will also have more people returning to area requiring LDnursing support.	Investment	Recruitment	ASAP	Staff Nurse	Band 5	1	1.0 WTE	Nursing and Midwery	permanent	Unable to maintain service delivery	Objectives / Project	0					
													Injury / Illness to patient / visitors / staff	0					
													Complaints / Claims	0					
													Service / Business Interruption	0					
													Staffing and Competence	0					
													Financial	0					
													Inspection / Audit	0					
													Adverse Publicity / Reputation	0					
10	LD Service Clacks	SIGNIFICANT Increase in residential builds within the Clackmannan area, previously service had 3 Nurses, 1 C/N 2 S/N .Highest number of people with a LD in Scotland in Clacks.Coming home report will also have more people returning to area requiring Ldnurs	Investment	Recruitment	ASAP	HCSW	Band 3	1	1	Nursing and Midwifery	permanent		Patient Experience	0					
													Objectives / Project	0					
													Injury / Illness to patient / visitors / staff	0					
													Complaints / Claims	0					
													Service / Business Interruption	0					
													Staffing and Competence	0					
													Financial	0					
													Inspection / Audit	0					
													Adverse Publicity / Reputation	0					
11													Patient Experience	0					
													Objectives / Project	0					
													Injury / Illness to patient / visitors / staff	0					
													Complaints / Claims	0					
													Service / Business Interruption	0					
													Staffing and Competence	0					
													Financial	0					
													Inspection / Audit	0					
													Adverse Publicity / Reputation	0					
12													Patient Experience	0					
													Objectives / Project	0					
													Injury / Illness to patient / visitors / staff	0					
													Complaints / Claims	0					
													Service / Business Interruption	0					
													Staffing and Competence	0					
													Financial	0					
													Inspection / Audit	0					
													Adverse Publicity / Reputation	0					

Workforce Action Plan 2022-2025

CLACKMANNANSHIRE & STIRLING HSCP
Strategic Planning

Version DRAFT
Date Enter date (format dd/mm/yy)

Impact	
1	Negligible
2	Minor
3	Moderate
4	Major
5	Extreme

Action Ref	Department	Anticipated Workforce Changes				Post Title	Band / Grade	Number required		Job Family (Select from drop down list)	Contract (Select from drop down list)	Risk of Non Delivery	Impact Areas / Categories	Score (Select Score)	Untreated Risk Level (1 - 5) (Select Level)	Action RAG Status (Select Status)	Notes / Commentary	Current Risk Level (Select Level)	WHO is responsible Lead Name
		WHY is the change to staffing required	HOW will this change to staffing be achieved e.g. investment, Skill Mix change	WHERE will the resources/skills come from e.g. recruitment, development of existing staff	WHEN Timescales			Headcount	WTE										
Workforce Requirements:																			
Example	A&E Nursing	Staff due to retire between August and October	Skill Mix change	Recruitment	31-Dec-22	A&E Staff Nurse	Band 5	5	4.6	Nursing / Midwifery	Permanent	Unable to maintain current service	Patient Experience	4	3	On Target	Job advert currently live	1	Lee Anderson
													Objectives / Project	1					
													Injury / Illness to patient / visitors / staff	4					
													Complaints / Claims	3					
													Service / Business Interruption	2					
													Staffing and Competence	5					
													Financial	2					
													Inspection / Audit	3					
													Adverse Publicity / Reputation	4					
1	Strategic Planning (Sub-Dept)	Vacant Post		Recruitment		Housing, Health & Social Care Lead		1		Admin Services & Managers		Unable to progress recommendations from strategic inspection	Patient Experience	0			Due to nature of the Partnership, this post may or may not be employed by FVNHS, successful candidate may chose to be employed by Clackmannanshire Council or Stirling Council.		Wendy Forrest
													Objectives / Project	0					
													Injury / Illness to patient / visitors / staff	0					
													Complaints / Claims	0					
													Service / Business Interruption	0					
													Staffing and Competence	0					
													Financial	0					
													Inspection / Audit	0					
													Adverse Publicity / Reputation	0					
2	Strategic Planning (Sub-Dept)	Vacant Post		Recruitment		Carer Lead		1		Admin Services & Managers		Unable to progress the implementation of Carers Act	Patient Experience	0			Due to nature of the Partnership, this post may or may not be employed by FVNHS, successful candidate may chose to be employed by Clackmannanshire Council or Stirling Council.		Wendy Forrest
													Objectives / Project	0					
													Injury / Illness to patient / visitors / staff	0					
													Complaints / Claims	0					
													Service / Business Interruption	0					
													Staffing and Competence	0					
													Financial	0					
													Inspection / Audit	0					
													Adverse Publicity / Reputation	0					
3													Patient Experience	0					
													Objectives / Project	0					
													Injury / Illness to patient / visitors / staff	0					
													Complaints / Claims	0					
													Service / Business Interruption	0					
													Staffing and Competence	0					
													Financial	0					
													Inspection / Audit	0					
													Adverse Publicity / Reputation	0					
4													Patient Experience	0					
													Objectives / Project	0					
													Injury / Illness to patient / visitors / staff	0					
													Complaints / Claims	0					
													Service / Business Interruption	0					
													Staffing and Competence	0					
													Financial	0					
													Inspection / Audit	0					
													Adverse Publicity / Reputation	0					
5													Patient Experience	0					
													Objectives / Project	0					
													Injury / Illness to patient / visitors / staff	0					
													Complaints / Claims	0					
													Service / Business Interruption	0					
													Staffing and Competence	0					
													Financial	0					
													Inspection / Audit	0					
													Adverse Publicity / Reputation	0					
6													Patient Experience	0					
													Objectives / Project	0					
													Injury / Illness to patient / visitors / staff	0					
													Complaints / Claims	0					
													Service / Business Interruption	0					
													Staffing and Competence	0					
													Financial	0					
													Inspection / Audit	0					
													Adverse Publicity / Reputation	0					
7													Patient Experience	0					
													Objectives / Project	0					
													Injury / Illness to patient / visitors / staff	0					
													Complaints / Claims	0					
													Service / Business Interruption	0					
													Staffing and Competence	0					
													Financial	0					
													Inspection / Audit	0					
													Adverse Publicity / Reputation	0					
8													Patient Experience	0					
													Objectives / Project	0					
													Injury / Illness to patient / visitors / staff	0					
													Complaints / Claims	0					
													Service / Business Interruption	0					
													Staffing and Competence	0					
													Financial	0					
													Inspection / Audit	0					
													Adverse Publicity / Reputation	0					
													Patient Experience	0					

9													Objectives / Project	0					
													Injury / Illness to patient / visitors / staff	0					
													Complaints / Claims	0					
													Service / Business Interruption	0					
													Staffing and Competence	0					
													Financial	0					
													Inspection / Audit	0					
													Adverse Publicity / Reputation	0					
10													Patient Experience	0					
													Objectives / Project	0					
													Injury / Illness to patient / visitors / staff	0					
													Complaints / Claims	0					
													Service / Business Interruption	0					
													Staffing and Competence	0					
													Financial	0					
													Inspection / Audit	0					
													Adverse Publicity / Reputation	0					
11													Patient Experience	0					
													Objectives / Project	0					
													Injury / Illness to patient / visitors / staff	0					
													Complaints / Claims	0					
													Service / Business Interruption	0					
													Staffing and Competence	0					
													Financial	0					
													Inspection / Audit	0					
													Adverse Publicity / Reputation	0					
12													Patient Experience	0					
													Objectives / Project	0					
													Injury / Illness to patient / visitors / staff	0					
													Complaints / Claims	0					
													Service / Business Interruption	0					
													Staffing and Competence	0					
													Financial	0					
													Inspection / Audit	0					
													Adverse Publicity / Reputation	0					

Workforce Action Plan 2022-2025

CLACKMANNANSHIRE & STIRLING HSCP
C&S Admin Services

Version DRAFT
Date Enter date (format dd/mm/yy)

Impact	
1	Negligible
2	Minor
3	Moderate
4	Major
5	Extreme

Action Ref	Department	Anticipated Workforce Changes				Post Title	Band / Grade	Number required		Job Family (Select from drop down list)	Contract (Select from drop down list)	Risk of Non Delivery	Impact Areas / Categories	Score (Select Score)	Untreated Risk Level (1 - 5) (Select Level)	Action RAG Status (Select Status)	Notes / Commentary	Current Risk Level (Select Level)	WHO is responsible Lead Name
		WHY is the change to staffing required	HOW will this change to staffing be achieved e.g. investment, Skill Mix change	WHERE will the resources/skills come from e.g. recruitment, development of existing staff	WHEN Timescales			Headcount	WTE										
Workforce Requirements:																			
Example	A&E Nursing	Staff due to retire between August and October	Skill Mix change	Recruitment	31-Dec-22	A&E Staff Nurse	Band 5	5	4.6	Nursing / Midwifery	Permanent	Unable to maintain current service	Patient Experience	4	3	On Target	Job advert currently live	1	Lee Anderson
													Objectives / Project	1					
													Injury / Illness to patient / visitors / staff	4					
													Complaints / Claims	3					
													Service / Business Interruption	2					
													Staffing and Competence	5					
													Financial	2					
													Inspection / Audit	3					
													Adverse Publicity / Reputation	4					
1	Administration Services	No anticipated change	N/A	N/A	N/A	Medical Services Administration Manager	Band 6	1	0.8	Admin Services & Managers	Permanent	No Risk	Patient Experience	0	1	Complete		1	Sonia Kavanagh
													Objectives / Project	0					
													Injury / Illness to patient / visitors / staff	0					
													Complaints / Claims	0					
													Service / Business Interruption	0					
													Staffing and Competence	0					
													Financial	0					
													Inspection / Audit	0					
													Adverse Publicity / Reputation	0					
2	Administration Services	No anticipated change	N/A	N/A	N/A	Admin Services Co-ordinator	Band 5	2	2	Admin Services & Managers	Fixed Term	No Risk	Patient Experience	0	1	Complete		1	Louise Bingham
													Objectives / Project	0					
													Injury / Illness to patient / visitors / staff	0					
													Complaints / Claims	0					
													Service / Business Interruption	0					
													Staffing and Competence	0					
													Financial	0					
													Inspection / Audit	0					
													Adverse Publicity / Reputation	0					
3	Administration Services	No anticipated change	N/A	N/A	N/A	Medical Secretary	Band 4	19	16.61	Admin Services & Managers	Permanent	No Risk	Patient Experience	0	1	Complete		1	Louise Bingham
													Objectives / Project	0					
													Injury / Illness to patient / visitors / staff	0					
													Complaints / Claims	0					
													Service / Business Interruption	0					
													Staffing and Competence	0					
													Financial	0					
													Inspection / Audit	0					
													Adverse Publicity / Reputation	0					
4	Administration Services	No anticipated change	N/A	N/A	N/A	Team Secretary	Band 4	6	5.493	Admin Services & Managers	Permanent	No Risk	Patient Experience	0	1	Complete		1	Louise Bingham
													Objectives / Project	0					
													Injury / Illness to patient / visitors / staff	0					
													Complaints / Claims	0					
													Service / Business Interruption	0					
													Staffing and Competence	0					
													Financial	0					
													Inspection / Audit	0					
													Adverse Publicity / Reputation	0					
5	Administration Services	No anticipated change	N/A	N/A	N/A	Team Administrator	Band 4	3	2.5	Admin Services & Managers	Permanent		Patient Experience	0	1	Complete		1	Louise Bingham
													Objectives / Project	0					
													Injury / Illness to patient / visitors / staff	0					
													Complaints / Claims	0					
													Service / Business Interruption	0					
													Staffing and Competence	0					
													Financial	0					
													Inspection / Audit	0					
													Adverse Publicity / Reputation	0					
6	Administration Services	No anticipated change	N/A	N/A	N/A	Transcriptionist/Secretary	Band 3	3	2.33	Admin Services & Managers	Permanent		Patient Experience	0	1	Complete	Currently 1 wte out to advert (SUS)	1	Louise Bingham
													Objectives / Project	0					
													Injury / Illness to patient / visitors / staff	0					
													Complaints / Claims	0					
													Service / Business Interruption	0					
													Staffing and Competence	0					
													Financial	0					
													Inspection / Audit	0					
													Adverse Publicity / Reputation	0					
7	Administration Services	No anticipated change	N/A	N/A	N/A	Nursing Admin	Band 3	4	3.133	Admin Services & Managers	Permanent		Patient Experience	0	1	Complete	Currently 2 posts out to advert (MHU)	1	Louise Bingham
													Objectives / Project	0					
													Injury / Illness to patient / visitors / staff	0					
													Complaints / Claims	0					
													Service / Business Interruption	0					
													Staffing and Competence	0					
													Financial	0					
													Inspection / Audit	0					
													Adverse Publicity / Reputation	0					
8	Administration Services	No anticipated change	N/A	N/A	N/A	Receptionist/Secretary	Band 3	6	5.533	Admin Services & Managers	Permanent		Patient Experience	0	1	Complete		1	Louise Bingham
													Objectives / Project	0					
													Injury / Illness to patient / visitors / staff	0					
													Complaints / Claims	0					
													Service / Business Interruption	0					
													Staffing and Competence	0					
													Financial	0					
													Inspection / Audit	0					
													Adverse Publicity / Reputation	0					
													Patient Experience	0					

9	Administration Services	No anticipated change	N/A	N/A	N/A	Receptionist/Admin	Band 2	6	4.347	Admin Services & Managers	Permanent		Objectives / Project	0	1	Complete		1	Louise Bingham
													Injury / Illness to patient / visitors / staff	0					
													Complaints / Claims	0					
													Service / Business Interruption	0					
													Staffing and Competence	0					
													Financial	0					
													Inspection / Audit	0					
													Adverse Publicity / Reputation	0					
10	Administration Services	No anticipated change	N/A	N/A	N/A	Admin Officer	Band 2	1	0.4	Admin Services & Managers	Permanent		Patient Experience	0	1	Complete		1	Louise Bingham
													Objectives / Project	0					
													Injury / Illness to patient / visitors / staff	0					
													Complaints / Claims	0					
													Service / Business Interruption	0					
													Staffing and Competence	0					
													Financial	0					
													Inspection / Audit	0					
													Adverse Publicity / Reputation	0					

Notes on Completing the Action Plan
General Notes
The action plan should outline proposed actions to meet local projected short-term recovery and medi
Complete a new Action Ref for each action. If an action relates to more than one job family complete
Enter date plan completed in row 4
Action Plan Columns
Action Ref
Department
WHY is the change to staffing required
HOW will this change to staffing be achieved e.g. investment, Skill Mix change
WHERE will the resources/skills come from e.g. recruitment, development of existing staff
WHEN Timescales
Post Title
Band / Grade
Number required HC / WTE
Job Family
Contract
Risk of Non Delivery
Impact Areas / Categories
Score
Untreated Risk Level (1 - 5)
Action RAG Status
Notes / Commentary
Current Risk Level
WHO is responsible

um-term growth requirements.
a separate line for each job family.
Number
Free text box - enter the name of the department the workforce change applies to
Free text box
Free text box
Free text box
Free text box
Free text box
Free text box
Free text box
Select the appropriate Job Family from the drop down list
Select the appropriate Contract from the drop down list
Free text box
Select the appropriate Score from the drop down list (0-5)
Select the appropriate Level from the drop down list (1-5)
Select the appropriate Status from the drop down list (1-5)
Free text box
Select the appropriate Level from the drop down list (1-5)
Free text box - enter Lead Name

Workforce Action Plan 2022-2025

CORPORATE (FACILITIES & INFRASTRUCTURE)
Digital & eHealth

Version DRAFT
Date Enter date (format dd/mm/yy)

Impact	
1	Negligible
2	Minor
3	Moderate
4	Major
5	Extreme

Action Ref	Department	Anticipated Workforce Changes				Post Title	Band / Grade	Number required		Job Family (Select from drop down list)	Contract (Select from drop down list)	Risk of Non Delivery	Impact Areas / Categories	Score (Select Score)	Untreated Risk Level (1 - 5) (Select Level)	Action RAG Status (Select Status)	Notes / Commentary	Current Risk Level (Select Level)	WHO is responsible Lead Name
		WHY is the change to staffing required	HOW will this change to staffing be achieved e.g. investment, Skill Mix change	WHERE will the resources/skills come from e.g. recruitment, development of existing staff	WHEN Timescales			Headcount	WTE										
Workforce Requirements:																			
1	Digital & eHealth (Support)	To ensure appropriate support staff are availabel to support Break/Fix, Compliance, Maintenance and project activities. In terms of Break/fix support staffing levels are required to meet SLA performace targets (SDI & business requirement)	Current staffing levels made permanent (1 FT -> 1 Permanent staffing made)	Additional funding requirested through Cyber SBAR (in progress)	31st March 2022	Support Analyst	Band 5	1	1	Admin Services & Managers	Permanent	Loss of SDI Accreditation, Reduction in service level to services, unable to meet demand	Patient Experience	0	3	On Target	Cyber SBAR in Progress	3	S Jaffray
													Objectives / Project	0					
													Injury / Illness to patient / visitors / staff	0					
													Complaints / Claims	0					
													Service / Business Interruption	0					
													Staffing and Competence	0					
													Financial	0					
													Inspection / Audit	0					
													Adverse Publicity / Reputation	0					
2	Digital & eHealth (Service Desk)	To ensure appropriate support staff are availabel to support Break/Fix, Compliance, Maintenance and project activities. In terms of Break/fix support staffing levels are required to meet SLA performace targets (SDI & business requirement). Also required for Telecomms	1 x Band 5 Snr Service Desk Analyst, 1 x Procurement officer Band 4	Additional funding requirested through Unified Comms Business Case (in progress)	31st March 2022	Service Desk Supervisor	Band 4 & Band 5	2	2	Admin Services & Managers	Permanent	Loss of SDI Accreditation, Reduction in service level to services, unable to meet demand with voice services moving to ICT	Patient Experience	0	3	On Target	Unified Comms Business Case under review	3	S Jaffray
													Objectives / Project	0					
													Injury / Illness to patient / visitors / staff	0					
													Complaints / Claims	0					
													Service / Business Interruption	0					
													Staffing and Competence	0					
													Financial	0					
													Inspection / Audit	0					
													Adverse Publicity / Reputation	0					
3	Digital & eHealth (Compliance)	To ensure appropriate Compliance staff are availabel to support Compliance, Maintenance and project activities. These posts are required to support security/compiance/cyber	Current staffing levels made permanent (2xFT -> 2x Permanent staffing made)	Additional funding requirested through Cyber SBAR (in progress)	31st March 2022	Compliance & Innovation Analyst	Band 6	2	2	Admin Services & Managers	Permanent	Significant security and compliance risk to organisation	Patient Experience	0	4	On Target	Cyber SBAR in Progress	4	S Jaffray
													Objectives / Project	0					
													Injury / Illness to patient / visitors / staff	0					
													Complaints / Claims	0					
													Service / Business Interruption	0					
													Staffing and Competence	0					
													Financial	0					
													Inspection / Audit	0					
													Adverse Publicity / Reputation	0					
4	Digital & eHealth (Systems)	To ensure appropriate support staff are availabel to support Break/Fix, Compliance, Maintenance and project activities. In terms of Break/fix support staffing levels are required to meet SLA performace targets (SDI & business requirement)	Current staffing levels made permanent (1 FT -> 1 Permanent staffing made)	Additional funding requirested through Cyber SBAR (in progress)	31st March 2022	Snr Systems Analyst	Band 6	1	1	Admin Services & Managers	Permanent	Significant security and compliance risk to organisation	Patient Experience	0	3	On Target	Cyber SBAR in Progress	3	S Jaffray
													Objectives / Project	0					
													Injury / Illness to patient / visitors / staff	0					
													Complaints / Claims	0					
													Service / Business Interruption	0					
													Staffing and Competence	0					
													Financial	0					
													Inspection / Audit	0					
													Adverse Publicity / Reputation	0					
5	Digital & eHealth (Systems Admin)	To ensure appropriate support staff are availabel to support Break/Fix, Compliance, Maintenance and project activities.	Current staffing levels made permanent (1 FT -> 1 Permanent staffing made), additional Post to support Inpatients EPR	Additional funding requirested through Cyber SBAR (in progress) & Inpatients EPR BC	31st March 2022	Generic Systems Admin	Band 6	3	3	Admin Services & Managers	Permanent	Significant security and compliance risk to organisation	Patient Experience	0	4	On Target	Cyber SBAR & Inpatients EPR BC in Progress	4	S Jaffray
													Objectives / Project	0					
													Injury / Illness to patient / visitors / staff	0					
													Complaints / Claims	0					
													Service / Business Interruption	0					
													Staffing and Competence	0					
													Financial	0					
													Inspection / Audit	0					
													Adverse Publicity / Reputation	0					
6	Digital & eHealth (Networks)	To ensure appropriate support staff are availabel to support Break/Fix, Compliance, Maintenance and project activities. In terms of Break/fix support staffing levels are required to meet SLA performace targets (SDI & business requirement)	Current staffing levels made permanent (1 FT -> 1 Permanent staffing made)	Additional funding requirested through Cyber SBAR (in progress)	31st March 2022	Snr Network Analyst	Band 6	1	1	Admin Services & Managers	Permanent	Significant security and compliance risk to organisation	Patient Experience	0	4	On Target	Cyber SBAR in Progress	3	S Jaffray
													Objectives / Project	0					
													Injury / Illness to patient / visitors / staff	0					
													Complaints / Claims	0					
													Service / Business Interruption	0					
													Staffing and Competence	0					
													Financial	0					
													Inspection / Audit	0					
													Adverse Publicity / Reputation	0					
7	Digital & eHealth (Telecoms)	To ensure appropriate support staff are availabel to support Break/Fix, Compliance, Maintenance and project activities. Irelating to future Telecomms provision, i.e. Voice services moving to ICT	3 x Snr Network Analyst	Additional funding requirested through Unified Comms Business Case (in progress)	31st March 2022	Snr Network Analyst	Band 6	1	1	Admin Services & Managers	Permanent	Increase in networks team to support Voice services, required	Patient Experience	0	4	On Target	Unified Comms Business Case under review	3	S Jaffray
													Objectives / Project	0					
													Injury / Illness to patient / visitors / staff	0					
													Complaints / Claims	0					
													Service / Business Interruption	0					
													Staffing and Competence	0					
													Financial	0					
													Inspection / Audit	0					
													Adverse Publicity / Reputation	0					
8	Digital & eHealth (Business Analysis, including appropriate DBA)	To ensure appropriate support for integration and ongoing amangement of interfacing and data compliance	1 x FT Data Base Administrator, 1 x FT Business Analyst	Additional funding requirested through Inpatients Business Case (Dependant on Agreement)	31st March 2022	DBA Analyst, & Business Analyst	Band 7	2	2	Admin Services & Managers	Permanent	Required to support Inpatients EPR - business case dependant	Patient Experience	0	3	On Target	Inpatients EPR in Digital Plan 22-23	3	S Jaffray
													Objectives / Project	0					
													Injury / Illness to patient / visitors / staff	0					
													Complaints / Claims	0					
													Service / Business Interruption	0					
													Staffing and Competence	0					
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													Inspection / Audit	0					
													Adverse Publicity / Reputation	0					
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													Service / Business Interruption	0					
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													Inspection / Audit	0					
													Adverse Publicity / Reputation	0					
													Patient Experience	0					

10													Objectives / Project	0					
													Injury / Illness to patient / visitors / staff	0					
													Complaints / Claims	0					
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													Adverse Publicity / Reputation	0					

Workforce Action Plan 2022-2025

CORPORATE (FACILITIES & INFRASTRUCTURE)
Soft Facilities

Version DRAFT
Date Enter date (format dd/mm/yy)

Impact	
1	Negligible
2	Minor
3	Moderate
4	Major
5	Extreme

Action Ref	Department	Anticipated Workforce Changes				Post Title	Band / Grade	Number required		Job Family (Select from drop down list)	Contract (Select from drop down list)	Risk of Non Delivery	Impact Areas / Categories	Score (Select Score)	Untreated Risk Level (1 - 5) (Select Level)	Action RAG Status (Select Status)	Notes / Commentary	Current Risk Level (Select Level)	WHO is responsible Lead Name
		WHY is the change to staffing required	HOW will this change to staffing be achieved e.g. investment, Skill Mix change	WHERE will the resources/skills come from e.g. recruitment, development of existing staff	WHEN Timescales			Headcount	WTE										
Workforce Requirements:																			
1	Domestic Services - Domestic Assistant/Housekeepers	Staff due to retire or move to other departments June to August	Skills	Recruitment process	Sep-22	Domestic Assistant & Housekeeper	Band 2	35	17.06	Support Services	Permanent	Unable to maintain current service	Patient Experience	0	4	On Target	Waiting on Vacancy start dates, also jobs advertised via recruitment and other vacancy approvals in authorisation process. Vacancy being covered with extra hours and staff bank at present. Retiral over the next two year could be headcount of 11 - 5.06 WTE	1	Karen Nimmo
													Objectives / Project	0					
													Injury / Illness to patient / visitors / staff	0					
													Complaints / Claims	0					
													Service / Business Interruption	0					
													Staffing and Competence	0					
													Financial	0					
													Inspection / Audit	0					
													Adverse Publicity / Reputation	0					
2	Domestic Services - Domestic Supervisors/Administrator	Staff moving on to other post July/August	Skills	Recruitment process	Sep-22	Domestic Supervisor	Band 3 & 4	3	1.67	Support Services	Permanent	Unable to maintain current service	Patient Experience	0	4	On Target	Vacancy approvals in authorisation process - Relief Domestic Supervisor backfilling at present.	1	Karen Nimmo
													Objectives / Project	0					
													Injury / Illness to patient / visitors / staff	0					
													Complaints / Claims	0					
													Service / Business Interruption	0					
													Staffing and Competence	0					
													Financial	0					
													Inspection / Audit	0					
													Adverse Publicity / Reputation	0					
3	Transport Department	Retirement	Reduction in service provision	Recruitment,development of existing staff	31/07/2022	Transport Driver	Band 2	1	1	Support Services	Permanent	Unable to maintain current service	Patient Experience	0	3	On Target	Recruitment forms submitted	1	Alan Brown
													Objectives / Project	0					
													Injury / Illness to patient / visitors / staff	0					
													Complaints / Claims	0					
													Service / Business Interruption	0					
													Staffing and Competence	0					
													Financial	0					
													Inspection / Audit	0					
													Adverse Publicity / Reputation	0					
4	Transport Department	Reduction in staff members hours	Reduction in service provision	Recruitment,development of existing staff	01/07/2022	Transport Driver	Band 2	1	1	Support Services	Permanent	Unable to maintain current service	Patient Experience	0	3	On Target	Recruitment forms submitted	1	Alan Brown
													Objectives / Project	0					
													Injury / Illness to patient / visitors / staff	0					
													Complaints / Claims	0					
													Service / Business Interruption	0					
													Staffing and Competence	0					
													Financial	0					
													Inspection / Audit	0					
													Adverse Publicity / Reputation	0					
5	Transport Department	Possible retirements within workforce action plan timeframe	Reduction in service provision	Recruitment,development of existing staff	Next 3 years	Transport Driver	Band 2	6	6	Support Services	Permanent	Unable to maintain current service	Patient Experience	0	3	Delayed	Staff considering retirement before 2025	1	Alan Brown
													Objectives / Project	0					
													Injury / Illness to patient / visitors / staff	0					
													Complaints / Claims	0					
													Service / Business Interruption	0					
													Staffing and Competence	0					
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Workforce Action Plan 2022-2025

CORPORATE (FACILITIES & INFRASTRUCTURE)
Information

Version DRAFT
Date Enter date (format dd/mm/yy)

Impact	
1	Negligible
2	Minor
3	Moderate
4	Major
5	Extreme

Action Ref	Department	Anticipated Workforce Changes				Post Title	Band / Grade	Number required		Job Family (Select from drop down list)	Contract (Select from drop down list)	Risk of Non Delivery	Impact Areas / Categories	Score (Select Score)	Untreated Risk Level (1 - 5) (Select Level)	Action RAG Status (Select Status)	Notes / Commentary	Current Risk Level (Select Level)	WHO is responsible Lead Name
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Workforce Requirements:																			
1	Information Services	To recruit to band 7 Principal Analyst post due to retirement of post holder	Using existing investment	Recruitment	Aug-22	Principal Information Analyst	7	1	0.6	Admin Services & Managers	Permanent	Unable to maintain current service	Patient Experience	0	3	On Target		1	Viv Meldrum
													Objectives / Project	0					
													Injury / Illness to patient / visitors / staff	0					
													Complaints / Claims	0					
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													Adverse Publicity / Reputation	0					

Workforce Action Plan 2022-2025

CORPORATE (FACILITIES & INFRASTRUCTURE)
Procurement & Logistics

Impact	
1	Negligible
2	Minor
3	Moderate
4	Major
5	Extreme

Version DRAFT
Date Enter date (format dd/mm/yy)

Action Ref	Department	Anticipated Workforce Changes				Post Title	Band / Grade	Number required		Job Family (Select from drop down list)	Contract (Select from drop down list)	Risk of Non Delivery	Impact Areas / Categories	Score (Select Score)	Untreated Risk Level (1 - 5) (Select Level)	Action RAG Status (Select Status)	Notes / Commentary	Current Risk Level (Select Level)	WHO is responsible Lead Name
		WHY is the change to staffing required	HOW will this change to staffing be achieved e.g. investment, Skill Mix change	WHERE will the resources/skills come from e.g. recruitment, development of existing staff	WHEN Timescales			Headcount	WTE										
Workforce Requirements:																			
1	Procurement	Staff due to retire in next 2 /3 Years	Investment	Recruitement	31-Dec-24	PROCUREMENT & LOGISTICS MANAGER	Band 7	1	1	Support Services	Permanent	Unable to maintain current service	Patient Experience	0	3	On Target	Requested 1 year Notice so planning for recruitement and potential dual running due to experiance. Then a Recruitment Process.	2	David Logie
													Objectives / Project	0					
													Injury / Illness to patient / visitors / staff	0					
													Complaints / Claims	0					
													Service / Business Interruption	0					
													Staffing and Competence	0					
													Financial	0					
													Inspection / Audit	0					
													Adverse Publicity / Reputation	0					
2	Procurement	Staff due to retire in next 2 /3 Years	Investment	Recruitement	31-Dec-24	CUSTOMER SERVICES MANAGER	Band 5	1	1	Admin Services & Managers	Permanent	Unable to maintain current service	Patient Experience	0	3	On Target	Reuested as much noticve as possible so Recruitment can take place for replacement.	2	David Logie
													Objectives / Project	0					
													Injury / Illness to patient / visitors / staff	0					
													Complaints / Claims	0					
													Service / Business Interruption	0					
													Staffing and Competence	0					
													Financial	0					
													Inspection / Audit	0					
													Adverse Publicity / Reputation	0					
3	LOGISTICS TRANSPORT WORKER N2	Staff due to retire in next 1 Year	Investment	Recruitement	31-Dec-23	TRANSPORT WORKER 2	Band 2	1	1	Support Services	Permanent	Unable to maintain current service	Patient Experience	0	3	On Target	Reuested as much noticve as possible so Recruitment can take place for replacement.	2	David Logie
													Objectives / Project	0					
													Injury / Illness to patient / visitors / staff	0					
													Complaints / Claims	0					
													Service / Business Interruption	0					
													Staffing and Competence	0					
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Workforce Action Plan 2022-2025

CORPORATE (FACILITIES & INFRASTRUCTURE)

Estates & Capital Planning

Version DRAFT
Date Enter date (format dd/mm/yy)

Version DRAFT
Date 28/06/2022

Impact	
1	Negligible
2	Minor
3	Moderate
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Action Ref	Department	Anticipated Workforce Changes				Post Title	Band / Grade	Number required		Job Family (Select from drop down list)	Contract (Select from drop down list)	Risk of Non Delivery	Impact Areas / Categories	Score (Select Score)	Untreated Risk Level (1 - 5) (Select Level)	Action RAG Status (Select Status)	Notes / Commentary	Current Risk Level (Select Level)	WHO is responsible Lead Name
		WHY is the change to staffing required	HOW will this change to staffing be achieved e.g. investment, Skill Mix change	WHERE will the resources/skills come from e.g. recruitment, development of existing staff	WHEN Timescales			Headcount	WTE										
Workforce Requirements:																			
1	Capital Planning	Increasing requirement to support capital projects/programme and ensure compliance	Investment	Recruitment	31/12/2022	Head of Capital Planning	8b	1	1	Support Services	Permanent	Unable to develop and complete projects in a compliant way, to time, cost and quality with associated care service and other impacts	Patient Experience	4	4		Potential funding from Capital Plan to be explored	4	Morag Farquhar
													Objectives / Project	5					
													Injury / Illness to patient / visitors / staff	4					
													Complaints / Claims	4					
													Service / Business Interruption	4					
													Staffing and Competence	4					
													Financial	4					
													Inspection / Audit	5					
													Adverse Publicity / Reputation	4					
2	Capital Planning	Increasing requirement to support capital projects/programme and ensure compliance	Investment	Recruitment	31/12/2022	Project Manager	7	1	1	Support Services	Permanent	Unable to develop and complete projects in a compliant way, to time, cost and quality with associated care service and other impacts	Patient Experience	4	4		To be subject to bid to Scottish Government for funding in line with FCH and Primary Care developments - longer term position risk	4	Morag Farquhar
													Objectives / Project	5					
													Injury / Illness to patient / visitors / staff	4					
													Complaints / Claims	4					
													Service / Business Interruption	4					
													Staffing and Competence	4					
													Financial	4					
													Inspection / Audit	5					
													Adverse Publicity / Reputation	4					
3	Capital Planning	Increasing requirement to support capital projects/programme and ensure compliance	Investment	Recruitment	31/12/2022	Project Support Officer	5	2	2	Support Services	Permanent	Unable to develop and complete projects in a compliant way, to time, cost and quality with associated care service and other impacts	Patient Experience	4	4			4	Morag Farquhar
													Objectives / Project	5					
													Injury / Illness to patient / visitors / staff	4					
													Complaints / Claims	4					
													Service / Business Interruption	4					
													Staffing and Competence	4					
													Financial	4					
													Inspection / Audit	5					
													Adverse Publicity / Reputation	4					
4	Capital Planning	Increasing requirement to support capital projects/programme and ensure compliance	Investment	Recruitment	31/12/2022	Project Administrator	3	2	2	Support Services	Permanent	Unable to develop and complete projects in a compliant way, to time, cost and quality with associated care service and other impacts	Patient Experience	4	4			4	Morag Farquhar
													Objectives / Project	5					
													Injury / Illness to patient / visitors / staff	4					
													Complaints / Claims	4					
													Service / Business Interruption	4					
													Staffing and Competence	4					
													Financial	4					
													Inspection / Audit	5					
													Adverse Publicity / Reputation	4					
5	Climate Change & Sustainability	Increasing requirement to respond to the climate emergency and Scottish Government targets	Investment	Recruitment	30/11/2022	Head of Climate Change & Sustainability	8b	1	1	Support Services	Permanent	Unable to achieve targets with associated impacts on the environment, organisational reputation, finance	Patient Experience	4	4	On Target	Job advert currently live	4	Morag Farquhar
													Objectives / Project	5					
													Injury / Illness to patient / visitors / staff	4					
													Complaints / Claims	4					
													Service / Business Interruption	4					
													Staffing and Competence	4					
													Financial	4					
													Inspection / Audit	5					
													Adverse Publicity / Reputation	4					
6	Climate Change & Sustainability	Increasing requirement to respond to the climate emergency and Scottish Government targets	Investment	Recruitment or development of existing staff	31/12/2022	Energy Manager	7	1	1	Support Services	Permanent	Unable to achieve targets with associated impacts on the environment, organisational reputation, finance	Patient Experience	3	3			3	Morag Farquhar
													Objectives / Project	4					
													Injury / Illness to patient / visitors / staff	1					
													Complaints / Claims	2					
													Service / Business Interruption	4					
													Staffing and Competence	3					
													Financial	4					
													Inspection / Audit	3					
													Adverse Publicity / Reputation	3					
7	Climate Change & Sustainability	Increasing requirement to respond to the climate emergency and Scottish Government targets	Investment	Recruitment	31/12/2022	Climate Change & Environmental Sustainability Officer	6	1	1	Support Services	Permanent	Unable to achieve targets with associated impacts on the environment, organisational reputation, finance	Patient Experience	3	3		Subject to bid to SG for funding but unknown if all or part will be successful or for longer term or initial priming	3	Morag Farquhar
													Objectives / Project	4					
													Injury / Illness to patient / visitors / staff	1					
													Complaints / Claims	2					
													Service / Business Interruption	4					
													Staffing and Competence	3					
													Financial	4					
													Inspection / Audit	3					
													Adverse Publicity / Reputation	3					
8	Climate Change & Sustainability	Increasing requirement to respond to the climate emergency and Scottish Government targets	Investment	Recruitment	31/12/2022	Climate Change Communications and Administrative Assistant	4	1	1	Support Services	Permanent	Unable to achieve targets with associated impacts on the environment, organisational reputation, finance	Patient Experience	3	3			3	Morag Farquhar
													Objectives / Project	4					
													Injury / Illness to patient / visitors / staff	1					
													Complaints / Claims	2					
													Service / Business Interruption	4					
													Staffing and Competence	3					
													Financial	4					
													Inspection / Audit	3					
													Adverse Publicity / Reputation	3					
9	Waste & Travel Planning	Requirement for compliance with National Contract for Waste, audits etc	Investment	Recruitment	31/12/2022	Waste Management Support Officer	6	1	1	Support Services	Permanent	Unable to maintain contract compliance but also risk of censure from eg SEPA, ensure safe waste management practices in place, link to climate change and sustainability and finance	Patient Experience	2	4			4	Morag Farquhar
													Objectives / Project	5					
													Injury / Illness to patient / visitors / staff	4					
													Complaints / Claims	4					
													Service / Business Interruption	4					
													Staffing and Competence	4					
													Financial	4					
													Inspection / Audit	5					
													Adverse Publicity / Reputation	4					
													Patient Experience	2					

10	Waste & Travel Planning	Requirement for support to Waste Management, contract monitoring, financial efficiency	Investment	Existing Staff	31/12/2022	Waste & Travel Planning Assistant	4	1	1	Support Services	Permanent	Unable to maintain effective contract monitoring/compliance link to climate change and sustainability and finance	Objectives / Project	4	3		Staff member is in place but unfunded/funded from income, more sustainable solution sought	3	Morag Farquhar
													Injury / Illness to patient / visitors / staff	3					
													Complaints / Claims	3					
													Service / Business Interruption	4					
													Staffing and Competence	3					
													Financial	4					
													Inspection / Audit	4					
													Adverse Publicity / Reputation	3					
11	Estates	Increased requirement for compliance in the built environment, establishment of NHSS Assure, new national IT systems etc	Investment	Existing Staff	30/06/2023	Compliance Manager	7	1	1	Support Services	Permanent	Unable to fully achieve and evidence compliance with statutory and mandatory requirements	Patient Experience	2	4		Proposal to upgrade current post and seek support post below	4	Morag Farquhar
													Objectives / Project	5					
													Injury / Illness to patient / visitors / staff	4					
													Complaints / Claims	4					
													Service / Business Interruption	4					
													Staffing and Competence	4					
													Financial	4					
													Inspection / Audit	5					
													Adverse Publicity / Reputation	4					
12	Estates	Increased requirement for compliance in the built environment, establishment of NHSS Assure, new national IT systems etc	Investment	Recruitment	30/09/2023	Compliance Support Officer	5	1	1	Support Services	Permanent	Unable to fully achieve and evidence compliance with statutory and mandatory requirements	Patient Experience	2	3			3	Morag Farquhar
													Objectives / Project	4					
													Injury / Illness to patient / visitors / staff	3					
													Complaints / Claims	3					
													Service / Business Interruption	4					
													Staffing and Competence	3					
													Financial	4					
													Inspection / Audit	4					
													Adverse Publicity / Reputation	3					
13	Estates	Increased requirement for compliance in the built environment, establishment of NHSS Assure, new national IT systems etc	Investment	Recruitment	30/09/2023	Systems Support Officer	5	1	1	Support Services	Permanent	Unable to fully achieve and evidence compliance with statutory and mandatory requirements	Patient Experience	2	3			3	Morag Farquhar
													Objectives / Project	4					
													Injury / Illness to patient / visitors / staff	3					
													Complaints / Claims	3					
													Service / Business Interruption	4					
													Staffing and Competence	3					
													Financial	4					
													Inspection / Audit	4					
													Adverse Publicity / Reputation	3					
14	Estates	Currently all adminstrative staff across the sections of Estates & Capital Planning are managed by the Head of Estates. A Senior Administrator would release valuable senior management time but also more effectively manage and potentially improve adminstrative services across the Department.	Investment	Recruitment	30/06/2024	Senior Administrator	6	1	1	Support Services	Permanent	Unable to implement more efficient and effective administrative services across the department whilst providing support and guidance to admin staff.	Patient Experience	2	3			3	Morag Farquhar
													Objectives / Project	4					
													Injury / Illness to patient / visitors / staff	3					
													Complaints / Claims	3					
													Service / Business Interruption	4					
													Staffing and Competence	3					
													Financial	3					
													Inspection / Audit	4					
													Adverse Publicity / Reputation	2					
15	Estates	There are currently only 2 Fire Safety Advisors covering the whole of the NHS FV estate, one of whom primarily concentrates on the acute site, this is insufficient to provide all necessary advice, training and completion of mandatory Fire Risk Assessments as required.	Investment	Recruitment	30/06/2024	Fire Safety Advisor	6	1	1	Support Services	Permanent	Unable to provide required coverage of the estate and staff training etc as required to comply with SHTMs and other documents	Patient Experience	2	4			4	Morag Farquhar
													Objectives / Project	5					
													Injury / Illness to patient / visitors / staff	4					
													Complaints / Claims	4					
													Service / Business Interruption	4					
													Staffing and Competence	4					
													Financial	4					
													Inspection / Audit	5					
													Adverse Publicity / Reputation	4					
16	Estates	There is currently no dedicated administrative support to the Fire Safety Advisors which means time away from other duties inputting Fire Risk Assessment information, chasing actions, dealing with other admin tasks.	Investment	Recruitment	30/06/2024	Fire Safety Administrator	3	1	1	Support Services	Permanent	Fire Safety Advisors unable to fully devote time to other tasks and likelihood of delays , inaility to improve processes, communication etc	Patient Experience	2	3			3	Morag Farquhar
													Objectives / Project	4					
													Injury / Illness to patient / visitors / staff	3					
													Complaints / Claims	3					
													Service / Business Interruption	4					
													Staffing and Competence	3					
													Financial	3					
													Inspection / Audit	4					
													Adverse Publicity / Reputation	2					
17	Estates	The Estates Department is operating below the full complement required to maintain the estate and this will be exacerbated by proposed capital development, particularly in Falkirk.	Investment	Recruitment	30/09/2024	Electrical Craftsman	4	1	1	Support Services	Permanent	Unable to fully and properly maintain the estate with impacts on care services and potentially health & safety of staff and public	Patient Experience	2	3			3	Morag Farquhar
													Objectives / Project	4					
													Injury / Illness to patient / visitors / staff	3					
													Complaints / Claims	3					
													Service / Business Interruption	4					
													Staffing and Competence	3					
													Financial	4					
													Inspection / Audit	4					
													Adverse Publicity / Reputation	3					
18	Estates	The Estates Department is operating below the full complement required to maintain the estate and this will be exacerbated by proposed capital development, particularly in Falkirk.	Investment	Recruitment	30/09/2024	Plumbing Craftsman	4	1	1	Support Services	Permanent	Unable to fully and properly maintain the estate with impacts on care services and potentially health & safety of staff and public	Patient Experience	2	3			3	Morag Farquhar
													Objectives / Project	4					
													Injury / Illness to patient / visitors / staff	3					
													Complaints / Claims	3					
													Service / Business Interruption	4					
													Staffing and Competence	3					
													Financial	4					
													Inspection / Audit	4					
													Adverse Publicity / Reputation	3					
													Patient Experience	0					
													Objectives / Project	0					
													Injury / Illness to patient / visitors / staff	0					
													Complaints / Claims	0					
													Service / Business Interruption	0					
													Staffing and Competence	0					
													Financial	0					
													Inspection / Audit	0					
													Adverse Publicity / Reputation	0					

Workforce Action Plan 2022-2025

CORPORATE (FACILITIES & INFRASTRUCTURE)
Medical Physics

Version DRAFT
Date Enter date (format dd/mm/yy)

Impact	
1	Negligible
2	Minor
3	Moderate
4	Major
5	Extreme

Action Ref	Department	Anticipated Workforce Changes				Post Title	Band / Grade	Number required		Job Family (Select from drop down list)	Contract (Select from drop down list)	Risk of Non Delivery	Impact Areas / Categories	Score (Select Score)	Untreated Risk Level (1 - 5) (Select Level)	Action RAG Status (Select Status)	Notes / Commentary	Current Risk Level (Select Level)	WHO is responsible Lead Name
		WHY is the change to staffing required	HOW will this change to staffing be achieved e.g. investment, Skill Mix change	WHERE will the resources/skills come from e.g. recruitment, development of existing staff	WHEN Timescales			Headcount	WTE										
Workforce Requirements:																			
1	Medical Physics	Specialist Clinical Technologist (Theatres) Due to retire. September 2023.	Recruitment	The intention would be to advetise this post internally with a view to promoting one of the existing band 5 clinical technologists. This would create a vacancy and band 5 level which has been difficult to recruit.	Sep-23	Specialist Clinical Technologist	Band 6	3	3	Healthcare Sciences	Permanent	Unable to maintain current service. Financial impact of potentially placing equipment on external service contract.	Patient Experience	0	3	On Target	Both Clinical technologists and specialist clinical technologists are extreamly difficult to recruit due to a national skills shortage. The department has put a structure inplace to allow us to grow our own staff, when possible filling specialist clinical technologists posts internally from our pool of clinical technologists. Clinical technologists however have become increasingly difficult to recruit. Recent appointments were only possible after going to advert 3 times and took 6 months from first advert to start date.	1	Bryan Hynd
													Objectives / Project	0					
													Injury / Illness to patient / visitors / staff	0					
													Complaints / Claims	0					
													Service / Business Interruption	0					
													Staffing and Competence	0					
													Financial	0					
													Inspection / Audit	0					
													Adverse Publicity / Reputation	0					
2													Patient Experience	0					
													Objectives / Project	0					
													Injury / Illness to patient / visitors / staff	0					
													Complaints / Claims	0					
													Service / Business Interruption	0					
													Staffing and Competence	0					
													Financial	0					
													Inspection / Audit	0					
													Adverse Publicity / Reputation	0					
3													Patient Experience	0					
													Objectives / Project	0					
													Injury / Illness to patient / visitors / staff	0					
													Complaints / Claims	0					
													Service / Business Interruption	0					
													Staffing and Competence	0					
													Financial	0					
													Inspection / Audit	0					
													Adverse Publicity / Reputation	0					
4													Patient Experience	0					
													Objectives / Project	0					
													Injury / Illness to patient / visitors / staff	0					
													Complaints / Claims	0					
													Service / Business Interruption	0					
													Staffing and Competence	0					
													Financial	0					
													Inspection / Audit	0					
													Adverse Publicity / Reputation	0					
5													Patient Experience	0					
													Objectives / Project	0					
													Injury / Illness to patient / visitors / staff	0					
													Complaints / Claims	0					
													Service / Business Interruption	0					
													Staffing and Competence	0					
													Financial	0					
													Inspection / Audit	0					
													Adverse Publicity / Reputation	0					
6													Patient Experience	0					
													Objectives / Project	0					
													Injury / Illness to patient / visitors / staff	0					
													Complaints / Claims	0					
													Service / Business Interruption	0					
													Staffing and Competence	0					
													Financial	0					
													Inspection / Audit	0					
													Adverse Publicity / Reputation	0					
7													Patient Experience	0					
													Objectives / Project	0					
													Injury / Illness to patient / visitors / staff	0					
													Complaints / Claims	0					
													Service / Business Interruption	0					
													Staffing and Competence	0					
													Financial	0					
													Inspection / Audit	0					
													Adverse Publicity / Reputation	0					
8													Patient Experience	0					
													Objectives / Project	0					
													Injury / Illness to patient / visitors / staff	0					
													Complaints / Claims	0					
													Service / Business Interruption	0					
													Staffing and Competence	0					
													Financial	0					
													Inspection / Audit	0					
													Adverse Publicity / Reputation	0					
9													Patient Experience	0					
													Objectives / Project	0					
													Injury / Illness to patient / visitors / staff	0					
													Complaints / Claims	0					
													Service / Business Interruption	0					
													Staffing and Competence	0					
													Financial	0					
													Inspection / Audit	0					
													Adverse Publicity / Reputation	0					
													Patient Experience	0					

10													Objectives / Project	0					
													Injury / Illness to patient / visitors / staff	0					
													Complaints / Claims	0					
													Service / Business Interruption	0					
													Staffing and Competence	0					
													Financial	0					
													Inspection / Audit	0					
													Adverse Publicity / Reputation	0					
11													Patient Experience	0					
													Objectives / Project	0					
													Injury / Illness to patient / visitors / staff	0					
													Complaints / Claims	0					
													Service / Business Interruption	0					
													Staffing and Competence	0					
													Financial	0					
													Inspection / Audit	0					
													Adverse Publicity / Reputation	0					
12													Patient Experience	0					
													Objectives / Project	0					
													Injury / Illness to patient / visitors / staff	0					
													Complaints / Claims	0					
													Service / Business Interruption	0					
													Staffing and Competence	0					
													Financial	0					
													Inspection / Audit	0					
													Adverse Publicity / Reputation	0					

Workforce Action Plan 2022-2025

CORPORATE (FACILITIES & INFRASTRUCTURE)
Health & Safety

Version DRAFT
Date Enter date (format dd/mm/yy)

Impact	
1	Negligible
2	Minor
3	Moderate
4	Major
5	Extreme

Action Ref	Department	Anticipated Workforce Changes				Post Title	Band / Grade	Number required		Job Family (Select from drop down list)	Contract (Select from drop down list)	Risk of Non Delivery	Impact Areas / Categories	Score (Select Score)	Untreated Risk Level (1 - 5) (Select Level)	Action RAG Status (Select Status)	Notes / Commentary	Current Risk Level (Select Level)	WHO is responsible Lead Name
		WHY is the change to staffing required	HOW will this change to staffing be achieved e.g. investment, Skill Mix change	WHERE will the resources/skills come from e.g. recruitment, development of existing staff	WHEN Timescales			Headcount	WTE										
Workforce Requirements:																			
1	Health & Safety	Staff due to Retire in September	No change to role / resource required	Recruitment	30/09/2022	Management of Violence & Aggression Team Leader	Band 7	1	1	Nursing / Midwifery	Permanent	Unable to maintain current service	Patient Experience	0	5	On Target	JD being reviewed, planned recruitment initiate Mid August for gapless transition end Sept	1	Cameron Raeburn
													Objectives / Project	0					
													Injury / Illness to patient / visitors / staff	0					
													Complaints / Claims	0					
													Service / Business Interruption	0					
													Staffing and Competence	0					
													Financial	0					
													Inspection / Audit	0					
													Adverse Publicity / Reputation	0					
2	Health & Safety	Staff member retired May 22	Skill mix change	Recruitment	30/09/2022	Risk Management Systems Manager	Band 6	1	1	Support Services	Permanent	Unable to maintain current service	Patient Experience	0	5	Delayed	JD being reviewd for subission to matching panel. Indicitive banding will be sought to allow progress to recruitment by Mid august	2	Cameron Raeburn
													Objectives / Project	0					
													Injury / Illness to patient / visitors / staff	0					
													Complaints / Claims	0					
													Service / Business Interruption	0					
													Staffing and Competence	0					
													Financial	0					
													Inspection / Audit	0					
													Adverse Publicity / Reputation	0					
3	Health & Safety	New post to be created to support risk management and health & safety teams delivery change within organisation to facilitate compliance with H&S recruirements	Development agreed at SLT and budget released	Recruitment	30/09/2022	Risk Management Systems & Assurance Practitioner	Band 5	1	1	Support Services	Permanent	Current reduced compliance miantained	Patient Experience	0	4	Delayed	JD being reviewd for subission to matching panel. Indicitive banding will be sought to allow progress to recruitment by Mid august	2	Cameron Raeburn
													Objectives / Project	0					
													Injury / Illness to patient / visitors / staff	0					
													Complaints / Claims	0					
													Service / Business Interruption	0					
													Staffing and Competence	0					
													Financial	0					
													Inspection / Audit	0					
													Adverse Publicity / Reputation	0					
4													Patient Experience	0					
													Objectives / Project	0					
													Injury / Illness to patient / visitors / staff	0					
													Complaints / Claims	0					
													Service / Business Interruption	0					
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													Financial	0					
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													Adverse Publicity / Reputation	0					
5													Patient Experience	0					
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													Injury / Illness to patient / visitors / staff	0					
													Complaints / Claims	0					
													Service / Business Interruption	0					
													Staffing and Competence	0					
													Financial	0					
													Inspection / Audit	0					
													Adverse Publicity / Reputation	0					
6													Patient Experience	0					
													Objectives / Project	0					
													Injury / Illness to patient / visitors / staff	0					
													Complaints / Claims	0					
													Service / Business Interruption	0					
													Staffing and Competence	0					
													Financial	0					
													Inspection / Audit	0					
													Adverse Publicity / Reputation	0					
7													Patient Experience	0					
													Objectives / Project	0					
													Injury / Illness to patient / visitors / staff	0					
													Complaints / Claims	0					
													Service / Business Interruption	0					
													Staffing and Competence	0					
													Financial	0					
													Inspection / Audit	0					
													Adverse Publicity / Reputation	0					
8													Patient Experience	0					
													Objectives / Project	0					
													Injury / Illness to patient / visitors / staff	0					
													Complaints / Claims	0					
													Service / Business Interruption	0					
													Staffing and Competence	0					
													Financial	0					
													Inspection / Audit	0					
													Adverse Publicity / Reputation	0					
9													Patient Experience	0					
													Objectives / Project	0					
													Injury / Illness to patient / visitors / staff	0					
													Complaints / Claims	0					
													Service / Business Interruption	0					
													Staffing and Competence	0					
													Financial	0					
													Inspection / Audit	0					
													Adverse Publicity / Reputation	0					
													Patient Experience	0					

10													Objectives / Project	0					
													Injury / Illness to patient / visitors / staff	0					
													Complaints / Claims	0					
													Service / Business Interruption	0					
													Staffing and Competence	0					
													Financial	0					
													Inspection / Audit	0					
													Adverse Publicity / Reputation	0					
11													Patient Experience	0					
													Objectives / Project	0					
													Injury / Illness to patient / visitors / staff	0					
													Complaints / Claims	0					
													Service / Business Interruption	0					
													Staffing and Competence	0					
													Financial	0					
													Inspection / Audit	0					
													Adverse Publicity / Reputation	0					
12													Patient Experience	0					
													Objectives / Project	0					
													Injury / Illness to patient / visitors / staff	0					
													Complaints / Claims	0					
													Service / Business Interruption	0					
													Staffing and Competence	0					
													Financial	0					
													Inspection / Audit	0					
													Adverse Publicity / Reputation	0					

Workforce Action Plan 2022-2025

CORPORATE (FACILITIES & INFRASTRUCTURE)
ASDU

Impact	
1	Negligible
2	Minor
3	Moderate
4	Major
5	Extreme

Version DRAFT
Date Enter date (format dd/mm/yy)

Action Ref	Department	Anticipated Workforce Changes				Post Title	Band / Grade	Number required		Job Family (Select from drop down list)	Contract (Select from drop down list)	Risk of Non Delivery	Impact Areas / Categories	Score (Select Score)	Untreated Risk Level (1 - 5) (Select Level)	Action RAG Status (Select Status)	Notes / Commentary	Current Risk Level (Select Level)	WHO is responsible Lead Name
		WHY is the change to staffing required	HOW will this change to staffing be achieved e.g. investment, Skill Mix change	WHERE will the resources/skills come from e.g. recruitment, development of existing staff	WHEN Timescales			Headcount	WTE										
Workforce Requirements:																			
1	ASDU	Remobilisation & National treatment centre	Investment	Recruitment	Oct-22	Technicians	3	5	5	Healthcare Sciences	Permanent	Unable to support workload generated by national treatment centre	Patient Experience	0	3	Delayed	No decision taken as yet for allocation of staff	4	Acute services directorate lead
													Objectives / Project	0					
													Injury / Illness to patient / visitors / staff	0					
													Complaints / Claims	0					
													Service / Business Interruption	0					
													Staffing and Competence	0					
													Financial	0					
													Inspection / Audit	0					
													Adverse Publicity / Reputation	0					
2	ENDOSCOPY	PROPOSAL TO SUPPORT THE DEVELOPMENT OF ENDOSCOPY THREE SESSION WORKING	Investnment	Recruitment		Technicians	2	1.2	1	Support Services	Permanent	Unable to support development proposal of endoscopy three session working	Patient Experience	0	2		Paper ongoing	2	Acute services directorate lead
													Objectives / Project	0					
													Injury / Illness to patient / visitors / staff	0					
													Complaints / Claims	0					
													Service / Business Interruption	0					
													Staffing and Competence	0					
													Financial	0					
													Inspection / Audit	0					
													Adverse Publicity / Reputation	0					
3	ASDU	ACUTE SERVICES DIRECTORATE - PROPOSAL TO SUPPORT ADDITIONAL MINOR OPERATING CAPACITY PAPER	INVESTMENT	RECRUITMENT	Oct-22	TECHNICIANS	3	1.8	2	Healthcare Sciences	Permanent	Unable to support workload generated additional sessions	Patient Experience	0	2		Paper ongoing	2	Acute services directorate lead
													Objectives / Project	0					
													Injury / Illness to patient / visitors / staff	0					
													Complaints / Claims	0					
													Service / Business Interruption	0					
													Staffing and Competence	0					
													Financial	0					
													Inspection / Audit	0					
													Adverse Publicity / Reputation	0					
4	ASDU	ACUTE SERVICES DIRECTORATE - PROPOSAL TO SUPPORT ADDITIONAL CAPACITY TO SEE & TREAT CATARACTS PAPER	INVESTMENT	RECRUITMENT	Oct-22	TECHNICIANS	3	1	1	Healthcare Sciences	Permanent	Unable to support workload generated additional sessions	Patient Experience	0	2		Paper ongoing	2	Acute services directorate lead
													Objectives / Project	0					
													Injury / Illness to patient / visitors / staff	0					
													Complaints / Claims	0					
													Service / Business Interruption	0					
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													Adverse Publicity / Reputation	0					
5	ASDU	PROPOSAL FOR 12 ADDITIONAL THEATRE SESSION AT FVRH FOR 22/23	INVESTMENT	RECRUITMENT	Oct-22	TECHNICIANS	3	2	2	Healthcare Sciences	Permanent	Unable to support workload generated additional sessions	Patient Experience	0	2		Paper ongoing	2	Acute services directorate lead
													Objectives / Project	0					
													Injury / Illness to patient / visitors / staff	0					
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Notes on Completing the Action Plan
General Notes
The action plan should outline proposed actions to meet local projected short-term recovery and medi
Complete a new Action Ref for each action. If an action relates to more than one job family complete
Enter date plan completed in row 4
Action Plan Columns
Action Ref
Department
WHY is the change to staffing required
HOW will this change to staffing be achieved e.g. investment, Skill Mix change
WHERE will the resources/skills come from e.g. recruitment, development of existing staff
WHEN Timescales
Post Title
Band / Grade
Number required HC / WTE
Job Family
Contract
Risk of Non Delivery
Impact Areas / Categories
Score
Untreated Risk Level (1 - 5)
Action RAG Status
Notes / Commentary
Current Risk Level
WHO is responsible

um-term growth requirements.
a separate line for each job family.
Number
Free text box - enter the name of the department the workforce change applies to
Free text box
Free text box
Free text box
Free text box
Free text box
Free text box
Free text box
Select the appropriate Job Family from the drop down list
Select the appropriate Contract from the drop down list
Free text box
Select the appropriate Score from the drop down list (0-5)
Select the appropriate Level from the drop down list (1-5)
Select the appropriate Status from the drop down list (1-5)
Free text box
Select the appropriate Level from the drop down list (1-5)
Free text box - enter Lead Name

Workforce Action Plan 2022-2025

CORPORATE (FINANCE)
Financial Services

Version DRAFT
Date Enter date (format dd/mm/yy)

Impact	
1	Negligible
2	Minor
3	Moderate
4	Major
5	Extreme

Action Ref	Department	Anticipated Workforce Changes				Post Title	Band / Grade	Number required		Job Family (Select from drop down list)	Contract (Select from drop down list)	Risk of Non Delivery	Impact Areas / Categories	Score (Select Score)	Untreated Risk Level (1 - 5) (Select Level)	Action RAG Status (Select Status)	Notes / Commentary	Current Risk Level (Select Level)	WHO is responsible Lead Name
		WHY is the change to staffing required	HOW will this change to staffing be achieved e.g. investment, Skill Mix change	WHERE will the resources/skills come from e.g. recruitment, development of existing staff	WHEN Timescales			Headcount	WTE										
Workforce Requirements:																			
Example	A&E Nursing	Staff due to retire between August and October	Skill Mix change	Recruitment	31-Dec-22	A&E Staff Nurse	Band 5	5	4.6	Nursing / Midwifery	Permanent	Unable to maintain current service	Patient Experience	4	3	On Target	Job advert currently live	1	Lee Anderson
													Objectives / Project	1					
													Injury / Illness to patient / visitors / staff	4					
													Complaints / Claims	3					
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													Staffing and Competence	5					
													Financial	2					
													Inspection / Audit	3					
													Adverse Publicity / Reputation	4					
1	Fiancial Services Structure and Process Review	A combination of planned and expected retirals, and the planned redesign of functions across the team to ensure processes are efficient, streamlined and maximise value	The change will be achieved through a formal restructure process although the detailed outcomes are not yet known. The overall budget will aim to be maintained within existing resources.	Development of existing staff resources and recruitment to vacant posts	January 2023 to March 2023	The change will potentially impact on a number of posts within the team.	5/6/7/8A	TBC	TBC	Admin Services & Managers	Permanent	Impact on service and wider team structures	Patient Experience	2	3	On Target	Plans for redesign are currently being worked through and are a draft workforce plan has been prepared setting out priorities and aims.	2	Jillian Thomson
													Objectives / Project	1					
													Injury / Illness to patient / visitors / staff	1					
													Complaints / Claims	2					
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													Financial	2					
													Inspection / Audit	2					
													Adverse Publicity / Reputation	2					
2	Capital Planning and Reporting												Patient Experience	0					
													Objectives / Project	0					
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Workforce Action Plan 2022-2025

CORPORATE (FINANCE)
Management Accounts

Impact	
1	Negligible
2	Minor
3	Moderate
4	Major
5	Extreme

Version DRAFT
Date Enter date (format dd/mm/yy)

Action Ref	Department	Anticipated Workforce Changes				Post Title	Band / Grade	Number required		Job Family (Select from drop down list)	Contract (Select from drop down list)	Risk of Non Delivery	Impact Areas / Categories	Score (Select Score)	Untreated Risk Level (1 - 5) (Select Level)	Action RAG Status (Select Status)	Notes / Commentary	Current Risk Level (Select Level)	WHO is responsible Lead Name
		WHY is the change to staffing required	HOW will this change to staffing be achieved e.g. investment, Skill Mix change	WHERE will the resources/skills come from e.g. recruitment, development of existing staff	WHEN Timescales			Headcount	WTE										
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1	Management Accounts Structure and Process Review	A combination of planned and expected retirals, and the planned redesign of functions across the team to ensure processes are efficient, streamlined and maximise value	The change will be achieved through a formal restructure process although the detailed outcomes are not yet known. The overall budget will aim to be maintained within existing resources.	Development of existing staff resources and recruitment to vacant posts	January 2023 to March 2023	The change will potentially impact a number of posts within the team.	6/7/8A/8B	TBC	TBC	Admin Services & Managers	Permanent	Impact on service and wider team structures	Patient Experience	2	3	On Target	Plans for redesign are currently being worked through and a draft workforce plan has been prepared setting out priorities and aims.	2	Jillian Thomson
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Workforce Action Plan 2022-2025

CORPORATE (FINANCE)
Payroll Services

Version DRAFT
Date Enter date (format dd/mm/yy)

Impact	
1	Negligible
2	Minor
3	Moderate
4	Major
5	Extreme

Action Ref	Department	Anticipated Workforce Changes				Post Title	Band / Grade	Number required		Job Family (Select from drop down list)	Contract (Select from drop down list)	Risk of Non Delivery	Impact Areas / Categories	Score (Select Score)	Untreated Risk Level (1 - 5) (Select Level)	Action RAG Status (Select Status)	Notes / Commentary	Current Risk Level (Select Level)	WHO is responsible Lead Name
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													Financial	2					
													Inspection / Audit	3					
													Adverse Publicity / Reputation	4					
1	Payroll team - transfer to South East Consortium	The payroll team will TUPE transfer to NHS NSS as part of the approved development of South East payroll Service.	TUPE transfer	The existing staff team will transfer. This will include additional trainee posts which are currently being recruited.	2023	All payroll staff	B4 TO 8A	15	15	Admin Services & Managers	Permanent	Payroll is a critical service and the consortium arrangements are being adopted to deliver a sustainable and stable level of payroll staff resource in future to support partner boards.	Patient Experience	1	4	Delayed	There have been some delays to the project due to difficulties in NHS NSS recruiting to a senior regional post	3	Jillian Thomson
													Objectives / Project	3					
													Injury / Illness to patient / visitors / staff	1					
													Complaints / Claims	3					
													Service / Business Interruption	4					
													Staffing and Competence	2					
													Financial	4					
													Inspection / Audit	3					
													Adverse Publicity / Reputation	2					
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	A	B
1		
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3		**General Notes**
4		The action plan should outline proposed actions to meet local projected short-term recovery and medi
5		Complete a new Action Ref for each action. If an action relates to more than one job family complete
6		
7		Enter date plan completed in row 4
8		
9		**Action Plan Columns**
10		*Action Ref*
11		*Department*
12		*WHY is the change to staffing required*
13		*HOW will this change to staffing be achieved e.g. investment, Skill Mix change*
14		*WHERE will the resources/skills come from e.g. recruitment, development of existing staff*
15		*WHEN Timescales*
16		*Post Title*
17		*Band / Grade*
18		*Number required HC / WTE*
19		*Job Family*
20		*Contract*
21		*Risk of Non Delivery*
22		*Impact Areas / Categories*
23		*Score*
24		*Untreated Risk Level (1 - 5)*
25		*Action RAG Status*
26		*Notes / Commentary*
27		*Current Risk Level*
28		*WHO is responsible*

	C
1	
2	
3	
4	um-term growth requirements.
5	a separate line for each job family.
6	
7	
8	
9	
10	Number
11	Free text box - enter the name of the department the workforce change applies to
12	Free text box
13	Free text box
14	Free text box
15	Free text box
16	Free text box
17	Free text box
18	Free text box
19	Select the appropriate Job Family from the drop down list
20	Select the appropriate Contract from the drop down list
21	Free text box
22	
23	Select the appropriate Score from the drop down list (0-5)
24	Select the appropriate Level from the drop down list (1-5)
25	Select the appropriate Status from the drop down list (1-5)
26	Free text box
27	Select the appropriate Level from the drop down list (1-5)
28	Free text box - enter Lead Name

Workforce Action Plan 2022-2025

CORPORATE (NURSING)
Chaplaincy

Version DRAFT
Date Enter date (format dd/mm/yy)

Impact	
1	Negligible
2	Minor
3	Moderate
4	Major
5	Extreme

Action Ref	Department	Anticipated Workforce Changes				Post Title	Band / Grade	Number required		Job Family (Select from drop down list)	Contract (Select from drop down list)	Risk of Non Delivery	Impact Areas / Categories	Score (Select Score)	Untreated Risk Level (1 - 5) (Select Level)	Action RAG Status (Select Status)	Notes / Commentary	Current Risk Level (Select Level)	WHO is responsible Lead Name
		WHY is the change to staffing required	HOW will this change to staffing be achieved e.g. investment, Skill Mix change	WHERE will the resources/skills come from e.g. recruitment, development of existing staff	WHEN Timescales			Headcount	WTE										
Workforce Requirements:																			
Example	A&E Nursing	Staff due to retire between August and October	Skill Mix change	Recruitment	31-Dec-22	A&E Staff Nurse	Band 5	5	4.6	Nursing / Midwifery	Permanent	Unable to maintain current service	Patient Experience	4	3	On Target	Job advert currently live	1	Lee Anderson
													Objectives / Project	1					
													Injury / Illness to patient / visitors / staff	4					
													Complaints / Claims	3					
													Service / Business Interruption	2					
													Staffing and Competence	5					
													Financial	2					
													Inspection / Audit	3					
													Adverse Publicity / Reputation	4					
1	Dept of Nursing	Member of staff left the team in May 2022	Skill mix change	Recruitment	May-22	Chaplain	Band 6	4	3.4	Admin Services & Managers	Permanent	Unable to maintain current service	Patient Experience	0	3	On Target	Recruitment in process, interviews taken place and position appointed. Hope to have chaplain in place by August 2022	1	Pauline Donnelly
													Objectives / Project	0					
													Injury / Illness to patient / visitors / staff	0					
													Complaints / Claims	0					
													Service / Business Interruption	0					
													Staffing and Competence	0					
													Financial	0					
													Inspection / Audit	0					
													Adverse Publicity / Reputation	0					
2													Patient Experience	0					
													Objectives / Project	0					
													Injury / Illness to patient / visitors / staff	0					
													Complaints / Claims	0					
													Service / Business Interruption	0					
													Staffing and Competence	0					
													Financial	0					
													Inspection / Audit	0					
													Adverse Publicity / Reputation	0					
3													Patient Experience	0					
													Objectives / Project	0					
													Injury / Illness to patient / visitors / staff	0					
													Complaints / Claims	0					
													Service / Business Interruption	0					
													Staffing and Competence	0					
													Financial	0					
													Inspection / Audit	0					
													Adverse Publicity / Reputation	0					
4													Patient Experience	0					
													Objectives / Project	0					
													Injury / Illness to patient / visitors / staff	0					
													Complaints / Claims	0					
													Service / Business Interruption	0					
													Staffing and Competence	0					
													Financial	0					
													Inspection / Audit	0					
													Adverse Publicity / Reputation	0					
5													Patient Experience	0					
													Objectives / Project	0					
													Injury / Illness to patient / visitors / staff	0					
													Complaints / Claims	0					
													Service / Business Interruption	0					
													Staffing and Competence	0					
													Financial	0					
													Inspection / Audit	0					
													Adverse Publicity / Reputation	0					
6													Patient Experience	0					
													Objectives / Project	0					
													Injury / Illness to patient / visitors / staff	0					
													Complaints / Claims	0					
													Service / Business Interruption	0					
													Staffing and Competence	0					
													Financial	0					
													Inspection / Audit	0					
													Adverse Publicity / Reputation	0					
7													Patient Experience	0					
													Objectives / Project	0					
													Injury / Illness to patient / visitors / staff	0					
													Complaints / Claims	0					
													Service / Business Interruption	0					
													Staffing and Competence	0					
													Financial	0					
													Inspection / Audit	0					
													Adverse Publicity / Reputation	0					
8													Patient Experience	0					
													Objectives / Project	0					
													Injury / Illness to patient / visitors / staff	0					
													Complaints / Claims	0					
													Service / Business Interruption	0					
													Staffing and Competence	0					
													Financial	0					
													Inspection / Audit	0					
													Adverse Publicity / Reputation	0					
													Patient Experience	0					

9													Objectives / Project	0					
													Injury / Illness to patient / visitors / staff	0					
													Complaints / Claims	0					
													Service / Business Interruption	0					
													Staffing and Competence	0					
													Financial	0					
													Inspection / Audit	0					
													Adverse Publicity / Reputation	0					
10													Patient Experience	0					
													Objectives / Project	0					
													Injury / Illness to patient / visitors / staff	0					
													Complaints / Claims	0					
													Service / Business Interruption	0					
													Staffing and Competence	0					
													Financial	0					
													Inspection / Audit	0					
													Adverse Publicity / Reputation	0					
11													Patient Experience	0					
													Objectives / Project	0					
													Injury / Illness to patient / visitors / staff	0					
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													Adverse Publicity / Reputation	0					
12													Patient Experience	0					
													Objectives / Project	0					
													Injury / Illness to patient / visitors / staff	0					
													Complaints / Claims	0					
													Service / Business Interruption	0					
													Staffing and Competence	0					
													Financial	0					
													Inspection / Audit	0					
													Adverse Publicity / Reputation	0					

Workforce Action Plan 2022-2025

CORPORATE (NURSING)
Complaints

Impact	
1	Negligible
2	Minor
3	Moderate
4	Major
5	Extreme

Version DRAFT
Date Enter date (format dd/mm/yy)

Action Ref	Department	Anticipated Workforce Changes				Post Title	Band / Grade	Number required		Job Family (Select from drop down list)	Contract (Select from drop down list)	Risk of Non Delivery	Impact Areas / Categories	Score (Select Score)	Untreated Risk Level (1 - 5) (Select Level)	Action RAG Status (Select Status)	Notes / Commentary	Current Risk Level (Select Level)	WHO is responsible Lead Name
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													Objectives / Project	1					
													Injury / Illness to patient / visitors / staff	4					
													Complaints / Claims	3					
													Service / Business Interruption	2					
													Staffing and Competence	5					
													Financial	2					
													Inspection / Audit	3					
													Adverse Publicity / Reputation	4					
1	Patient Relations	Staff leaving post 11/07/2022	Skill Mix change	Recruitment	14/07/2022	Patient Relations Officer	Band 6	4	3.8	Admin Services & Managers	Permanent	Unable to maintain current service	Patient Experience	0	3	On Target	Job advert currently live	1	Amanda Crawford
													Objectives / Project	0					
													Injury / Illness to patient / visitors / staff	0					
													Complaints / Claims	0					
													Service / Business Interruption	0					
													Staffing and Competence	0					
													Financial	0					
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9													Objectives / Project	0					
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													Adverse Publicity / Reputation	0					
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													Objectives / Project	0					
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													Service / Business Interruption	0					
													Staffing and Competence	0					
													Financial	0					
													Inspection / Audit	0					
													Adverse Publicity / Reputation	0					

Workforce Action Plan 2022-2025

CORPORATE (NURSING)
Dept of Nursing

Version DRAFT
Date Enter date (format dd/mm/yy)

Impact	
1	Negligible
2	Minor
3	Moderate
4	Major
5	Extreme

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													Staffing and Competence	5					
													Financial	2					
													Inspection / Audit	3					
													Adverse Publicity / Reputation	4					
1	Care Assurance Team	Post has been funded through Covid Care Home money for last two years and the value of this post is now deemed essential due to number of staff requiring support and the essential work of the whole team.	Investment	Recruitment	31.Mach.23	Care Assurance Team Administrator	Band 4	1	0.8	Admin Services & Managers	Permanent	Unable to maintain current service	Patient Experience	0	4			4	
													Objectives / Project	0					
													Injury / Illness to patient / visitors / staff	0					
													Complaints / Claims	0					
													Service / Business Interruption	0					
													Staffing and Competence	0					
													Financial	0					
													Inspection / Audit	0					
													Adverse Publicity / Reputation	0					
2	Care Assurance Team	Post has been funded for the past 12 months with non recurring fund to support post COVID improvement work, this post has now proved essential, to continue this work and develop future improvement work.	Investment	Recruitment	31.March.23	Lead Nurse for Practice Development Unit	Band 7	1	1	Nursing / Midwifery	Permanent	Unable to maintain current service	Patient Experience	0	4			4	
													Objectives / Project	0					
													Injury / Illness to patient / visitors / staff	0					
													Complaints / Claims	0					
													Service / Business Interruption	0					
													Staffing and Competence	0					
													Financial	0					
													Inspection / Audit	0					
													Adverse Publicity / Reputation	0					
3	Care Assurance Team	Current Head of Nursing retiring March 2023	Maintain current Band Level	Development of exisiting staff	31.March.23	Head of Nursing	Band 8b	1	1	Nursing / Midwifery	Permanent	Unable to maintain current service	Patient Experience	0	3			3	
													Objectives / Project	0					
													Injury / Illness to patient / visitors / staff	0					
													Complaints / Claims	0					
													Service / Business Interruption	0					
													Staffing and Competence	0					
													Financial	0					
													Inspection / Audit	0					
													Adverse Publicity / Reputation	0					
4	Care Assurance Team	Care Home money to support COVID since 2020 was used to develop the Clinical Outreach Team, this team has proved invaluable in supporting Care Homes to care for their residents experiencing COVID and post COVID recovery support	Investment	Recruitment	31.March.23	Senior Charge Nurse, Deputy Charge Nuse, Staff Nurse, Health Care Support Workers	Band 7, 6, 5 and 2	6	6	Nursing / Midwifery	Permanent	Unable to maintain current service	Patient Experience	0	3			3	
													Objectives / Project	0					
													Injury / Illness to patient / visitors / staff	0					
													Complaints / Claims	0					
													Service / Business Interruption	0					
													Staffing and Competence	0					
													Financial	0					
													Inspection / Audit	0					
													Adverse Publicity / Reputation	0					
5	Care Assurance Team	Care Home Care Assurance Team were funded to support Care Homes, this team has proved invaluable in identifying areas of improvement, further education required and provide assurance to the executive nurse director in reguards to care of Care Home residents, the team have also developed relationships with 61 Care Homes withing NHS Forth Valley and will be integril to support the development of the national Care Service.	Investment	Recruitment	31.March.23	Senior Charge Nurse, Deputy Charge Nurse	Band 7 and 6	2	2	Nursing / Midwifery	Permanent	Unable to maintain current service	Patient Experience	0	4			4	
													Objectives / Project	0					
													Injury / Illness to patient / visitors / staff	0					
													Complaints / Claims	0					
													Service / Business Interruption	0					
													Staffing and Competence	0					
													Financial	0					
													Inspection / Audit	0					
													Adverse Publicity / Reputation	0					
6	Infection Prevention & Control Department	Band 7 Senior ICN due to retire between 2022 -2025	Investment / Staff Development	Recruitment	01/04/2023	Senior ICN	Band 7	1	1	Nursing / Midwifery	Permanent	Unable to maintain current service	Patient Experience	0	4	Delayed	Awaiting feedback from SICN on retirement date. Currently of long term sick following total hip replacement	3	
													Objectives / Project	0					
													Injury / Illness to patient / visitors / staff	0					
													Complaints / Claims	0					
													Service / Business Interruption	0					
													Staffing and Competence	0					
													Financial	0					
													Inspection / Audit	0					
													Adverse Publicity / Reputation	0					
7	Infection Prevention & Control Nursing	Band 6 Senior ICN due to retire between 2022 -2025	Investment / Staff Development	recruitment	01/04/2023	IPCN Specialist	Band 6	1	1	Nursing / Midwifery	Permanent	Unable to maintain current service	Patient Experience	0	4	Delayed	Awaiting feedback from SICN on retirement date	3	
													Objectives / Project	0					
													Injury / Illness to patient / visitors / staff	0					
													Complaints / Claims	0					
													Service / Business Interruption	0					
													Staffing and Competence	0					
													Financial	0					
													Inspection / Audit	0					
													Adverse Publicity / Reputation	0					
8	Infection Prevention & Control Department	Restructure of IPC team to meet 2022 HIS STANDARDS	Investment	recruitment development of existing staff	ongoing	IPCN Specialist	6	2	2	Nursing / Midwifery	Permanent	Unable to maintain current service	Patient Experience	0			GAP analysis to be undertaken mapping FV IPC current status against new Standards. Delayed due to ongoing pandemic demands. Long term sickness and vacancies within IPCT		
													Objectives / Project	0					
													Injury / Illness to patient / visitors / staff	0					
													Complaints / Claims	0					
													Service / Business Interruption	0					
													Staffing and Competence	0					
													Financial	0					
													Inspection / Audit	0					
													Adverse Publicity / Reputation	0					
													Patient Experience	0					

9	Infection Prevention & Control Department	Restructure of IPC team provide long term support to care homes to meet 2022 HIS STANDARDS	Investment	recruitment development of existing staff	ongoing	IPCN Specialist							Objectives / Project	0					
													Injury / Illness to patient / visitors / staff	0					
													Complaints / Claims	0					
													Service / Business Interruption	0					
													Staffing and Competence	0					
													Financial	0					
													Inspection / Audit	0					
													Adverse Publicity / Reputation	0					
10	Core Cancer and Palliative Care Team	Current Palliative Care Education Facilitator is employed permanently on 0.8WTE, but has been employed 1.0WTE on a temporary basis (using staff bank) > 12 months. Investment in P&EOLC education services were identified through the strategic review of P&EOLC services. Additional hours will enable: delivery of education in acute settings as well as community in Forth Valley; and support development of an integrated education team with Strathcarron Hospice. This is an important development in supporting the delivery of high quality palliative care, delivery of communication training, and to facilitate improved use of ReSPECT/ACP in practice.	Investment following completion of P&EOLC strategic review	Increase to hours of existing staff member	01-Oct-22	Palliative Care Education Facilitator	7	1	0.2	Nursing / Midwifery	Permanent	Unable to meet staff development needs	Patient Experience	0	**3**	**On Target**		**2**	Ashleigh Ward
													Objectives / Project	0					
													Injury / Illness to patient / visitors / staff	0					
													Complaints / Claims	0					
													Service / Business Interruption	0					
													Staffing and Competence	0					
													Financial	0					
													Inspection / Audit	0					
													Adverse Publicity / Reputation	0					
11	Core Cancer and Palliative Care Team	Current Bereavement Administrator is employed on temporary contract > 2 years, This temporary post was developed to support the development of a bereavement service as identified through the strategic review of P&EOLC services.	Investment following completion of P&EOLC strategic review	Recruitment	01-Oct-22	Bereavement Coordinators	2	1	0.5	Admin Services & Managers	Permanent	Unable to maintain current service	Patient Experience	0	**3**	**On Target**		**1**	Amanda Crawford/Ashleigh Ward
													Objectives / Project	0					
													Injury / Illness to patient / visitors / staff	0					
													Complaints / Claims	0					
													Service / Business Interruption	0					
													Staffing and Competence	0					
													Financial	0					
													Inspection / Audit	0					
													Adverse Publicity / Reputation	0					
12	Core Cancer and Palliative Care Team	Staff were employed on temporary basis during COVID pandemic to develop and establish demand for bereavement service. Demand for bereavement service has been established and has been identified as area of necessary development by P&EOLC strategic review. Bereavement coordinator posts are now required to maintain the bereavement service.	Investment following completion of P&EOLC strategic review	Recruitment	01-Oct-22	Bereavement Coordinators	Band 7 and 6	2	2	Personal And Social Care	Permanent	Unable to maintain current service	Patient Experience	0	**5**	**On Target**		**3**	Amanda Crawford/Ashleigh Ward
													Objectives / Project	0					
													Injury / Illness to patient / visitors / staff	0					
													Complaints / Claims	0					
													Service / Business Interruption	0					
													Staffing and Competence	0					
													Financial	0					
													Inspection / Audit	0					
													Adverse Publicity / Reputation	0					
13	Core Cancer and Palliative Care Team	Macmillan Healthcare Support Worker Team are currently employed on temporary contracts.	Investment	Recruitment	01-Oct-22	Healthcare Support Workers	Band 3	X	5.25	Nursing / Midwifery	Permanent	Unable to maintain current service			**5**	**On Target**	This team are currently employed on temporary contracts with NHS Forth Valley ending Sept 2022. Team may move to HSCPs.	**1**	Amanda Crawford/Ashleigh Ward

Workforce Action Plan 2022-2025

CORPORATE (NURSING)
Disability Services

Version DRAFT
Date Enter date (format dd/mm/yy)

Impact	
1	Negligible
2	Minor
3	Moderate
4	Major
5	Extreme

Action Ref	Department	Anticipated Workforce Changes				Post Title	Band / Grade	Number required		Job Family (Select from drop down list)	Contract (Select from drop down list)	Risk of Non Delivery	Impact Areas / Categories	Score (Select Score)	Untreated Risk Level (1 - 5) (Select Level)	Action RAG Status (Select Status)	Notes / Commentary	Current Risk Level (Select Level)	WHO is responsible Lead Name
		WHY is the change to staffing required	HOW will this change to staffing be achieved e.g. investment, Skill Mix change	WHERE will the resources/skills come from e.g. recruitment, development of existing staff	WHEN Timescales			Headcount	WTE										
Workforce Requirements:																			
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													Objectives / Project	1					
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													Staffing and Competence	5					
													Financial	2					
													Inspection / Audit	3					
													Adverse Publicity / Reputation	4					
1	Disability Equality and Access Service	Staff member due to retire end of August 2022	Skill mix change	Recruitment	Aug-22	Disability Advisor	8B		35	Nursing / Midwifery	Permanent	Unable to maintain current service	Patient Experience	0	4	Delayed	Post to be advertised and replacement employed.	3	Cathie Cowan
													Objectives / Project	0					
													Injury / Illness to patient / visitors / staff	0					
													Complaints / Claims	0					
													Service / Business Interruption	0					
													Staffing and Competence	0					
													Financial	0					
													Inspection / Audit	0					
													Adverse Publicity / Reputation	0					
2	Disability Equality and Access Service	Increased pressure due to change to other roles in service, staff retiring and also service needs changing over the last two years.	N/A	N/A	Aug-22	Disability Equality Advisor	6	1	37.5	Nursing / Midwifery	Permanent	Increased workload due to staff changes in service. Unsustainable working environment.	Patient Experience	0	1	Complete	Post holder in place. Will be better supported when re-evalued colleage post has been completed and workload can be more evenly shared.	1	Charlene Condeco
													Objectives / Project	0					
													Injury / Illness to patient / visitors / staff	0					
													Complaints / Claims	0					
													Service / Business Interruption	0					
													Staffing and Competence	0					
													Financial	0					
													Inspection / Audit	0					
													Adverse Publicity / Reputation	0					
3	Disability Equality and Access Service	Changes to service need and requirments of sensory impaired comunities, much highlighted over Covid period. Adaptaions to service provision and staff education continues to be a priority as we strive to meet both the requirements of the British Sign Language Act (Scotland) 2017 and the Equality Act 2010	Development of exisiting staff member, increased skill mix and investment in education and support	Development of existing staff to meet the needs of the service. Many changes have taken place over the last two years and staff have taken on more responsibility over that period, changes to interpretation and translation has been a high priority especially to the profoundly Deaf communities. To meet the needs of the service currently and to enable further staff development a review of the band 5 post is underway. It is expected that the changes incorporated will result in a band 6 post being identified, with the ammendments including a change to the role title to Disability Equality Advisor.	Aug/Sep	Disability Liaison Officer	5	1	37.5	Nursing / Midwifery	Permanent	Reduces ability of staff team in meeting the requirments of the service expectation	Patient Experience	0	3	On Target	Re-evaluation of post and role undertaken and paperwork submitted to Agenda for Change. Request to amend job title to Disability Equlality Advisor and expect post outcome to be a band 6 (still to be confirmed)	3	Charlene Condeco
													Objectives / Project	0					
													Injury / Illness to patient / visitors / staff	0					
													Complaints / Claims	0					
													Service / Business Interruption	0					
													Staffing and Competence	0					
													Financial	0					
													Inspection / Audit	0					
													Adverse Publicity / Reputation	0					
4	Disability Equality and Access Service	Addition anminstrative assistance required to meet service need and increased telephone support for interpretation and translation provision	Investment in existing staff member	Development of existing staff to meet the need of the service. As other staff in the service have adapted their roles to meet patient rerquirements a larger administration workload has been required. Also increased support for the wider orgaisation relating to the provision of interpretation and translation , increase in calls, provision of advice and alternative services has impacted on other duties. Large pieces of work are due to be commenced, patient satisfaction audits within Deaf Brithish Sign Language users, Minority Language users and those with a disability using health services, collation of results, undertaking tender processes all of which have a large administrative requirement. Therefore increase to hours is needed moving from 22.5 hours to 37.5 hours	July	Adminstrative Assistant	2	1	37.5	Nursing / Midwifery	Permanent	Longer waiting period for interpretation and transition calls. Limited administrative support for team.	Patient Experience	0	1	Complete	Hours of post re-evaluated in June 2022 with agreement to invrease hours from 22.5 to 37.5 to meet service need.	1	Charlene Condeco
													Objectives / Project	0					
													Injury / Illness to patient / visitors / staff	0					
													Complaints / Claims	0					
													Service / Business Interruption	0					
													Staffing and Competence	0					
													Financial	0					
													Inspection / Audit	0					
													Adverse Publicity / Reputation	0					
5													Patient Experience	0					
													Objectives / Project	0					
													Injury / Illness to patient / visitors / staff	0					
													Complaints / Claims	0					
													Service / Business Interruption	0					
													Staffing and Competence	0					
													Financial	0					
													Inspection / Audit	0					
													Adverse Publicity / Reputation	0					
6													Patient Experience	0					
													Objectives / Project	0					
													Injury / Illness to patient / visitors / staff	0					
													Complaints / Claims	0					
													Service / Business Interruption	0					
													Staffing and Competence	0					
													Financial	0					
													Inspection / Audit	0					
													Adverse Publicity / Reputation	0					
7													Patient Experience	0					
													Objectives / Project	0					
													Injury / Illness to patient / visitors / staff	0					
													Complaints / Claims	0					
													Service / Business Interruption	0					
													Staffing and Competence	0					
													Financial	0					
													Inspection / Audit	0					
													Adverse Publicity / Reputation	0					
8													Patient Experience	0					
													Objectives / Project	0					
													Injury / Illness to patient / visitors / staff	0					
													Complaints / Claims	0					
													Service / Business Interruption	0					
													Staffing and Competence	0					
													Financial	0					
													Inspection / Audit	0					
													Adverse Publicity / Reputation	0					
													Patient Experience	0					

9													Objectives / Project	0					
													Injury / Illness to patient / visitors / staff	0					
													Complaints / Claims	0					
													Service / Business Interruption	0					
													Staffing and Competence	0					
													Financial	0					
													Inspection / Audit	0					
													Adverse Publicity / Reputation	0					
10													Patient Experience	0					
													Objectives / Project	0					
													Injury / Illness to patient / visitors / staff	0					
													Complaints / Claims	0					
													Service / Business Interruption	0					
													Staffing and Competence	0					
													Financial	0					
													Inspection / Audit	0					
													Adverse Publicity / Reputation	0					
11													Patient Experience	0					
													Objectives / Project	0					
													Injury / Illness to patient / visitors / staff	0					
													Complaints / Claims	0					
													Service / Business Interruption	0					
													Staffing and Competence	0					
													Financial	0					
													Inspection / Audit	0					
													Adverse Publicity / Reputation	0					
12													Patient Experience	0					
													Objectives / Project	0					
													Injury / Illness to patient / visitors / staff	0					
													Complaints / Claims	0					
													Service / Business Interruption	0					
													Staffing and Competence	0					
													Financial	0					
													Inspection / Audit	0					
													Adverse Publicity / Reputation	0					

Notes on Completing the Action Plan
General Notes
The action plan should outline proposed actions to meet local projected short-term recovery and medi
Complete a new Action Ref for each action. If an action relates to more than one job family complete
Enter date plan completed in row 4
Action Plan Columns
Action Ref
Department
WHY is the change to staffing required
HOW will this change to staffing be achieved e.g. investment, Skill Mix change
WHERE will the resources/skills come from e.g. recruitment, development of existing staff
WHEN Timescales
Post Title
Band / Grade
Number required HC / WTE
Job Family
Contract
Risk of Non Delivery
Impact Areas / Categories
Score
Untreated Risk Level (1 - 5)
Action RAG Status
Notes / Commentary
Current Risk Level
WHO is responsible

um-term growth requirements.
a separate line for each job family.
Number
Free text box - enter the name of the department the workforce change applies to
Free text box
Free text box
Free text box
Free text box
Free text box
Free text box
Free text box
Select the appropriate Job Family from the drop down list
Select the appropriate Contract from the drop down list
Free text box
Select the appropriate Score from the drop down list (0-5)
Select the appropriate Level from the drop down list (1-5)
Select the appropriate Status from the drop down list (1-5)
Free text box
Select the appropriate Level from the drop down list (1-5)
Free text box - enter Lead Name

Workforce Action Plan 2022-2025

WOMEN & CHILDREN & SEXUAL HEALTH SERVICES
Paediatrics

Version 1.0
Date

Impact	
1	Negligible
2	Minor
3	Moderate
4	Major
5	Extreme

Action Ref	Department	Anticipated Workforce Changes				Post Title	Band / Grade	Number required		Job Family (Select from drop down list)	Contract (Select from drop down list)	Risk of Non Delivery	Impact Areas / Categories	Score (Select Score)	Untreated Risk Level (1 - 5) (Select Level)	Action RAG Status (Select Status)	Notes / Commentary	Current Risk Level (Select Level)	WHO is responsible Lead Name
		WHY is the change to staffing required	HOW will this change to staffing be achieved e.g. investment, Skill Mix change	WHERE will the resources/skills come from e.g. recruitment, development of existing staff	WHEN Timescales			Headcount	WTE										
Workforce Requirements:																			
1	Neonates	Staff retirement.	Replace like for like.	Recruitment	31/08/2022	Neonatal Staff Nurse	Band 6	1	1	Nursing / Midwifery	Permanent	Unable to maintain current service	Patient Experience	4	3	On Target		1	Karen Macfarlane
													Objectives / Project	1					
													Injury / Illness to patient / visitors / staff	1					
													Complaints / Claims	3					
													Service / Business Interruption	2					
													Staffing and Competence	3					
													Financial	1					
													Inspection / Audit	2					
													Adverse Publicity / Reputation	1					
2	Neonates	Current staff vacancies	Replace like for like.	Recruitment	ASAP	Neonatal Staff Nurse	Band 5	2	2	Nursing / Midwifery	Permanent	unable to maintain current service	Patient Experience	4	3	On Target		2	Karen Macfarlane
													Objectives / Project	1					
													Injury / Illness to patient / visitors / staff	1					
													Complaints / Claims	3					
													Service / Business Interruption	2					
													Staffing and Competence	3					
													Financial	1					
													Inspection / Audit	2					
													Adverse Publicity / Reputation	1					
3	Neonates	Staff vacancy	Replace like for like.	Recruitment - may be difficult due to the small number of trained staff across the country.	ASAP	Enhanced Neonatal Nurse Practitioner	Band 7	1	1	Nursing / Midwifery	Permanent	Unable to maintain current service	Patient Experience	4	3	On Target		2	Karen Macfarlane
													Objectives / Project	1					
													Injury / Illness to patient / visitors / staff	1					
													Complaints / Claims	3					
													Service / Business Interruption	2					
													Staffing and Competence	3					
													Financial	1					
													Inspection / Audit	2					
													Adverse Publicity / Reputation	1					
4	Neonates	Potential retirements	Replace like for like.	Recruitment	2023-2025	Neonatal Staff Nurses	Band 6	6	4.2	Nursing / Midwifery	Permanent	Unable to maintain current service	Patient Experience	4	3	On Target		2	Karen Macfarlane
													Objectives / Project	1					
													Injury / Illness to patient / visitors / staff	1					
													Complaints / Claims	3					
													Service / Business Interruption	2					
													Staffing and Competence	3					
													Financial	1					
													Inspection / Audit	2					
													Adverse Publicity / Reputation	1					
5	Neonates	Potential retirements	Replace like for like.	Recruitment	2023-2025	Neonatal Health Care Support Workers.	Band 2/3	2	1.8	Nursing / Midwifery (Unregistered)	Permanent	Unable to maintain current service	Patient Experience	4	3	On Target		2	Karen Macfarlane
													Objectives / Project	1					
													Injury / Illness to patient / visitors / staff	1					
													Complaints / Claims	3					
													Service / Business Interruption	2					
													Staffing and Competence	3					
													Financial	1					
													Inspection / Audit	2					
													Adverse Publicity / Reputation	1					
6	Neonates	Potential retirement	Replace like for like.	Recruitment	2023	Neonatal Nursery Nurse	Band 4	2	1.5	Nursing / Midwifery (Unregistered)	Permanent	Unable to maintain current service	Patient Experience	4	3	On Target		2	Karen Macfarlane
													Objectives / Project	1					
													Injury / Illness to patient / visitors / staff	1					
													Complaints / Claims	3					
													Service / Business Interruption	2					
													Staffing and Competence	3					
													Financial	1					
													Inspection / Audit	2					
													Adverse Publicity / Reputation	1					
7	Neonates	Potential retirements	Replace like for like.	Recruitment	2023-2024	Neonatal Staff Nurses	Band 5	2	1.3	Nursing / Midwifery	Permanent	unable to maintain current service	Patient Experience	4	2	On Target		2	Karen Macfarlane
													Objectives / Project	1					
													Injury / Illness to patient / visitors / staff	1					
													Complaints / Claims	3					
													Service / Business Interruption	2					
													Staffing and Competence	3					
													Financial	1					
													Inspection / Audit	2					
													Adverse Publicity / Reputation	1					
8	Children's Community Nursing Team/Paediatric Daycare UNit	Increased demand across the team and potential redeisgn of the service.	Requirement for scoping exercise due to potential service redesign including skill mix review	Business case will be required to suppport any additional posts identified from scoping exercise.	2022/2023	Staff Nurses	Band 5/6	3	3	Nursing / Midwifery	Permanent	Unable to deal with increased demand and longer waits	Patient Experience	4	2	On Target		2	Karen Macfarlane
													Objectives / Project	1					
													Injury / Illness to patient / visitors / staff	1					
													Complaints / Claims	3					
													Service / Business Interruption	2					
													Staffing and Competence	3					
													Financial	1					
													Inspection / Audit	2					
													Adverse Publicity / Reputation	1					
9	Children's Community Nursing Team/Paediatric Daycare Unit.	Advances/changes in treatment for Paediatric patients with Diabetes.	Requirement for scoping exercise due to this change in treatment. Recurring investment from Scottish Government.	Business case will be required to suppport any additional posts identified from scoping exercise.	2022/2023	Diabetes Staff Nurse	Band 6	2	2	Nursing / Midwifery	Permanent	unable to deal with increased demand and longer waits. Impact on service delivery	Patient Experience	4	2	On Target		2	Karen Macfarlane
													Objectives / Project	1					
													Injury / Illness to patient / visitors / staff	1					
													Complaints / Claims	3					
													Service / Business Interruption	2					
													Staffing and Competence	3					
													Financial	1					
													Inspection / Audit	2					
													Adverse Publicity / Reputation	1					
								2					Patient Experience	4					

10	Children's Community Nursing Team/Paediatric Daycare Unit.	Administration support required for whole team including Diabetes service.	Requirement for scoping exercise for any additional posts.	Recruitment.	2022/2023	Admin support	Band 2		1.5	Admin Services & Managers	Permanent	Clinical time being used to undertake administrative duties	Objectives / Project	1	2	On Target			2	Angela McGregor/ Karen Macfarlane
													Injury / Illness to patient / visitors / staff	1						
													Complaints / Claims	3						
													Service / Business Interruption	2						
													Staffing and Competence	3						
													Financial	1						
													Inspection / Audit	2						
													Adverse Publicity / Reputation	1						
11	Acute Paediatrics	Vacant post	Replace like for like	Recruitment - live advert out.	Jul-22	Staff Nurse	Band 5	1	1	Nursing/Midwifery	Permanent.	Unable to maintain current se	Patient Experience	4						
													Objectives / Project	1						
													Injury / Illness to patient / visitors / staff	1		On Target				
													Complaints / Claims	3	2				2	
													Service / Business Interruption	2						Karen Macfarlane
													Staffing and Competence	3						
													Financial	1						
													Inspection / Audit	2						
													Adverse Publicity / Reputation	1						
12	Children's Complex Care Team	Increased bank usage to cover this service.	Scoping exercise required to identify a	Business case required to support any additional pos	ASAP	Healthcare Suppor	Band 3	6	4.5	Nursing/MIdwifery	Permanent.		Patient Experience	4						
													Objectives / Project	1						
													Injury / Illness to patient / visitors / staff	1	3	On Target			2	Karen Macfarlane
													Complaints / Claims	3						
													Service / Business Interruption	2						
													Staffing and Competence	3						
													Financial	1						
													Inspection / Audit	2						
													Adverse Publicity / Reputation	1						
13	Acute Paediatrics.	Potential retirement.	Replace like for like	Recruitment	2023	Nursing Auxilliary	Band 2/3	2	1.7	Nursing / Midwifery (Unregistered)	Permanent		Patient Experience	4						
													Objectives / Project	1						
													Injury / Illness to patient / visitors / staff	1						
													Complaints / Claims	3						
													Service / Business Interruption	2	3	On Target			2	Karen Macfarlane
													Staffing and Competence	3						
													Financial	1						
													Inspection / Audit	2						
													Adverse Publicity / Reputation	1						
14	Acute Paediatricians	Potential retirement of three staff.	Replace like for like	Recruitment	2023	Consultant Paediatricians	Consultant	3	3	Medical And Dental	Permanent	Unable to maintain service delivery	Patient Experience	4						
													Objectives / Project	1						
													Injury / Illness to patient / visitors / staff	1						
													Complaints / Claims	3						
													Service / Business Interruption	2	3	On Target			2	Kristyna Bohmova
													Staffing and Competence	3						
													Financial	1						
													Inspection / Audit	2						
													Adverse Publicity / Reputation	1						
15	Community Paediatricians	Due to changes in NDD Pathway, increased demand for NDD assessments of children	Additional investment, review skill mix, improvement methodology to trial new pathways	Recruitment and development of existing staff e.g. Speech and Languag Therapists	2023	Community Paediatricians	Consultant	1	1	Medical And Dental	Permanent	Unable to maintain service delivery	Patient Experience	4						
													Objectives / Project	1						
													Injury / Illness to patient / visitors / staff	1						
													Complaints / Claims	3						
													Service / Business Interruption	2	3	On Target			2	Kristyna Bohmova
													Staffing and Competence	3						
													Financial	1						
													Inspection / Audit	2						
													Adverse Publicity / Reputation	1						
15	Community Paediatrics	Potential retirals	Like for Like replacement. Opportunity to review service delivery model	Recruitment and development of existing staff e.g. Advanced Nursing Roles within Community	2023	Community Paediatricians	Consultant	2	2	Medical And Dental	Permanent	Unable to maintain service delivery	Patient Experience	4						
													Objectives / Project	1						
													Injury / Illness to patient / visitors / staff	1						
													Complaints / Claims	3						
													Service / Business Interruption	2	3	On Target			2	Kristyna Bohmova
													Staffing and Competence	3						
													Financial	1						
													Inspection / Audit	2						
													Adverse Publicity / Reputation	1						

Workforce Action Plan 2022-2025

WOMEN & CHILDREN & SEXUAL HEALTH SERVICES
Obstetrics & Gynaecology

Version 1.0
Date 30/06/2022

Impact	
1	Negligible
2	Minor
3	Moderate
4	Major
5	Extreme

Action Ref	Department	Anticipated Workforce Changes				Post Title	Band / Grade	Number required		Job Family (Select from drop down list)	Contract (Select from drop down list)	Risk of Non Delivery	Impact Areas / Categories	Score (Select Score)	Untreated Risk Level (1 - 5) (Select Level)	Action RAG Status (Select Status)	Notes / Commentary	Current Risk Level (Select Level)	WHO is responsible Lead Name
		WHY is the change to staffing required	HOW will this change to staffing be achieved e.g. investment, Skill Mix change	WHERE will the resources/skills come from e.g. recruitment, development of existing staff	WHEN Timescales			Headcount	WTE										
Workforce Requirements:																			
Example	A&E Nursing	Staff due to retire between August and October	Skill Mix change	Recruitment	31-Dec-22	A&E Staff Nurse	Band 5	5	4.6	Nursing / Midwifery	Permanent	Unable to maintain current service	Patient Experience	4	3	On Target	Job advert currently live	1	Lee Anderson
													Objectives / Project	1					
													Injury / Illness to patient / visitors / staff	4					
													Complaints / Claims	3					
													Service / Business Interruption	2					
													Staffing and Competence	5					
													Financial	2					
													Inspection / Audit	3					
													Adverse Publicity / Reputation	4					
1	Maternity Ultrasound	Staff retirement	Replace like for like	Recruitment	Nov-22	Sonographer	Band 7	7	5.8	Allied Health Profession	Permanent	Negatively impact on Maternity services	Patient Experience	0	3	Delayed	0.4WTE short term contract to support. Additional sessions offered to staff. Employed 0.8WTE to support service from trasining budget as no predicted retirements.	1	H Marshall
													Objectives / Project	0					
													Injury / Illness to patient / visitors / staff	0					
													Complaints / Claims	0					
													Service / Business Interruption	0					
													Staffing and Competence	0					
													Financial	0					
													Inspection / Audit	0					
													Adverse Publicity / Reputation	0					
2	Maternity Assessment Centre (MAC)	Planned retirement	Replace like for like	Recruitment	Sep-22	Team Leader	Band 7	1	1	Nursing / Midwifery	Permanent	Negatively impact on delivery of maternity services	Patient Experience	0	3	On Target	Recruitment process as required. Risk of not recruiting, plan for scoping excercise of service	1	H Marshall
													Objectives / Project	0					
													Injury / Illness to patient / visitors / staff	0					
													Complaints / Claims	0					
													Service / Business Interruption	0					
													Staffing and Competence	0					
													Financial	0					
													Inspection / Audit	0					
													Adverse Publicity / Reputation	0					
3	Sexual Health Service	Current gaps within the service	service redesign	Recruitment	TBC	Consultant in Reproductive Health	Consultant	1	?1 JS to confirm	Medical And Dental	Permanent	Negatively impact on services	Patient Experience	0	3	On Target	Business case to be completed. Redesign current medical vacancy to convert to support the consultant post.	2	H Marshall
													Objectives / Project	0					
													Injury / Illness to patient / visitors / staff	0					
													Complaints / Claims	0					
													Service / Business Interruption	0					
													Staffing and Competence	0					
													Financial	0					
													Inspection / Audit	0					
													Adverse Publicity / Reputation	0					
4	Ward 6 Gyneocology & OPD	No anticipated change	N/A	N/A	N/A	Registered Nurse	05-Jun	16	12.44	Nursing / Midwifery	Permanent	N/a	Patient Experience	0	1	On Target	No current vacancies. Would be replaced dependant on the service needs	1	H Marshall
													Objectives / Project	0					
													Injury / Illness to patient / visitors / staff	0					
													Complaints / Claims	0					
													Service / Business Interruption	0					
													Staffing and Competence	0					
													Financial	0					
													Inspection / Audit	0					
													Adverse Publicity / Reputation	0					
5	Ward 8: Maternity	Potential retirement within the next 2 years and service redesign. Potentential moves to FNP/HV by staff	Replace like for like for retirement posts. Requirement for scoping exercise if unable to recruit	National Recruitment Process/Induction/preceptorship programme/Promote leadership programme for succession planning/support training & education for exisiting and new staff as part of their professional development	Jun-24	Midwife	Band 5/6	JS to confirm	JS to confirm	Nursing / Midwifery	Permanent	Negatively impact on Maternity services	Patient Experience	0	3	On Target	All vacancies will be reviewed and replaced on the servcie needs. Conderation for redsesign	1	Alison McBride
													Objectives / Project	0					
													Injury / Illness to patient / visitors / staff	0					
													Complaints / Claims	0					
													Service / Business Interruption	0					
													Staffing and Competence	0					
													Financial	0					
													Inspection / Audit	0					
													Adverse Publicity / Reputation	0					
6	Ward 7: Maternity	Potential retirement within the next 2 years and service redesign. Potential staff moves to FNP/HV	Replace like for like for retirement posts. Requirement for scoping exercise if unable to recruit	National Recruitment Process/Indcution/preceptorship programme/Promote leadership programme for succession planning/support training & education for exisiting and new staff as part of their professional development	Jun-24	Midwife	Band 6/7	JS to confirm	JS to confirm	Nursing / Midwifery	Permanent	Negatively impact on Maternity services	Patient Experience	0	3	On Target	All vacancies will be reviewed and replaced on the servcie needs. Consideration for redsesign	1	Alison McBride
													Objectives / Project	0					
													Injury / Illness to patient / visitors / staff	0					
													Complaints / Claims	0					
													Service / Business Interruption	0					
													Staffing and Competence	0					
													Financial	0					
													Inspection / Audit	0					
													Adverse Publicity / Reputation	0					
7	Team Midwifery	Current staff vacancies. potential moves to FNP/HV	Replace like for like for retirement posts. Requirement for scoping exercise if unable to recruit. Currently live adverts manily students applied and successful	National Recruitment Process/Indcution/preceptorship programme/Promote leadership programme for succession planning/support training & education for exisiting and new staff as part of their professional development	ASAP	Midwife	Band 5/6	JS to confirm	JS Confirm	Nursing / Midwifery	Permanent	Negatively impact on Maternity services	Patient Experience	0	3	On Target	Contiually live acdvert. Staff recruited are mainly Midwifery students. Therefore delayed start. Reveikweing service redsign to combat if any issues with the recruimnet process ie B4. Recent numbers increased for midwefiery students.	1	Alison McBride
													Objectives / Project	0					
													Injury / Illness to patient / visitors / staff	0					
													Complaints / Claims	0					
													Service / Business Interruption	0					
													Staffing and Competence	0					
													Financial	0					
													Inspection / Audit	0					
													Adverse Publicity / Reputation	0					
8	Nursing auxiliaries	no anticipated change	N/A	N/A	N/A							N/A	Patient Experience	0					H Marshall
													Objectives / Project	0					
													Injury / Illness to patient / visitors / staff	0					
													Complaints / Claims	0					
													Service / Business Interruption	0					
													Staffing and Competence	0					
													Financial	0					
													Inspection / Audit	0					
													Adverse Publicity / Reputation	0					
													Patient Experience	0					

9	The Meadows	No anticipated change	N/A	N/A	N/A								Objectives / Project	0					Val Arbuckle
													Injury / Illness to patient / visitors / staff	0					
													Complaints / Claims	0					
													Service / Business Interruption	0					
													Staffing and Competence	0					
													Financial	0					
													Inspection / Audit	0					
													Adverse Publicity / Reputation	0					
10	Willow Maternity Team	Potential future vacancy	Review inhouse recruitment for development opportunity	Training and education programme	TBC	Midwife	6	VA to confirm	VA to confirm	Nursing / Midwifery	Permanent	Negatively impact on maternity services within the vulnerable patient cohort	Patient Experience	0	3	On Target	Inhouse support	1	Val Arbuckle
													Objectives / Project	0					
													Injury / Illness to patient / visitors / staff	0					
													Complaints / Claims	0					
													Service / Business Interruption	0					
													Staffing and Competence	0					
													Financial	0					
													Inspection / Audit	0					
													Adverse Publicity / Reputation	0					
11	O&G Medics	Potential career break	Review services and adapt dependant on length of break and needs of the service. Replace like for like	Recruitment	TBC	Consultant O&G	Consultant			Medical And Dental	Fixed Term	Negatively impact on Maternity services	Patient Experience	0	3	On Target	Review in house support if unable to replace	1	H Marshall
													Objectives / Project	0					
													Injury / Illness to patient / visitors / staff	0					
													Complaints / Claims	0					
													Service / Business Interruption	0					
													Staffing and Competence	0					
													Financial	0					
													Inspection / Audit	0					
													Adverse Publicity / Reputation	0					
12													Patient Experience	0					
													Objectives / Project	0					
													Injury / Illness to patient / visitors / staff	0					
													Complaints / Claims	0					
													Service / Business Interruption	0					
													Staffing and Competence	0					
													Financial	0					
													Inspection / Audit	0					
													Adverse Publicity / Reputation	0					

Workforce Action Plan 2022-2025

WOMEN & CHILDREN & SEXUAL HEALTH SERVICES
Health Visiting & School Nursing

Version 1.0
Date 30/06/2022

Impact	
1	Negligible
2	Minor
3	Moderate
4	Major
5	Extreme

Action Ref	Department	Anticipated Workforce Changes				Post Title	Band / Grade	Number required		Job Family (Select from drop down list)	Contract (Select from drop down list)	Risk of Non Delivery	Impact Areas / Categories	Score (Select Score)	Untreated Risk Level (1 - 5) (Select Level)	Action RAG Status (Select Status)	Notes / Commentary	Current Risk Level (Select Level)	WHO is responsible Lead Name
		WHY is the change to staffing required	HOW will this change to staffing be achieved e.g. investment, Skill Mix change	WHERE will the resources/skills come from e.g. recruitment, development of existing staff	WHEN Timescales			Headcount	WTE										
Workforce Requirements:																			
Example	A&E Nursing	Staff due to retire between August and October	Skill Mix change	Recruitment	31-Dec-22	A&E Staff Nurse	Band 5	5	4.6	Nursing / Midwifery	Permanent	Unable to maintain current service	Patient Experience	4	3	On Target	Job advert currently live	1	Lee Anderson
													Objectives / Project	1					
													Injury / Illness to patient / visitors / staff	4					
													Complaints / Claims	3					
													Service / Business Interruption	2					
													Staffing and Competence	5					
													Financial	2					
													Inspection / Audit	3					
													Adverse Publicity / Reputation	4					
1	HV Band 3/4	No anticipated change	N/A	N/A	N/A	HV Support Staff	Band 3/4	N/A	N/A	Nursing / Midwifery (Unregistered)	Permanent	Negatively impact on service delivery	Patient Experience	0	3	On Target	No current issues	1	Julie Whitcombe
													Objectives / Project	0					
													Injury / Illness to patient / visitors / staff	0					
													Complaints / Claims	0					
													Service / Business Interruption	0					
													Staffing and Competence	0					
													Financial	0					
													Inspection / Audit	0					
													Adverse Publicity / Reputation	0					
2	Health Visitors B7	Predicted & planned retirements/Current vacancies/LTS, Maternity Leave	Unable to consider skill mix change due to SG directive regarding the Health Visitor Role	National Recruitment Process/Facilitate annual student recruitment programme/Promote preceptorship programme/Promote leadership programme for succession planning/support training & education for exisiting and new staff as part of their professional development	01/09/2022 onwards	Helath Visitor	Band 7	103	89	Nursing / Midwifery	Permanent	Unable to maintain current service, reputational damage to the organisation	Patient Experience	0	4	On Target	On targert with recruitment of trainees. However ongoing challenges with current LTS and recruitment to fixed term contracts for maternity leave. This includes replacing permanent like for like vacancies, for effective skill mix.	3	Lorna Hood
													Objectives / Project	0					
													Injury / Illness to patient / visitors / staff	0					
													Complaints / Claims	0					
													Service / Business Interruption	0					
													Staffing and Competence	0					
													Financial	0					
													Inspection / Audit	0					
													Adverse Publicity / Reputation	0					
3	Family Nurse Practitioners (FNP) B7	SG directive to extend eligiblity criteria to age 21years and 24years for care experienced young people. Scoping underway to establish plan for expansion of service.	Investment from the SG on a recurring basis.(TBC)	National Recruitment Process/Promote preceptorship programme/Promote leadership programme for succession planning/support training & education for exisiting and new staff as part of their professional development	From Sept 2022	FNP	Band 7	10	10	Nursing / Midwifery	Permanent	Unable to implement change to age eligibility of the programme in line with SG directive	Patient Experience	0	3	On Target	Scoping exercise underway and meeting with SG arranged to discuss and confirm funding	1	Lorna Hood
													Objectives / Project	0					
													Injury / Illness to patient / visitors / staff	0					
													Complaints / Claims	0					
													Service / Business Interruption	0					
													Staffing and Competence	0					
													Financial	0					
													Inspection / Audit	0					
													Adverse Publicity / Reputation	0					
4	School Nursing (SN) B6	Service redesign	Investment from the SG on a recurring basis. Replace like for like for potential retirements	National Recruitment Process/Promote preceptorship programme/Promote leadership programme for succession planning/support training & education for exisiting and new staff as part of their professional development	Sep-23	SN	Band 6	21	21	Nursing / Midwifery	Permanent	Negatively impact on service delivery and the implementation of the school nursing pathway	Patient Experience	0	4	On Target	9 students expected to complete the programme in Septemebr 2022. Further students completion in January 2023 & September 2023	1	Lorna Hood
													Objectives / Project	0					
													Injury / Illness to patient / visitors / staff	0					
													Complaints / Claims	0					
													Service / Business Interruption	0					
													Staffing and Competence	0					
													Financial	0					
													Inspection / Audit	0					
													Adverse Publicity / Reputation	0					
5	School Nursing Support Worker B4	No anticipated change	N/A	N/A	N/A	SN Support	Band 4	2	2	Nursing / Midwifery (Unregistered)	Permanent	N/A	Patient Experience	0	1	Complete	No anticpated change	1	Simon Dix
													Objectives / Project	0					
													Injury / Illness to patient / visitors / staff	0					
													Complaints / Claims	0					
													Service / Business Interruption	0					
													Staffing and Competence	0					
													Financial	0					
													Inspection / Audit	0					
													Adverse Publicity / Reputation	0					
6	FNP: Admin Band 4	No anticipated change	N/A	N/A	N/A	Business Support	Band 4	2	2	Admin Services & Managers	Permanent	N/A	Patient Experience	0	1	Complete	No anticpated change	1	MA Williamson
													Objectives / Project	0					
													Injury / Illness to patient / visitors / staff	0					
													Complaints / Claims	0					
													Service / Business Interruption	0					
													Staffing and Competence	0					
													Financial	0					
													Inspection / Audit	0					
													Adverse Publicity / Reputation	0					
7	FNP: Admin Band 2	No anticipated change	N/A	N/A	N/A	Office Service Support	Band 2	2	1	Admin Services & Managers	Permanent	N/A	Patient Experience	0	1	Complete	No anticpated change	1	Joan Gracie
													Objectives / Project	0					
													Injury / Illness to patient / visitors / staff	0					
													Complaints / Claims	0					
													Service / Business Interruption	0					
													Staffing and Competence	0					
													Financial	0					
													Inspection / Audit	0					
													Adverse Publicity / Reputation	0					
8	Child Protection Service	Potential retirement within the next 2 years and service redesign	Replace like for like for retirement posts. Requirement for scoping exercise due to predicted service change	Recruitment for exisiting posts. Requirement for a business case to support any additional posts identified from the scoping excercise. Promote leadership programme, learning & education for new and existing staff to ensure ongoing devlopment & succession planning.	Jun-24	Child Protection Nurse Advisor	Band 7	4	4	Nursing / Midwifery	Permanent	Negatively impact on service delivery	Patient Experience	0	3	On Target	Unable to predict staffing requirement until scoping excercise complete. Revised service change commenced June 2022 and currently being audited to evidence workforce requirements	1	Lorna Hood
													Objectives / Project	0					
													Injury / Illness to patient / visitors / staff	0					
													Complaints / Claims	0					
													Service / Business Interruption	0					
													Staffing and Competence	0					
													Financial	0					
													Inspection / Audit	0					
													Adverse Publicity / Reputation	0					
													Patient Experience	0					

9	Universal Children Services: Management	Potential retirement within the next 2 years and vacancies	Replace like for like for retirement and vacancies	Recruitment for exisiting posts and retirement.	Jun-24	Department Manager	Band 8a	4	4	Nursing / Midwifery	Permanent	Negatively impact on service delivery	Objectives / Project	0	3	On Target	recruitment process as required	1	Lorna Hood
													Injury / Illness to patient / visitors / staff	0					
													Complaints / Claims	0					
													Service / Business Interruption	0					
													Staffing and Competence	0					
													Financial	0					
													Inspection / Audit	0					
													Adverse Publicity / Reputation	0					
10	School Nursing (SN) B7	Potential retirement within the next 2 years and 1 vacancy	Replace like for like for retirement and vacancies	Recruitment for exisiting posts and retirement.	Jun-24	Team Leader	Band 7	2	2	Nursing / Midwifery	Permanent	Negatively impact on service delivery		0	3	On Target	recruitment process as required	1	Simon Dix
													Objectives / Project	0					
													Injury / Illness to patient / visitors / staff	0					
													Complaints / Claims	0					
													Service / Business Interruption	0					
													Staffing and Competence	0					
													Financial	0					
													Inspection / Audit	0					
													Adverse Publicity / Reputation	0					
11	Health Visitor Team Leaders	LTS,Potential maternity leave within the next 2 years and vacancies	National Recruitment Process/Facilitate annual student recruitment programme/Promote preceptorship programme/Promote leadership programme for succession planning/support training & education for exisiting and new staff as part of their professional development										Patient Experience	0					
													Objectives / Project	0					
													Injury / Illness to patient / visitors / staff	0					
													Complaints / Claims	0					
													Service / Business Interruption	0					
													Staffing and Competence	0					
													Financial	0					
													Inspection / Audit	0					
													Adverse Publicity / Reputation	0					
12													Patient Experience	0					
													Objectives / Project	0					
													Injury / Illness to patient / visitors / staff	0					
													Complaints / Claims	0					
													Service / Business Interruption	0					
													Staffing and Competence	0					
													Financial	0					
													Inspection / Audit	0					
													Adverse Publicity / Reputation	0					

Workforce Action Plan 2022-2025

WOMEN & CHILDREN & SEXUAL HEALTH SERVICES
CAMHS

Version 1.0
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		WHY is the change to staffing required	HOW will this change to staffing be achieved e.g. investment, Skill Mix change	WHERE will the resources/skills come from e.g. recruitment, development of existing staff	WHEN Timescales			Headcount	WTE										
Workforce Requirements:																			
1	CAMHS- Psychological Therapies	Backfill for vacancies and maternity leave and to support increased group work	Skill mix change	Recruitment	31-Aug-22	Psychology Assistant	Band 4	4	4	Other Therapeutic	Fixed Term	Unable to maximise service capacity. This workforce supports the work of qualified staff and deliver specified psychological assessments and interventions	Patient Experience	4	4	On Target	Candidates identified. and onboarding commenced - pre-employment checks stage	1	Sharon Horne-Jenkins
													Objectives / Project	3					
													Injury / Illness to patient / visitors / staff	0					
													Complaints / Claims	3					
													Service / Business Interruption	3					
													Staffing and Competence	3					
													Financial	0					
													Inspection / Audit	3					
													Adverse Publicity / Reputation	2					
2	CAMHS-Psychological Therapies	Increased service demand locally and nationally for psychological therapies, and increased competition for qualified staff	Investment by Scottish Government (new monies). Recruitment to band 8a only for newly qualified staff	Recruitment	31.12.22	Cinical Psychologist	8a	5	4	Other Therapeutic	Permanent	Reduction in service delivery & difficulties acheiving national (LDP, CAMHS spoecification) standards and improvement plans	Patient Experience	4	4	On Target	Active recruitment currently	3	Sharon Horne-Jenkins
													Objectives / Project	3					
													Injury / Illness to patient / visitors / staff	0					
													Complaints / Claims	3					
													Service / Business Interruption	3					
													Staffing and Competence	3					
													Financial	0					
													Inspection / Audit	3					
													Adverse Publicity / Reputation	2					
3	CAMHS-Psychological Therapies	Additional capacity needed for senior specialist roles to support staff training, clinical supervision and improvement work	Increased hours/sessions (6 sessions) from core/establishment budget	Recruitment	31.12.22	Clinical Psychologist	8b		2	Other Therapeutic	Permanent	Reduction in service delivery & difficulties acheiving national (LDP, CAMHS spoecification)	Patient Experience	4	3	On Target	Active recruitment currently	3	Sharon Horne-Jenkins
													Objectives / Project	3					
4	CAMHS-Psychological Therapies	Additional management capacity needed to support training, clinical supervision, line management, improvement work, service related activity & clinical governance	Increased hours/sessions (2 sessions) from core/establishment budget	Recruitment	31.10.22	Consultant Clinical Psychologist	8c	2	2	Other Therapeutic	Permanent	Reduction in service delivery & difficulties acheiving national (LDP, CAMHS spoecification) standards and improvement plans	Patient Experience	4	4	On Target	Candidates identified, onboarding - pre-emplyment checks stage	1	Sharon Horne-Jenkins
													Objectives / Project	3					
													Injury / Illness to patient / visitors / staff	0					
													Complaints / Claims	3					
													Service / Business Interruption	3					
													Staffing and Competence	3					
													Financial	0					
													Inspection / Audit	3					
													Adverse Publicity / Reputation	2					
5	CAMHS-Psychological Therapies	Increased specialist capacity for Learning Disability psychological services needed to support core service, training and supervision requirements the delivery of national CAMHS specification	National shortage of Learning Disability CAMHS staff. Post redesigned from a Clinical Psychologist to a Psychological Practitioner with specified modality training to increase chance of recruitment	Recruitment	31.12.22	Psychological Therapist (PBS)	7	1	0.8	Other Therapeutic	Permanent	Reduction in service delivery & difficulties acheiving national (LDP, CAMHS spoecification) standards and improvement plans	Patient Experience	4	4	On Target	Live recruitment currrently	3	Sharon Horne-Jenkins
													Objectives / Project	3					
													Injury / Illness to patient / visitors / staff	0					
													Complaints / Claims	3					
													Service / Business Interruption	3					
													Staffing and Competence	3					
													Financial	0					
													Inspection / Audit	3					
													Adverse Publicity / Reputation	2					
6	CAMHS-Psychological Therapies	No change to staffing. Vacancies in current core establishment in CAMHS	Service redesing, post redesign, job planning	Recruitment	31.12.22	CAAP	7	4	4	Other Therapeutic	Permanent	Reduction in service delivery & difficulties acheiving national (LDP, CAMHS spoecification) standards and improvement plans	Patient Experience	4	4	On Target	Live recruitment currrently	3	Sharon Horne-Jenkins
													Objectives / Project	3					
													Injury / Illness to patient / visitors / staff	0					
													Complaints / Claims	3					
													Service / Business Interruption	3					
													Staffing and Competence	3					
													Financial	0					
													Inspection / Audit	3					
													Adverse Publicity / Reputation	2					
7	CAMHS-Psychological Therapies	Increased service demand locally and nationally for psychological therapies, and increased competition for qualified staff making the B7 Psychologist role obselete	Investment by Scottish Government (new monies). Recruitment to band 8a only for newly qualified staff	Recruitment	31.12.22	Cinical Psychologist	8a	5	4	Other Therapeutic	Permanent	Reduction in service delivery & difficulties acheiving national (LDP, CAMHS spoecification) standards and improvement plans	Patient Experience	4	4	On Target	Active recruitment currently. Financial shortfall managed via R&R funding	3	Sharon Horne-Jenkins
													Objectives / Project	3					
													Injury / Illness to patient / visitors / staff	0					
													Complaints / Claims	3					
													Service / Business Interruption	3					
													Staffing and Competence	3					
													Financial	1					
													Inspection / Audit	3					
													Adverse Publicity / Reputation	2					
8	CAMHS-Child Neuro Psychology	Increased service demand for highly specialist neuropychological assessment, as well as training and supervision of qualified staff	Investment by Scottish Government (new monies)	Recruitment	31.12.22	Clinical Psychologist	8b	1	0.5	Other Therapeutic	Permanent	Reduction in service delivery & difficulties acheiving national (LDP, CAMHS spoecification) standards and improvement plans	Patient Experience	4	4	On Target	Preferred candidate on maternity leave	1	Sharon Horne-Jenkins
													Objectives / Project	3					
													Injury / Illness to patient / visitors / staff	0					
													Complaints / Claims	3					
													Service / Business Interruption	3					
													Staffing and Competence	3					
													Financial	0					
													Inspection / Audit	3					
													Adverse Publicity / Reputation	2					
9	CAMHS-Psychological Therapies	Increased service demand for specialist systemic therapy, as well as training and mentoring of CAMHS staff	Investment by Scottish Government (new monies)	Recruitment	31.12.22	Systemic Therapist	7	1	1	Other Therapeutic	Permanent	Reduction in service delivery & difficulties acheiving national (LDP, CAMHS spoecification) standards and improvement plans	Patient Experience	4	4	On Target	Recruitment process on-going. Suitable JD and PS for matching	2	Sharon Horne-Jenkins
													Objectives / Project	3					
													Injury / Illness to patient / visitors / staff	0					
													Complaints / Claims	3					
													Service / Business Interruption	3					
													Staffing and Competence	3					
													Financial	0					
													Inspection / Audit	3					
													Adverse Publicity / Reputation	2					
10	CAMHS-Psychological Therapies	Alignment with CAMHS Service Specification including extention of age range for protected groups to 25 years	Investment by Scottish Government (new monies)	Development of existing staff, existing posts and recruitment	31-Dec-22	MDT POSTS	Various	14	14	Other Therapeutic	Permanent	LDP standards, persormance targets and CAMHS local improvement plan	Patient Experience	4	4	On Target	Difficulties in identiying appropriate cadidates, workforce plans consistently reviewed, national difficulites with recruiting experienced staff in all disciplines	3	Brian McAuley
													Objectives / Project	3					
													Injury / Illness to patient / visitors / staff	2					
													Complaints / Claims	2					
													Service / Business Interruption	3					
													Staffing and Competence	3					
													Financial	1					

													Inspection / Audit	1					
													Adverse Publicity / Reputation	3					
11	CAMHS	Training and Development of current staff group to ensure safe delivery of Psychological Therapies Matrix and provision of evidence based practice	Investment, time away from direct clincial work, strategic workforce and development plan, inhouse CPD, Training needs anaylsis work, Advanced Practice roles, extended roles within the CAPA Framework, Advanced Roles for CAPS, particiaption in the National Enhance Psychologial Practitioner Pilot	Development of existing staff, existing posts and recruitment	31-Dec-22	MDT POSTS	Various			Other Therapeutic	Permanent	LDP standards, performance targets and CAMHS local improvement plan	Patient Experience	1	2	On Target	numerous staff on different courses for therapeutic interventions, coherenct plan for the next 12 months	1	Brian McAuley
													Objectives / Project	2					
													Injury / Illness to patient / visitors / staff	1					
													Complaints / Claims	1					
													Service / Business Interruption	2					
													Staffing and Competence	1					
													Financial	1					
													Inspection / Audit	2					
													Adverse Publicity / Reputation	1					
12	CAMHS Nursing	Review and change to the provision of Intensive CAMH Services across FV HB	shift pattern being reviewed and Test of change underway extending the working day (Monday and Friday only) Improvement methodology will be utilised to establish next steps	Development of exisitng staff	immediate effect	MH Nursing	7	2	2	Nursing / Midwifery	Permanent	Reduction in service delivery & difficulties acheiving national (LDP, CAMHS spoecification) standards and improvement plans	Patient Experience	3	2	On Target	New test of change with immediate effect, which will influence future service delivery	1	Lesley Dunabie
													Objectives / Project	3					
													Injury / Illness to patient / visitors / staff	1					
													Complaints / Claims	2					
													Service / Business Interruption	2					
													Staffing and Competence	1					
													Financial	0					
													Inspection / Audit	1					
													Adverse Publicity / Reputation	1					
13	CAMHS Psychiatry	National shortage of Consultant Child and Adolescent Psychiatrists	Additional investment has been identified to go over establishment to support maternity leave etc. Unable to consider skill mix change	Recruitment	31.12.22	Child & Adolescent Psychiatrists	Consultant	4.5	1.1	Other Therapeutic	Permanent	Difficulties acheiving national LDP, CAMHS spoecification standards. Increase in inpatient care	Patient Experience	4	4	Delayed	Recent post advertised x 2 with no candidates applying.	3	Jacqueline Sproule
													Objectives / Project	3					
													Injury / Illness to patient / visitors / staff	1					
													Complaints / Claims	3					
													Service / Business Interruption	3					
													Staffing and Competence	3					
													Financial	1					
													Inspection / Audit	3					
													Adverse Publicity / Reputation	2					
14	CAMHS Psychological Therapies	Increased demand for non-verbal psychological therapies in accordance with the Matrix for Psychological Therapies review	Skill mix change	Recruitment	31.12.22	Art Therapies - various	7	2	1	Other Therapeutic	Permanent	Reduced access to psychological therapies & poor matched care	Patient Experience	4	4	On Target	Workforce plan in development	2	Sharon Horne-Jenkins
													Objectives / Project	3					
													Injury / Illness to patient / visitors / staff	0					
													Complaints / Claims	3					
													Service / Business Interruption	3					
													Staffing and Competence	3					
													Financial	0					
													Inspection / Audit	3					
													Adverse Publicity / Reputation	2					
15	CAMHS Nursing	Compliance with Scottish Gov, Transforming nursing roles ensuring nurses are adequately skilled in areas such as non medical prescribing	investments in training, development and skill sets	recruitment and the development of existing staff	31-Mar-23	Nursing	Band 6 and Band 7	2	2	Nursing / Midwifery (Unregistered)	Permanent	Internal clinicial waiting lists will occur which will impact on the throughput of patients through the service negatively impacting on external waiting times	Patient Experience	1	3	On Target	Workforce plan in development	2	Lesley Dunabie
													Objectives / Project	1					
													Injury / Illness to patient / visitors / staff	1					
													Complaints / Claims	1					
													Service / Business Interruption	2					
													Staffing and Competence	1					
													Financial	1					
													Inspection / Audit	1					
													Adverse Publicity / Reputation	1					
16	CAMHS	Requirement to deliver national CAMHS spcecification - paediatic liasion	Investment from Scottish Government - new regional monies	Recruitment	31.03.22	Various	Various			Other Therapeutic	Permanent	Reduction in service delivery & difficulties acheiving national (LDP, CAMHS spoecification) standards and improvement plans. Poor matched care	Patient Experience	4	4	On Target	Workforce plan in development	3	Brian McAuley
													Objectives / Project	3					
													Injury / Illness to patient / visitors / staff	0					
													Complaints / Claims	3					
													Service / Business Interruption	3					
													Staffing and Competence	3					
													Financial	0					
													Inspection / Audit	3					
													Adverse Publicity / Reputation	2					
17	CAMHS	Requirement to deliver national CAMHS specification - forensic mental health services for children	Investment from Scottish Givernement - new regional monies	Recruitment	31.03.22	Various					Permanent	Reduction in service delivery & difficulties acheiving national (LDP, CAMHS spoecification) standards and improvement plans. Poor matched care	Patient Experience	4	4	On Target	Workforce plan in development	3	Brian <cAuley
													Objectives / Project	3					
													Injury / Illness to patient / visitors / staff	0					
													Complaints / Claims	3					
													Service / Business Interruption	3					
													Staffing and Competence	3					
													Financial	0					
													Inspection / Audit	3					
													Adverse Publicity / Reputation	2					
18	CAMHS Nursing	Requirement to review nursing workforce in line with the Scot Gov Transforming Nursing Roles policy	In line with HR and senior management team/senior nursing, roles and responsibilities required for service development will be considered, planned and implemented	Recruitment, development of existing staff, development of the service provision	31-Mar-23	Nursing	Band 6 and Band 7		3	Nursing / Midwifery	Permanent	non adherence to the national drivers for nursing developments which will leave FV HB out of sync with other health boards making our posts less attractive	Patient Experience	1	3	On Target	Workforce plan in development with senior mental health nursing and HOS	2	Lesley Dunabie
													Objectives / Project	3					
													Injury / Illness to patient / visitors / staff	1					
													Complaints / Claims	1					
													Service / Business Interruption	3					
													Staffing and Competence	3					
													Financial	1					
													Inspection / Audit	2					
													Adverse Publicity / Reputation	2					
19	CAMHS	Requirement to deliver national CAMHS specification - increasing age range for protected characteristics	Investment from Scottish Government national funding	Recruitment and the development of exisitng staff, consideration of split posts between adult mental health and CAMHS	31-Mar-24	Nursing Psychiatry Psychology	all banding		3	Nursing / Midwifery	Permanent	Unable to adhere to the standards set out in the CAMHS specification document	Patient Experience	1	3	On Target	Workforce development, in house training and development, interagency working	2	Brian McAuley
													Objectives / Project	1					
													Injury / Illness to patient / visitors / staff	1					
													Complaints / Claims	1					
													Service / Business Interruption	2					
													Staffing and Competence	2					
													Financial	1					
													Inspection / Audit	2					
													Adverse Publicity / Reputation	1					
20	CAMHS Nursing	Due to additional specialist therapeutic training mental health nurses are being trained in psychological therapies and moving to Psychological practitioner posts. This is leaving a gap for experienced mental health nurses, particularly for non medical prescribers.	skill mix	Recruitment and the development of exisitng staff, consideration of case load and complexity of patient groups	31-Mar-24	Nursing	all banding		1	Nursing / Midwifery	Permanent	Reduction in core CAMHS staff group	Patient Experience	3	3	On Target	Long term planning, redesign of posts to work across disciplines to mitigate this risk	3	Lesley Dunabie
													Objectives / Project	3					
													Injury / Illness to patient / visitors / staff	1					
													Complaints / Claims	2					
													Service / Business Interruption	3					
													Staffing and Competence	3					
													Financial	2					
													Inspection / Audit	2					
													Adverse Publicity / Reputation	3					
21	CAMHS Nursing	Retiral of potentially three experienced nurses in the next three years	skill mix	Recruitment and the development of exisitng staff, opportunities to develop group work skills and management / leadership skills	31-Mar-25	Nursing	Band 6-8a	3	2.6	Nursing / Midwifery	Permanent	Reduction in core CAMHS staff group / leadership / management / group work provision	Patient Experience	3	3	On Target	Long term planning, shadowing, skills development, leadership and management opportunities	2	Lesley Dunabie
													Objectives / Project	3					
													Injury / Illness to patient / visitors / staff	1					
													Complaints / Claims	2					
													Service / Business Interruption	4					
													Staffing and Competence	3					
													Financial	2					
													Inspection / Audit	2					
													Adverse Publicity / Reputation	3					

Workforce Action Plan 2022-2025

WOMEN & CHILDREN & SEXUAL HEALTH SERVICES
AHP (Children's Services)

Version 1.0
Date 30/06/2022

Impact	
1	Negligible
2	Minor
3	Moderate
4	Major
5	Extreme

Action Ref	Department	Anticipated Workforce Changes				Post Title	Band / Grade	Number required		Job Family (Select from drop down list)	Contract (Select from drop down list)	Risk of Non Delivery	Impact Areas / Categories	Score (Select Score)	Untreated Risk Level (1 - 5) (Select Level)	Action RAG Status (Select Status)	Notes / Commentary	Current Risk Level (Select Level)	WHO is responsible Lead Name
		WHY is the change to staffing required	HOW will this change to staffing be achieved e.g. investment, Skill Mix change	WHERE will the resources/skills come from e.g. recruitment, development of existing staff	WHEN Timescales			Headcount	WTE										
Workforce Requirements:																			
Example		Staff due to retire between August and October	Skill Mix change	Recruitment	31-Dec-22	A&E Staff Nurse	Band 5	5	4.6	Nursing / Midwifery	Permanent	Unable to maintain current service	Patient Experience	4	3	On Target	Job advert currently live	1	Lee Anderson
													Objectives / Project	1					
													Injury / Illness to patient / visitors / staff	4					
													Complaints / Claims	3					
													Service / Business Interruption	2					
													Staffing and Competence	5					
													Financial	2					
													Inspection / Audit	3					
													Adverse Publicity / Reputation	4					
1	SLT Band 3	2 staff have handed in notice/reduced hours (1.6 wte)	N/A	N/A	N/A	SLT support worker	3	2.1		Allied Health Profession	Permanent	Impact on clinical capacity	Patient Experience	0	3	On Target	Recruitment process being completed	1	Maureen Santosh
													Objectives / Project	0					
													Injury / Illness to patient / visitors / staff	0					
													Complaints / Claims	0					
													Service / Business Interruption	3					
													Staffing and Competence	0					
													Financial	0					
													Inspection / Audit	0					
													Adverse Publicity / Reputation	0					
2	SLT Band 4	2 staff approaching retirement age in next 2 -3 years	Direct replacement	Recruitment	Spet 2023	SLT Clinical Support Worker	4	3	2.5	Allied Health Profession	Permanent	Impact on qualified staff workload	Patient Experience	0	3	On Target	Forward planning in place	1	Louisa McGuire
													Objectives / Project	0					
													Injury / Illness to patient / visitors / staff	0					
													Complaints / Claims	0					
													Service / Business Interruption	0					
													Staffing and Competence	2					
													Financial	0					
													Inspection / Audit	0					
													Adverse Publicity / Reputation	0					
3	SLT Band 5	Currently 2.0 wte vacancies. Also furtherl 1.4 staff for new posts to support CAMHs and NDD pathway	Direct replacement	Recruitment	31-Jul-22	SLT	5	12	8.6	Allied Health Profession	Permanent	Impact on clinical capacity	Patient Experience	0	3	Complete	Recruitment completed	1	Louisa McGuire
													Objectives / Project	0					
													Injury / Illness to patient / visitors / staff	0					
													Complaints / Claims	0					
													Service / Business Interruption	3					
													Staffing and Competence	0					
													Financial	0					
													Inspection / Audit	0					
													Adverse Publicity / Reputation	0					
4	SLT Band 6	Currently 1.2 vacanciy	Direct replacement	Recruitment	31-Aug-22	Specialist SLT	6	13.1	18	Allied Health Profession	Permanent	Impact on clinical activity	Patient Experience	0	3	On Target	recruitment underway	2	Louisa McGuire
													Objectives / Project	0					
													Injury / Illness to patient / visitors / staff	0					
													Complaints / Claims	0					
													Service / Business Interruption	0					
													Staffing and Competence	3					
													Financial	0					
													Inspection / Audit	0					
													Adverse Publicity / Reputation	0					
5	SLT Band 6	Backfill for temporary external contract	Skill mix from Bd 6 to Bd 4	Recruitment	31-Aug-22	Clinical Support Worker	4	1	0.6	Allied Health Profession	Fixed Term	Unable to fulfill contract	Patient Experience	0	2	On Target	Recruitment request submitted	1	Louisa McGuire
													Objectives / Project	3					
													Injury / Illness to patient / visitors / staff	0					
													Complaints / Claims	0					
													Service / Business Interruption	0					
													Staffing and Competence	0					
													Financial	0					
													Inspection / Audit	0					
													Adverse Publicity / Reputation	0					
6	SLT Band 7	Additional/new posts for CAMHS including support for NDD pathway	Some staff will undertake or additional hours	Recruitment	31/9/22	Advanced SLT	7	19	13.9	Allied Health Profession	Permanent	Unable to meet national requirement around CAMHs delivery	Patient Experience	0	3	On Target	Recruitment request submitted	2	Louisa McGuire/Morag MacKellar
													Objectives / Project	0					
													Injury / Illness to patient / visitors / staff	0					
													Complaints / Claims	0					
													Service / Business Interruption	0					
													Staffing and Competence	3					
													Financial	0					
													Inspection / Audit	0					
													Adverse Publicity / Reputation	0					
7	SLT Band 7	0.6 for extternal contract until 31 June 2023	Internal recruitment and back fill with and 6	Recruitmen tor utilise bank staff	31/07/2022	Advanced SLT	6	1	0.6	Allied Health Profession	Fixed Term	Unable to fulfill contract	Patient Experience	0	3	On Target	Recruitment underway	1	Louisa McGuire/Morag MacKellar
													Objectives / Project	2					
													Injury / Illness to patient / visitors / staff	0					
													Complaints / Claims	0					
													Service / Business Interruption	0					
													Staffing and Competence	0					
													Financial	0					
													Inspection / Audit	0					
													Adverse Publicity / Reputation	0					
8	SLT Band 7	National Neonatal Scoping sets recommendsed level for AHP's as part of Best Start. NHSFV falls signifincnatly below as no defined post. Requires 0.57 SLT	Either throough additional hours of exisitng staff or external recruitment	Recruitment	31/03/2023	Advanced SLT	7	1	0.57	Allied Health Profession	Permanent	Impact on cinical care	Patient Experience	0	3	On Target	Awaiting confirmation of funding	2	Morag MacKellar
													Objectives / Project	0					
													Injury / Illness to patient / visitors / staff	0					
													Complaints / Claims	0					
													Service / Business Interruption	3					
													Staffing and Competence	0					
													Financial	0					
													Inspection / Audit	0					
													Adverse Publicity / Reputation	0					
													Patient Experience	0					

9	SLT Band 8a	No anticipated changes	N/A	N/A	N/A	Highly Specialist SLT	8a	5	3.3	Allied Health Profession	Permanent	No risk	Objectives / Project	0	1	Complete	N/A	1	Morag MacKellar
													Injury / Illness to patient / visitors / staff	0					
													Complaints / Claims	0					
													Service / Business Interruption	0					
													Staffing and Competence	0					
													Financial	0					
													Inspection / Audit	0					
													Adverse Publicity / Reputation	0					
10	Occupational Therapy (OT) Bd 4	No anticipated changes	N/A	N/A	N/A	Clinical Support Worker	4	2	1.2	Allied Health Profession	Permanent	No risk	Patient Experience	0	1	Complete		1	Carol Mcvickers
													Objectives / Project	0					
													Injury / Illness to patient / visitors / staff	0					
													Complaints / Claims	0					
													Service / Business Interruption	0					
													Staffing and Competence	0					
													Financial	0					
													Inspection / Audit	0					
													Adverse Publicity / Reputation	0					
11	OT Band 5	No anticipated changes	N/A	N/A	N/A	OT	5	2	2	Allied Health Profession	Permanent	No risk	Patient Experience	0	1	Complete		1	Carol Mcvickers
													Objectives / Project	0					
													Injury / Illness to patient / visitors / staff	0					
													Complaints / Claims	0					
													Service / Business Interruption	0					
													Staffing and Competence	0					
													Financial	0					
													Inspection / Audit	0					
													Adverse Publicity / Reputation	0					
12	OT Band 6	No anticipated changes	N/A	N/A	N/A	Specilaist OT	6	9	5.46	Allied Health Profession	Permanent	No risk	Patient Experience	0	1	Complete		1	Carol Mcvickers
													Objectives / Project	0					
													Injury / Illness to patient / visitors / staff	0					
													Complaints / Claims	0					
													Service / Business Interruption	0					
													Staffing and Competence	0					
													Financial	0					
													Inspection / Audit	0					
													Adverse Publicity / Reputation	0					
13	OT Band 7	National neonatal sets recommended levels for AHPs as part of Best Start. NHSFV falls significantly below as no	Additional staff in service	Development of exisitng staff who are then back filled or direct recruitment	31/03/2023	Advanced OT	7	3	2.91	Allied Health Profession	Permanent	Impact om clinical care/unable to deliver service	Patient Experience	0	3	On Target	Awaiting confirmation of funding for both components	2	Carol Mcvickers
													Objectives / Project	0					
													Injury / Illness to patient / visitors / staff	0					
													Complaints / Claims	0					
													Service / Business Interruption	0					
													Staffing and Competence	3					
													Financial	0					
													Inspection / Audit	0					
													Adverse Publicity / Reputation	0					
14	OT Band 8a	No anticipated change	N/A	N/A	N/A	OT coordinator	8a	1	0.64	Allied Health Profession	Permanent	N/a	Patient Experience	0	1	Complete		1	Morag MacKellar
													Objectives / Project	0					
													Injury / Illness to patient / visitors / staff	0					
													Complaints / Claims	0					
													Service / Business Interruption	0					
													Staffing and Competence	0					
													Financial	0					
													Inspection / Audit	0					
													Adverse Publicity / Reputation	0					
15	Physiotherapy (Phy) band 3	Currently band 2 but grading appeal being submitted for band 3 otherwise no anticipated change	N/A	N/A	N/A	Support Worker	3	2	1	Allied Health Profession	Permanent	N/A	Patient Experience	0	1	Complete		1	Geraldine Law
													Objectives / Project	0					
													Injury / Illness to patient / visitors / staff	0					
													Complaints / Claims	0					
													Service / Business Interruption	0					
													Staffing and Competence	0					
													Financial	0					
													Inspection / Audit	0					
													Adverse Publicity / Reputation	0					
16	Phy Bd 4	Post holder retiring	Will be considered as part of wider review of workforce and skill mix over next few months and also once MSK project with Band 3 has been evaluated	Potentially recruitment or development of project Band 3	31/03/2023	Technical Instructor	4	1	1	Allied Health Profession	Permanent	Impact on clincial workload	Patient Experience	3	3	On Target	Other staff returning from mat leave	2	Geraldine Law
													Objectives / Project	0					
													Injury / Illness to patient / visitors / staff	0					
													Complaints / Claims	0					
													Service / Business Interruption	0					
													Staffing and Competence	0					
													Financial	0					
													Inspection / Audit	0					
													Adverse Publicity / Reputation	0					
17	Physiotherapy (Phy) band 5	Posts all filled but ongoing challenges with recruitment and retentionof band 5 across all physiotherapy services	N/A	N/A	N/A	Physiotherapist	5	2	1	Allied Health Profession	Permanent	Impact on clinical delivery if staff leave and not able to rplace	Patient Experience	0	1	Complete	Contribute to wider NHSFV work around these posts including enhanced student numbers	1	Geraldine Law
													Objectives / Project	0					
													Injury / Illness to patient / visitors / staff	0					
													Complaints / Claims	0					
													Service / Business Interruption	0					
													Staffing and Competence	0					
													Financial	0					
													Inspection / Audit	0					
													Adverse Publicity / Reputation	0					
18	Phy Bd 6	No anticipated changes currently	N/A	N/A	N/A	Specialist Physiotherapist	6	9	5	Allied Health Profession	Permanent	N/A	Patient Experience	0	1	Complete		1	Geraldine law
													Objectives / Project	0					
													Injury / Illness to patient / visitors / staff	0					
													Complaints / Claims	0					
													Service / Business Interruption	0					
													Staffing and Competence	0					
													Financial	0					
													Inspection / Audit	0					
													Adverse Publicity / Reputation	0					
													Patient Experience	3					
													Objectives / Project	0					
													Injury / Illness to patient / visitors / staff	0					

19	Phy Bd 7	3 staff coming up for retirement over next 2 -3 years, national postural managemetnt strtegy may provide funding for enhanced service	Workforce will be reviewed and potental skill mix to Band 6 with additional support workers	Recruitment either to replace or backfill	March 20224	Advanced practice physiotherapist	9	6.81	6.81	Allied Health Profession	Permanent	Impact on clinical care and capacity if unfilled	Complaints / Claims	0	3	On Target		2	Morag MacKellar/Geraldine Law
													Service / Business Interruption	0					
													Staffing and Competence	0					
													Financial	0					
													Inspection / Audit	0					
													Adverse Publicity / Reputation	0					
20	Phy Bd 7	National neonatal sets recommended levels for AHPs as part of Best Start. NHSFV falls significantly below as no funded post or input to Unit. Requires 1.1 new staff	New post - may be internal promotion	Recruitment either to replace or backfill	31/03/2023	Advance practice physiotherapist	7	2	1.1	Allied Health Profession	Permanent	Impact on clinical care/unable to deliver service	Patient Experience	3	3	On Target	Awaiting confirmation of funding	2	Morag MacKellar/Geraldine Law
													Objectives / Project	0					
													Injury / Illness to patient / visitors / staff	0					
													Complaints / Claims	0					
													Service / Business Interruption	0					
													Staffing and Competence	0					
													Financial	0					
													Inspection / Audit	0					
													Adverse Publicity / Reputation	0					
21	Phy Bd 8a	No anticipated change	N/A	N/A	N/A	Team Corodnator	8a	1	1	Allied Health Profession	Permanent	N/A	Patient Experience	0	1	Complete		1	Morag MacKellar
													Objectives / Project	0					
													Injury / Illness to patient / visitors / staff	0					
													Complaints / Claims	0					
													Service / Business Interruption	0					
													Staffing and Competence	0					
													Financial	0					
													Inspection / Audit	0					
													Adverse Publicity / Reputation	0					
19	Phy Bd 8a	No change anticipated unless further outcomes from national women's health plan	N/A	N/A	N/A	Extended scopr practitioner	81	1	0.5	Allied Health Profession	Permanent	N/A	Patient Experience	0	1	Complete		1	Morag MacKellar/Geraldine Law
													Objectives / Project	0					
													Injury / Illness to patient / visitors / staff	0					
													Complaints / Claims	0					
													Service / Business Interruption	0					
													Staffing and Competence	0					
													Financial	0					
													Inspection / Audit	0					
													Adverse Publicity / Reputation	0					

Workforce Action Plan 2022-2025

WOMEN & CHILDREN & SEXUAL HEALTH SERVICES
Immunisation

Version 1.0
Date 30/06/2022

Impact	
1	Negligible
2	Minor
3	Moderate
4	Major
5	Extreme

Action Ref	Department	Anticipated Workforce Changes				Post Title	Band / Grade	Number required		Job Family (Select from drop down list)	Contract (Select from drop down list)	Risk of Non Delivery	Impact Areas / Categories	Score (Select Score)	Untreated Risk Level (1 - 5) (Select Level)	Action RAG Status (Select Status)	Notes / Commentary	Current Risk Level (Select Level)	WHO is responsible Lead Name
		WHY is the change to staffing required	HOW will this change to staffing be achieved e.g. investment, Skill Mix change	WHERE will the resources/skills come from e.g. recruitment, development of existing staff	WHEN Timescales			Headcount	WTE										
Workforce Requirements:																			
Example	A&E Nursing	Staff due to retire between August and October	Skill Mix change	Recruitment	31-Dec-22	A&E Staff Nurse	Band 5	5	4.6	Nursing / Midwifery	Permanent	Unable to maintain current service	Patient Experience	4	3	On Target	Job advert currently live	1	Lee Anderson
													Objectives / Project	1					
													Injury / Illness to patient / visitors / staff	4					
													Complaints / Claims	3					
													Service / Business Interruption	2					
													Staffing and Competence	5					
													Financial	2					
													Inspection / Audit	3					
													Adverse Publicity / Reputation	4					
1	Immunistaion - School Band 2	Increase in service delivery	Recuitment - investment from SG to support service delivery	Local recuirment process	Jul-22	HCSW Band 2	Band 2	7 Term Time	6.11	Nursing / Midwifery (Unregistered)	Permanent	Unable to provide expected leval of service delivery	Patient Experience	3	3	On Target	Awaiting financial sign off	1	Fiona Coan
													Objectives / Project	3					
													Injury / Illness to patient / visitors / staff	2					
													Complaints / Claims	3					
													Service / Business Interruption	3					
													Staffing and Competence	3					
													Financial	2					
													Inspection / Audit	2					
													Adverse Publicity / Reputation	3					
2	Immunisation - School Band 5	No anticipated change	N/A	N/A	N/A	SN	5	18	**15.79**	Nursing / Midwifery	Permanent	N/A	Patient Experience	0	1	Complete		1	
													Objectives / Project	0					
													Injury / Illness to patient / visitors / staff	0					
													Complaints / Claims	0					
													Service / Business Interruption	0					
													Staffing and Competence	0					
													Financial	0					
													Inspection / Audit	0					
													Adverse Publicity / Reputation	0					
3	Immunisation - School Band 6	No anticipated change	N/A	N/A	N/A	SN	6	1	1	Nursing / Midwifery	Permanent	N/A	Patient Experience	0	1	Complete		1	
													Objectives / Project	0					
													Injury / Illness to patient / visitors / staff	0					
													Complaints / Claims	0					
													Service / Business Interruption	0					
													Staffing and Competence	0					
													Financial	0					
													Inspection / Audit	0					
													Adverse Publicity / Reputation	0					
4	Immunisation - Vaccine Transformation Programme (VTP) : (Baby,Travel, Pnumo, Shingles, Adhoc Programmes) Band 5	Due to SG Directive -VTP and recent transfer of services the future workforce requirment is unkown	N/A	N/A	N/A	SN	Band 5	14	13.2	Nursing / Midwifery	Permanent	N/A	Patient Experience	0	1	Complete		1	
													Objectives / Project	0					
													Injury / Illness to patient / visitors / staff	0					
													Complaints / Claims	0					
													Service / Business Interruption	0					
													Staffing and Competence	0					
													Financial	0					
													Inspection / Audit	0					
													Adverse Publicity / Reputation	0					
5	Immunisation - Vaccine Transformation Programme (VTP) : (Baby,Travel, Pnumo, Shingles, Adhoc Programmes) Band 6	No anticipated change	N/A	N/A	N/A	SN	Band 6	3	3	Nursing / Midwifery	Permanent	N/A	Patient Experience	0	1	Complete		1	
													Objectives / Project	0					
													Injury / Illness to patient / visitors / staff	0					
													Complaints / Claims	0					
													Service / Business Interruption	0					
													Staffing and Competence	0					
													Financial	0					
													Inspection / Audit	0					
													Adverse Publicity / Reputation	0					
6	Immunisation - Vaccine Transformation Programme (VTP) : (Baby,Travel, Pnumo, Shingles, Adhoc Programmes) Band 7	No anticipated change	N/A	N/A	N/A	Team Lead	Band 7	1	1	Nursing / Midwifery	Permanent	N/A	Patient Experience	0	1	Complete		1	
													Objectives / Project	0					
													Injury / Illness to patient / visitors / staff	0					
													Complaints / Claims	0					
													Service / Business Interruption	0					
													Staffing and Competence	0					
													Financial	0					
													Inspection / Audit	0					
													Adverse Publicity / Reputation	0					
7	Immunistion - Flu / Covid Vaccinations Band 2	Increase in service delivery	Recuitment - investment from SG to support service delivery	Local recuirment process	Jul-22	HCSW - Band 2	Band 2	19	6 + 13term time	Nursing / Midwifery (Unregistered)	Permanent	Unable to provide expected leval of service delivery	Patient Experience	3	3	On Target	Awaiting financial sign off	1	Fiona Coan
													Objectives / Project	3					
													Injury / Illness to patient / visitors / staff	2					
													Complaints / Claims	3					
													Service / Business Interruption	3					
													Staffing and Competence	3					
													Financial	2					
													Inspection / Audit	2					
													Adverse Publicity / Reputation	3					
8	Immunistion - Flu / Covid Vaccinations Band 3	No anticipated change	N/A	N/A	N/A	HCSW - Band 3	Banfd 3	50	45	Nursing / Midwifery	Permanent	N/A	Patient Experience	0	1	Complete		1	
													Objectives / Project	0					
													Injury / Illness to patient / visitors / staff	0					
													Complaints / Claims	0					
													Service / Business Interruption	0					
													Staffing and Competence	0					
													Financial	0					
													Inspection / Audit	0					
													Adverse Publicity / Reputation	0					
													Patient Experience	3					
													Objectives / Project	3					
													Injury / Illness to patient / visitors / staff	2					
													Complaints / Claims	3					

9	Immunistion - Flu / Covid Vaccinations Band 5	Increase in service delivery	Recuitment - investment from SG to support service delivery	Local recuirment process	Jul-22	SN	Band 5	45	37.18	Nursing / Midwifery	Permanent	Unable to provide expected level of service delivery	Service / Business Interruption	3	3	On Target	Awaiting financial sign off	1	Fiona Coan		
													Staffing and Competence	3							
													Financial	2							
													Inspection / Audit	2							
													Adverse Publicity / Reputation	3							
10	Immunistion - Flu / Covid Vaccinations Band 6	No anticipated change	N/A	N/A	N/A	SN	Band 6	3	3	Nursing / Midwifery	Permanent	N/A	Patient Experience	0	1	Complete		1			
													Objectives / Project	0							
													Injury / Illness to patient / visitors / staff	0							
													Complaints / Claims	0							
													Service / Business Interruption	0							
													Staffing and Competence	0							
													Financial	0							
													Inspection / Audit	0							
													Adverse Publicity / Reputation	0							
11	Immunistion - Flu / Covid Vaccinations Band 7	No anticipated change	N/A	N/A	N/A	SN	Band 7	1	1	Nursing / Midwifery	Permanent	N/A	Patient Experience	0	1	Complete		1			
													Objectives / Project	0							
													Injury / Illness to patient / visitors / staff	0							
													Complaints / Claims	0							
													Service / Business Interruption	0							
													Staffing and Competence	0							
													Financial	0							
													Inspection / Audit	0							
													Adverse Publicity / Reputation	0							
12	Immunisation - Department Manager 8A	Direct staff replacement	Recuitment - investment from SG to support service delivery	Local recruitment process	Jul-22	Department Manager	Band 8A	1	1	Nursing / Midwifery	Permanent	Unable to provide expected level of service delivery	Patient Experience	3	3	On Target	Awaiting financial sign off	1	Fiona Coan	Fiona Coan	
													Objectives / Project	3							
													Injury / Illness to patient / visitors / staff	2							
													Complaints / Claims	3							
													Service / Business Interruption	3							
													Staffing and Competence	3							
													Financial	2							
													Inspection / Audit	2							
													Adverse Publicity / Reputation	3							
													Patient Experience	0							
13	Immunisation -Service Manager 8B	No anticipated change	N/A	N/A	N/A	Service Manager	Band 8 B	1	1	Nursing / Midwifery	Permanent	N/A	Patient Experience	0	1	Complete		1			
													Objectives / Project	0							
													Injury / Illness to patient / visitors / staff	0							
													Complaints / Claims	0							
													Service / Business Interruption	0							
													Staffing and Competence	0							
													Financial	0							
													Inspection / Audit	0							
													Adverse Publicity / Reputation	0							
14	Immunisation -Schedule and Performance Manager 8A	No anticipated change	N/A	N/A	N/A	e and performance	Band 8 A	1	1	Admin Services & Managers	Permanent	N/A	Patient Experience	0	1	Complete		1			
													Objectives / Project	0							
													Injury / Illness to patient / visitors / staff	0							
													Complaints / Claims	0							
													Service / Business Interruption	0							
													Staffing and Competence	0							
													Financial	0							
													Inspection / Audit	0							
													Adverse Publicity / Reputation	0							

Workforce Action Plan 2022-2025

WOMEN & CHILDREN & SEXUAL HEALTH SERVICES

Management &

Impact	
1	Negligible
2	Minor
3	Moderate
4	Major
5	Extreme

Version 1.0
Date 30/06/2022

Action Ref	Department	Anticipated Workforce Changes				Post Title	Band / Grade	Number required		Job Family (Select from drop down list)	Contract (Select from drop down list)	Risk of Non Delivery	Impact Areas / Categories	Score (Select Score)	Untreated Risk Level (1 - 5) (Select Level)	Action RAG Status (Select Status)	Notes / Commentary	Current Risk Level (Select Level)	WHO is responsible Lead Name
		WHY is the change to staffing required	HOW will this change to staffing be achieved e.g. investment, Skill Mix change	WHERE will the resources/skills come from e.g. recruitment, development of existing staff	WHEN Timescales			Headcount	WTE										
Workforce Requirements:																			
Example	A&E Nursing	Staff due to retire between August and October	Skill Mix change	Recruitment	31-Dec-22	A&E Staff Nurse	Band 5	5	4.6	Nursing / Midwifery	Permanent	Unable to maintain current service	Patient Experience	4	3	On Target	Job advert currently live	1	Lee Anderson
													Objectives / Project	1					
													Injury / Illness to patient / visitors / staff	4					
													Complaints / Claims	3					
													Service / Business Interruption	2					
													Staffing and Competence	5					
													Financial	2					
													Inspection / Audit	3					
													Adverse Publicity / Reputation	4					
1	A&C	No anticipaed change	N/A	N/A	N/A	Aministration Manager	Band 6	1	1	Admin Services & Managers	Permanent	No risk	Patient Experience	0	1	Complete		1	Angela McGregor
													Objectives / Project	0					
													Injury / Illness to patient / visitors / staff	0					
													Complaints / Claims	0					
													Service / Business Interruption	0					
													Staffing and Competence	0					
													Financial	0					
													Inspection / Audit	0					
													Adverse Publicity / Reputation	0					
2	A&C	No anticipaed change	N/A	N/A	N/A	Unit Administrator	Band 5	3	2.8	Admin Services & Managers	Permanent	No risk	Patient Experience	0	1	Complete		1	Angela McGregor
													Objectives / Project	0					
													Injury / Illness to patient / visitors / staff	0					
													Complaints / Claims	0					
													Service / Business Interruption	0					
													Staffing and Competence	0					
													Financial	0					
													Inspection / Audit	0					
													Adverse Publicity / Reputation	0					
3	A&C	No anticipaed change	N/A	N/A	N/A	PA TO W/C & SHS GENERAL MANAGER	Band 4	4	4	Admin Services & Managers	Permanent	No risk	Patient Experience	0	1	Complete		1	Angela McGregor
													Objectives / Project	0					
													Injury / Illness to patient / visitors / staff	0					
													Complaints / Claims	0					
													Service / Business Interruption	0					
													Staffing and Competence	0					
													Financial	0					
													Inspection / Audit	0					
													Adverse Publicity / Reputation	0					
4	A&C	No anticipaed change	N/A	N/A	N/A	CHILD PROTECTION ADMIN D4	Band 4	1	1	Admin Services & Managers	Permanent	No risk	Patient Experience	0	1	Complete		1	Angela McGregor
													Objectives / Project	0					
													Injury / Illness to patient / visitors / staff	0					
													Complaints / Claims	0					
													Service / Business Interruption	0					
													Staffing and Competence	0					
													Financial	0					
													Inspection / Audit	0					
													Adverse Publicity / Reputation	0					
5	A&C	No anticipaed change	N/A	N/A	N/A	System Administrator	Band 4	2	1..73	Admin Services & Managers	Permanent	No risk	Patient Experience	0	1	Complete		1	Angela McGregor
													Objectives / Project	0					
													Injury / Illness to patient / visitors / staff	0					
													Complaints / Claims	0					
													Service / Business Interruption	0					
													Staffing and Competence	0					
													Financial	0					
													Inspection / Audit	0					
													Adverse Publicity / Reputation	0					
6	A&C	No anticipaed change	N/A	N/A	N/A	Medical Secretary	Band 4	17	16	Admin Services & Managers	Permanent	No Risk	Patient Experience	0	1	Complete		1	Angela McGregor
													Objectives / Project	0					
													Injury / Illness to patient / visitors / staff	0					
													Complaints / Claims	0					
													Service / Business Interruption	0					
													Staffing and Competence	0					
													Financial	0					
													Inspection / Audit	0					
													Adverse Publicity / Reputation	0					
7	A&C	No anticipaed change	N/A	N/A	N/A	Administration Assistant - Immunisation	Band 4	3	3	Admin Services & Managers	Permanent	No risk	Patient Experience	0	1	Complete		1	Angela McGregor
													Objectives / Project	0					
													Injury / Illness to patient / visitors / staff	0					
													Complaints / Claims	0					
													Service / Business Interruption	0					
													Staffing and Competence	0					
													Financial	0					
													Inspection / Audit	0					
													Adverse Publicity / Reputation	0					
8	A&C	No anticipaed change	N/A	N/A	N/A	Admistration Support Assistants - Immunisation	Band 3	4	4	Admin Services & Managers	Permanent	No risk	Patient Experience	0	1	Complete		1	Angela McGregor
													Objectives / Project	0					
													Injury / Illness to patient / visitors / staff	0					
													Complaints / Claims	0					
													Service / Business Interruption	0					

						Immunisation							Staffing and Competence	0					
													Financial	0					
													Inspection / Audit	0					
													Adverse Publicity / Reputation	0					
9	A&C	No anticipaed change	N/A	N/A	N/A	Child Protection Admin Assistant	Band 3	3	2.8	Admin Services & Managers	Permanent	No risk	Patient Experience	0	1	Complete		1	Angela McGregor
													Objectives / Project	0					
													Injury / Illness to patient / visitors / staff	0					
													Complaints / Claims	0					
													Service / Business Interruption	0					
													Staffing and Competence	0					
													Financial	0					
													Inspection / Audit	0					
													Adverse Publicity / Reputation	0					
10	A&C	No anticipaed change	N/A	N/A	N/A	Audio Typists	Band 3	3	3	Admin Services & Managers	Permanent	No risk	Patient Experience	0	1	Complete		1	Angela McGregor
													Objectives / Project	0					
													Injury / Illness to patient / visitors / staff	0					
													Complaints / Claims	0					
													Service / Business Interruption	0					
													Staffing and Competence	0					
													Financial	0					
													Inspection / Audit	0					
													Adverse Publicity / Reputation	0					
11	A&C	No anticipaed change	N/A	N/A	N/A	UA support assistant	Band 3	1	1	Admin Services & Managers	Permanent	No risk	Patient Experience	0	1	Complete		1	Angela McGregor
													Objectives / Project	0					
													Injury / Illness to patient / visitors / staff	0					
													Complaints / Claims	0					
													Service / Business Interruption	0					
													Staffing and Competence	0					
													Financial	0					
													Inspection / Audit	0					
													Adverse Publicity / Reputation	0					
12	A&C	Fixed term currently covering long COVID	N/A	N/A	30/04/2023	UA support assistant	Band 3	1	1	Admin Services & Managers	Fixed Term	No risk	Patient Experience	0	1	Complete		1	Angela McGregor
													Objectives / Project	0					
													Injury / Illness to patient / visitors / staff	0					
													Complaints / Claims	0					
													Service / Business Interruption	0					
													Staffing and Competence	0					
													Financial	0					
													Inspection / Audit	0					
													Adverse Publicity / Reputation	0					
13	A&C	No anticipaed change	N/A	N/A	N/A	Clerical Officers	Band 2	43	34.53	Admin Services & Managers	Permanent	No risk	Patient Experience	0	1	Complete		1	
													Objectives / Project	0					
													Injury / Illness to patient / visitors / staff	0					
													Complaints / Claims	0					
													Service / Business Interruption	0					
													Staffing and Competence	0					
													Financial	0					
													Inspection / Audit	0					
													Adverse Publicity / Reputation	0					
													Patient Experience	0					
14	W&C Senior Staff FVRH - AHP Children	Anticipated change - current staff member is eligible for retirial	Direct replacement	Direct replacement	Unknown	Service Manager	Band 8b	1	1	Manager	Permanent	Yes potential service management and development would be effected	Objectives / Project	2	3	On Target	This is a note of potentail and not actual. The record is reflective of age profile and no intention has been noted by the staff member	1	Jillian Taylor
													Injury / Illness to patient / visitors / staff	0					
													Complaints / Claims	0					
													Service / Business Interruption	0					
													Staffing and Competence	1					
													Financial	0					
													Inspection / Audit	0					
													Adverse Publicity / Reputation	0					
15	W&C Senior Staff FVRH -Office Services - Managers	Anticipated change - current staff member is eligible for retirial	Direct Replacement	Direct replacement	Unknown	Head of Service	Band 8c	1	1	Manager	Permanent	Yes potential service management and development would be effected	Patient Experience	0	3	On Target	This is a note of potentail and not actual. The record is reflective of age profile and no intention has been noted by the staff member	1	Gillian Morton
													Objectives / Project	2					
													Injury / Illness to patient / visitors / staff	0					
													Complaints / Claims	0					
													Service / Business Interruption	0					
													Staffing and Competence	1					
													Financial	0					
													Inspection / Audit	0					
													Adverse Publicity / Reputation	0					
16	W&C Senior Staff FVRH - Nursing training/ADMIN/Mgt Services	Anticipated change - 1 current staff member is eligible for retirial. Staff member currently seconded to Public Health Department	1 position would be reviewed for skill mix change	Funding from retirial will cover replacement.	Unknown	Service Manager	Band 8b	4	4	Manager	Permanent	No risk	Patient Experience	0	1	On Target	This is a note of potentail and not actual. The record is reflective of age profile and no intention has been noted by the staff member	1	Jacqueline Sproule & Jillian Taylor
													Objectives / Project	1					
													Injury / Illness to patient / visitors / staff	0					
													Complaints / Claims	0					
													Service / Business Interruption	0					
													Staffing and Competence	0					
													Financial	0					
													Inspection / Audit	0					
													Adverse Publicity / Reputation	0					
17	W&C Senior Staff FVRH - Maternity - Indirect clinical care	Anticipated change - current staff member is eligible for retirial	Skill mix change - Band 4/5 replacement	Finance from current post holder absence will cover new post, with extra remaining being used at other part of service	Unknown	Team lead	Band 7	1	1	Manager	Permanent	Clinical scheduling would be influenced	Patient Experience	1	2	On Target	This is a note of potentail and not actual. The record is reflective of age profile and no intention has been noted by the staff member	1	Helena Marshall
													Objectives / Project	0					
													Injury / Illness to patient / visitors / staff	0					
													Complaints / Claims	0					
													Service / Business Interruption	1					
													Staffing and Competence	0					
													Financial	0					
													Inspection / Audit	0					
													Adverse Publicity / Reputation	0					
18	W&C Senior Staff FVRH - Maternity - indirect clinical care	Anticipated change with one staff member who is currently on secondment. They have indicated that they may not return to FV after their secondment.	Skill mix	Finance from exiting staff member post. Staffing review will be undertaken to establish area in most need of finance distribution	Unknown	Department Manager	Band 8a	4	3.8	Manager	Permanent	No risk	Patient Experience	0	1	Complete		1	Helena Marshall/Jillian Taylor
													Objectives / Project	1					
													Injury / Illness to patient / visitors / staff	0					
													Complaints / Claims	0					
													Service / Business Interruption	0					
													Staffing and Competence	0					
													Financial	0					
													Inspection / Audit	0					
													Adverse Publicity / Reputation	0					

19	W&C Senior Staff FVRH - Maternity - Indirect clinical care	No anticipated change	NA	NA	NA	Department Manager/Head of Nursing	Band 8b	1	1	Manager	Permanent	No risk	Patient Experience Objectives / Project Injury / Illness to patient / visitors / staff Complaints / Claims Service / Business Interruption Staffing and Competence Financial Inspection / Audit Adverse Publicity / Reputation	0 0 0 0 0 0 0 0 0	1	Complete		1	Gillian Morton/Jacqueline Sproule/Helena Marshall
20	W&C Senior Staff FVRH - Nursing/admin/mgt	No anticipated change	NA	NA	NA	Head of Service/Chief Nurse	Band 8c	1	1	Manager	Permanent	No risk	Patient Experience Objectives / Project Injury / Illness to patient / visitors / staff Complaints / Claims Service / Business Interruption Staffing and Competence Financial Inspection / Audit Adverse Publicity / Reputation	0 0 0 0 0 0 0 0 0	1	Complete		1	Gillian Morton

FORTH VALLEY NHS BOARD
TUESDAY 27 SEPTEMBER 2022

Item 6.2 NHS Forth Valley - Anchor Institution Proposal
For Approval

Executive Sponsor: Mrs Cathie Cowan, Chief Executive

Author: Susan Bishop, Head of Efficiency, Improvement and Innovation, Cathie Cowan, Chief Executive and Hazel Meechan, Public Health Specialist

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Executive Summary

The Board of NHS Forth Valley at its meeting in May 2022 noted that strengthening the NHS Anchor Institution impact is a key policy priority for Scottish Government and the new Programme for Government underlines this. In this meeting, the NHS Board acknowledged its 'anchor' responsibility and a further opportunity to improve health, tackle inequalities and with partners continue to contribute to developing thriving local communities.

In this same meeting, Board Members were clear about the Board's role as 'anchor organisation' and acknowledged through its organisational size and scale its ability to positively contribute to local communities in ways that go beyond providing health care.

Board Members also noted that as a well-established organisation NHS Forth Valley can influence economic, social, and environmental sustainability and confirmed support to use its influence to create opportunities to support local employment, local procurement wherever possible and local use of building and land. In addition, the NHS Board has signed up to the Scottish Government's carbon net zero ambitions.

This paper builds on the NHS Board's approval to establish an Anchor Board to direct and oversee key 'anchor' initiatives. The Anchor Board will also seek assurance on the Board's contribution to Community Planning Partnerships agreed priorities e.g. to support fair work and employability, tackle child poverty and build sustainable local economies.

The first meeting of the Anchor Board is being progressed and will take place in early November and the Draft Terms of Reference (appendix 1) are being presented for comment before being presented to the Anchor Board for approval.

Recommendation

The NHS Board is asked to:

- **comment** on the draft Anchor Board Terms of Reference (appendix 1)
- **approve** the funding to support the Board's 'anchor' infrastructure
- **note** the programme of work underway (appendix 2)

Key Issues to be Considered

While a key function of the NHS is to provide health services, there is a growing acknowledgement that NHS Boards alongside their main function have both a strategic and active role to play in supporting communities and partner organisations address physical, social, and environmental factors which can cause ill health.

Studies[i] have shown that 80% of health outcomes are determined by non-health inputs such as education, employment, income, housing, and access to green spaces and evidence from the Centre for Local Economic Strategies show that Anchor Institutions such as the NHS, Local Authorities, Academia, and local businesses, particularly when they work together, make a significant difference to individuals and communities' income and in turn health and wellbeing.

Why now?

Board Members in its meeting in May 2022 noted that work started earlier supported by the Health Foundation in late 2020 was paused due to Covid-19 related system pressures and agreed the time was now right given the impact of the pandemic, cost of living crisis and climate change to establish an Anchor Board led by Ms McCusker, Board Chair.

As an anchor institution role the NHS Board intends to:

- Spend our money in ways that better benefit and grow our communities and address inequalities
- Have a deeper understanding of the needs of local places and people and work for them
- Provide good and fair jobs in health, including healthcare science and support services
- Use our land and property, including collectively, to generate wealth and health for the people who live in Forth Valley
- Be much more inclusive of people in designing our services and care
- Reduce environmental impact
- Work together with other Anchor Institutions on a Forth Valley Regional basis to tackle priority areas

Discussions are underway with a number of organisations, including the University of Stirling and Forth Valley College, to build on existing joint work and collaborations. As well as this, community planning partnerships (CPP) across Forth Valley are moving at pace to develop and deliver community wealth building plans:

- **Clackmannanshire** - under the Executive guidance of the Alliance, Clackmannanshire CPP has established a Wellbeing Economy Anchor Partnership to drive the community wealth building agenda locally. This builds on the CLES work which Clackmannanshire Council are progressing with Scottish Government. A place based community wealth building programme in Alloa is also being developed as a partnership between NHS Forth Valley, Clackmannanshire Council, Clackmannanshire and Stirling Health & Social Care Partnership, the Improvement Service and Public Health Scotland.
- **Falkirk** - as approved the Falkirk CPP Board, Falkirk CPP has established a Community Wealth & Health Building Partnership which will meet for the first time on 26 September 2022. The partnership is tasked with development of a community wealth and health plan for the Falkirk CPP area as well as a place based focus on key localities including Grangemouth, Denny and Bainsford/Langlees.

- **Stirling** – Stirling Council is developing an elected members/officers' anchors commission.

The establishment of an Anchor Board now would enhance the NHS offer to community wealth building opportunities being developed across the Forth Valley area.

How will we do this?

A programme of work (set out in appendix 2) has been developed via the NHS Forth Valley Anchor Springboard whose membership includes senior managers/associate directors for Digital and eHealth, Environment and Sustainability, Facilities & Infrastructure, Health Improvement, Innovation, Planning, Procurement, Public Health, Quality, Serco, Workforce, and both Health and Social Care Partnerships and this will be presented to the Anchor Board for approval.

Financial Implications

There are three elements to the proposed approach to resourcing the programme of work. Primarily, the proposal is to use the collaboration and partnership to identify existing and new funding sources and opportunities for a small number of specific and agreed priority projects for the first 12 months.

However, there is evidence that to function effectively investment is needed for Anchor programme infrastructure. The second element is the proposal for funding to support particularly the workforce initiatives (below).

Support/Infrastructure		Cost
Employability Manager	Band 7 WTE	£63,405
Simulation Faculty	Senior Consultant Registered nurse/educator Technician	£9,559.80 £3,225.60 £1,740.00
Programme Manager	Backfill Band 8A 0.2WTE	£14,620
Public Health	Backfill Band 8A 0.2WTE	£14,620
Communication materials/ IT equipment		£6,000
Total		**£113,170.4**

Thirdly, a proposal to the Endowment Committee seeking support to establish an Anchor Community Grant programme will be progressed.

Workforce Implications

The paper is intended to increase access to quality work and/or training opportunities. The paper seeks to create an Employability Manager and access to sessional funding to support the Board's anchor work.

Risk Assessment

The paper aims to support the delivery of the NHS Board's Strategic Objectives, notably prevent, and improve health and wellbeing whilst addressing inequalities. The NHS Board by adopting an 'anchor' approach including:

- using its influence to support economic, social, and environmental sustainability will help mitigate future ill health and wellbeing
- increasing access to quality work and training will help mitigate gaps in our future workforce
- working and learning from others, supporting, encouraging and spreading/adopting good ideas will enable the Board to demonstrate and model its civic responsibility through bringing people together and connecting partners - this will help mitigate any future reputational challenge
- contributing to 'climate change' will help mitigate the environment impact

Relevance to Strategic Priorities

The NHS Board is committed to delivering the Scottish Government 'anchor institution' policy priority and the new Programme for Government underlining this direction and locally to protecting and improving health whilst addressing health inequalities.

Equality Declaration
The authors 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

Consultation Process

The proposal and programmes of work have been developed with partners. A wider engagement with Anchor Institutions in Forth Valley including Police Scotland, Scottish Prison Service and through community planning partnerships and work with the University of Stirling's Business School and local Chamber of Commerce will be planned once the Anchor Programme has been formalised. This engagement process will build on locality planning discussions with communities of greatest need.

Appendix 1

ANCHOR BOARD

TERMS OF REFERENCE

1. PURPOSE

The purpose of the Anchor Institution is to plan:

- Deliver a more ambitious contribution to Forth Valley wide wealth and health outcomes in our communities than individual services and functions across NHS Forth Valley would otherwise generate.
- Work with other Anchor Institutions across Clackmannanshire, Falkirk, and Stirling to improve health tackle inequalities and contribute to developing thriving local communities.
- Enhance the NHS Forth Valley contribution to the work of the Community Planning Partnerships, City and Growth Deals and other regional strategies making regional system change to positively impact on our most disadvantaged populations.

2. COMPOSITION

2.1. Membership

Membership of the Anchor Board is being progressed in advance of the November meeting.

An individual attending on behalf of a service, or organisation is seen as a representative of that service, or organisation and therefore must be able to do so with the permission of their service, organisation.

They must take principal responsibility for communication back to their service, or organisation the work of the Anchor Board.

It is expected that members should participate fully in the work of the Anchor Board by attending most meetings and being actively involved in working groups and other work of the Anchor Board.

2.2. Deputies

If members are unable to attend where possible a deputy subject matter experts/organisation representatives will be invited to be co-opted, or be in attendance, as appropriate.

2.3. Role of the Chair

The chair of the NHS Board will chair the Anchor Board. The Chief Executive of the NHS Board will act as depute Chair.

3. MEETINGS

3.1 Frequency

The Anchor Board will meet every 2 months for the next 24 months.

4. REMIT

- Agree a set of Forth Valley wide outcomes which enhance community wealth and health and milestones to delivery.
- Develop a set of guiding principles for the way that NHS Forth Valley works with other Anchor Institutions to maximise benefits and use of collective assets.
- Enable NHS Forth Valley to both lead on and contribute to delivery of specific Anchor outcomes.
- Enable members to both lead on and contribute to delivery of specific outcomes.
- Report directly to FV NHS Board.

4.1 Objectives

- To direct and oversee delivery of a programme of work that will maximise NHS Forth Valley's contribution to wealth, wellbeing, and health outcomes in communities, particularly for the most disadvantaged people.
- Seek assurance on the Board's contribution to Community Planning Partnership's agreed priorities including tackling child poverty and wellbeing economies.
- Support local employability strategies, increase attractiveness as an employer, provide more employment opportunities and fair work.
- Extend local procurement opportunities where possible within the national procurement policies and strategy.
- Maximise local use of building and land, particularly looking for collective opportunities with other Anchor organisations.
- Contribute to meeting the Board's carbon net zero ambitions and climate sustainability.
- Work with specialist/regional/national partner organisations to gain and share learning, build knowledge and expertise, and attract and utilise resources.
- Identify and take advantage of research and innovation opportunities where a collective approach would have a greater likelihood of success than individual organisations.
- Ensure those using services and who have lived experience are able to influence our thinking and offer their expertise and experience into the collective contribution.

Appendix 2

Proposed Anchor Board Work Programme

The NHS Forth Valley Anchor Springboard has been bringing several of NHS Forth Valley's corporate support services, Public Health and Health Improvement, Serco, and others together monthly to collaborate to agree outcomes to be achieved and identify and make interventions that would not have been achieved working independently.

It has provided a place and time to work differently with relevant Local Authority colleagues and others. There has been information sharing for mutual benefit and identification of opportunities for best use of resources focussed on specific policy areas, priorities, and funding. This has been alongside giving focussed time to review what we can do differently within the scope of our own NHS and integrated services. Discussions have included Local Authority Employability Leads, Economic Development Officers and Wellbeing Economy Managers, and the Improvement Service.

The work streams of the NHS Forth Valley Programme are as above and the intended outcomes are described below.

NHS Forth Valley's Anchor Institution Contribution

Situation	Inputs	Outputs		Outcomes		
		WHAT WE DO	WHO WE REACH	SHORT 12mths	MEDIUM 2yr	LONG 5yr
The impact of COVID 19 has worsened poverty, mental and physical health. NHS Forth Valley aims to strengthen it's contribution to community health and wealth building through it's role as an anchor institution in the region.	WHAT WE INVEST Digital equipment. Land Facilities Food Transport Staff time and skills (clinical and care, public health, health improvement, organisational development, facilities, digital, procurement, finance, innovation). Exec/Senior leadership. Employability opportunities. Innovation Test Bed for industry. Information and data to inform planning. Mapping leadership	Plan and deliver physical and mental health improvement and healthcare and support across the whole of Forth Valley. Contribute to community planning and resilience Research and innovation 1. Employ ~5300 people and provide employability options 2 .Environmental sustainability planning 3.Partner across places 4.Use of capital and estates 5.Procure and commission for social value.	People and communities across the whole of the Forth Valley Region. 306,000	Pop health measures shared. Innovation challenges identified IPB Implemented NHS FV employability plan. Living wage accreditation. Mapped buildings for use OOHs &agreed governance. Community benefits portal tested. Sustainability action plan published. Contributed to food poverty. HIPB Every child has the best start in life Tackling poverty Worthwhile work and workplace wellbeing Mental health & wellbeing strategy Reduce suicides and DRDs Reduce alcohol harm	Population health measures in economic plans. Top 2 innovations matched with funds. Real time asset register available to partners. Equipment located in areas of need/hubs. Emissions reduction Staff have increased access to health and wellbeing opportunities and employability opportunities. Communities have access to increased health, wellbeing and employability	To have maximised the social, economic and environmental contributions of NHS Forth Valley to support healthy and prosperous people and communities across Forth Valley Measures: Health Wealth Inequalities

Jun 2022

The Springboard has been co-chaired by NHS Forth Valley and Clackmannanshire and Stirling Health and Social Care Partnership and has Falkirk Health and Social Care Health Partnership membership. There has been continued good engagement and is making change happen (see below).

Anchor Springboard Flash Report: Apr – Sep 2022

Situation:
The impact of COVID 19 has worsened poverty, mental and physical health. NHS Forth Valley aims to strengthen it's contribution to community health and wealth building through it's role as an anchor institution in the region and collaboration

Aim:
To have maximised the social, economic and environmental contributions of NHS Forth Valley to support healthy and prosperous people and communities across Forth Valley

Delivered:

- Reviewed Community Benefits Portal
- Contributed to Falkirk CPP's Child Poverty Action Report 2022 and mapping session supported by PHS
- Scottish Futures Trust Session with Falkirk Council on Grangemouth Deal
- Project Search Restarted
- Innovation Discovery Session with UoS
- Mapped NHS greenspace
- Child Health Data Set first session
- Anchor Session to inform Health Care Strategy Refresh
- CAMHS workforce development opportunities and Uni/College teaching involvement identified
- New AHP workforce, career pathway and education options reviewed with University and College
- Now linked up on Long Covid, orthopaedic and on diabetes research
- Working on recruitment opportunities for long term unemployed and young

In development:
Forth Valley Schools - testing care homes simulation to attract young people to careers
Launch of University College NHS Partnership
Uni education role in Modern Physician Associate role development
Data to inform Shaping Places for Wellbeing Alloa Place based assessment an workshop for transport
Involvement in Cohort of Practice between Land Commission & Estates
SERCO, NHS FV, FVC planning job/career fair

[i] What makes us healthy? - The Health Foundation

FORTH VALLEY NHS BOARD
TUESDAY 27 SEPTEMBER 2022

6.3 Code of Corporate Governance
For Approval

Executive Sponsor: Mrs Cathie Cowan, Chief Executive

Author: Ms Kerry Mackenzie, Head of Policy & Performance

Executive Summary

NHS Forth Valley's Code of Corporate Governance is based on the principles of the UK Corporate Governance Code. The main principle of the code is that every institution should be headed by an effective Board, which is collectively responsible for the success of the organisation. The Board's role is to provide leadership of the organisation within a framework of prudent and effective controls which enable risk to be assessed and managed.

NHS Forth Valley's Code of Corporate Governance sets out the framework for our organisation and embraces governance of the NHS Board and associated committees.

Recommendation

The Forth Valley NHS Board is asked to: -

- **note** the amendments to the Code of Corporate Governance
- **note** the updated Terms of Reference within Section A - Standing Orders
- **note** further updates will be made to the Code of Corporate Governance as necessary to ensure it reflects current policy and guidance
- **approve** the Code of Corporate Governance ahead of presentation to the Board Assurance Committees

Key Issues to be Considered

The Code of Corporate Governance was approved in March 2022 following annual review and update. It was noted that further updates may be required to reflect changes in policy or guidance with a number of amendments included.

Summary of amendments:

- Following agreement with the NHS Board Chair and Assurance Committee Chairs in September 2022, Assurance Committee agenda and papers will be sent out at least five clear days in advance of the meeting. All Assurance Committee Terms of Reference have been amended. This will be reviewed early 2023.

- Terms of Reference updated to reflect the Committee Membership approved by the NHS Board in July 2022.

- The Corporate Objectives were agreed at the NHS Board in March 2022. The Code of Corporate Governance has been updated to reflect the changes.

- Following Parliamentary approval and then publication of the new Model Code of Conduct this was approved by NHS Board members in May 2022. The Code of Corporate Governance reflects the new Code of Conduct as it relates to NHS Forth Valley

- The updated Risk Management Strategy 2022 – 2025 was approved by the NHS Board in July 2022. This section has been updated to reflect the changes made to the strategy.

The Code of Corporate Governance will be kept under review and amended as necessary to ensure it reflects current policy and guidance. A full review and update will be undertaken in March 2023.

Financial Implications

There are no specific financial implications in respect of this paper.

Workforce Implications

There are no specific workforce implications in respect of this paper.

Risk Assessment

Good Corporate Governance will ensure that controls are in place that support the maintenance of a system of risk management for NHS Forth Valley.

Relevance to Strategic Priorities

Good governance is essential in addressing the challenges the public sector faces. The provision of high quality, safe, sustainable health and social care services depends on NHS Boards developing robust, accountable, and transparent corporate governance systems.

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 Board members
- Assurance Committee leads
- NHS Forth Valley Chief Executive's Office

Code of Corporate Governance

Version	Purpose/Change	Author	Date
1.0	Annual Review of Code of Corporate Governance	Cathie Cowan, Chief Executive Kerry Mackenzie, Head of Policy & Performance Jackie McEwan, Corporate Business Manager Sinead Hamill, Board Secretary	September 2021
2.0	Addition of amendments following review by NHS Board in September	Cathie Cowan, Chief Executive Kerry Mackenzie, Head of Policy & Performance	November 2021
3.0	Annual Review. Review of Assurance Committee Terms of Reference. Update to Fraud Policy.	Kerry Mackenzie, Head of Policy & Performance	March 2022
3.1	Update to Terms of Reference, Corporate Objectives, Code of Conduct, Risk Management Strategy	Kerry Mackenzie, Head of Policy & Performance	September 2022

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This section explains how the business of Forth Valley NHS Board and its Committees is organised.

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3. Chairperson
4. Vice Chairperson
5. Resignation and Removal of members
6. Suspension and Disqualification
7. Proceedings
8. Conduct of Meeting
9. Declaration of interests, register of conflict and interest
10. Admission of public and press
11. Common seal and execution of documents
12. Appointment and function of committees
13. Decisions retained by Forth Valley NHS Board and Scheme of delegation
14. Scheme of delegation
15. Standing financial instructions
Annex A Suspension and disqualification
Annex B Assurance Committee Terms of Reference
Annex C Scheme of Decisions retained by Forth Valley NHS Board (Section D)
Annex D Scheme of Delegation
Standing Financial Instructions (Section E)

Section B	**Members Code of Conduct**	**64**

This section is for Members of Forth Valley NHS Board and its Committees and details how they should conduct themselves in undertaking their duties.

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2. Key Principles of the Code of Conduct
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This section is for all staff to ensure they are aware of their duties in situations where there may be conflict between their private interests and their NHS duties.

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Section E **Standing Financial Instructions** **109**
This section explains how staff will control the financial affairs of NHS Forth Valley and ensure proper standards of financial conduct.

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2. Responsibilities of the Chief Executive as Accountable Officer
3. Allocations, Business Planning and Budgetary Control
4. Health and Social Care Integration
5. Commissioning of Healthcare

6. Banking and Investments
7. Capital Investments, Private Financing, Fixed Asset Registers and Security of Assets
8. Purchasing of Supplies and Services
9. Income, Fees and Charges, Security of Cash, and other Negotiable Instruments
10. Terms of Service and Payment of Directors and Staff
11. Payment of Accounts and Claims
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Appendix A: Glossary
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Introduction

1. Code of Corporate Governance

The Code of Corporate Governance includes the following sections:

Section A - How business is organised
Section B - Members Code of Conduct
Section C - Standards of Business Conduct for NHS Staff
Section D - The Fraud Standards
Section E - Standing Financial Instructions
Section F - Risk Management

The Board keeps the Code of Corporate Governance under review and will undertake a comprehensive review annually.

2. Forth Valley NHS Board

Forth Valley NHS Board (the Board) is a strategic body, accountable to the Scottish Government Health and Social Care Directorate and to Scottish Ministers for the functions and performance of NHS Forth Valley. The Board consists of the Chair, Non-Executive and Executive Members, who are appointed by the Scottish Ministers.

The Board will not concern itself with day-to-day operational matters, except where they have an impact on the overall performance of the system.

3. Overall Purpose

Effective NHS Boards articulate an ambition for their organisation whilst managing the risk contained within that ambition and demonstrating leadership by undertaking 3 key roles:

- Formulating strategy for the organisation, including the development annually of a Delivery Plan
- Ensuring commitment and accountability by holding the organisation (all staff) to account for performance and the delivery of both improvement in population health, individual experience of care whilst operating with a context of affordability and sustainability
- Shaping a positive culture (open, just, and fair) for the Board and organisation

In summary our purpose is:

- as a Board 'we aim to optimise health, optimise care and optimise value'

4. The Role of the Board

- To undertake comprehensive health needs and assessment for the population served.
- To develop strategies and action plans to reduce health inequalities and create and protect health and health equity, working closely with key partners.

- To establish a range of illness prevention, health improvement and health and care services that are designed to protect and improve the health status of the people of Forth Valley.
- To ensure that health services are designed, delivered, and evaluated in a manner that assures patient safety.
- To focus clearly on health outcomes and people's experience of NHS Forth Valley.
- To contribute to strategic planning and ensure delivery of integrated health and social care services.
- To be accountable for the scrutiny and performance of NHS Forth Valley as a whole.
- To involve the public and community planning partners in the design and delivery of healthcare services.
- To involve staff in the design, delivery, and evaluation of services.
- To ensure that resources are allocated in manner that supports the delivery of strategic priorities and the achievement of agreed outcomes including national and logical targets.
- To ensure that best value principles are adhered to in delivering and commission sessions.

5. Corporate Governance

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 the following dimensions:

- Service delivery arrangements
- Structures and processes
- Risk management and internal control
- Standards of conduct

NHS Forth Valley is responsible for:

- Giving leadership and strategic direction
- Putting in place controls to safeguard public resources
- Supervising the overall management of its activities
- Reporting on management and performance

6. Corporate Objectives

Our Corporate Objectives are to:

- Plan for the future
- Improve the Health and Wellbeing of the people of Forth Valley whilst reducing health inequalities
- Improve our focus on safety and quality (and sustainability)
- Deliver best value using our resources
- Value and develop 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

7. Function

The Functions of the Board are:

- Provision of strategic leadership and direction for the local health system as a whole.
- Resource allocation to address local priorities.
- Oversight of implementation of the Annual Operational Plan.
- Management of ensuring the performance of NHS Forth Valley, including risk management, quality assurance and improvement.
- Ensuring that there is a robust governance and accountability framework to monitor compliance with all necessary standards, targets, and outcomes.

8. Composition of the Board

The Board will consist of the following Directors appointed by the Minister:

Non-Executive Directors	Executive Directors
• Chair • 6 Non-Executive Lay Members (one of which is Whistleblowing Champion) • Chair - Area Clinical Forum • Employee Director • 3 Local Authority Elected Members - 1 each from Local Authority notably: Clackmannanshire, Falkirk, and Stirling	• Chief Executive • Director of Finance • Director of Public Health and Strategic Planning • Medical Director • Nurse Director

9. Individuals Roles, Responsibilities and Accountabilities[1]

	Chair	Chief executive	Non-executive director	Executive director
Formulate Strategy	Ensures board develops vision, strategies, and clear objectives to deliver organisational purpose.	Leads strategy development process.	Brings independence, external skills, and perspectives, and challenge to strategy development.	Takes lead role in developing strategic proposals – drawing on professional and clinical expertise (where relevant).
Ensure Accountability	Holds CE to account for delivery of strategy Ensures board committees that support accountability are properly constituted.	Leads the organization in the delivery of strategy. Establishes effective performance management arrangements and controls. Acts as Accountable Officer.	Holds the executive to account for the delivery of strategy. Offers purposeful, constructive scrutiny and challenge. Chairs or participates as member of key committees that support accountability.	Leads implementation of strategy within functional areas.
Shape Culture	Provides visible leadership in developing a positive culture for the organisation and ensures that this is reflected and modelled in their own and in the board's behaviour and decision making. Board culture: Leads and supports a constructive dynamic within the board, enabling contributions from all directors.	Provides visible leadership in developing a positive culture for the organisation and ensures that this is reflected in their own and the executive's behaviour and decision making.	Actively supports and promotes a positive culture for the organisation and reflects this in their own behaviour. Provides a safe point of access to the board for whistle-blowers.	Actively supports and promotes a positive culture for the organisation and reflects this in their own behaviour.
Context	Ensures all board members are well briefed on external context.	Ensures all board members are well briefed on external context.		

[1] NHSLeadership-TheHealthyNHSBoard.pdf (leadershipacademy.nhs.uk)

Intelligence	Ensures requirements for accurate, timely & clear information to board/ directors (and governors for FTs) are clear to executive.	Ensures provision of accurate, timely & clear information to board/ directors (and governors for FTs).	Satisfies themselves of the integrity of financial and quality intelligence.	Takes principal responsibility for providing accurate, timely and clear information to the board.
Engagement	Plays key role as an ambassador, and in building strong partnerships with: • Patients and public • Member and governors (FT) • Clinicians and Staff • Key institutional • Stakeholders • Regulators	Plays key leadership role in effective communication and building strong partnerships with: • Patients and public • Member and governors (FT) • Clinicians and Staff • Key institutional • stakeholders • Regulators	Ensures board acts in best interests of the public. Senior independent director is available to members and governors if there are unresolved concerns (FTs).	Leads on engagement with specific internal or external stakeholder groups.

10. Values

The Purpose, Role, Functions and Responsibilities of Forth Valley NHS Board and Board Members, will be delivered in a way which upholds the organisational values. NHS Forth Valley's values represent the care our patients can expect, and how this care should be delivered by our staff.

Our local values in NHS Forth Valley are:

- Be person centred
- Be respectful
- Have integrity
- Be ambitious
- Be supportive
- Be a committed team member

Our Values should be visible in everything we do and drive the improvement of our services.

NHS Forth Valley's values are closely aligned to the NHS Scotland's values, which are shared by all staff throughout Scotland:

- Care and Compassion
- Dignity and Respect
- Openness, Honesty and Responsibility
- Quality and Teamwork

Both sets of values underpin and support NHS Scotland's national quality ambitions: Person-centred; Safe; and Effective.

11. Conduct, Accountability, and Openness

Members of Forth Valley NHS Board (Executive and Non-Executive) are required to comply with the Members' Code of Conduct and the Standards of Business Conduct for NHS Staff.

Board Members and staff are expected to promote and support the principles in the Members' Code of Conduct and to promote by their personal conduct the values of:

- Public Service
- Leadership
- Selflessness
- Integrity
- Objectivity
- Openness
- Accountability and stewardship
- Honest
- Respect

Understanding our responsibilities arising from the Code of Corporate Governance

It is the duty of the Chair and the Chief Executive to ensure that Board Members and staff understand their responsibilities. Managers are responsible for ensuring their staff understand their own responsibilities. The Code of Corporate Governance will be published on the Board's website and intranet.

Endowment Funds

The principles of this code of Corporate Governance apply equally to Member of Forth Valley NHS Board who have distinct legal responsibilities as Trustees of the Endowment Funds.

Advisory and Other Committees

The principles of this Code of Corporate Governance apply equally to all NHS Forth Valley Advisory Committees and all committees and groups which report directly to a Forth Valley Board Committee.

Review

The Board will review the Code of Corporate Governance on an annual basis and will revise the Code to reflect any National or Local Changes which impact on the Board and its functions. The Board may, on its own or if directed by the Scottish Ministers, vary and revoke Standing Orders for the regulations of the procedures of business of the Board and of any Committee.

Feedback

NHS Forth Valley aims to continuously improve the services we deliver, and it is important that this Code remains relevant, we would therefore be happy to hear from you regarding new operational of statements or any other matter connected with the Code.

Comments and suggestions for improvement are most welcome and should be sent to:

Corporate Business Manager
NHS Forth Valley
Carseview House
Castle Business Park
Stirling
FK9 4SW

Definitions

Any expressions to which a meaning is given in the Health Service Acts or in the Regulations or Orders made under the Acts Shall have the same meaning in the interpretation and in addition:

Definition	Meaning
The Accountable Officer	Is the Chief Executive of NHS Forth Valley, who is responsible to the Scottish Parliament for the economical, efficient, and effective use of resources. The Chief Executive of NHS Forth Valley is also accountable to the Board for clinical, staff and financial governance, including controls assurance and risk management, and for delivery of other statutory requirements. This is a legal appointment made by the Principal Accountable Officer of the Scottish Government. (Public Finance and Accountability (Scotland) Act 2000 Memorandum to Accountable Officers for other Public Bodies).
The Act	The National Health Service (Scotland) Act 1978 as amended.
The 2001 Regulations	The Health Board's (Membership and Procedure) (Scotland) Regulations 2011.
The 1960 Act	The Public Bodies (Admission to Meetings) Act 1960 as amended.
Board Member	A person appointed as a Member of the Board by Scottish Ministers and who is not disqualified from membership.
Budget	Money proposed by the Board for the purpose of carrying out, for a specific period, any, or all of the functions of the Board.
Chair	The person appointed by the Scottish Ministers to lead the Board and to ensure that it successfully discharges its responsibility as a whole. The Chair of a Committee is responsible for fulfilling the duties of a Chair in relation to that Committee only.
Chief Executive	The Accountable Officer of NHS Forth Valley.
Committee	A Committee established by the Board and includes "Sub-Committee".
Committee Members	People formally appointed by the Board to sit on or to Chair specific committees.
Contract	Any arrangements including an NHS Contract.
Co-opted Member	An individual, not being a Member of the Board, who is appointed to serve on a Standing Committee, Special Committee, or Sub-Committee of the Board.

Community Planning Partners	Statutory Service providers, third and independent sector organisations with a stake in providing services and support to people in Forth Valley.
Integration Joint Board	The constitutional arrangements for the establishment of Integration Joint Boards are set out within Scottish Statutory Instrument 2014 No. 285 The Public Bodies (Joint Working) (Integration Joint Boards) (Scotland) Order 2014.
Lay Member	An individual, not being an employee of the Board, who is appointed to serve on a Committee of the Board.
Meeting	A meeting of the Board or any Committee.
Nominated Officer	An officer charged with the responsibility for discharging specific tasks within the Code of Corporate Governance.
Department of Health and Social Care	The Scottish Government and is its legal name.
SFIs	Standing Financial Instructions.
Vice Chair	The Non-Executive Member appointed by the Board to take on the Chair's duties if the Chair is absent for any reason.

SECTION A

How Business is Organised - Standing Orders

Standing Orders for the Proceedings and Business of Forth Valley NHS Board

1. General

1.1. These Standing Orders for regulation of the conduct and proceedings of Forth Valley NHS Board, the common name for Forth Valley Health Board, [the Board] and its Committees are made under the terms of The Health Boards (Membership and Procedure) (Scotland) Regulations 2001 (2001 No. 302), as amended up to and including The Health Boards (Membership and Procedure) (Scotland) Amendment Regulations 2016 (2016 No. 3).

The NHS Scotland Blueprint for Good Governance (issued through DL 2019) 02) has informed these Standing Orders. The Blueprint describes the functions of the Board as:

- Setting the direction, clarifying priorities, and defining expectations.
- Holding the executive to account and seeking assurance that the organisation is being effectively managed.
- Managing risks to the quality, delivery, and sustainability of services.
- Engaging with stakeholders.
- Influencing the Board's and the organisation's culture.

Further information on the r ole of the Board, Board m embers, the Chair, Vice-Chair, and the Chief Executive is available on the NHS Scotland Board Development website (https://learn.nes.nhs.scot/17367/board-development)

1.2 The Scottish Ministers shall appoint the members of the Board. The Scottish Ministers shall also at tend to any issues relating to the resignation and removal, suspension, and disqualification of members in line with the above regulations. Any member of the Board may on reasonable cause shown be suspended from the Board or disqualified for taking part in any business of the Board in specified circumstances.

1.3 Any statutory provision, regulation, or direction by Scottish Ministers, shall have precedence if they are in conflict with these Standing Orders.

1.4 Any one or more of these Standing Orders may be varied or revoked at a meeting of the Board by a majority of members present and voting, provided the notice for the meeting at which the proposal is to be considered clearly states the extent of the proposed repeal, addition, or amendment. The Board will annually review its Standing Orders.

1.5 Any member of the Board may on reasonable cause shown be suspended from the Board or disqualified for taking part in any business of the Board in specified circumstances. The Scottish Ministers may by determination suspend a member from taking part in the business (including meetings) of the Board. Paragraph 5.4 sets out when the person presiding at a Board meeting may suspend a Board member for the remainder of a specific Board meeting. The Standards Commission for Scotland can apply sanctions if a Board member is found to have breached the Board Members' Code of Conduct, and those include suspension and

disqualification. The regulations (see paragraph 1.1) also set out grounds for why a person may be disqualified from being a member of the Board.

Board Members – Ethical Conduct

1.6 Members have a personal responsibility to comply with the Code of Conduct for Members of the Forth Valley NHS Board the Commissioner for Public Standards can investigate complaints about members who are alleged to have breached their Code of Conduct. The Board will have appointed a Standards Officer. This individual is responsible for carrying out the duties of that role, however he or she may delegate the carrying out of associated tasks to other members of staff. The Board's appointed Standards Officer shall ensure that the Board's Register of Interests is maintained. When a m ember needs to update or a mend his or her entry in the Register, he or she must notify the Board's appointed Standards Officer of the need to change the entry within one month after the date the matter required to be registered.

1.7 The Board's appointed Standards Officer shall ensure the Register is available for public inspection at the principal offices of the Board at all reasonable times and will be included on the Board's website.

1.8 Members must always consider the relevance of any interests they may have to any business presented to the Board or one of its committees. Members must observe paragraphs 5.6 - 5.10 of these Standing Orders and have regard to Section 5 of the Code of Conduct (Declaration of Interests).

1.9 In case of doubt as to whether any interest or matter should be declared, in the interests of transparency, members are advised to make a declaration.

1.10 Members shall make a declaration of any gifts or hospitality received in their capacity as a Board m ember. Such declarations shall be made to the Board's appointed Standards Officer who shall make them available for public inspection at all reasonable times at the principal offices of the Board and on the Board's website. The Register of Interests includes a section on gifts and hospitality. The Register may include the information on any such declarations or cross-refer to where the information is published.

1.11 The Board's Corporate Business Manager shall provide a copy of these Standing Orders to all members of the Board on appointment. A copy shall also be held on the Board's website.

2. Chair

2.1. The Scottish Ministers shall appoint the Chair of the Board.

3. Vice Chair

3.1 The Chair shall nominate a candidate or candidates for Vice Chair to the Cabinet Secretary. The candidate(s) must be a non-executive member of the Board. A member who is an employee of a Board is disqualified from being Vice Chair. The Cabinet Secretary will in turn

determine who to appoint based on evidence of effective performance and evidence that the member has the skills, knowledge and experience needed for the position. Following the decision, the Board shall appoint the member as Vice Chair. Any person so appointed shall, so long as he or she remains a member of the Board, continue in office for such a period as the Board may decide.

3.2 The Vice Chair may at any time resign from that office by giving notice in writing to the Chair. The process to appoint a replacement Vice Chair is the process described at paragraph 3.1.

3.3 Where the Chair has died, ceased to hold office, or is unable for a sustained period of time to perform his or her duties due to illness, absence from Scotland or for any other reason, then the Board's Corporate Business Manager should refer this to the Scottish Government. The Cabinet Secretary will confirm which member may assume the role of interim chair in the period until the appointment of a new chair, or the return of the appointed chair. Where the Chair is absent for a short period due to leave (for whatever reason) the Vice Chair shall assume the role of the Chair in the conduct of the business of the Board. In either of these circumstances references to the Chair shall, so long as there is no Chair able to perform the duties, be taken to include references to either the interim chair or the Vice Chair. If the Vice Chair has been appointed as the Interim Chair, then the process described at paragraph 3. 1 will apply to replace the Vice-Chair.

4. Calling and Notice of Board Meetings

4.1 The Chair may call a meeting of the Board at any time and shall call a meeting when required to do so by the Board. The Board shall meet at least 6 times in the year and will annually approve a forward schedule of meeting dates.

4.2 The Chair will determine the final agenda for all Board meetings. The agenda may include an item for any other business; however, this can only be for business which the Board is being informed of for awareness, rather than being asked to decide. No business shall be transacted at any meeting of the Board other than that specified in the notice of the meeting except on grounds of urgency.

4.3 Any member may propose an item of business to be included in the agenda of a future Board meeting by submitting a request to the Chair. If the Chair elects to agree to the request, then the Chair may decide whether the item is to be considered at the Board meeting which immediately follows the receipt of the request, or a future Board meeting. The Chair will inform the member which meeting the item will be discussed. If any member has a specific legal duty or responsibility to discharge which requires that member to present a report to the Board, then that report will be included in the agenda.

4.4 In the event that the Chair decides not to include the item of business on the agenda of a Board meeting, then the Chair will inform the member in writing as to the reasons why.

4.5 A Board meeting may be called if one third of the whole number of members signs a requisition for that purpose. The requisition must specify the business proposed to be

transacted. The Chair is required to call a meeting within 7 days of receiving the requisition. If the Chair does not do so, or simply refuses to call a meeting, those members who presented the requisition may call a meeting by signing an instruction to approve the notice calling the meeting provided that no business shall be transacted at the meeting other than that specified in the requisition.

4.6 Before each meeting of the Board, a notice of the meeting (in the form of an agenda), specifying the time, place and business proposed to be transacted at it and approved by the Chair, or by a member authorised by the Chair to approve on that person's behalf, shall be circulated to every member so as to be available to them at least three clear days before the meeting. The notice shall be distributed along with any papers for the meeting that are available at that point**.**

4.7 Lack of service of the notice on any member shall not affect the validity of a meeting.

4.8 Board meetings shall be held in public. A public notice of the time and place of the meeting shall be provided at least three clear days before the meeting is held and shall be placed on the Board's website. The meeting papers shall be placed on the Board's website directly following the meeting. The meeting papers will include the minutes of committee meetings which the relevant committee has approved. The exception is that the meeting papers will not include the minutes of the Remuneration Committee. The Board may determine its own approach for committees to inform it of business which has been discussed in committee meetings for which the final minutes are not yet available. For items of business which the Board will consider in private session (see paragraph 5.22), only the Board members will normally receive the meeting papers for those items, unless the person presiding agrees that others may receive them.

5. Conduct of Meetings

Authority of the Person Presiding at a Board Meeting

5.1 The Chair shall preside at every meeting of the Board. The Vice Chair shall preside if the Chair is absent. If both the Chair and Vice Chair are absent, the members present at the meeting shall choose a Board member who is not an employee of a Board to preside.

5.2 The duty of the person presiding at a meeting of the Board or one of its committees is to ensure that the Standing Orders or the committee's terms of reference are observed, to preserve order, to ensure fairness between members, and to determine all questions of order and competence. The ruling of the person presiding shall be final and shall not be open to question or discussion.

5.3 The person presiding may direct that the meeting can be conducted in any way that allows members to participate, regardless of where they are physically located, e.g., video conferencing, teleconferencing. For the avoidance of doubt, those members using such facilities will be regarded as present at the meeting.

5.4 In the event that any member who disregards the authority of the person presiding, obstructs the meeting, or conducts himself/herself inappropriately the person presiding may suspend the member for the remainder of the meeting. If a person so suspended refuses to leave when required by the person presiding to do so, the person presiding will adjourn the meeting in line with paragraph 5.12. For paragraphs 5.5 to 5.20, reference to 'Chair' means the person who is presiding the meeting, as determined by paragraph 5.1.

Quorum

5.5 The Board will be deemed to meet only when there are present, and entitled to vote, a quorum of at least one third of the whole number of members, including at least two members who are not employees of a Board. The quorum for committees will be set out in their terms of reference, however it can never be less than two Board members.

5.6 In determining whether or not a quorum is present the Chair must consider the effect of any declared interests.

5.7 If a member, or an associate of the member, has any pecuniary or other interest, direct or indirect, in any contract, proposed contract or other matter under consideration by the Board or a committee, the member should declare that interest at the start of the meeting. This applies whether or not that interest is already recorded in the Board Members' Register of Interests. Following such a declaration, the member shall be excluded from the Board or committee meeting when the item is under consideration and should not be counted as participating in that meeting for quorum or voting purposes.

5.8 Paragraph 5.7 will not apply where a member, or an associate of theirs, interest in any company, body or person is so remote or insignificant that it cannot reasonably be regarded as likely to affect any influence in the consideration or discussion of any question with respect to that contract or matter. In March 2015, the Standards Commission granted a dispensation to NHS Board members who are also voting members of integration joint boards. The effect is that those m embers do not need to declare as an interest that they are a member of an 6integration joint board when taking part in discussions of general health & social care issues. However, members still have to declare other interests as required by Section 5 of the Board Members' Code of Conduct.

5.9 If a question arises at a Board meeting as to the right of a member to participate in the meeting (or part of the meeting) for voting or quorum purposes, the question may, before the conclusion of the meeting be referred to the Chair. The Chair's ruling in relation to any member other than the Chair is to be final and conclusive. If a question arises with regard to the participation of the Chair in the meeting (or part of the meeting) for voting or quorum purposes, the question is to be decided by the members at that meeting. For this latter purpose, the Chair is not to be counted for quorum or voting purposes.

5.10 Paragraphs 5.6-5.9 shall equally apply to members of any Board committee, whether or not they are also members of the Board, e.g., stakeholder representative.

5.11 When a quorum is not present, the only actions that can be taken are to either adjourn to another time or abandon the meeting altogether and call another one. The quorum should be monitored throughout the conduct of the meeting in the event that a member leaves during a meeting, with no intention of returning. The Chair may set a time limit to permit the quorum to be achieved before electing to adjourn, abandon or bring a meeting that has started to a close.

Adjournment

5.12 If it is necessary or expedient to do so for any reason (including disorderly conduct or other misbehaviour at a meeting), a meeting may be adjourned to another day, time, and place. A meeting of the Board, or of a committee of the Board, may be adjourned by the Chair until such day, time and place as the Chair may specify.

Business of the Meeting

The Agenda

5.13 If a member wishes to add an item of business which is not in the notice of the meeting, he or she must make a request to the Chair ideally in advance of the day of the meeting and certainly before the start of the meeting. The Chair will determine whether the matter is urgent and accordingly whether it may be discussed at the meeting.

5.14 The Chair may change the running order of items for discussion on the agenda at the meeting. Please also refer to paragraph 4.2.

Decision-Making

5.15 The Chair may invite the lead for any item to introduce the item before inviting contributions from members. Members should indicate to the Chair if they wish to contribute, and the Chair will invite all who do so to contribute in turn. Members are expected to question and challenge proposals constructively and carefully to reach and articulate a considered view on the suitability of proposals.

5.16 The Chair will consider the discussion, and whether or not a consensus has been reached. Where the Chair concludes that consensus has been reached, then the Chair will normally end the discussion of an item by inviting agreement to the outcomes from the discussion and the resulting decisions of the Board.

5.17 As part of the process of stating the resulting decisions of the Board, the Chair may propose an adaptation of what may have been recommended to the Board in the accompanying report, to reflect the outcome of the discussion.

5.18 The Board may reach consensus on an item of business without taking a formal vote, and this will be normally what happens where consensus has been reached.

5.19 Where the Chair concludes that there is not a consensus on the Board's position on the item and/ or what it wishes to do, then the Chair will put the decision to a vote. If at least two Board members ask for a decision to be put to a vote, then the Chair will do so. Before putting any decision to vote, the Chair will summarise the outcome of the discussion and the proposal(s) for the members to vote on.

5.20 Where a vote is taken, the decision shall be determined by a majority of votes of the members present and voting on the question. In the case of an equality of votes, the Chair shall have a second or casting vote. The Chair may determine the method for taking the vote, which may be by a show of hands, or by ballot, or any other method the Chair determines.

5.21 While the meeting is in public the Board may not exclude members of the public and the press (for the purpose of reporting the proceedings) from attending the meeting.

Board Meeting in Private Session

5.22 The Board may agree to meet in private in order to consider certain items of business. Items will be detailed on the Board meeting agenda noting the grounds for consideration in closed session. The Board may decide to meet in private on the following grounds:

- The Board is still in the process of developing proposals or its position on certain matters and needs time for private deliberation.
- The business relates to the commercial interests of any person and confidentiality is required, e.g., when there is an ongoing tendering process or contract negotiation.
- The business necessarily involves reference to personal information and requires to be discussed in private in order to uphold the Data Protection Principles.
- The Board is otherwise legally obliged to respect the confidentiality of the information being discussed.

5.23 The minutes of the meeting will reflect when the Board has resolved to meet in private.

Minutes

5.24 The names of members present at a meeting of the Board, or of a committee of the Board, shall be recorded in the minute of the meeting. The names of other persons in attendance shall also be recorded.

5.25 The Board's Corporate Business Manager (or his/her authorised nominee) shall prepare the minutes of meetings of the Board and its committees. The Board or the committee shall review the draft minutes at the following meeting. The person presiding at that meeting shall sign the approved minute.

6. Matters Reserved for the Board

Introduction

6.1 The Scottish Government retains the authority to approve certain items of business. There are other items of the business which can only be approved at an NHS Board meeting, due to either Scottish Government directions or a Board decision in the interests of good governance practice.

6.2 This section summarises the matters reserved to the Board:

Standing Orders

a) The establishment and terms of reference of all its committees, and appointment of committee members.
b) Organisational Values.
c) The strategies for all the functions that it has planning responsibility for, subject to any provisions for major service change which require Ministerial approval.
d) The Annual Operational Plan for submission to the Scottish Government for its approval. (Note: The Board should consider the draft for submission in private session. Once the Scottish Government has approved the Annual Operational Plan, the Board should receive it at a public Board meeting).
e) Corporate objectives or corporate plans which have been created to implement its agreed strategies.
f) Risk Management Policy.
g) Financial plan for the forthcoming year, and the opening revenue and capital budgets.
h) Standing Financial Instructions and a Scheme of Delegation.
i) Annual accounts and report. (Note: This must be considered when the Board meets in private session. In order to respect Parliamentary Privilege, the Board cannot publish the annual accounts, or any information drawn from it before the accounts are laid before the Scottish Parliament. Similarly, the Board cannot publish the report of the external auditors of their annual accounts in this period).
j) Any business case item that is beyond the scope of its delegated financial authority before it is presented to the Scottish Government for approval. The Board shall comply with the Scottish Capital Investment Manual.
k) The Board shall approve the content, format, and frequency of performance reporting to the Board.
l) The appointment of the Board's chief internal auditor. (Note: This applies either when the proposed chief internal auditor will be an employee of the Board, or when the chief internal auditor is engaged through a contract with an external provider. The audit committee should advise the Board on the appointment, and the Board may delegate to the audit committee oversight of the process which leads to a recommendation for appointment).

6.3 The Board may be required by law or Scottish Government direction to approve certain items of business, e.g., the integration schemes for a local authority area.

6.4 The Board itself may resolve that other items of business be presented to it for approval.

7. Delegation of Authority by the Board

7.1 Except for the Matters Reserved for the Board, the Board may delegate authority to act on its behalf to committees, individual Board members, or other Board employees. In practice this is achieved primarily through the Board's approval of the Standing Financial Instructions and the Scheme of Delegation available on the NHS Board website.

7.2 The Board may delegate responsibility for certain matters to the Chair for action. In such circumstances, the Chair should inform the Board of any decision or action subsequently taken on these matters.

7.3 The Board and its officers must comply with the NHS Scotland Property Transactions Handbook, and this is cross-referenced in the Scheme of Delegation.

7.4 The Board may, from time to time, request reports on any matter or may decide to reserve any decision for itself. The Board may withdraw any previous act of delegation to allow this.

8. Execution of Documents

8.1 Where a document requires to be authenticated under legislation or rule of law relating to the authentication of documents under the Law of Scotland, or where a document is otherwise required to be authenticated on behalf of the Board, it shall be signed by an executive member of the Board or any person duly authorised to sign under the Scheme of Delegation in accordance with the Requirements of Writing (Scotland) Act 1995. Before authenticating any document, the person authenticating the document shall satisfy themselves that all necessary approvals in terms of the Board's procedures have been satisfied. A document executed by the Board in accordance with this paragraph shall be self-proving for the purposes of the Requirements of Writing (Scotland) Act 1995.

8.2 Scottish Ministers shall direct which officers of the Board can sign on their behalf in relation to the acquisition, management, and disposal of land.

8.3 Any authorisation to sign documents granted to an officer of the Board shall terminate upon that person ceasing (for whatever reason) from being an employee of the Board, without further intimation or action by the Board.

9. Committees

9.1 Subject to any direction issued by Scottish Ministers, the Board shall appoint such committees (and sub-committees) as it thinks fit. NHS Scotland Board Development website

will identify the committees which the Board must establish. (https://learn.nes.nhs.scot/17367/boarddevelopment)

9.2 The Board shall appoint the chairs of all committees. The Board shall approve the terms of reference and membership of the committees. The Board shall review these as and when required and shall review the terms within 2 years of their approval if there has not been a review.

9.3 The Board shall appoint committee members to fill any vacancy in the membership as and when required. If a committee is required by regulation to be constituted with a particular membership, then the regulation must be followed.

9.4 Provided there is no Scottish Government instruction to the contrary, any non-executive Board member may replace a Committee member who is also a non-executive Board member, if such a replacement is necessary to achieve the quorum of the committee.

9.5 The Board's Standing Orders relating to the calling and notice of Board meetings, conduct of meetings, and conduct of Board members shall also be applied to committee meetings where the committee's membership consist of or include all the Board members. Where the committee's members include some of the Board's members, the committee's meetings shall not be held in public and the associated committee papers shall not be placed on the Board's website, unless the Board specifically elects otherwise. Generally, Board members who are not members of a committee may attend a committee meeting and have access to the meeting papers. However, if the committee elects to consider certain items as restricted business, then the meeting papers for those items will normally only be provided to members of that committee. The person presiding the committee meeting may agree to share the meeting papers for restricted business papers with others.

9.6 The Board shall approve a calendar of meeting dates for its committees. The committee chair may call a meeting any time and shall call a meeting when requested to do so by the Board.

9.7 The Board may authorise committees to co-opt members for a period up to one year, subject to the approval of both the Board and the Accountable Officer. A committee may decide this is necessary to enhance the knowledge, skills, and experience within its membership to address a particular element of the committee's business. A co-opted member is one who is not a member of Forth Valley NHS Board and is not to be counted when determining the committee's quorum.

ANNEX A: STANDING ORDERS SUSPENSION AND DISQUALIFICATION

(1) Subject to paragraphs (2) and (3), a person shall be disqualified from being a Member, if-

(a) they have, within the period of five years immediately preceding the proposed date of appointment, been convicted in the United Kingdom, the Channel Islands, the Isle of Man, or the Irish Republic of any offence in respect of which they have received a sentence of imprisonment (whether suspended or not) for a period of not less than three months without the option of a fine.

(b) their estate has been sequestrated in Scotland or they have otherwise been adjudged bankrupt elsewhere than in Scotland, they have granted a trust deed for the benefit of their creditors or entered into any arrangement with their creditors, or a curator bonis or judicial factor has been appointed over their affairs.

(c) they have resigned or been removed or been dismissed, otherwise than by reason of redundancy, from any paid employment or office with a health service body.

(d) they are a person whose appointment as the chairperson, member or director of a health service body has been terminated other than by the expiration of their term of office.

(e) they are a chairperson, member, director, or employee of a health service body outwits the Forth Valley NHS Board area.

(f) they have had their name removed, by a direction under section 29 of the Act, from any list prepared under Part II of the Act and have not subsequently had their name included in such a list.

(g) they are a person whose name has been included in any list prepared under Part II of the Act, and whose name has been withdrawn from the list on their own application.

(h) they have had their name removed, by a direction under section 46 of the 1977 Act from any list prepared under Part II of the 1977 Act and have not subsequently had their name included in such a list.

(i) they are a person whose name has been included in any list prepared under Part II of the 1977 Act, and whose name has been withdrawn from the list on their own application.

(j) they are a person who is subject to a disqualification order under the Company Directors Disqualification Act 1986; or

(k) they are a person who has been removed from the position of trustee of a charity, whether by the court or by the Charity Commissioner.

(2) For the purpose of paragraph (1):

(a) the disqualification attaching to a person whose estate has been sequestrated shall cease if and when -

(i) the sequestration of their estate is recalled or reduced; or
(ii) the sequestration is discharged.

(b) the disqualification attaching to a person by reason of their having been adjudged bankrupt shall cease if and when -

(i) the bankruptcy is annulled; or
(ii) they are discharged.

(c) the disqualification attaching to a person in relation to whose estate a judicial factor has been appointed shall cease if and when -

(i) that appointment is recalled; or
(ii) the judicial factor is discharged.

(d) the disqualification attaching to a person who has granted a trust deed or entered into an arrangement with their creditors shall cease if and when that person pays their creditors in full or on the expiry of five years from the date of their granting the deed or entering into the arrangement.

(3) The Scottish Ministers may direct that in relation to any individual person or Board any disqualification so directed shall not apply in relation thereto.

(4) For the purposes of paragraph (1)(a) the date of conviction shall be deemed to be the date on which the days of appeal expire without any appeal having been lodged, or if an appeal has been made, the date on which the appeal is finally disposed of or treated as having been abandoned.

ANNEX B: STANDING ORDERS FOR THE PROCEEDINGS AND BUSINESS OF FORTH VALLEY NHS BOARD

ASSURANCE COMMITTEE TERMS OF REFERENCE

- Audit and Risk Committee
- Clinical Governance Committee
- Clinical Governance Ethical Issues Sub-Committee
- Endowments Committee
- Performance and Resources Committee
- Pharmacy Practices Committee
- Remuneration Committee
- Staff Governance Committee

AUDIT AND RISK COMMITTEE

TERMS OF REFERENCE

1. PURPOSE

The purpose of the Audit Committee is to ensure that NHS Board activities including Patients Private Funds and Endowment Funds are:

- within the law and regulations governing the NHS.
- 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. COMPOSITION

2.1 Membership

The membership of the Committee shall consist of:

- Four Non-Executive Members of the NHS Board

The Chair of NHS Forth Valley and Executive NHS Board Members are not eligible for Membership. The Chief Executive and Director of Finance will be in attendance.

2.2 Appointment of Chairperson and Vice Chair

The Chairperson of the Committee shall be appointed at a full business meeting of Forth Valley NHS Board in accordance with Standing Orders. The Chair of the NHS Board will appoint a Vice Chair in addition to the Chair. The Chair shall preside at every meeting of the Committee. The Vice Chair shall preside if the Chair is absent.

2.3 Attendance

The Chief Executive and the Director of Finance of NHS Forth Valley, the Chief Internal Auditor and the Statutory External Auditor shall normally attend meetings. The Committee can request the attendance of any officer of NHS Forth Valley. All NHS Board Members shall have the right of attendance and have access to papers, except where the Committee resolves otherwise.

3. MEETINGS

3.1 Frequency

Meetings of the Committee will be timetabled annually to coincide with the important events of the year and before important decisions are made.

Meetings will be held at a minimum of four times per annum. This timetable should also assist with scheduling key items of business to be discussed at each meeting.

3.2 Agenda and Papers

The agenda and supporting papers will be sent out at least five clear days in advance of the meetings. All papers will clearly state the agenda reference, the author, the purpose of the paper together with the action the Committee is asked to consider.

3.3 Quorum

No business shall be transacted unless a minimum of two Audit and Risk Committee Members are present.

3.4 Minutes

Formal Minutes will be kept of proceedings and submitted for approval at the next meeting. Recognising the issue of the relative timing and scheduling of meetings, a summary of the key areas of business of the Audit and Risk Committee will be presented to the next NHS Board Meeting to ensure NHS Board Members are aware of issues considered and decisions taken by the respective Committees.

The draft Minutes will be cleared by the Chair of the Committee and the nominated Lead Director prior to distribution.

3.5 Other

If necessary, meetings of the Committee shall be convened and attended exclusively by Members of the Committee and/or the External Auditor or Internal Auditor.

The Chief Internal Auditor and a representative from External Audit will have free and confidential access to the Chair of the Audit and Risk Committee.

4. REMIT

4.1 Objectives

The main objectives of the Audit and Risk Committee are to ensure that NHS Forth Valley acts within the law, regulations, and code of conduct applicable to it and that an effective system of internal control is maintained. The duties of the Audit and Risk Committee are in accordance with the Public Sector Internal Audit Standards and the Scottish Government Audit Committee Handbook. The Audit and Risk Committee will also periodically review its own effectiveness and report the results of that review to the Board and Accountable Officer.

4.2 Internal Control and Corporate Governance

4.2.1 To evaluate the framework of internal control and corporate governance comprising the following components:

- Control environment
- Review and assess the adequacy of the organisations risk management arrangements, systems, and processes
- approve the annual risk management reports on effectiveness, adequacy, and robustness of the risk management system
- Decision-making processes
- Information and communication
- Monitoring and corrective action
- Anti-fraud policies, whistle-blowing processes, and arrangements for special investigations

4.2.2 To review the system of internal financial control which includes:

- The safeguarding of assets against unauthorised use and disposition.
- Maintenance of proper accounting records and the reliability of financial information used within the organisation or for publication.

4.2.3 To ensure the NHS Board's activities are within the law and regulations governing the NHS.

4.2.4 To review and recommend approval to the NHS Board of the Risk Management Strategy.

4.2.5 To present an annual assurance statement on the above to the NHS Board to support the Governance Statement.

4.2.6 To take account of the implications of publications detailing best audit practice.

4.2.7 To take account of recommendations contained in the relevant reports of the Auditor General and the Scottish Parliament.

4.3 Internal Audit

4.3.1 To influence, review and approve the Internal Audit Strategic and Annual Plan.

4.3.2 To monitor audit progress and review audit reports.

4.3.3 To monitor the management action taken in response to the audit recommendations through an agreed follow-up mechanism.

4.3.4 To consider the Chief Internal Auditor's annual report and assurance statement.

4.3.5 To review the operational effectiveness of Internal Audit by considering the audit standards, resources, staffing, technical competency, and performance measures.

4.3.6 To ensure there is direct contact between the Audit and Risk Committee and Internal Audit and the opportunity is given for discussions with the Chief Internal Auditor as required without the presence of the Executive Directors. The Chief Internal Auditor must have appropriate access to both the Chief Executive and the Chair of the Audit and Risk Committee. Non-Executive members will have the facility to regularly meet with Internal and External Auditors for private discussions.

4.3.7 To review the terms of reference and appointment of the Internal Auditors.

4.4 External Audit

4.4.1 To review the Audit Strategy and Plan, including the Performance Audit Programme.

4.4.2 To consider all statutory audit material, in particular:

- Audit Reports (including Performance Audit Studies)
- Annual Reports
- Management Letters

relating to the certification of the NHS Board.

4.4.3 To monitor management action taken in response to all External Audit recommendations including Performance Audit Studies following consideration by the relevant Committee.

4.4.4 To hold meetings with the External Auditors at least once per year without the presence of the Executive Directors.

4.4.5 To review the extent of co-operation between External and Internal Audit.

4.4.6 Annually appraise the performance of the External Auditors.

4.4.7 To note the appointment and remuneration of External Auditors and to examine any reason for the resignation or dismissal of the Auditors.

4.5 Standing Orders and Standing Financial Instructions

4.5.1 To review changes to the Standing Orders and Standing Financial Instructions.

4.5.2 To examine the circumstances associated with each occasion when Standing Orders are waived or suspended.

4.5.3 To review the Scheme of Delegation.

4.6 Annual Accounts

4.6.1 To review annually (and approve) any changes in accounting policy.

4.6.2 To review schedule of losses and compensation payments.

4.6.3 To review and recommend approval to the NHS Board of the Annual Accounts.

4.6.4 To report in the Directors Report on the roles and responsibilities of the Audit Committee and actions taken to discharge those.

4.6.5 To review and recommend approval to the NHS Board of the Patients Funds Annual Accounts.

4.7 Receive reports from the FHS (Family Health Service) Performance Review / Reference Group which is responsible for dealing with Primary Care contractor issues and alleged breaches of terms of reference.

5. OTHER

5.1 The Committee has a duty to review its own performance, effectiveness, and terms of reference on an annual basis.

5.2 The Committee shall monitor the mechanism to keep up to date with changes to topical laws and regulations.

5.3 The Chairperson shall submit an Annual Report of the work of the Committee to the NHS Board.

5.4 The Committee is authorised to obtain outside legal or other professional advice it considers necessary.

CLINICAL GOVERNANCE COMMITTEE

TERMS OF REFERENCE

1. PURPOSE

The purpose of the Clinical Governance Committee is to provide the NHS Board with

- Systems Assurance – to ensure effective Clinical Governance is in place and effective throughout the local NHS system and services and is effective in services that are commissioned from independent providers and other partner agencies.

- Public Health Governance – to ensure that the principles and standards of clinical governance are applied to the health improvement and health protection activities of the NHS 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. COMPOSITION

2.1 Membership

The Membership of the Committee shall consist of:

- Five Non-Executive Members of the NHS Board
- Chair of Area Clinical Forum
- Employee Director
- Two Members of the NHS Forth Valley Public Involvement Network

2.2 Appointment of Chairperson and Vice Chair

The Chairperson of the Committee shall be appointed at a full business meeting of Forth Valley NHS Board in accordance with Standing Orders. The Chair of the NHS Board will appoint a Vice Chair in addition to the Chair. The Chair shall preside at every meeting of the Committee. The Vice Chair shall preside if the Chair is absent.

2.3 Attendance

The Chief Executive, Medical Director, Nurse Director, Director of Public Health & Strategic Planning, Human Resources Director and Director of Pharmacy will normally attend. Additionally, the Head of Clinical Governance and the Infection Control Manager shall also normally attend. The Committee can request the attendance of any officer or family practitioner of NHS Forth Valley at its meetings.

All NHS Board Members shall have the right of attendance and have access to papers except where the Committee resolves otherwise.

3. MEETINGS

3.1 Frequency

Meetings of the Committee will be timetabled annually. This schedule should also identify the key items of business to be discussed at each meeting.

The Committee shall meet as necessary to fulfil its remit and Meetings will be held at a minimum of once in every quarter.

3.2 Agenda and Papers

The agenda and supporting papers will be sent out at least five clear days in advance of the meetings. All papers will clearly state the agenda reference, the author, the purpose of the paper together with the action the Committee is asked to consider.

3.3 Quorum

No business shall be transacted unless a minimum of three Non-Executive Members are present.

3.4 Minutes

Formal Minutes will be kept of proceedings and submitted for approval at the next meeting. Recognising the issue of relative timing and scheduling of meetings, a summary of the key areas of business of the Clinical Governance Committee will be presented to the next Board Meeting to ensure NHS Board Members are aware of issues considered and decisions taken by the respective Committees.

The draft Minutes will be cleared by the Chair of the Committee and the nominated lead Director prior to distribution. Given the potential for minutes to contain In Confidence Information, these Minutes may require to be considered in a closed session of the NHS Board.

3.5 Other

If necessary, meetings of the Committee shall be convened and attended exclusively by members of the Committee.

3.6 Clinical Governance Working Group

Minutes of the Clinical Governance Working Group will be presented to the Clinical Governance Committee. Recognising the issue of relative timing and scheduling of meetings, a summary of the key areas of business of the Clinical Governance Working Group will be

presented to the next Clinical Governance Committee. The Clinical Governance Working Group reports to the Clinical Governance Committee.

3.7 Ethical Issues Sub-Committee

Minutes (or draft Minutes) of the Ethical Issues Sub-Committee will be presented to the Clinical Governance Committee following the meeting of the Sub-Committee. The Committee meets on an ad hoc basis as required. The Sub-Committee reports to the Clinical Governance Committee. The Sub-Committee delegates discussion to the Ethical Advisory Group which is a sub-group of the Clinical Governance Working Group.

3.8 Organ Donation Sub-Committee

Minutes (or draft Minutes) of the Organ Donation Sub-Committee will be presented to the next Clinical Governance Committee. The Sub-Committee reports to the Clinical Governance Committee.

4. REMIT

4.1 Objectives

The main objectives of the Clinical Governance Committee are to provide:

- Systems Assurance
- Public Health Governance
- Clinical Risk Management

4.2 Responsibilities

The responsibilities of the Committee shall be to: -

4.2.1 Ensure that all elements of the Clinical Governance Framework within the Quality Strategy are being adequately taken forward and coordinated within acute care, primary care, and community care.

4.2.2 Ensure that all elements of the Clinical Governance Framework within the Quality Strategy are implemented effectively and efficiently across the system.

4.2.3 Ensure that appropriate standards of clinical governance are being applied to the health improvement and health protection activities of the Board.

4.2.4 Ensure that follow-up action is taken in relation to external reviews to provide assurance that the quality of services is being improved.

4.2.5 Promote positive complaints handling, advocacy and feedback including learning from adverse events, near misses and whistleblowing cases.

4.2.6 Ensure review of clinical governance objectives bi-annually to gain assurance across the whole NHS system with appropriate monitoring and action planning.

4.2.7 Ensure systems dealing with revalidation/fitness to practice are in place.

4.2.8 Review performance in management of clinical and population-based risk and delivery of services, including emergency planning and service continuity planning.

4.2.9 Receive regular reports that allow the Committee to assure the Board on key clinical priorities within a clear forward plan.

4.2.10 Receive reports from the, NHS Forth Valley Area Prevention & Control of Infection Committee, and Child Protection Action Group Quarterly Report.

5. OTHER

5.1 The Committee has a duty to review its own performance, effectiveness, including running costs and terms of reference on an annual basis.

5.2 The Chairman shall submit an Annual Report on the work of the Committee to the NHS Board.

5.3 The Committee is authorised to obtain professional advice it considers necessary.

CLINICAL GOVERNANCE ETHICAL ISSUES SUB-COMMITTEE

TERMS OF REFERENCE

1. PURPOSE

The Ethical Issues Sub-Committee will ensure that ethical issues are given due consideration appropriate to an NHS provider of healthcare.

2. COMPOSITION

2.1 Membership

The membership of the Committee shall consist of:

- Chair of the Forth Valley Clinical Governance Committee
- Non-Executive Director of NHS Forth Valley
- Medical Director
- Head of Spiritual Care Services

2.2 Appointment of Chairperson and Vice Chair

The Chairperson of the Committee shall be appointed at a full business meeting of the Clinical Governance Committee. The Chair of the NHS Board will appoint a Vice Chair in addition to the Chair. The Chair shall preside at every meeting of the Committee. The Vice Chair shall preside if the Chair is absent.

2.3 Attendance

The Committee can obtain professional advice required and request the attendance of any officer of NHS Forth Valley to attend meetings.

All NHS Board Members shall have the right of attendance and have access to papers except where the Committee resolves otherwise.

3. MEETINGS

3.1 Frequency

The Committee shall meet as appropriate to fulfil its remit. Meetings will be held as necessary where there is business to consider.

3.2 Agenda and Papers

The agenda and supporting papers will be sent out at least five clear days in advance of the meetings. All papers will clearly state the agenda reference, the author, the purpose of the paper together with the action the Committee are asked to consider.

3.3 Quorum

No business shall be transacted unless a minimum of two Committee Members are present.

3.4 Minutes

Formal Minutes will be kept of proceedings and submitted for approval at the next meeting, recognising the issue of relative timing of meetings. Minutes of the Ethical Issues Sub-Committee will be presented in draft form to the next Clinical Governance Committee meeting to ensure Clinical Governance Committee Members are aware of issues considered and decisions taken.

The draft Minute will be cleared by the Chair of the Committee and the nominated lead Executive prior to distribution.

3.5 Other

If necessary, meetings of the Committee shall be convened and attended exclusively by Members of the Committee.

4. REMIT

4.1 Objectives

The main objectives of the Ethical Issues Sub-Committee are to ensure that the purpose is met.

To ensure the purpose is met, the group is responsible for the following:

- To consider in detail all issues remitted and bring forward advice, judgements, and recommendations to the Clinical Governance Committee, which maintain integrity a highest level of public confidence in NHS Forth Valley.
- To ensure issues referred are competent having been through an appropriate referral process
- To determine if the issue is subject to legal process or whether there is an indication it may be subject to such a process, in which case any consideration by the Committee should be suspended.
- To examine and address education and training needs of members and others asked to attend.

- To consider if other reasonable means of resolving the issue have been exhausted and refer the issue to an alternative process where this is not the case.
- To, where necessary, clarify the “question” being asked together with tee options and their potential implications and impacts.
- To seek all reasonable opinion and evidence to allow informed discussion.
- To be familiar with any significant legal or regulatory issues that may relate to the matter in question; this includes “case studies” and conclusions reached by others on similar matters.
- To analyse the issue using any suitable or relevant methodologies such as risk management
- To provide reports to the Clinical Governance Committee that clearly set out the issues, analysis undertaken and recommendations.

10. OTHER

10.1 The Committee has a duty to review its own performance, effectiveness, including running costs and Terms of Reference on an annual basis.

10.2 Reports will conform to national and NHS Forth Valley Information Governance standards and should not divulge any personal information without consent.

ENDOWMENTS COMMITTEE

TERMS OF REFERENCE

1. PURPOSE

The purpose of the Endowments 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 would manage the Endowments Funds in accordance with the wishes of donors.

2. COMPOSITION

2.1 Trustees

All Members of the Forth Valley NHS Board shall be Members of the Endowment Fund.

2.2 Membership of Endowments Committee

The membership of the Committee shall consist of all Members of Forth Valley NHS Board.

It is expected that as a matter of routine three Non-Executive Members, the Chief Executive and the Director of Finance shall attend meetings.

2.3 Appointment of Chairperson and Vice Chair

The Chairperson of the Committee shall be appointed at a full business meeting of Forth Valley NHS Board in accordance with Standing Orders. The Chair of the NHS Board will appoint a Vice Chair in addition to the Chair. The Chair shall preside at every meeting of the Committee. The Vice Chair shall preside if the Chair is absent.

2.4 Attendance

The Lead Director for NHS Forth Valley Endowment Funds shall normally attend meetings. The Endowment Fund's Investment Advisors shall attend as required but at least annually. The appointed Endowment Auditors shall attend as required.

The Committee can request the attendance of any officer of NHS Forth Valley. All Forth Valley NHS Board Members shall have access to the papers of the Committee.

3. MEETINGS

3.1 Frequency of Meetings

Meetings of the Committee will be timetabled annually. This schedule should also identify the key items of business to be discussed at each meeting.

The Committee shall meet as necessary to fulfil its remit and meetings will be held at least four times per year of which one meeting will be held to review the audited Annual Accounts and associated year-end reports.

3.2 Agenda and Papers

The agenda and supporting papers will be sent out at least five clear days in advance of the meetings. All papers will clearly state the agenda reference, the author, the purpose of the paper, together with the action the Committee are asked to consider.

3.3 Quorum

No business shall be transacted unless a minimum of three Endowment Committee Members are present.

3.4 Minutes

Formal Minutes will be kept of proceedings and submitted for approval at the next meeting. Recognising the issue of relative timing and scheduling of meetings, a summary of the key areas of business of the Endowments Committee will be presented to the next Forth Valley NHS Board Meeting. The draft Minutes will be cleared by the Chair of the Committee and the nominated Lead Director.

3.5 Bursary Committee

The Bursary Committee reports to the Endowment Committee. Recognising the issue of relative timing and scheduling of meetings, Minutes (or draft Minutes) of the Bursary Committee will be presented to the next Endowment Committee.

4. REMIT

The main objectives of the Endowments Committee are:

4.1 To ensure that financial statements comply with the Charities and Trustee Investment (Scotland) Act 2005, Regulation 8 of the Charities Accounts (Scotland) Regulations 2006, United Kingdom Generally Accepted Accounting Practice, and appropriate NHS legislation.

4.2 To accept hold and administer legacies, donations and grants that may be used for purposes relating to Health Service functions or to research.

4.3 To appoint Investment Advisors to ensure best possible investment advice is available to invest in the best interests of the Fund. The Advisors should be appropriately regulated by the Financial Conduct Authority.

4.4 To monitor investment performance and agree distribution of investment income.

4.5 To consider recommendations for use of funds and to approve a Scheme of Delegation for Endowment Funds.

4.6 To approve an annual budget for unrestricted funds against plan and monitor expenditure of funds.

4.7 To review the system of internal control including evaluating the control environment and decision-making process. To receive Internal Audit Reports in respect of Endowment Funds.

4.8 To appoint the External Auditor for the Endowment Fund and to review the Management Letter to the Annual Accounts.

4.9 To adopt the audited Annual Accounts and to review the Endowment Fund Annual Report.

5. OTHER

5.1 The Committee has a duty to review its own performance, effectiveness including running costs and Terms of Reference on an annual basis.

5.2 The Chairperson shall submit an Annual Report of the work of the Committee to Forth Valley NHS Board.

5.3 The Committee is authorised to obtain professional advice it considers necessary.

5.4 The Committee should ensure compliance with the requirements of the Office of the Scottish Charity Regulator including the submission of an Annual Monitoring Return.

PERFORMANCE AND RESOURCES COMMITTEE

TERMS OF REFERENCE

1. Purpose

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 focussing 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. Composition

2.1 Membership

The membership of the Committee shall consist of:

- Four Non-Executive Directors of the Board
- Chair of Area Clinical Forum
- Employee Director

2.2 Appointment of Chairperson and Vice Chair

The Chairperson of the Performance and Resource Committee shall be appointed at a full business meeting of Forth Valley NHS Board in accordance with Standing Orders. The Chair of the NHS Board will appoint a Vice Chair in addition to the Chair. The Chair shall preside at every meeting of the Committee. The Vice Chair shall preside if the Chair is absent.

2.3 Attendance

The Chief Executive, Nurse Director, Medical Director, Director of Finance, Human Resources Director, Director of Facilities and Infrastructure and Head of Policy and Performance shall normally attend meetings.

The Committee can request the attendance of any officer of NHS Forth Valley at its meetings.

All NHS Board Members shall have the right of attendance and have access to papers except where the Committee resolves otherwise.

The Committee shall have the right to invite, as required, external experts to attend meetings.

3. Meetings

3.1 Frequency

Meetings of the Performance and Resource Committee will be timetabled bimonthly on the month opposite to the NHS Board meeting. The meeting schedule should also identify the key items of business to be discussed at each meeting.

The Performance and Resource Committee shall meet as necessary to fulfil its remit and meetings will be held at a minimum of bimonthly.

3.2 Agenda and Papers

The agenda and supporting papers will be sent out at least five clear days in advance of the meetings. All papers will clearly state the agenda reference, the author, the purpose of the papers together with the action the Performance and Resource Committee is asked to consider.

3.3 Quorum

No business shall be transacted unless a minimum of three Members are present.

3.4 Minutes

Formal Minutes will be kept of proceedings and submitted for approval at the next meeting.

Recognising the issue of relative timing and scheduling of meetings, a summary of the key areas of business of the Performance and Resource Committee will be presented to the next Board Meeting to ensure NHS Board members are aware of issues considered and decisions taken.

The draft Minutes will be cleared by the Chair of the Performance and Resource Committee and the nominated Lead Director prior to distribution. Given the potential for Minutes to contain In Confidence information, these Minutes may require to be considered in a closed session of the NHS Board.

4. Remit

The main objectives of the Performance and Resources Committee shall be:

4.1 Corporate Planning

4.1.1 Ensure the production of an Annual Operational Plan, incorporating the Board's Financial Plan/Capital Plan, setting out the overall direction for the year for Board approval.
4.1.2 Ensure actions are in place to support delivery of the Annual Operational Plan.
4.1.3 Monitor progress against the Annual Operational Plan, ensuring delivery against plan is achieved.
4.1.4 Oversee Community Planning Partnership activities and receive routine reports.
4.1.5 Ensure appropriate focus on strategic priorities and core objectives.

4.2 Performance and Risk

4.2.1 Support the development of a performance culture within NHS Forth Valley which will drive continuous quality improvement.
4.2.2 Approve the Board Performance Management Framework.
4.2.3 Review the Board's overall performance, strategic policy, and planning objectives, Forth Valley Quality Programme and ensure mechanisms are in place to promote best value, improved efficiency, and effectiveness.
4.2.4 Ensure a rigorous and systematic approach to performance monitoring and reporting is in place to enable more strategic and better-informed discussions to take place at the full Board.
4.2.5 Adopt a risk-based approach to performance through routine review of the Balanced Scorecard, focussing on areas of corporate concern identified as requiring an additional strategic and collective approach to ensure delivery against performance targets.
4.2.6 Maintain an overview of the Corporate Risk Register reviewing risk appetite and agreeing appropriate escalation to the Board.

4.3 Finance and Efficiency

4.3.1 Review Financial Performance, focussing on areas of corporate concern which may require corporate decision making to enable delivery against plan.
4.3.2 Review the Board's savings plans to ensure that these deliver as required to support the Board's financial plan.
4.3.3 Review the Board's performance in relation to internal and external reports including benchmarking and efficiency indicators and to support opportunities for improving the Board's performance.
4.3.4 Maintain overview of IJB budget process and financial performance.

4.4 Property and Asset Management

4.4.1 Ensure the Property and Asset Management Strategy is developed, and the procedures are in place to ensure that it is maintained, reviewed, and remains deliverable.
4.4.2 Review all proposed property acquisitions and disposals in accordance with the NHS Property Transactions Handbook ensuring that due process has been followed to permit Board approval to proceed.
4.4.3 Approve Change Control notifications exceeding £20,000 (recurring) for the Board's PFI facilities.

4.5 Capital Projects

4.5.1 Review overall development of major schemes including capital investment business cases and consider the implications of time slippage and / or cost overrun. Instruct and review the outcome of the post project evaluation.
4.5.2 Review reports on significant capital projects.
4.5.3 Review compliance with relevant legislation and requirements of the Scottish Capital Investment Manual (SCIM).
4.5.4 Review periodically policies relating to capital projects and major equipment.

4.6 Information Governance

4.6.1 Ensure NHS Forth valley delivers its statutory obligation to comply with information governance and General Data Protection Regulation (GDPR).
4.6.2 Maintain an overview of the work to deliver improvements in Information Governance ensuring appropriate prioritisation of this work.

4.7 Digital strategy

4.7.1 Monitor delivery of the Digital and eHealth Plan.

5. OTHER

5.1 The Performance and Resource Committee has a duty to review its own performance and effectiveness including running costs and terms of reference on an annual basis.

5.2 The Performance and Resources Committee is authorised to obtain professional advice if it considers necessary.

5.3 The Chairperson shall submit an Annual Report of the work of the Performance and Resources Committee to the Board.

PHARMACY PRACTICES COMMITTEE

TERMS OF REFERENCE

1. PURPOSE

1.1 The Committee shall be known as the Pharmacy Practices Committee and shall consider, determine and approve/reject applications for inclusion in the Pharmaceutical List in accordance with the NHS (Pharmaceutical Services) (Scotland)Regulations 2009 and the NHS (Pharmaceutical Services) (Scotland) Amendment Regulations 2011 (SSI 2011 No. 32) and 2014 (SSI 2014 No. 148).

1.2 The Committee shall, within 10 working days of taking its decision, give written notification of it to the Board with reasons for that decision.

2. COMPOSITION

2.1 Membership

The Pharmacy Practices Committee is appointed by the Board and shall consist of seven (unless the Application is for premises in a neighbourhood or an adjacent neighbourhood to a controlled locality, in which case an additional member will be appointed by the Board from persons nominated by the Area Medical Committees).

Members of whom:

2.1.1 One (Chair) shall be a Non-Executive Member of the Board appointed as Chair of the Pharmacy Practices Committee and shall not be nor have previously been, a Doctor, Dentist, Ophthalmic Optician or Pharmacist or an employee of a Doctor, Dentist, Ophthalmic Optician or Pharmacist.

2.1.2 Three shall be Pharmacists of whom:

2.1.2.1 One shall be a Pharmacist whose name is not included in a Pharmaceutical List and who is not an employee of a person whose name is so listed and who shall be appointed from a list of persons nominated by the Area Pharmaceutical Committee.

2.1.2.2 Two shall be Pharmacists whose names are either included on a Pharmaceutical List or are employees of a person whose name is on such a list and shall be appointed from a list of persons nominated by the Area Pharmaceutical Committee.

2.1.3 Three shall be Lay Persons appointed by NHS Forth Valley, other than from members of the Board, and shall not be nor have previously been a Doctor, Dentist, Ophthalmic Optician or Pharmacist or an employee of person who is a Doctor, Dentist, Ophthalmic Optician or Pharmacist.

2.1.4 In circumstances where the premises that are the subject of the Application are located in the same neighbourhood as a controlled locality the Pharmacy Practices Committee shall have an additional member appointed by the Board from persons nominated by the Area Medical Committee.

2.2 Appointment of Deputies

The Board shall also appoint deputies including, as the case may be for 2.1.4 for each Committee Member using the same criteria as set out in 2.1.

2.3 Eligibility

The Board shall ensure in appointing Members and Deputies to the Pharmacy Practices Committee that the eligibility criterion set out in the National Health Service (General Pharmaceutical Services) (Scotland) Regulations 2009 the NHS (Pharmaceutical Services) (Scotland) Amendment Regulations 2011 and 2014 (SSI 2014 No. 148) and in accordance with the provision of The Health Act 1999 are met.

If nominations are not made available before such a date as the Board may determine, the Board may appoint as a member a person who satisfies the appropriate criteria specified in 2.1 to 2.1.4.

2.4 Review

Membership shall be reviewed annually.

2.5 Attendance

The Board may appoint an independent legal assessor to attend to provide legal and technical advice during the hearing.

A person shall attend for the purpose of taking an accurate note of the Pharmacy Practices Committee meeting.

3. MEETINGS

3.1 The Pharmacy Practices Committee shall meet as necessary to fulfil its remit.

3.2 The agenda and supporting papers will be sent at least five days before the date of the meeting. In any case where oral representations are being heard, at least 7 days notice of the date fixed for the meeting shall be given to all parties.

3.3 Quorum

No business will be conducted at the meeting of the Pharmacy Practices Committee unless five Members or deputies are present of whom:

3.3.1 one shall be the Chair of the Committee or deputy Chair.

3.3.2 one shall be a non-contractor Pharmacist in accordance with 2.1.2.1 or deputy.

3.3.3 one shall be a contractor Pharmacist in accordance with 2.1.2.1 or deputy.

3.3.4 two shall be Lay Persons in accordance with 2.1.3 or deputy.

3.3.5 In circumstances where the premises that are the subject of the Application are in the same neighbourhood as a controlled locality the Pharmacy Practices Committee shall have an additional member appointed by the Board from persons nominated by the Area Medical Committee.

3.4 Formal minutes will be kept of the proceedings of the Committee and approved by Members or deputies in accordance with 3.3, with the decision and the reasons for that decision reported to the Board. A copy of the Minutes of the NHS Forth Valley Pharmacy Practices Committee will be submitted to the NHS Board for noting.

3.5 Each application submitted to the Pharmacy Practices Committee under Regulation 5 (10) shall be discussed by all Members present at the meeting but shall be determined by the following Members (or their deputies) after the Non-Contractor and Contractor Pharmacists appointed by the Pharmacy Practices Committee and, if present, the member nominated by the Area Medical Committee, have withdrawn.

3.5.1 Lay Persons in accordance with 2.1.3.

3.6 The Chair or deputy Chair shall not be entitled to vote in respect of a determination of an application submitted under Regulation 5 (10) but in the case of an equality of votes under 3.5 shall have a casting vote.

3.7 In the case of all other matters considered under Regulation 5(10) except in respect of an application submitted under Regulation 5(10) all Members of the Committee present shall determine the matter.

3.8 In the case of urgent matters the Chair, or in their absence, the deputy Chair shall be empowered by the Committee to determine matters within the remit of the Committee with the exception of applications submitted under Regulation 5(10) in circumstances where it is necessary that, as a matter of urgency, a decision should be reached between scheduled meetings of the Committee.

3.9 Any decision taken under 3.8 shall be reported to the next meeting of the Committee for endorsement.

4. REMIT

4.1 The Committee shall determine and approve/reject applications for inclusion in the Pharmaceutical List as defined in terms of Regulation 5(10) and paragraph 3 of schedule 3 of the National Health Service (General Pharmaceutical Services) (Scotland) Regulations 2009, the National Health Service (Pharmaceutical Services) (Scotland) Amendment Regulations 2011 and 2014 (SSI 2014 No. 148) and in accordance with The Health Act 1999.

4.2 The Committee shall also be empowered to exercise other functions as are delegated to it by Forth Valley NHS Board under the National Health Service (General Pharmaceutical Services) (Scotland) Regulations 2009, the National Health Service (Pharmaceutical Services) (Scotland)Amendment Regulations 2011 and 2014 (SSI 2014 No. 148) and in accordance with The Health Act 1999 to the extent that those functions are not delegated to an Officer under the Scheme of Delegation.

4.3 Any Officer with delegated authority in respect of the provisions of the General Pharmaceutical Services under Part II of the National Health Service (Scotland) Act 1978, may refer to the Committee for determination of any matter within the Officer's delegated authority either as a matter of policy or in respect of a specific issue and the Committee shall be authorised to determine such matters.

4.4 In exercising and considering all applications submitted to it, the Committee shall have regard to the provisions of the National Health Service (General Pharmaceutical Services) (Scotland) Regulations 2009, the National Health Service (Pharmaceutical Services) (Scotland) Amendment Regulations 2011 and 2014 (SSI 2014 No. 148) and The Health Act 1999 with particular reference to:

4.4.1 consultation with interested parties, appropriate members of the public; and

4.4.2 criterion for the granting of new pharmaceutical contracts.

5. AUTHORITY

5.1 The Committee is authorised to investigate any activity within its terms of reference. It is authorised to seek any information it requires from any employee and all employees are directed to co-operate with any request made by the Committee.

5.2 The Committee has a duty to review its own performance, effectiveness including running costs and terms of reference on an annual basis.

REMUNERATION COMMITTEE

TERMS OF REFERENCE

1. Role of the Committee

1.1 The main function of the Remuneration Committee is to ensure application and implementation of fair and equitable pay systems on behalf of the NHS Board, as determined by Ministers and Scottish Government. The Committee oversees the remuneration arrangements for Executive Directors and Senior Managers (on Executive pay grades) and Consultants of the NHS Board whilst also discharging specific responsibilities on behalf of the NHS Board as an employing organisation. The Remuneration Committee provides assurance that systems and procedures are in place to manage the responsibilities within its remit by providing an Annual Report of its work to the NHS Board.

2. Composition of the Committee

2.1 Membership

The membership of the Committee shall consist of:

- the NHS Board Chair
- the Employee Director
- the Chair of the Audit and Risk Committee
- the Chair of the Clinical Governance Committee
- the Chair of the Staff Governance Committee
- the Chair of the Performance and Resources Committee

The Committee Chair (from list above) shall be appointed by the NHS Board at its inaugural meeting. The Chair of the NHS Board will appoint a Vice Chair in addition to the Chair. The Chair shall preside at every meeting of the Committee. The Vice Chair shall preside if the Chair is absent.

Appropriate training and development will be provided to ensure that members of the Committee have the skills and knowledge to carry out this role.

2.2 Attendance

Other NHS Non-Executive Board Members may attend Meetings of the Committee and have access to papers at the Committee Chair's discretion. In such cases, NHS Board members should inform the Committee Chair in advance of their desire to attend the relevant Meeting.

The Chief Executive shall normally attend meetings.

The Director of HR shall attend all meetings for the entire agenda to ensure that professional HR advice is available at every stage of proceedings.

3. Meetings of the Committee

3.1 Frequency

The Committee shall meet as required, with Meetings normally to be held three times in each financial year, at a place and time as determined by the Committee Chair. In addition, the Committee Chair may convene Meetings to consider business which may require urgent consideration.

3.2 Agenda and Papers

The Committee Chair in conjunction with the Chief Executive and Director of HR will set the Agenda for meetings.

The agenda and supporting papers will be sent out at least five clear days in advance of the meetings.

All papers will clearly state the agenda reference, the author, the purpose of the paper and the key issues the Committee is asked to consider using the agreed Board Paper template.

3.3 Quorum

Three members of the Committee shall constitute a quorum and no business shall be transacted unless this minimum number of Members is present. For the purposes of determining whether a meeting is quorate, Members attending by either video or tele-conference link will be determined to be present.

3.4 Minutes

The Draft Minutes shall then be presented at the next Meeting of the Committee for approval.

A summary of the key items of business considered by the Committee shall be presented, through the Staff Governance Committee as appropriate and made to the next available Board Meeting by the Committee Chair.

3.5 In order to fulfil its remit, the Remuneration Committee can obtain whatever professional advice it requires and invite if necessary external experts to meetings.

4. Duties of the Remuneration Committee

The specific duties of the Committee are as follows:

4.1 In relation to Executive Directors and Health & Care Senior Managers (on executive pay grades):

- review and approve all Terms and Conditions of Employment, including job descriptions, terms of employment, basic pay, performance pay (if applicable), and all benefits associated with each post (this also refers to Senior Managers on executive pay grades)

- review and approve annual performance objectives, including overseeing the review of performance against these objectives at the mid-year point and agreeing any revisions to the objectives during the course of the year (this also refers to Health & care Senior Managers on executive pay grades)

- consider and approve the assessment of performance at the year-end and any changes to the remuneration or the Terms and Conditions of Employment arising from this assessment of performance during the review period (this also refers to Senior Managers on executive pay grades)

4.2 In relation to any other staff employed under Executive Managers' or Consultants' pay arrangements to:

- maintain an overview of remuneration arrangements for staff falling within these categories

4.3 In general:

- comply with any Scottish Government Health and Social Care Directorates directions and take into consideration any relevant guidance on remuneration or terms and conditions of employment
- provide assurance to the Board though the Staff Governance Committee, that systems and procedures are in place to manage the issues set out in Scottish Government guidance so that overarching staff governance responsibilities can be discharged; the Staff Governance Committee will not be given the detail of confidential employment issues that are considered by the Remuneration Committee
- review submissions from the Chief Executive for the terms of any Settlement Agreement; such agreements may also require the approval of the Scottish Government, in accordance with procedures applicable across the public sector

5. Authority

5.1 The Committee is authorised by the NHS Board to obtain external legal or other independent professional advice and to secure the assistance of people from outside the Board or the wider NHS, with relevant expertise, if it is considered necessary.

6. Reporting to the Board

6.1 In addition to providing the Board, through the Staff Governance Committee, with updates, the Remuneration Committee shall produce an Annual Report to the NHS Board and be presented by the Remuneration Committee Chair.

6.2 The Committee has a duty to review its own performance and effectiveness, and terms of reference, on an annual basis and report proposed amendments to the NHS Board.

STAFF GOVERNANCE COMMITTEE

TERMS OF REFERENCE

1. PURPOSE

1.1 The purpose of the Staff Governance Committee is to provide the NHS Board with the assurance that:

- There is a culture within NHS Forth Valley where the highest possible standard of staff management is understood to be the responsibility of everyone working in Forth Valley and is built upon partnership and collaboration.

- Staff governance mechanisms are in place and effective throughout the local NHS system.

- Performance is reviewed against the Staff Governance standard.

2. COMPOSITION

2.1 Membership

The membership of the Committee shall consist of:

- Four Non-Executive NHS Board Members
- Chair of the NHS Board
- Employee Director
- Four Lay members (from Trade Union and Professional Organisations)

2.2 Appointment of Chairperson and Vice Chair

The Chairperson of the Committee shall be appointed at a full business meeting of Forth Valley NHS Board in accordance with Standing Orders. The Chair of the NHS Board will appoint a Vice Chair in addition to the Chair. The Chair shall preside at every meeting of the Committee. The Vice Chair shall preside if the Chair is absent.

2.3 Attendance

The Chief Executive of NHS Forth Valley, Director of Nursing and the Director of Human Resources shall normally attend meetings. The Committee can routinely request the attendance of any officer of NHS Forth Valley at its meetings.

All NHS Board Members shall have the right of attendance and have access to papers except where the Committee resolves otherwise.

3. MEETINGS

3.1 Frequency

Meetings of the Committee will be timetabled annually. This schedule should also identify the key items of business to be discussed at each meeting. The Committee shall meet as necessary to fulfil its remit and Meetings will be held at a minimum of once in every quarter.

3.2 Agenda and Papers

The agenda and supporting papers will be sent out at least five clear days in advance of the meetings. All papers will clearly state the agenda reference, the author, the purpose of the paper together with the action the Committee are asked to consider.

3.3 Quorum

No business shall be transacted unless a minimum of four Members are present.

3.4 Minutes

Formal Minutes will be kept of proceedings and submitted for approval at the next meeting.

Recognising the issue of relative timing and scheduling of meetings, a summary of the key areas of business of the Performance and Resource Committee will be presented to the next Board Meeting to ensure NHS Board members are aware of issues considered and decisions taken.

The draft Minutes will be cleared by the Chair of the Committee and the nominated Lead Executive prior to distribution.

3.5 Other

If necessary, meetings of the Committee shall be convened and attended exclusively by Members of the Committee.

4. REMIT

4.1 Objectives

The main objectives of the Staff Governance Committee are to ensure that staff governance mechanisms are in place and effective throughout the local NHS System and that performance is reviewed against relevant Staff Governance standards. The Committee shall support the creation of a culture within the health system where the delivery of the highest possible standard of staff management is understood to be the responsibility of everyone working within the system and is built upon partnership and collaboration.

4.2 Systems Assurance and Staff Governance

4.2.1 To receive summary reports from the Area Partnership Forum in relation to Human Resource and Organisational Development Strategy and Policies. Policy development and approval is delegated to the Area Partnership Forum.

4.2.2 To monitor implementation of the Workforce Modernisation Agenda through the assessment of regular reports.

4.2.3 To commission the introduction of structures and processes which ensure that delivery against the Staff Governance Standards, including the aligned Whistleblowing Standards, is being achieved.

4.2.4 To ensure consistency of policy and equity of treatment of employees.

4.2.5 To ensure that a consistent approach to the job evaluation is in place.

4.2.6 To monitor Workforce Plan development and its associated action plan.

4.2.7 To ensure that an appropriate approach is in place to deal with staff risk management (including staff and patient safety) across the system working within NHS Forth Valley Risk Management Strategy.

4.2.8 To provide staff governance information for the statement of internal control.

4.3 Internal Review

4.3.1 To monitor and evaluate strategies and implementation plans relating to people management.

4.3.2 To review staff survey results and to monitor implementation of agreed action plans.

4.3.3 To monitor performance in NHS Forth Valley in

- staff communications
- learning and development
- partnership working (through links with Area Partnership Forum)
- safe and healthy working environment
- Human Resource Policies and Procedures

4.3.4 To propose and support any policy amendment, funding, or resource submission to achieve the Staff Governance Standard recognising that such proposals will require to be assessed as part of the over-arching local prioritisation process.

4.3.5 To receive minutes from Health and Safety Committee and to monitor governance arrangements as they relate to staff.

4.4 External Review

4.4.1 To take responsibility for the timely submission of all staff governance information required for national monitoring arrangements and ensure follow-up action is taken in respect of relevant external reviews such as Audit Reports.

4.4.2 To oversee the implementation of Everyone Matters, the national workforce vision and related workforce strategies.

- Partnership Information Network Guidelines
- Fair for All

4.4.3 To review all appropriate Performance elements routinely.

4.4.4 To recognise the implementation of the 'Once for Scotland' Workforce Policies.

5. Other

5.1 The Committee has a duty to review its own performance, effectiveness, including running costs and Terms of Reference on an annual basis.

5.2 The Chairman shall submit an Annual Report on the work of the Committee to the NHS Board.

5.3 The Committee is authorised to obtain professional advice it considers necessary.

ANNEX C: STANDING ORDERS

SCHEME OF DECISIONS RETAINED BY FORTH VALLEY NHS BOARD

The Code of Accountability requires the NHS Board to adopt a Schedule of Decisions that are reserved for the NHS Board. The following decisions are for determination by the NHS Board: -

1. Values and aims of Forth Valley NHS Board

2. Forth Valley Corporate Plan including the Local Delivery Plan and Regional Planning issues

3. Strategic Health Service Plans, all Business Cases where Capital Investment exceeds £1m

4. Five Year Financial Plan and Annual Financial Plan

5. Five Year Capital Plan and Annual Capital Plan

6. Endorsement of jointly published plans with public sector partners

7. Standing Orders including Decisions retained by the Board and the Scheme of Delegation

8. Standing Financial Instructions

9. Establishment, terms of reference, reporting arrangements and membership of all Committees acting on behalf of the NHS Board

10. NHS Board Members' Register of Interests

11. Approval of NHS Board Annual Report and Annual Accounts

12. Financial and Performance Management Reporting Arrangements

13. Arrangements for approval of policies required as a result of national guidelines with the exception of Human Resource policies (see Staff Governance Committee remit)

14. Recommendations to the Scottish Government relating to the closure or change of use of hospitals

15. Acquisition and disposal of any land and property above £ 250,000

16. Appointment of Executive Directors of Forth Valley NHS Board

17. Appointment of Management Consultants/Advisors where contract value exceeds £100,000

18. Approval of delegation of any function to an agency out with the National Health Service

The Chief Executive is authorised to take such measures as may be required in emergency situations, subject to advising, where possible, the Chairperson and the Vice Chairperson of the Board and the relevant Standing Committee Chairperson. Where such powers are invoked these shall be formally reported to the next relevant Standing Committee or NHS Board Meeting as appropriate.

ANNEX D: STANDING ORDERS

SCHEME OF DELEGATION

A clear set of rules for delegation, inclusive of financial limits is essential to ensure that effective management control of resources is exercised.

Decisions retained by the NHS Board are identified in Annex C.

All powers not retained by the NHS Board or delegated to a Committee or Sub-Committee shall be exercised on behalf of the NHS Board by the Chief Executive. The Chief Executive shall prepare a Scheme of Delegation identifying which functions he/she shall perform personally, and which functions have been delegated to other Officers.

The Chief Executive as Accountable Officer (Revised Memorandum to National Health Service Accountable Officers: May 2002) is also accountable to the Principal Accounting Officer of the NHS in Scotland and the Scottish Parliament. The role of the Director of Finance in devising, implementing, monitoring and supervising systems of financial control is exercised on behalf of the Chief Executive and the NHS Board.

The Scheme of Delegation and the Standing Financial Instructions form a major part of the system of control. These should be used in conjunction with the system of budgetary control and other established procedures.

SECTION B

Code of Conduct

SECTION 1: Introduction to the Code of Conduct

1.1 This Code has been issued by the Scottish Ministers, with the approval of the Scottish Parliament, as required by the Ethical Standards in Public Life etc. (Scotland) Act 2000 (the "Act").

1.2 The purpose of the Code is to set out the conduct expected of those who serve on the boards of public bodies in Scotland.

1.3 The Code has been developed in line with the nine key principles of public life in Scotland. The principles are listed in Section 2 and set out how the provisions of the Code should be interpreted and applied in practice.

My Responsibilities

1.4 I understand that the public has a high expectation of those who serve on the boards of public bodies and the way in which they should conduct themselves in undertaking their duties. I will always seek to meet those expectations by ensuring that I conduct myself in accordance with the Code.

1.5 I will comply with the substantive provisions of this Code, being sections 3 to 6 inclusive, in all situations and at all times where I am acting as a board member of my public body, have referred to myself as a board member or could objectively be considered to be acting as a board member.

1.6 I will comply with the substantive provisions of this Code, being sections 3 to 6 inclusive, in all my dealings with the public, employees and fellow board members, whether formal or informal.

1.7 I understand that it is my personal responsibility to be familiar with the provisions of this Code and that I must also comply with the law and my public body's rules, standing orders and regulations. I will also ensure that I am familiar with any guidance or advice notes issued by the Standards Commission for Scotland ("Standards Commission") and my public body, and endeavour to take part in any training offered on the Code.

1.8 I will not, at any time, advocate or encourage any action contrary to this Code.

1.9 I understand that no written information, whether in the Code itself or the associated Guidance or Advice Notes issued by the Standards Commission, can provide for all circumstances. If I am uncertain about how the Code applies, I will seek advice from the Standards Officer of my public body, failing whom the Chair or Chief Executive of my public body. I note that I may also choose to seek external legal advice on how to interpret the provisions of the Code.

Enforcement

1.10 Part 2 of the Act sets out the provisions for dealing with alleged breaches of the Code, including the sanctions that can be applied if the Standards Commission finds that there has been a breach of the Code. More information on how complaints are dealt with and the sanctions available can be found at Annex A.

SECTION 2: Key Principles of the Code of Conduct

2.1 The Code has been based on the following key principles of public life. I will behave in accordance with these principles and understand that they should be used for guidance and interpreting the provisions in the Code.

2.2 I note that a breach of one or more of the key principles does not in itself amount to a breach of the Code. I note that, for a breach of the Code to be found, there must also be a contravention of one or more of the provisions in sections 3 to 6 inclusive of the Code.

The key principles are:

Duty
I have a duty to uphold the law and act in accordance with the law and the public trust placed in me. I have a duty to act in the interests of the public body of which I am a member and in accordance with the core functions and duties of that body.

Selflessness
I have a duty to take decisions solely in terms of public interest. I must not act in order to gain financial or other material benefit for myself, family or friends.

Integrity
I must not place myself under any financial, or other, obligation to any individual or organisation that might reasonably be thought to influence me in the performance of my duties.

Objectivity
I must make decisions solely on merit and in a way that is consistent with the functions of my public body when carrying out public business including making appointments, awarding contracts or recommending individuals for rewards and benefits.

Accountability and Stewardship
I am accountable to the public for my decisions and actions. I have a duty to consider issues on their merits, taking account of the views of others and I must ensure that my public body uses its resources prudently and in accordance with the law.

Openness
I have a duty to be as open as possible about my decisions and actions, giving reasons for my decisions and restricting information only when the wider public interest clearly demands.

Honesty
I have a duty to act honestly. I must declare any private interests relating to my public duties and take steps to resolve any conflicts arising in a way that protects the public interest.

Leadership

I have a duty to promote and support these principles by leadership and example, and to maintain and strengthen the public's trust and confidence in the integrity of my public body and its members in conducting public business.

Respect

I must respect all other board members and all employees of my public body and the role they play, treating them with courtesy at all times. Similarly, I must respect members of the public when performing my duties as a board member.

SECTION 3: General Conduct

Respect and Courtesy

3.1 I will treat everyone with courtesy and respect. This includes in person, in writing, at meetings, when I am online and when I am using social media.

3.2 I will not discriminate unlawfully on the basis of race, age, sex, sexual orientation, gender reassignment, disability, religion or belief, marital status or pregnancy/maternity; I will advance equality of opportunity and seek to foster good relations between different people.

3.3 I will not engage in any conduct that could amount to bullying or harassment (which includes sexual harassment). I accept that such conduct is completely unacceptable and will be considered to be a breach of this Code.

3.4 I accept that disrespect, bullying and harassment can be:

a) a one-off incident,
b) part of a cumulative course of conduct; or
c) a pattern of behaviour.

3.5 I understand that how, and in what context, I exhibit certain behaviours can be as important as what I communicate, given that disrespect, bullying and harassment can be physical, verbal and non-verbal conduct.

3.6 I accept that it is my responsibility to understand what constitutes bullying and harassment and I will utilise resources, including the Standards Commission's guidance and advice notes, my public body's policies and training material (where appropriate) to ensure that my knowledge and understanding is up to date.

3.7 Except where it is written into my role as Board member, and / or at the invitation of the Chief Executive, I will not become involved in operational management of my public body. I acknowledge and understand that operational management is the responsibility of the Chief Executive and Executive Team.

3.8 I will not undermine any individual employee or group of employees, or raise concerns about their performance, conduct or capability in public. I will raise any concerns I have on such matters in private with senior management as appropriate.

3.9 I will not take, or seek to take, unfair advantage of my position in my dealings with employees of my public body or bring any undue influence to bear on employees to take a certain action. I will not ask or direct employees to do something which I know, or should reasonably know, could compromise them or prevent them from undertaking their duties properly and appropriately.

3.10 I will respect and comply with rulings from the Chair during meetings of:

a) my public body, its committees; and
b) any outside organisations that I have been appointed or nominated to by my public body or on which I represent my public body.

3.11 I will respect the principle of collective decision-making and corporate responsibility. This means that once the Board has made a decision, I will support that decision, even if I did not agree with it or vote for it.

Remuneration, Allowances and Expenses

3.12 I will comply with the rules, and the policies of my public body, on the payment of remuneration, allowances and expenses.

Gifts and Hospitality

3.13 I understand that I may be offered gifts (including money raised via crowdfunding or sponsorship), hospitality, material benefits or services ("gift or hospitality") that may be reasonably regarded by a member of the public with knowledge of the relevant facts as placing me under an improper obligation or being capable of influencing my judgement.

3.14 I will never **ask for** or **seek** any gift or hospitality.

3.15 I will refuse any gift or hospitality, unless it is:

a) a minor item or token of modest intrinsic value offered on an infrequent basis;
b) a gift being offered to my public body;
c) hospitality which would reasonably be associated with my duties as a board member; or
d) hospitality which has been approved in advance by my public body.

3.16 I will consider whether there could be a reasonable perception that any gift or hospitality received by a person or body connected to me could or would influence my judgement.

3.17 I will not allow the promise of money or other financial advantage to induce me to act improperly in my role as a board member. I accept that the money or advantage (including any gift or hospitality) does not have to be given to me directly. The offer of monies or advantages to others, including community groups, may amount to bribery, if the intention is to induce me to improperly perform a function.

3.18 I will never accept any gift or hospitality from any individual or applicant who is awaiting a decision from, or seeking to do business with, my public body.

3.19 If I consider that declining an offer of a gift would cause offence, I will accept it and hand it over to my public body at the earliest possible opportunity and ask for it to be registered.

3.20 I will promptly advise my public body's Standards Officer if I am offered (but refuse) any gift or hospitality of any significant value and / or if I am offered any gift or hospitality from the same source on a repeated basis, so that my public body can monitor this.

3.21 I will familiarise myself with the terms of the Bribery Act 2010, which provides for offences of bribing another person and offences relating to being bribed.

Confidentiality

3.22 I will not disclose confidential information or information which should reasonably be regarded as being of a confidential or private nature, without the express consent of a person or body authorised to give such consent, or unless required to do so by law. I note that if I cannot obtain such express consent, I should assume it is not given.

3.23 I accept that confidential information can include discussions, documents, and information which is not yet public or never intended to be public, and information deemed confidential by statute.

3.24 I will only use confidential information to undertake my duties as a board member. I will not use it in any way for personal advantage or to discredit my public body (even if my personal view is that the information should be publicly available).

3.25 I note that these confidentiality requirements do not apply to protected whistleblowing disclosures made to the prescribed persons and bodies as identified in statute.

Use of Public Body Resources

3.26 I will only use my public body's resources, including employee assistance, facilities, stationery and IT equipment, for carrying out duties on behalf of the public body, in accordance with its relevant policies.

3.27 I will not use, or in any way enable others to use, my public body's resources:

a) imprudently (without thinking about the implications or consequences);
b) unlawfully;
c) for any political activities or matters relating to these; or
d) improperly.

Dealing with my Public Body and Preferential Treatment

3.28 I will not use, or attempt to use, my position or influence as a board member to:

a) improperly confer on or secure for myself, or others, an advantage;
b) avoid a disadvantage for myself, or create a disadvantage for others or
c) improperly seek preferential treatment or access for myself or others.

3.29 I will avoid any action which could lead members of the public to believe that preferential treatment or access is being sought.

3.30 I will advise employees of any connection, as defined at Section 5, I may have to a matter, when seeking information or advice or responding to a request for information or advice from them.

Appointments to Outside Organisations

3.31 If I am appointed, or nominated by my public body, as a member of another body or organisation, I will abide by the rulesof conduct and will act in the best interests of that body or organisation while acting as a member of it. I will also continue to observe the rules of this Code when carrying out the duties of that body or organisation.

3.32 I accept that if I am a director or trustee (or equivalent) of a company or a charity, I will be responsible for identifying, and taking advice on, any conflicts of interest that may arise between the company or charity and my public body.

SECTION 4: Registration of Interests

4.1 The following paragraphs set out what I have to register when I am appointed and whenever my circumstances change. The register covers my current term of appointment.

4.2 I understand that regulations made by the Scottish Ministers describe the detail and timescale for registering interests; including a requirement that a board member must register their registrable interests within one month of becoming a board member, and register any changes to those interests within one month of those changes having occurred.

4.3 The interests which I am required to register are those set out in the following paragraphs. Other than as required by paragraph 4.23, I understand it is not necessary to register the interests of my spouse or cohabitee.

Category One: Remuneration

4.4 I will register any work for which I receive, or expect to receive, payment. I have a registrable interest where I receive remuneration by virtue of being:

a) employed;
b) self-employed;
c) the holder of an office;
d) a director of an undertaking;
e) a partner in a firm;
f) appointed or nominated by my public body to another body; or
g) engaged in a trade, profession or vocation or any other work.

4.5 I understand that in relation to 4.4 above, the amount of remuneration does not require to be registered. I understand that any remuneration received as a board member of this specific public body does not have to be registered.

4.6 I understand that if a position is not remunerated it does not need to be registered under this category. However, unremunerated directorships may need to be registered under Category Two, "Other Roles".

4.7 I must register any allowances I receive in relation to membership of any organisation under Category One.

4.8 When registering employment as an employee, I must give the full name of the employer, the nature of its business, and the nature of the post I hold in the organisation.

4.9 When registering remuneration from the categories listed in paragraph 4.4 (b) to (g) above, I must provide the full name and give details of the nature of the business, organisation, undertaking, partnership or other body, as appropriate. I recognise that some other employments may be incompatible with my role as board member of my public body in terms of paragraph 6.8 of this Code.

4.10 Where I otherwise undertake a trade, profession or vocation, or any other work, the detail to be given is the nature of the work and how often it is undertaken.

4.11 When registering a directorship, it is necessary to provide the registered name and registered number of the undertaking in which the directorship is held and provide information about the nature of its business.

4.12 I understand that registration of a pension is not required as this falls outside the scope of the category.

Category Two: Other Roles

4.13 I will register any unremunerated directorships where the body in question is a subsidiary or parent company of an undertaking in which I hold a remunerated directorship.

4.14 I will register the registered name and registered number of the subsidiary or parent company or other undertaking and the nature of its business, and its relationship to the company or other undertaking in which I am a director and from which I receive remuneration.

Category Three: Contracts

4.15 I have a registerable interest where I (or a firm in which I am a partner, or an undertaking in which I am a director or in which I have shares of a value as described in paragraph 4.20 below) have made a contract with my public body:

a) under which goods or services are to be provided, or works are to be executed; and
b) which has not been fully discharged.

4.16 I will register a description of the contract, including its duration, but excluding the value.

Category Four: Election Expenses

4.17 If I have been elected to my public body, then I will register a description of, and statement of, any assistance towards election expenses relating to election to my public body.

Category Five: Houses, Land and Buildings

4.18 I have a registrable interest where I own or have any other right or interest in houses, land and buildings, which may be significant to, of relevance to, or bear upon, the work and operation of my public body.

4.19 I accept that, when deciding whether or not I need to register any interest I have in houses, land or buildings, the test to be applied is whether a member of the public, with knowledge of the relevant facts, would reasonably regard the interest as being so significant that it

could potentially affect my responsibilities to my public body and to the public, or could influence my actions, speeches or decision-making.

Category Six: Interest in Shares and Securities

4.20 I have a registerable interest where:

a) I own or have an interest in more than 1% of the issued share capital of the company or other body; or
b) Where, at the relevant date, the market value of any shares and securities (in any one specific company or body) that I own or have an interest in is greater than £25,000.

Category Seven: Gifts and Hospitality

4.21 I understand the requirements of paragraphs 3.13 to 3.21 regarding gifts and hospitality. As I will not accept any gifts or hospitality, other than under the limited circumstances allowed, I understand there is no longer the need to register any.

Category Eight: Non–Financial Interests

4.22 I may also have other interests and I understand it is equally important that relevant interests such as membership or holding office in other public bodies, companies, clubs, societies and organisations such as trades unions and voluntary organisations, are registered and described. In this context, I understand non-financial interests are those which members of the public with knowledge of the relevant facts might reasonably think could influence my actions, speeches, votes or decision-making in my public body (this includes its Committees and memberships of other organisations to which I have been appointed or nominated by my public body).

Category Nine: Close Family Members

4.23 I will register the interests of any close family member who has transactions with my public body or is likely to have transactions or do business with it.

SECTION 5: Declaration of Interests

Stage 1: Connection

5.1 For each particular matter I am involved in as a board member, I will first consider whether I have a connection to that matter.

5.2 I understand that a connection is any link between the matter being considered and me, or a person or body I am associated with. This could be a family relationship or a social or professional contact.

5.3 A connection includes anything that I have registered as an interest.

5.4 A connection does not include being a member of a body to which I have been appointed or nominated by my public body as a representative of my public body or of which I am a member by reason of, or in implementation of, a statutory provision, unless:

a) The matter being considered by my public body is quasi-judicial or regulatory; or
b) I have a personal conflict by reason of my actions, my connections or my legal obligations.

Stage 2: Interest

5.5 I understand my connection is an interest that requires to be declared where the objective test is met – that is where a member of the public with knowledge of the relevant facts would reasonably regard my connection to a particular matter as being so significant that it would be considered as being likely to influence the discussion or decision-making.

Stage 3: Participation

5.6 I will declare my interest as early as possible in meetings. I will not remain in the meeting nor participate in any way in those parts of meetings where I have declared an interest.

5.7 I will consider whether it is appropriate for transparency reasons to state publicly where I have a connection, which I do not consider amounts to an interest.

5.8 I note that I can apply to the Standards Commission and ask it to grant a dispensation to allow me to take part in the discussion and decision-making on a matter where I would otherwise have to declare an interest and withdraw (as a result of having a connection to the matter that would fall within the objective test). I note that such an application must be made in advance of any meetings where the dispensation is sought and that I cannot take part in any discussion or decision-making on the matter in question unless, and until, the application is granted.

5.9 I note that public confidence in a public body is damaged by the perception that decisions taken by that body are substantially influenced by factors other than the public interest. I will not accept a role or appointment if doing so means I will have to declare interests

frequently at meetings in respect of my role as a board member. Similarly, if any appointment or nomination to another body would give rise to objective concern because of my existing personal involvement or affiliations, I will not accept the appointment or nomination.

SECTION 6: Lobbying and Access

6.1 I understand that a wide range of people will seek access to me as a board member and will try to lobby me, including individuals, organisations and companies. I must distinguish between:

a) any role I have in dealing with enquiries from the public;
b) any community engagement where I am working with individuals and organisations to encourage their participation and involvement, and;
c) lobbying, which is where I am approached by any individual or organisation who is seeking to influence me for financial gain or advantage, particularly those who are seeking to do business with my public body (for example contracts/procurement).

6.2 In deciding whether, and if so how, to respond to such lobbying, I will always have regard to the objective test, which is whether a member of the public, with knowledge of the relevant facts, would reasonably regard my conduct as being likely to influence my, or my public body's, decision-making role.

6.3 I will not, in relation to contact with any person or organisation that lobbies, do anything which contravenes this Code or any other relevant rule of my public body or any statutory provision.

6.4 I will not, in relation to contact with any person or organisation that lobbies, act in any way which could bring discredit upon my public body.

6.5 If I have concerns about the approach or methods used by any person or organisation in their contacts with me, I will seek the guidance of the Chair, Chief Executive or Standards Officer of my public body.

6.6 The public must be assured that no person or organisation will gain better access to, or treatment by, me as a result of employing a company or individual to lobby on a fee basis on their behalf. I will not, therefore, offer or accord any preferential access or treatment to those lobbying on a fee basis on behalf of clients compared with that which I accord any other person or organisation who lobbies or approaches me. I will ensure that those lobbying on a fee basis on behalf of clients are not given to understand that preferential access or treatment, compared to that accorded to any other person or organisation, might be forthcoming.

6.7 Before taking any action as a result of being lobbied, I will seek to satisfy myself about the identity of the person or organisation that is lobbying and the motive for lobbying. I understand I may choose to act in response to a person or organisation lobbying on a fee basis on behalf of clients but it is important that I understand the basis on which I am being lobbied in order to ensure that any action taken in connection with the lobbyist complies with the standards set out in this Code and the Lobbying (Scotland) Act 2016.

6.8 I will not accept any paid work:

a) which would involve me lobbying on behalf of any person or organisation or any clients of a person or organisation.

b) to provide services as a strategist, adviser or consultant, for example, advising on how to influence my public body and its members. This does not prohibit me from being remunerated for activity which may arise because of, or relate to, membership of my public body, such as journalism or broadcasting, or involvement in representative or presentational work, such as participation in delegations, conferences or other events.

ANNEX A: BREACHES OF THE CODE

Introduction

1. The Ethical Standards in Public Life etc. (Scotland) Act 2000 ("the Act") provided for a framework to encourage and, where necessary, enforce high ethical standards in public life.

2. The Act provided for the introduction of new codes of conduct for local authority councillors and members of relevant public bodies, imposing on councils and relevant public bodies a duty to help their members comply with the relevant code.

3. The Act and the subsequent Scottish Parliamentary Commissions and Commissioners etc. Act 2010 established the Standards Commission for Scotland ("Standards Commission") and the post of Commissioner for Ethical Standards in Public Life in Scotland ("ESC").

4. The Standards Commission and ESC are separate and independent, each with distinct functions. Complaints of breaches of a public body's Code of Conduct are investigated by the ESC and adjudicated upon by the Standards Commission.

5. The first Model Code of Conduct came into force in 2002. The Code has since been reviewed and re-issued in 2014. The 2021 Code has been issued by the Scottish Ministers following consultation, and with the approval of the Scottish Parliament, as required by the Act.

Investigation of Complaints

6. The ESC is responsible for investigating complaints about members of devolved public bodies. It is not, however, mandatory to report a complaint about a potential breach of the Code to the ESC. It may be more appropriate in some circumstances for attempts to be made to resolve the matter informally at a local level.

7. On conclusion of the investigation, the ESC will send a report to the Standards Commission.

Hearings

8. On receipt of a report from the ESC, the Standards Commission can choose to:

    - Do nothing;
    - Direct the ESC to carry out further investigations; or
    - Hold a Hearing.

9. Hearings are held (usually in public) to determine whether the member concerned has breached their public body's Code of Conduct. The Hearing Panel comprises of three members of the Standards Commission. The ESC will present evidence and/or make submissions at the Hearing about the investigation and any conclusions as to whether the member has contravened the Code. The member is entitled to attend or be represented at the Hearing and can also present evidence and make submissions. Both parties can call witnesses. Once it has heard all the

evidence and submissions, the Hearing Panel will make a determination about whether or not it is satisfied, on the balance of probabilities, that there has been a contravention of the Code by the member. If the Hearing Panel decides that a member has breached their public body's Code, it is obliged to impose a sanction.

Sanctions

10. The sanctions that can be imposed following a finding of a breach of the Code are as follows:

- **Censure**: A censure is a formal record of the Standards Commission's severe and public disapproval of the member concerned.
- **Suspension**: This can be a full or partial suspension (for up to one year). A full suspension means that the member is suspended from attending all meetings of the public body. Partial suspension means that the member is suspended from attending some of the meetings of the public body. The Commission can direct that any remuneration or allowance the member receives as a result of their membership of the public body be reduced or not paid during a period of suspension.
- **Disqualification**: Disqualification means that the member is removed from membership of the body and disqualified (for a period not exceeding five years), from membership of the body. Where a member is also a member of another devolved public body (as defined in the Act), the Commission may also remove or disqualify that person in respect of that membership. Full details of the sanctions are set out in section 19 of the Act.

Interim Suspensions

11. Section 21 of the Act provides the Standards Commission with the power to impose an interim suspension on a member on receipt of an interim report from the ESC about an ongoing investigation. In making a decision about whether or not to impose an interim suspension, a Panel comprising of three Members of the Standards Commission will review the interim report and any representations received from the member and will consider whether it is satisfied:

- That the further conduct of the ESC's investigation is likely to be prejudiced if such an action is not taken (for example if there are concerns that the member may try to interfere with evidence or witnesses); or
- That it is otherwise in the public interest to take such a measure. A policy outlining how the Standards Commission makes any decision under Section 21 and the procedures it will follow in doing so, should any such a report be received from the ESC can be found here.

12. The decision to impose an interim suspension is not, and should not be seen as, a finding on the merits of any complaint or the validity of any allegations against a member of a devolved public body, nor should it be viewed as a disciplinary measure.

ANNEX B: DEFINITIONS

“Bullying” is inappropriate and unwelcome behaviour which is offensive and intimidating, and which makes an individual or group feel undermined, humiliated or insulted.

"Chair" includes Board Convener or any other individual discharging a similar function to that of a Chair or Convener under alternative decision-making structures.

“Code” is the code of conduct for members of your devolved public body, which is based on the Model Code of Conduct for members of devolved public bodies in Scotland.

"Cohabitee" includes any person who is living with you in a relationship similar to that of a partner, civil partner, or spouse.

“Confidential Information” includes:

- any information passed on to the public body by a Government department (even if it is not clearly marked as confidential) which does not allow the disclosure of that information to the public;
- information of which the law prohibits disclosure (under statute or by the order of a Court);
- any legal advice provided to the public body; or any other information which would reasonably be considered a breach of confidence should it be made public.

"Election expenses" means expenses incurred, whether before, during or after the election, on account of, or in respect of, the conduct or management of the election.

“Employee” includes individuals employed:

- directly by the public body;
- as contractors by the public body, or
- by a contractor to work on the public body’s premises.

“Gifts” a gift can include any item or service received free of charge, or which may be offered or promised at a discounted rate or on terms not available to the general public. Gifts include benefits such as relief from indebtedness, loan concessions, or provision of property, services or facilities at a cost below that generally charged to members of the public. It can also include gifts received directly or gifts received by any company in which the recipient holds a controlling interest in, or by a partnership of which the recipient is a partner.

“Harassment” is any unwelcome behaviour or conduct which makes someone feel offended, humiliated, intimidated, frightened and / or uncomfortable. Harassment can be experienced directly or indirectly and can occur as an isolated incident or as a course of persistent behaviour.

“Hospitality” includes the offer or promise of food, drink, accommodation, entertainment or the opportunity to attend any cultural or sporting event on terms not available to the general public.

“Relevant Date” Where a board member had an interest in shares at the date on which the member was appointed as a member, the relevant date is – (a) that date; and (b) the 5th April immediately following that date and in each succeeding year, where the interest is retained on that 5th April.

“Public body” means a devolved public body listed in Schedule 3 of the Ethical Standards in Public Life etc. (Scotland) Act 2000, as amended.

“Remuneration" includes any salary, wage, share of profits, fee, other monetary benefit or benefit in kind.

“Securities” a security is a certificate or other financial instrument that has monetary value and can be traded. Securities includes equity and debt securities, such as stocks bonds and debentures.

“Undertaking” means:

a) a body corporate or partnership; or
b) an unincorporated association carrying on a trade or business, with or without a view to a profit.

SECTION C

Standards of Business Conduct
For NHS Staff

1. Introduction

1.1 This section of NHS Forth Valleys Code of Corporate Governance provides instructions on those issues or matters which staff are most likely to encounter in carrying out their day to day duties. This is not exhaustive and is supplementary to (and therefore should be read in conjunction with the Standards of Business Conduct for NHS Staff (NHS Circular MEL (1994) 48) and A Common Understanding of 2021: Working Together for Patients.

1.2 The Standards of Business Conduct for NHS Staff will be incorporated into the contract of employment for each member of staff.

1.3 Guidance regarding accepted practice in NHS Forth Valley is detailed in these standards: however, professionally registered staff should also ensure that they do not breach the requirements in respect of their Professional Codes of Conduct.

2. The Bribery Act 2010 – NHS Forth Valley's Aims and Objectives

2.1 The Bribery Act 2010 ("The Act") has brought further obligations on NHS Forth Valley, its Non-Executive Members, and its staff.

2.2 NHS Forth Valley does not tolerate any form of bribery, whether direct or indirect, by, or of, its staff, agents or external consultants or any persons or entities acting for it or on its behalf. This includes Non-Executive Member, and any other co-opted members of committees or sub-committees of the Board.

2.3 The Board is committed to implementing and enforcing effective systems throughout NHS Forth Valley to prevent, monitor and eliminate bribery within NHS Forth Valley, in accordance with the Bribery Act 2010, and to the rigorous investigation of any such cases.

2.4 NHS Forth Valley will not conduct business with services providers, agents or representatives that do not support its anti-bribery statement and it reserves the right to terminate its contractual arrangements with any third parties acting for, or on behalf of, NHS Forth Valley with immediate effect where there is evidence that they have committed acts of bribery.

2.5 The Success of NHS Forth Valley's anti-bribery measures depends on all employees, Non-Executive Members and those acting for NHS Forth Valley, playing their part in helping to detect and eradicate bribery. Therefore, all employees, Non-Executive Members and others acting for or on behalf of NHS Forth Valley are encouraged to report and suspected bribery in accordance with bribery in accordance with The Fraud Standards, Section D, of the Code of Corporate Governance.

3. The Bribery Act 2010 – Key Points

3.1 The Bribery Act 2012 is on a strict piece of legislation and makes it a criminal offence for any individual (employee, contractor, agent) associated with NHS Forth Valley, to give, promise or offer a bribe, and to request, agree to receive or accept a bribe (sections 1, 2 and 6 offences). This can be punishable by imprisonment of up to ten years.

3.2 In addition, the Act introduces a corporate offence (Section 7 offence) which means that NHS Forth Valley can be exposed to criminal liability, punishable by an unlimited fee, if it fails to prevent bribery by not having adequate preventative procedures in place that are robust, up-to-date, and

effective. The corporate offence is not a stand-alone offence and will follow from a bribery/corruption offence committed by an individual associated with NHS Forth Valley, in the course of their work. NHS Forth Valley takes it legal responsibilities very seriously.

3.3 If a bribery offence is proved to have been committed by an outside body corporate with the consent or connivance of a Director or Senior Officer of NHS Forth Valley, under the Act, the Director or Senior Officer would be guilty of an offence (section14 offences) as well as the body corporate which paid the bribe.

3.4 Whilst the exact definition of bribery and corruption is a statutory matter, the following working definitions are given together with some examples:

Bribery is an inducement or reward offered, promised, or provided in order to gain any commercial, contractual, regulatory, or personal advantage.

Corruption relates to a lack of integrity or honesty, including the misuse of trust for dishonest gain. It can be broadly defined as the offering or acceptance of inducements, gifts, favours, payments, or benefits in kind which may influence the action of any person. Corruption does not always result in a loss. The corrupt person may not benefit directly; however, they may be unreasonably using their position to give some advantage to another.

Examples of bribery:

Offering a Bribe

A bribe would occur if:

- A payment was made to influence an individual who was responsible for making decision on whether NHS Forth Valley should be selected as preferred bidder for the provision of services in a procurement process.

- A member of staff conducted private meetings, other than on NHS premises, with a public contractor hoping to tender an NHS Forth Valley contract, each time accepting hospitality far in excess of that deemed appropriate within the Standards of Business Conduct for NHS Forth Valley and without guidance being sought in advance from the line manager or Corporate Services Manager Board Secretary, or subsequently being declared.

Receiving a Bribe

A bribe would occur if:

- A patient offered a member of NHS Forth Valley staff a payment (or other incentive) to speed up, beyond usual timeframe, the provision of a particular aspect of their care.
- A pharmaceutical company offered a member of NHS Forth Valley staff a payment (or other incentive such as a generous gift or lavish hospitality) in order to influence their decision making in the selection of a pharmaceutical product to appear on NHS Forth Valley's drug formulary.

3.5 The success of NHS Forth Valley's anti-bribery measures depends on all employees, and those acting for NHS Forth Valley, playing their part in helping to detect and eradicate bribery. Therefore,

all employees and others acting for or on behalf of NHS Forth Valley are encouraged to report any suspected bribery in accordance with following The Fraud Standards, Section D, of the Code of Corporate Governance.

4. Responsibilities of Staff

4.1 NHS Forth Valley is committed to maintaining strict ethical standards and integrity in the conduct of its business activities. All NHS Forth Valley Staff and individuals acting on NHS Forth Valley's behalf, are responsible for conducting NHS Forth Valley's business professionally, with honesty, integrity and maintain the organisation's reputation and free from bribery.

4.2 Staff must ensure that they do not place themselves in a position which risks, or appears to risk, conflict between their private interests and their NHS duties such as, for example, abusing their present position to obtain preferential rates for personal gain or to benefit family members or associates.

This primary responsibility applies to **all NHS staff**, but is of particular relevance to those who commit NHS resources directly (e.g., by the ordering of goods) or those who do so indirectly (e.g., by the prescribing of medicines).

4.3 The NHS must be impartial and honest in the conduct of its business and its employees should remain beyond suspicion.

4.4 Staff need to be aware that a breach of the provisions of the Bribery Act renders them liable to prosecution and may lead to potential disciplinary action and the loss of their employment and superannuation rights.

4.5 This Code reflects the minimum Standards of Business Conduct expected from all NHS staff. Any breaches of the Code may lead to disciplinary action.

N.B: If you are in any doubt at all as to what you can or cannot do, you should seek advice from your Line manager/Head of Department/ Director of Finance or Corporate Business Manager

5. Key Principles of Business Conduct

5.1 The Standards of Business Conduct for NHS Staff [MEL (1994) 48] provide instructions to staff in maintaining strict ethical standards in the conduct of NHS business. All staff are therefore required to adhere to the Standards of Business Conduct for NHS Staff.

5.2 Public Service values must be at the heart of the NHS Board's activities. High standards of corporate and personal conduct, based on the recognition that patients come first, are mandatory. The NHS Board is a publicly funded body, accountable to Scottish Ministers and through them to the Scottish Parliament for the services and for the economical, efficient, and effective use of resources placed at the Board's disposal.

5.3 By staff following these principles, the Board should be able to demonstrate that it adheres to the three essential public sector values.

Accountability: Everything done by those who work in the organisation must be able to stand these tests of parliamentary scrutiny, public judgements on propriety, and meet professional codes of conduct.

Probity: Absolute honesty and integrity should be exercised in dealing with NHS patients, staff, assets, suppliers, and customers.

Openness: The organisation's activities should be sufficiently public and transparent to promote confidence between the organisation and its patients, staff and public.

6. Acceptance of Gifts, Hospitality and Prizes

6.1 Gifts

6.1.1 The Standards of Business Conduct state that any money, gift, or consideration received by an employee in public service from a person or organisation holding or seeking to obtain a contract will be deemed by the courts to have been received corruptly unless the employee proves the contrary.

6.1.2 Staff should therefore be very cautious if faced with the offer of a gift. Casual gifts offered by contractors or others excluding patients, relatives, or carers (for example, at the festive season) may not be in any way connected with the performance of duties to constitute an offence. Such gifts should nevertheless be declined. Items of low intrinsic value e.g., boxes of biscuits, chocolates or flowers from patients, relatives, or carers can be accepted. Any gifts of money should be handled in accordance with the Endowment Fund Charter.
Where an unsolicited or inappropriate gift is received and the individual is unable to return it or the donor refuses to accept its return, they should report the circumstances to the Corporate Services Manager who will determine if the gift can be accepted, and this should be recorded in the Register of Gifts.

Financial donations to a department fund, which are to be used for the purposes of NHS Forth Valley must be administered through Forth Valley Health Board Endowment Fund and handled in accordance with the Endowment Fund Charter.

The Corporate Services Manager should maintain a register to record gifts reported by staff. It is the responsibility of the recipients of such gifts to report all such items received to the Corporate Services Manager for recording who will provide the registration form. The register will be published on the NHS Forth Valley website.

6.2 Hospitality

6.2.1 Standards of Business Conduct state that hospitality may be acceptable provided it is normal and reasonable in the circumstances e.g., lunches during a working visit. Any hospitality accepted should be similar in scale to that which the NHS as an employer would be likely to offer and must not exceed £25. All other offers of hospitality should be declined.

6.2.2 Staff should seek guidance from their Line Manager prior to accepting any such hospitality. In cases of doubt, advice should be sought from the Corporate Services Manager.

6.2.3 It may not always be clear whether an individual is being invited to an event involving the provision of hospitality (e.g., formal dinner) in a personal/private capacity or as a consequence of the position which they hold in NHS Forth Valley.

I. If the invitation is the result of the individual's position with NHS Forth Valley, only hospitality which is modest and normal and reasonable in the circumstances should be accepted. If the nature of the event dictates a level of hospitality which exceeds this, then the individual should ensure that his/her Head of Department/Director is fully aware of the circumstances. An example of such an event might be an awards ceremony involving a formal dinner. If the Head of Department/Director grants approval to attend, the individual should declare his/her attendance for registration in the Register of Hospitality held by the Corporate Services Manager.

II. If the individual is invited to an event in a private capacity (e.g., as result of his/her qualification or membership of a professional body), they are at liberty to accept or decline the invitation without referring to his/her Line Manager. The following matters should however be considered before an invitation to an individual in a private capacity is accepted.

- The individual should not do or say anything at the event that could be construed as representing the views and/or policies of NHS Forth Valley.
- If the body issuing the invitation has (or is likely to have or is seeking to have) commercial or other financial dealings with NHS Forth Valley, then it could be difficult for an individual to demonstrate that his/her attendance was in a private and not an official capacity. Attendance could create a perception that the individual's independence had been compromised, especially where the scale of hospitality is lavish. Individuals should therefore exercise caution before accepting invitations from such bodies and must seek approval from their Line Manager.

III. Where suppliers of clinical products offer hospitality, it should only be accepted if it complies with the guidance in the Sponsorship Policy.

IV. The Corporate Services Manager should maintain a register to record hospitality reported by staff. It is the responsibility of the recipients of such hospitality to report all such items received to the Corporate Services Manager for recording in NHS Forth Valley's Register of Hospitality. The form in Annex 2 should be used for this purpose. This register will be published on the NHS Forth Valley website.

6.3 Competitions/Prizes

Individuals should not enter competitions including free draws organised by bodies who have or are seeking to have financial dealings with NHS Forth Valley. Potential suppliers may use this as a means of giving money or gifts to individuals with NHS Forth Valley to influence the outcomes of business decisions. If in doubt, contact the Corporate Services Manager.

7. Register of Staff Interests

7.1 To avoid conflicts of interest and to maintain openness and accountability, employees, are required to register all interests that may have any relevance to their duties/responsibilities. These include any financial interest in a business or any other activity or pursuit that may compete for an NHS Contract to supply either goods or services to the NHS or in any other way could be perceived to conflict with the interests of NHS Forth Valley. The test to be applied when considering appropriateness of registration of an interest is to ask whether a member of the public acting reasonably might consider the interest could potentially affect the individual's responsibilities to

the organisation and/or influence their actions. If in doubt the individual should register the interest or seek further guidance from the Corporate Services Manager.

7.2 Interests that it may be appropriate to register, include:

(i) Other employments including self-employment
(ii) Directorships including Non-Executive Directorships held in private companies or public limited companies (whether remunerated or not)
(iii) Ownership of, or an interest in, private companies, partnerships, businesses, or consultancies
(iv) Shareholdings in organisations likely or possibly seeking to do business with the NHS (the value of the shareholdings need not be declared)
(v) Ownership of or interest in land or buildings which may be significant to, of relevance to, or bear upon the work of NHS Forth Valley
(vi) Any position of authority held in another public body, trade union, charity, or voluntary body
(vii) Any connection with a voluntary or other body contracting for NHS services
(viii) Any involvement in joint working arrangements with Clinical (or other) Suppliers

This list is not exhaustive and should not preclude the registration of other forms of interest where these may give rise to a potential conflict of interest upon the work of NHS Forth Valley. Any interests of spouses, partner or civil partner, close relative or associate, or persons living with the individual as part of a family unit, will also require registration if a conflict of interests exists.

7.3 The completed register of interests' form should be returned to the Board Secretary. The Register of Staff Interests will be retained for a period of five years.

7.4 It is the responsibility of everyone to declare any relevant interest to the Chair of any Committee/decision making group of which they are a Member so that the Chair is aware of any conflict which may arise.

8. Purchase of Goods and Services

8.1 NHS Forth Valley has a procurement function under the direction of the Director of Finance to purchase the goods and services required for the functioning of NHS Forth Valley. Except for staff who have delegated authority to purchase goods and services, no other member of staff is authorised to make a commitment to a third party for the purchase of goods or services. The procurement Officer should be contacted for advice on all aspects of the purchase of goods and services.

8.2 All staff who are in contact with suppliers and contractors (including external consultants), and in particular those who are authorised to sign Purchase Orders, or place contractors for goods, materials or services are expected to adhere to Section 13 of NHS Forth Valley's Standing Financial Instructions (SFIs).

8.3 Fair and open competition between prospective contractors or suppliers for NHS contracts is a requirement of SFIs and of EC Directives on Public Purchasing for Works and Supplies. This means that:

- No private or public company, firm or voluntary organisation which may bid for NHS business should be given any advantage over its competitors, such as advance notice of

NHS requirements. This applies to all potential contractors whether there is a relationship between them and the NHS employer, such as a long-running series of previous contracts.

- Each new contract should be awarded solely on merit in accordance with SFIs.

8.4 Types of property transactions and these rules require that, each year, all NHS Forth Valley's property transaction are subject to scrutiny by the Audit Committee. The results of this scrutiny are reported to Scottish Government. Failure to comply with the rules governing property transactions could be SFIs describe the process to be followed to purchase goods and services Key points to note are:

(i) SFIs define the limits above which competitive quotations and competitive tenders must be obtained and describe the process which should be followed to achieve fair and open competition.

(ii) No organisation should be given unfair advantage in the competitive process, e.g., by receiving advance notice of NHS Forth Valley's requirements.

8.5 No special favour should be shown to current or former employees or their close relatives or associates in awarding contracts to private or other businesses run by them or employing them in a senior or managerial capacity.

8.6 Contracts must be won in fair competition against other tenders and scrupulous care should be taken to ensure that the selection process is conducted impartially, and that staff who are known to have a relevant interest play no part in the selection.

8.7 All invitations to potential contractors to tender for NHS business should include a notice warning the tenderer of the consequences of engaging in any corrupt practices involving NHS Forth Valley's employees and that facilitation payments are prohibited in line with the Bribery Act 2010.

9. Purchase, Sale and Lease of Property

9.1 Scottish Government have issued a strict set of rules governing all viewed as a serious disciplinary matter.

9.2 Where it Is necessary to acquire, dispose of or lease property land and/or buildings, the proposed transaction should be referred to the Head of Finance in the first instance, who is responsible for property matters, including the conduct of all property transactions.

9.3 Authority to sign off property transactions is limited to officers to who authority has been formally and specifically delegated by Scottish Ministers.

Their officers are:

- Chief Executive
- Director of Finance

9.4 No other member of staff is authorised to make any commitment in respect of the acquisition or disposal of property or interest in property, e.g., leases.

10. Benefits Accruing from Official Expenditure

The underlying principle is to obtain best value from public expenditure and decisions should not be determined by private/personal benefit.

10.1 Staff should not use their official position for personal gain or to benefit their family and friends.

10.2 Employees should not seek or accept preferential rates or benefits in kind for private transactions carried out with companies with which they have had or may have official dealings on behalf of NHS Forth Valley. This does not apply to concessionary agreements negotiated on behalf of NHS staff.

11. Free Samples

11.1 Free samples should not be accepted.

12. Outside Interests and Secondary Employment

12.1 Outside interests include directorships, ownership, part-ownership or material shareholdings in companies, business, or consultancies likely to seek to do business with the NHS. These should be declared to the individual's line manager, as should the interests of a spouse/partner or close relative.

12.2 In principle, staff can accept additional employment out with NHS Forth Valley in their own time. It is also possible that a conflict of interest may arise because of an employee accepting an outside post that is with a company that does business, or is in competition with, the NHS. Where this is any doubt, the employee must seek advice from their manager before accepting any outside post. Additional employment must have no adverse effect on the work of NHS Forth Valley or their own performance. The resources of NHS Forth Valley cannot be used in external employment.

13. Acceptances of Fees

13.1 Where staff are offered fees by outside agencies, including a clinical supplier, for undertaking work or engagements (e.g., radio or TV interviews, lectures, consultancy advice, membership of an advisory board, etc.) within their normal hours, or draw on his/her official experience, the employee's Line Manager must be informed, and his/her written approval obtained before any commitment is given by the employee. Directors must obtain written approval from the Chief Executive and the Chief Executive must obtain written approval from the Chair of NHS Forth Valley before committing to such work.

An assurance will be required that:

(i) The individual concerned is not making use of his/her NHS employment to further his/her private interests
(ii) Any outside work does not interfere with the performance of his/her NHS duties
(iii) Any outside work will not damage NHS Forth Valley's reputation

13.2 If the work carried out is part of the employee's normal duties or could reasonably be regarded as falling within the normal duties of the post, then any fee due is the property of NHS Forth Valley and it should be NHS Forth Valley (and not the individual) that issues any invoice required to obtain

payment. The individual must not issue requests for payment in his/her own name. The individual must pass the relevant details to the Director of Finance.

13.3 Employees should not commit to any work which attracts a fee until they have obtained the required written approval as described in paragraph 12.1. It is possible that an individual may undertake work and not expect a fee but then receive an unsolicited payment after the work in questions have been completed. The principle set out in paragraph 12.2 applies where an unsolicited payment is received.

13.4 It is also possible that an individual may be offered payment in kind, e.ge book tokens. The principle is that these should be refused.

13.5 A gift offered in respect of work undertaken as part of the individual's normal duties should be declined.

14. Contact with the Media

14.1 To achieve consistency and appropriateness of sometimes sensitive public messages, only authorised staff may speak to the media. Should you be contacted by the press you should refer to the office of the Chief Executive.

14.2 Staff must not invite journalists, photographers, or camera crew onto any NHS Forth Valley's premises without the prior agreement of the Chief Executive.

14.3 Where an individual exercises the right in a private capacity to publish an article, give an interview or otherwise participate in a media event or debate in a public forum (including the internet), they should make it clear that they are acting in a private capacity and any opinions expressed are not those of NHS Forth Valley. This should be agreed in principle with your line manager.

15. Conduct During Elections

15.1 General Principles

Scottish Government issue regular guidance to health bodies about their roles and conduct during election campaigns. The following general principals are set out:

(i) There should be even-handedness in meeting information requests from candidates from different political parties. Such requests should be handled in accordance with the principals laid down in the election guidance and the Freedom of Information (Scotland) Act 2002.

(ii) Care should be taken over the timing of announcements of decisions made by NHS Forth Valley to avoid accusations of political controversy or partisanship. In some cases, it may be better to defer an announcement until after the election, but this would have to be balanced against any implication that the deferral itself could influence the outcome of the election. Each case should be considered on its merits and any cases of doubt should be referred to the Scottish Government for advice.

(iii) Existing advertising campaigns should be closed and there should be a general presumption against undertaking new campaigns unless agreement has been reached in advance with Scottish Government.

(iv) In carrying out day to day work and corporate activities, care should be taken to do nothing which could be construed as politically motivated or as taking a political stance.

Public resources must not be used for party political purposes.

15.2 Freedom of Information (Scotland) Act 2002

The Freedom of Information (Scotland) Act 2002, (FOISA) remains in full force during the election period. FOISA requests should continue to be dealt with in accordance with normal procedures. Scottish Government should be consulted in advance or responding to requests which are thought likely to impact on the election campaign in any way.

16. Intellectual Property Rights

If an employee invents a new technology, for instance, a device or diagnostic, or otherwise creates intellectual property (IP) as part of the normal duties of their employment, the patent rights in the invention belong to the employer (Patents Act 1977). Although legally the employee is not automatically entitled to any royalty or reward derived from such an invention, they would expect to be acknowledged as the inventor in any patent application. The Director of Finance should see that this effected.

Full guidance is available in circulars MEL (1998) 23 and MEL (2004) 9.

17. Sponsorship

17.1 Acceptance by staff of commercial sponsorship for attendance at relevant conferences and courses is acceptable but only where the employee seeks permission in advance from the relevant Director, and the employer is satisfied that the acceptance will not compromise purchasing decisions in any way.

17.2 On occasions when NHS employers consider it necessary for staff advising on the purchasing of equipment to expect to see such equipment in operation in other parts of the country (or exceptionally overseas) the employer will meet the cost to avoid putting jeopardy the integrity of subsequent purchasing decisions.

17.3 Companies may offer to sponsor wholly or partially a post. The employer will not enter such an arrangement unless it is made abundantly clear to the company concerned that sponsorship would have no effect on the purchasing decision with NHS Forth Valley. Where the sponsorship is accepted, the Director of Finance will be fully involved and will establish monitoring arrangements to ensure that purchasing decisions are not being influenced by the sponsorship agreement.

17.4 Under no circumstances should any employee agree to deals where sponsorship is linked to the purchase of a particular product or to supply from sources.

18. Remedies

18.1 Managers or staff who fail to comply with the guidance detailed in this code could be subject, following full investigation, to disciplinary action up to and including dismissal. If through their actions or omissions managers or staff are found to be in contravention of either this guidance or their legal responsibilities the NHS Forth Valley reserves the right to take legal action, if necessary. Where staff suspect, or are aware of non-compliance with this code, they should report any such instances to their line manager or the Director of Finance.

19. Communication

19.1 This code is applicable to every NHS Forth Valley employee and therefore it is imperative that all staff are informed of its contents. Each manager with NHS Forth Valley will receive a copy of the code and will confirm their receipt and understanding of the code in writing as well as confirming that they have a permanent record of formally informing their staff.

20. Contact for further guidance

20.1 The Corporate Business Manager will provide advice and guidance on the Standards of Business Conduct for NHS staff and its interpretation.

21. Review Process

The Standards of Business Conduct for NHS Staff will be reviewed annually.

SECTION D

The Fraud Standards

The Fraud Standards

Fraud Policy

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3 Public service values

4 NHS Forth Valley Policy, Public Interest Disclosure Act 1998, the Bribery Act 2010, and the Whistleblowing arrangements

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Annex 1

FRAUD POLICY

1. Introduction

1.1 One of the basic principles of public sector organisations is the proper use of public funds. It is therefore important that all those who work in the public sector are aware of the risk and the means of enforcing the rules against fraud/theft and other illegal acts involving corruption, dishonesty, or damage to property.

1.2 NHS Forth Valley (the Board) has procedures in place that reduce the likelihood of fraud occurring. These include Standing Orders (SOs), Standing Financial Instructions (SFIs), operational procedures, a system of internal control and risk assessment. NHS Forth Valley engages CFS to promote a fraud awareness culture through a range of products and services. The Partnership Agreement (PA) includes reference to the Board and CFS proactively detecting and investigating fraud and assessing the risk of fraud and forms a key element of the Scottish Government's determination to counter fraud against NHS Scotland. This guidance is in line with the PA between NHS Forth Valley and the NHS Scotland Counter Fraud Services.
(See: http://www.sehd.scot.nhs.uk/publications/DC20190319CFS.pdf)

2. Purpose of the Fraud Standards

2.1 The purpose of this document is to provide guidance to employees on the action, which should be taken when fraud, theft or corruption is suspected. Such occurrences may involve employees of NHS Forth Valley, Suppliers/Contractors or any third party. This document sets out the Board's policy and response plan for detected or suspected fraud. It is not the purpose of this document to provide direction on the prevention of fraud.

2.2 The Partnership Agreement is referenced in the Fraud section of the Scottish Public Finance Manual. This can be found at:
https://www.gov.scot/publications/scottish-public-finance-manual/fraud-and-gifts/fraud/

2.3 Whilst the exact definition of theft, fraud or corruption is a statutory matter, the following working definitions are given for guidance:

- Theft is removing property belonging to NHS Forth Valley, its staff, or patients with the intention of permanently depriving the owner of its use, without their consent.

- Fraud or corruption broadly covers deliberate material misstatement, falsifying records, making, or accepting improper payments or acting in a manner not in the best interest of the Board for the purposes of personal gain.

For simplicity this document will refer to all such offences as "*fraud*", except where the context indicates otherwise.

2.4 NHS Forth Valley already has procedures in place, which reduce the likelihood of fraud/theft occurring. These include within the Standing Orders, Standing Financial Instructions and accounting procedures, a system of internal control and a system of risk assessment. The Board also has a payment verification system which concentrates on Primary Care expenditure.

2.5 It is the responsibility of NHS Forth Valley and its management to maintain adequate and effective internal controls, which deter and facilitate detection of any fraud. The role of Internal Audit is to evaluate these systems of control. It is not the responsibility of Internal Audit to detect fraud, but rather to identify weaknesses in systems that could potentially give rise to error or fraud.

3. Public service values

3.1 The expectation of high standards of corporate and personal conduct has been a requirement throughout the NHS since its inception. MEL (1994)80, "Corporate Governance in the NHS", issued in August 1994, sets out the following public service values:

Accountability: Everything done by those who work in the organisation must be able to stand the test of parliamentary scrutiny, public judgements on propriety and professional codes of conduct.

Probity: Absolute honesty and integrity should be exercised in dealing with NHS patients, assets, staff, suppliers, and customers.

Openness: The organisation's activities should be sufficiently public and transparent to promote confidence between the organisation and its patients, staff, and the public.

3.2 All those who work in the organisation should be aware of, and act in accordance with, the above values. In addition, NHS Forth Valley will expect and encourage a culture of openness between NHS bodies and the sharing of information in relation to any fraud.

4. NHS Forth Valley Policy, Public Interest Disclosure Act 1998, and Bribery Act 2010

4.1 NHS Forth Valley is committed to the NHS Scotland Counter Fraud Strategy and to the public service values outlined above. NHS Forth Valley is dedicated to maintaining an honest, open, and well intentioned atmosphere within the service and to the deterrence, detection, and investigation of any fraud within the organisation.

4.2 NHS Forth Valley encourages anyone having reasonable suspicion of fraud to report the incident. It is NHS Forth Valley policy that no staff member will suffer in any way as a result of reporting any reasonably held suspicions. For these purposes "reasonably held suspicions" shall mean any suspicions other than those which are groundless and/or rose maliciously.

4.3 In addition, the Public Interest Disclosure Act 1998 protects whistleblowers from negative treatment or unfair dismissal. The disclosure must be made in good faith and workers must have reasonable grounds to believe that criminal offences such as fraud or theft have occurred or are likely to occur. The disclosure must not be made for personal gain.

4.4 NHS Forth Valley Whistleblowing Arrangements Policy aims to ensure that staff can safely raise concerns where they are witness to risk, malpractice or wrongdoing that affects others. Employees can be assured that concerns raised in good faith will be protected under current legislation. NHS Forth Valley staff can continue to raise any concerns with their line manager in the first instance and they can also seek support and advice from Human Resources (HR), staff-side representatives and occupational health in line with existing policies and procedures. Details of the support available to staff and copies of current national and local policies (including the Bullying and Harassment Policy and Grievance Policy) can be found in the HR Connect section of the NHS Forth

Valley staff intranet. Confidential Contacts are available via email on fv.confidentialcontact@nhs.scot or by telephone 07815478106.

4.5 Whistleblowing standards have been introduced from 1 April 2021 across NHS Scotland. The standards include the role of an Independent National Whistleblowing Officer which forms part of the Scottish Public Services Ombudsman. The phone line, 0800 008 6112 is open to anyone who wishes to raise concerns about practices in NHS Scotland. The focus of the new National Whistleblowing Policy in NHS Scotland is to:

- help staff raise concerns as early as possible, and,
- support and provide protection for staff when they raise concerns.

The Whistleblowing standards aim to support an open fair and just culture, where concerns can be raised early and dealt with promptly and professionally. The process set out by the National Whistleblowing Standards is a formal process.

4.6 Whilst we would encourage staff to raise any concerns or complaints through existing Board procedures, the National Confidential Alert Line for NHS Scotland employees has been established to provide an additional level of support for NHS employees who may wish to raise a concern about practices in NHS Scotland. This service is run by Protect, an independent whistleblowing charity. The Alert Line offers independent, confidential advice from legally trained expert staff on whether and how to raise a concern and can be contacted on 020 74046609. Further choices available to staff, patients, and members of the public for reporting suspicions of fraud (either anonymously or as a named individual) are:

- the CFS Fraud Hotline, which is now powered by Crimestoppers, on 08000 15 16 28; or
- directly through the CFS Website on www.cfs.scot.nhs.uk.

4.7 The NHS Forth Valley Policy on Standards of Personal Business Conduct describes the minimum Standards of Business Conduct expected from all NHS staff. It is the responsibility of staff to ensure that they do not place themselves in a position which risks, or appears to risk, conflict between their private interests and their NHS duties.

Under the Bribery Act 2010:

- It is a criminal offence to give, promise or offer a bribe and to request, agree to receive or accept a bribe either at home or abroad;
- The maximum penalty for bribery was increased from seven to 10 years imprisonment with an unlimited fine;
- It is a corporate offence of failure to prevent bribery by persons working on behalf of a business, which means that NHS Forth Valley can be exposed to criminal liability, punishable by an unlimited fee if it fails to prevent bribery by not having adequate procedures in place that are robust, up to date and effective. The corporate offence is not a standalone offence and will follow from a bribery/ corruption offence committed by an individual associated with NHS Forth Valley, in the course of their work. NHS Forth Valley therefore takes its legal responsibilities very seriously.

4.8 If a bribery offence is proved to have been committed by an outside body corporate with the consent or connivance of a director or senior officer of NHS Forth Valley, under the Act, the director or senior officer would be guilty of an offence (section 14 offence) as well as the body corporate which paid the bribe.

4.9 Staff must be aware that a breach of the provisions of this Act renders them liable to prosecution and may also lead to potential disciplinary action and the loss of their employment and superannuation rights within the NHS.

4.10 NHS Forth Valley does not tolerate any form of bribery, whether direct or indirect by its staff, agents or external consultants or any persons or entities acting for it or on its behalf.

4.11 The success of NHS Forth Valley anti-bribery measures depend on all employees, and those acting for NHS Forth Valley playing their part in helping to detect and eradicate bribery. Therefore, all employees and others acting for or on behalf of NHS Forth Valley are encouraged to report any suspected bribery (see sections 4.4 & 4.5 on ways of reporting).

5. Roles & responsibilities

5.1 Responsibility for receiving information relating to suspected frauds has been delegated to the Fraud Liaison Officer (FLO). This individual is responsible for informing third parties such as CFS, Internal Audit and External Audit or the Police (where appropriate) when suspicions of potential fraud are brought to their attention, either directly or indirectly. The Scheme of Delegation included as Annex D within the Standing Orders of the Board state that the Authorised Deputy FLO is the Director of Finance.

5.2 The FLO shall inform and consult the Chief Executive and/or Director of Finance in cases where the loss may be above the delegated limit or where the incident may lead to adverse publicity. The FLO will advise the Director of Finance on any potential referral to CFS. The roles and responsibilities of NHS Fraud Liaison Officers are set out within Annex B of CEL 11 (2013) Strategy to Combat Financial Crime in NHS Scotland' https://www.sehd.scot.nhs.uk/mels/CEL2013_11.pdf

5.3 Where a fraud is suspected within the service, including the Primary Care i.e., such as independent contractors providing Medical, Dental, Ophthalmic or Pharmaceutical Services, the FLO will make an initial assessment and, where appropriate, advise CFS.

5.4 The roles and responsibilities of the Board's nominated Counter Fraud Champion (CFC) are set out within https://www.sehd.scot.nhs.uk/mels/CEL2013_11.pdf
The contact details of the Counter Fraud Champion are included in the Key Contacts listed in Annex 1 below.

5.5 The Director of Human Resources, or nominated deputy, shall advise those involved in the investigation on matters of employment law and other procedural matters, such as disciplinary and complaints procedures.

5.6 Where the incident is thought to be subject to either local or national controversy and publicity then the Board and the Scottish Government Health and Social Care Directorates should be notified before the information is subjected to publicity. It should be added that under no circumstances should a member of staff speak or write to representatives of the press, TV, radio, other third parties or publicise details about a suspected fraud/theft on Social Network Sites, blogs, or Twitter. Employees must ensure that no action take, could give rise to an action for slander or libel.

5.7 It is necessary to categorise the irregularity prior to determining the appropriate course of action. Two main categories exist:

- Theft, burglary, and isolated opportunist offences; and
- Fraud, corruption, and other financial irregularities.

5.8 The former will be dealt with directly by the Police whilst the latter may require disclosure under the SGHD NHS Circular No. HDL (2002) 23 – Financial Control: Procedure where Criminal Offences are suspected.

RESPONSE PLAN

6. Introduction

6.1 The following sections describe NHS Forth Valley's intended response to a reported suspicion of theft, fraud, or corruption. It is intended to provide procedures, which allow for gathering and collating evidence in a manner that will facilitate an informed initial decision, while ensuring that evidence gathered will be admissible in any future criminal or civil action. Each situation is different; therefore, the guidance will need to be considered carefully in relation to the actual circumstances of each case before action is taken.

7. Reporting theft, fraud, and corruption

7.1 Where an NHS colleague is suspected of theft, fraud, or corruption then it is imperative that advice is sought from HR at the earliest opportunity. However, in the first instance any suspicion of fraud, theft or corruption should be reported to the relevant Head of Department. If the suspected theft, fraud, or corruption involves the Head of Department then any suspicion should be reported in writing to a more senior officer or directly to the FLO. The contact details for the Fraud Liaison Officer are shown in the Key Contacts listed in Annex 1 below.

7.2 Once a suspicion regarding an NHS colleague has been reported then it is essential that contact should be made with HR before proceeding with any internal investigation. This will allow senior HR officers and line managers to make any decision on potential suspension or Police involvement. It will also allow discussion and agreement between the Head of Department/senior officer and HR regarding formal referral of the suspicion to the FLO. Once an agreement is reached, the suspicion and the grounds for that suspicion should be submitted to the FLO. Where the suspicion relates to potential or actual fraud or corruption, information provided will be utilised by the FLO to populate a CFS1 form for formal referral of the matter to CFS who will consider the referral and take a view on whether a criminal investigation is justified.

7.3 For incidents involving Executive Directors of the Board, the FLO should contact the Chair of the Board or the Chair of the Audit Committee. It is important to act quickly when a suspicion is reported in order to minimise further losses to the Board. This also allows action to be taken to secure evidence required for any future proceedings; criminal or disciplinary.

7.4 Where the subject of the suspected theft, fraud or corruption is not an NHS colleague then the suspicion should be reported in writing to the Head of Department. It is important to capture as much information as is readily available regarding the person (or persons) suspected of fraud, theft, or corruption for reporting to the FLO. The Head of Department and the FLO will then discuss and agree the most appropriate way forward, which may or may not include reporting the matter to Police Scotland and/or CFS.

7.5 For all instances where fraud or corruption is suspected a "nominated officer" will be appointed as the main point of contact for all stakeholders. For NHS Forth Valley, this officer is the FLO (see paragraph 5.1 above). In the absence of the FLO, the Deputy FLO will deal with the issue. For incidents involving any Executive Directors of the Board the nominated officer will be the Board Chairman, contacted through the FLO. It is important to act quickly when suspicions are reported in order to minimise further losses to the Board and also to allow action to be taken to secure evidence required for any future disciplinary or criminal proceedings.

7.6 CEL 44 (2008) updated the required reporting standards in a revised SFR 18 (Scottish Financial Return). The SFR 18 forms part of the Board's annual accounts and the change was to improve reporting of all relevant items. The FLO will maintain a log of any reported suspicions of fraud, theft, or corruption. The log will document, with reasons, the decision to take further action or to take no further action. The log will also record any actions taken and conclusions reached. This log will be utilised to help populate the Boards SFR 18.2 form which forms part of the Board's annual accounts.

7.7 The nominated officer should consider the need to inform the NHS Forth Valley Board, the Chief Internal Auditor, External Audit, the Police and CFS, of the reported incident. In doing so, cognisance should be taken of the following guidance:

- Inform and consult the Director of Finance and the Chief Executive at the first opportunity, in all cases where the loss may exceed the delegated limit (or such lower limit as NHS Forth Valley may determine) or where the incident may lead to adverse publicity.

- CFS should be informed immediately in all but the most trivial cases. This should be progressed via the FLO.

- If fraud or corruption is suspected, it is essential that there is the earliest possible consultation with CFS. In any event, CFS should be contacted before any overt action is taken that may alert suspects and precipitate the destruction or removal of evidence. This includes taking action to stop a loss or tighten controls.

- If a criminal act is suspected, particularly fraud or corruption, it is essential that there is the earliest possible consultation with the Police. The Police should be contacted before any overt action is taken which may alert suspects and precipitate the destruction or removal of evidence. This includes taking action to stop a loss or tighten controls.

- At the stage of contacting the Police, the FLO should contact the Director of Human Resources to consider whether/when to initiate suspension of the employee pending an enquiry. 4

7.8 All such contact should be formally recorded in the Log. It should be noted that staff who wish to raise concerns about unprofessional behaviour or decisions (where fraud, theft or corruption are not suspected) should do so by following the guidance contained in the NHS Forth Valley Whistleblowing Policy. Following investigation of the complaint, if improper practices or criminal offences are suspected, the matter should be referred by the investigating officer to the FLO.

8. Managing the investigation

8.1 The decision on whether a referral is progressed by CFS as a criminal investigation is usually taken following correspondence between the FLO and CFS and usually involves an initial meeting to consider the available evidence. If the referral involves an employee of the Board then HR involvement in any initial meeting is crucial to avoid any conflict with ongoing or future disciplinary processes. Normally, the manager leading the investigation will be an employee from CFS. The circumstances of each case will dictate who will be involved and when.

8.2 The manager overseeing the investigation (referred to hereafter as the "investigation manager") should initially:

- initiate a Diary of Events to record the progress of the investigation

- if possible, determine the nature of the investigation i.e., whether fraud or another criminal offence. In practice it may not be obvious if a criminal event is believed to have occurred. If this is established the Police, External Audit and the Chief Executive should be informed if this has not already been done.

8.3 CFS staff, acting on behalf of the Director of Finance on any matters related to the investigation of fraud) are entitled without necessarily giving prior notice to require and receive:

a) Access to all records, documents and correspondence relating to any financial or other relevant transactions, including documents of a confidential nature (in which case he shall have a duty to safeguard that confidentiality), within the confines of the data protection act;
b) Access at all reasonable times to any land, premises, or employees of the Board;
c) The production or identification by any employee of any cash, stores, or other property of the Board under an employee's control; and
d) Explanations concerning any matter under investigation.

8.4 If after initial CFS enquiries it is determined that there are to be no criminal proceedings then an internal investigation by NHS Forth Valley may be more appropriate. In this instance, all information/evidence gathered by CFS will be passed to NHS Forth Valley. The internal investigation will then be taken forward as appropriate in line with Employment Law, PIN guidelines and relevant HR policies such as the Management of Employee Conduct Policy.

8.5 Any formal internal investigation to determine and report upon the facts, should establish:

- the extent and scope of any potential loss;
- if any disciplinary action is required;
- the criminal or non-criminal nature of the offence (if not yet established);
- what can be done to recover losses; and
- what may need to be done to improve internal controls to prevent any recurrence.

8.6 Where the report confirms a criminal act and notification to the Police has not yet been made, then a formal report should be submitted to Police Scotland at that point.

8.7 Where recovery of a loss to NHS Forth Valley is likely to require a civil action, arising from any act (criminal or non-criminal), it will be necessary to seek legal advice through the Central Legal Office (CLO), which provides legal advice and services to NHS Scotland.

8.8 This report should form the basis of any internal disciplinary action taken. The conduct of internal disciplinary action will be assigned to the Director of Human Resources or delegated officer within the Directorate, who shall gather such evidence as necessary.

9. Disciplinary/dismissal procedures

9.1 Consideration should be made in conjunction with CFS/CFC/FLO on whether/when to suspend the employee(s) who are subject to any investigation, pending the results of the investigation. This should be carried out in line with NHS Forth Valley's Management of Employee Conduct Policy.

9.2 The disciplinary procedures of NHS Forth Valley have to be followed in any disciplinary action taken by NHS Forth Valley toward an employee (including dismissal). This may involve the person in charge of the investigation recommending a disciplinary hearing to consider the facts, reflect on the results of the investigation and recommendations on any further appropriate action, to the employee's line manager. Where the fraud involves a Primary Care Services Practitioner the Board should pass the matter over to the relevant professional body for action.

10. Gathering evidence

10.1 This policy cannot cover all the complexities of gathering evidence. Each case must be progressed based on the individual circumstances of the case, taking professional advice as necessary (including advice from CLO where deemed appropriate). Where CFS decides not to pursue a criminal investigation, for whatever reason, the recommended next steps may involve an internal, Board-level investigation. In these circumstances it is important that the gathering of evidence is carried out in a methodical and consistent way.

10.2 If a witness to the event is prepared to give a written statement, it is best practice for an experienced member of staff, preferably from the HR Directorate, to take a chronological record using the witness's own words. The witness should sign the statement only if satisfied that it is a true record of his or her own words.

10.3 At all stages of the investigation, any discussions or interviews should be documented and where feasible agreed with the interviewee.

10.4 Physical evidence should be identified and gathered together in a secure place at the earliest opportunity. An inventory should be drawn up by the investigating officer and held with the evidence. To prevent any changes being made to the original evidence, where possible, a replacement or alternative record should be implemented for business continuity. It is essential that the evidence is kept intact. If evidence consists of several items, for example a number of documents, each one should be tagged with a reference number corresponding to the written record.

11. Disclosure of loss from fraud

11.1 Guidance on the referring of losses and special payments is provided in CEL 10 (2010) – Revised Scottish Financial Return (SFR) 18: Enhanced Reporting of NHS Frauds and Attempted Frauds. This includes reporting of all forms of irregular activity which suggest that fraud may have taken place, even if the evidence is not of a standard that can be used for prosecution. Scottish Financial Return (SFR) 18.0 on Losses and Compensation Payments is submitted annually to the Audit Committee

as part of the Annual Accounts. SFR 18 should include all losses, with appropriate description, aligned within the standard categories specified by the SGHSCD. External Audit should be notified of any loss as part of their statutory duties.

11.2 Management must take account of the permitted limits on writing off losses for "Category 2 Boards", as outlined in Annex C of CEL 10 (2010).

12. Police Involvement

12.1 It shall normally be the policy of NHS Forth Valley that, wherever a criminal act is suspected, the matter will be notified to the Police, as follows:

- During normal working hours, it will be the decision of the Director of Finance as to the stage that the Police are contacted. If the Director of Finance is unavailable, this decision will be delegated to the FLO.

- Outwith normal working hours, the manager on duty in the area where a criminal act is suspected should always report the matter to the Senior Manager and Executive Director On-Call. It will be the decision of the Executive Director On-Call as to the stage that the Police are contacted. In any case the manager on duty in the area where a criminal act is suspected should always report the matter to the Director of Finance and the FLO at the earliest possible time.

12.2 The nominated officer and investigating manager should informally notify the Police of potential criminal acts, to seek advice on the handling of each investigation at an early stage in the investigation.

12.3 Formal notification of a suspected criminal act will normally follow completion of the investigating manager's report and formal disciplinary action. It is important that the internal report is carried out in a timely manner to avoid delaying the Police investigation.

13. Press Release

13.1 To avoid potentially damaging publicity to the NHS and/or the suspect, NHS Forth Valley should prepare at an early stage, a Press release, giving the facts of any suspected occurrence and any actions taken to date e.g., suspension. The Communications Team within CFS, the CLO and the Police should agree the release where applicable.

13.2 Under no circumstances should a member of staff speak or write to representatives of the press, TV, or radio, about a suspected fraud without the express authority of the Chief Executive.

13.3 The Officer in Charge of the criminal case, whether from CFS or Police Scotland, will be responsible for collaborating with the Board's communications department in relation to preparing and agreeing the timing and content of an appropriate press release.

14. Resourcing any internal investigation

14.1 The Director of Finance will determine the type and level of resource to be used in investigating any suspected fraud. The choices available will include:

- Staff from within NHS Forth Valley
- Internal Audit
- Specialist Consultant
- Police

14.2 In deciding, the Director of Finance, should consider independence, knowledge of the organisation, cost, availability, and the need for a speedy investigation. Any decision must be shown in the Log held by the Nominated Officer. A decision to take "No action" will not normally be an acceptable option unless exceptional circumstances apply.

14.3 In any case involving a suspected criminal act, it is anticipated that CFS involvement will be in addition to NHS Forth Valley resources. In any case involving other suspected criminal acts, it is anticipated that Police involvement will be in addition to NHS Forth Valley resources.

15. The law and its remedies

15.1 Criminal Law - The Board shall refer all incidences of suspected fraud/criminal acts to CFS or the Police for decision by the Procurator Fiscal as to any prosecution.

15.2 Civil Law - The Board shall refer all incidences of loss through proven fraud/criminal act to the CLO for opinion, as to potential recovery of loss via Civil Law action.

Annex 1 – Key Contacts

Board Key Contacts

Role	Name	Designation	Contact Details
Fraud Liaison Officer	Shona Slayford	Principal Auditor	01592 226904 shona.slayford@nhs.scot
Deputy Fraud Liaison Officer	Scott Urquhart	Director of Finance	01786 457245 scott.urquhart@nhs.scot
Counter Fraud Champion	Robert Clark	Non-Executive Member and Employee Director	01786 457226 robert.clark4@nhs.scot
Whistleblowing Champion	Gordon Johnston	Non-Executive Member and Whistleblowing Champion	gordon.johnston@nhs.scot

External Contacts

Counter Fraud Hotline – 08000 15 16 28

National Confidential Alert Line for NHS Scotland employees - 0800 0086112

Independent National Whistleblowing Officer - 0800 008 6112
https://inwo.spso.org.uk/whistleblowing

SECTION E

Standing Financial Instructions

SECTION 1 INTRODUCTION

1.1 GENERAL

1.1.1 These Standing Financial Instructions (SFIs) are issued in accordance with the National Health Service (Financial Provisions) (Scotland) Regulations, 1974, Section 4 together with the subsequent guidance and requirements contained in NHS Circular No.1974 (GEN) 88 and Annex for the regulation of the conduct of Forth Valley NHS Board, its directors, officers, and agents in relation to all financial matters. Those regulations are the Health Boards (Membership and Procedure) Regulations 2001. Forth Valley Health Board is the common name of Forth Valley NHS Board. The Board's formal, legal title remains Forth Valley NHS Board and it will be identified as such in certain legal and financial documents. These SFIs are also issued in accordance with NHS MEL (1994) 80 and the guidance in 'Rebuilding Our National Health Service - A Change Programme For Implementing Our National Health' and they shall have the effect as if incorporated in the Standing Orders of Forth Valley NHS Board.

1.1.2 These SFIs detail the financial responsibilities, policies, and procedures to be adopted by Forth Valley NHS Board. They are designed to ensure that Forth Valley NHS Board financial transactions are carried out in accordance with the law and Government policy in order to achieve probity, accuracy, economy, efficiency, and effectiveness. They should also be used in conjunction with the Scheme of Delegation adopted by the Board.

1.1.3 These SFIs identify the financial responsibilities, which apply to everyone working for the Board and its constituent organisations including Trading Units. They do not provide detailed procedural advice. These statements should therefore be read in conjunction with the detailed departmental and Financial Operating Procedures. The Director of Finance must approve all Financial Operating Procedures.

1.1.4 Statutory Instrument (1974) No.468 requires Directors of Finance to design, implement and supervise systems of financial control and NHS circular 1974 (GEN) 88 requires the Director of Finance to:

(a) approve the financial systems
(b) approve the duties of officers operating these systems
(c) maintain a written description of such approved financial systems, including a list of specific duties

1.1.5 Should any difficulties arise regarding the interpretation or application of any of the SFI's then the advice of the Director of Finance must be sought before acting. The user of these SFIs should also be familiar with and comply with the Provisions of the Board's Standing Orders.

1.1.6 Failure to comply with SFIs is a disciplinary matter, which could result in dismissal.

1.2 TERMINOLOGY

1.2.1 Any expression to which a meaning is given in Health Service Acts, or in directions made under the Acts, shall have the same meaning in these instructions; and:

(a) "Board" means the Board of Forth Valley NHS Board or such Committee of the Board to which powers have been delegated

(b) “Budget” means an allocation of resources, expressed in financial terms, proposed by Forth Valley NHS Board for the purpose of carrying out, for a specific period, any, or all of the functions of Forth Valley NHS Board
(c) “Chief Executive” means the chief officer of Forth Valley NHS Board and who is directly accountable to the Board
(d) “Director of Finance” means the chief financial officer of Forth Valley NHS Board
(e) “Budget Holder” means the director or officer of Forth Valley NHS Board who has the delegated authority to manage finances (income and expenditure) for a specific operational area of Forth Valley NHS Board
(f) “Legal Adviser” means the properly qualified person appointed by Forth Valley NHS Board to provide legal advice.

1.2.2 Wherever the title Chief Executive, Director of Board, or other nominated officer is used in these instructions, it shall be deemed to include such other officers and agents who have been duly authorised to represent them.

1.2.3 References in these instructions to "officer" shall be deemed to include all employees of Forth Valley NHS Board, including nursing and medical staff, and consultants who practice upon Forth Valley NHS Board premises, as well as the staff of any agency contracted to Forth Valley NHS Board and/or performing financial functions on behalf of Forth Valley NHS Board.

1.2.4 All references in these SFIs to the masculine gender shall be read as equally applicable to the feminine gender.

1.3 RESPONSIBILITIES AND DELEGATION

1.3.1 The Board shall exercise financial supervision and control by:

(a) requiring the submission and approval of financial plans and budgets within approved allocations/overall income to a pre-determined timetable
(b) defining and approving essential features of financial arrangements in respect of important procedures and financial systems (including the need to obtain value for money)
(c) defining specific responsibilities placed on directors and officers as indicated in the Scheme of Delegation document

1.3.2 Within the Instructions it is acknowledged that the Chief Executive and Director of Finance shall have joint responsibility for ensuring that the Board meets its obligation to perform its functions within the financial resources available. The Chief Executive has overall responsibility for the Board’s activities and is responsible to the Board for ensuring containment within the Board’s Revenue Resource Limit, Capital Resource Limit and Cash Limit.

1.3.3 The Chief Executive’s responsibilities as Accountable Officer are set out in Section 2.

1.3.4 The Chief Executives of the NHS Health Boards have retained Accountable Officer Status under NHS arrangements.

1.3.5 The Chief Executive is ultimately accountable to Forth Valley NHS Board and as Accountable Officer to the Scottish Parliament for ensuring that the Forth Valley NHS Board meets its obligations to perform its functions within the available resources.

1.3.6 Forth Valley NHS Board shall delegate executive responsibility for the performance of its functions to the Chief Executive and to the senior management team. Members will exercise financial supervision and control by requiring the submission and approval of financial plans within approved allocations, by defining and approving essential features of financial arrangements in respect of important procedures and financial systems, including the need to obtain value for money and by defining specific responsibilities placed on our officers.

1.3.7 So far as is possible, the Chief Executive and Director of Finance will delegate their detailed responsibilities but retain their overall accountability. The extent of delegation will be kept under review by the NHS Board.

1.3.8 It is the duty of the Chief Executive to ensure that existing directors and employees and all new appointees are notified of and understand their responsibilities within these SFIs.

1.3.9 Without prejudice to any other functions of officers of Forth Valley NHS Board, the Director of Finance shall be responsible for:

(a) provision of financial advice to the Board and its officers
(b) setting the Board's accounting policies consistent with Scottish Government and Treasury guidance and generally accepted accounting practice
(c) supervising the implementation of the Board's financial strategies and for co-ordinating any corrective action necessary to further these strategies
(d) ensuring that sufficient records are maintained to show and explain Forth Valley NHS Board transactions, in order to disclose, with reasonable accuracy, the financial position of Forth Valley NHS Board at any time
(e) the design, implementation, and supervision of systems of financial control incorporating the principles of separation of duties and internal checks
(f) the preparation and maintenance of such accounts, certificates, estimates, records, and reports as the Board may require for the purpose of carrying out its statutory duties and responsibilities

1.3.10 All directors and officers of Forth Valley NHS Board, severally and collectively, are responsible for:

(a) the security of Forth Valley NHS Board property
(b) avoiding loss
(c) exercising economy and efficiency in the use of Forth Valley NHS Board resources; complying with the requirements of:

- Standing Orders (including the Scheme of Delegation)
- Standing Financial Instructions
- Financial Operating Procedures
- MEL (1994) 48 Standards of Business Conduct for Staff which will be identified in the Staff Handbook

1.3.11 The form in which financial records are kept and the manner in which duties are discharged by all directors and officers of Forth Valley NHS Board who carry out a financial function must be to the satisfaction of the Director of Finance.

1.3.12 Any contractor, agent or employee of a contractor who is empowered by Forth Valley NHS Board to commit Forth Valley NHS Board to expenditure or who is authorised to obtain income shall be

covered by these instructions. It is the responsibility of the Chief Executive to ensure that such persons are made aware of this.

SECTION 2 RESPONSIBILITIES OF HEALTH BOARD CHIEF EXECUTIVE AS ACCOUNTABLE OFFICER

2.1 INTRODUCTION

2.1.1 Under the terms of Section 14 and 15 of the Public Finance and Accountability (Scotland) Act 2000, the Principal Accounting Officer for the Scottish Government has designated the Chief Executive of Forth Valley NHS Board as Accountable Officer.

2.1.2 Accountable Officers must comply with the terms of the Memorandum to National Health Service Accountable Officers, and any updates issued to them by the Principal Accountable officer for the Scottish Government. The Memorandum was updated in April 2002.

2.2 GENERAL RESPONSIBILITIES

2.2.1 The Accountable Officer is personally answerable to the Scottish Parliament for the propriety and regularity of the public finances for NHS Forth Valley. The Accountable Officer must ensure that the Forth Valley NHS Board takes account of all relevant financial considerations, including any issues of propriety, regularity, or value for money, in considering policy proposals relating to expenditure, or income.

2.2.2 It is incumbent upon the Accountable Officer to combine his/her duties as Accountable Officer with their duty to the Forth Valley NHS Board, to whom he/she is responsible, and from whom he/she derives his/her authority. The Forth Valley NHS Board is in turn responsible to the Scottish Parliament in respect of its policies, actions, and conduct.

2.2.3 The Accountable Officer has a personal duty of signing the Annual Accounts of Forth Valley NHS Board for which he/she has responsibility. Consequently, he/she may also have the further duty of being a witness before the Audit Committee of the Scottish Parliament and be expected to deal with questions arising from the Accounts, or, more commonly, from reports made to Parliament by the Auditor General for Scotland.

2.2.4 The Accountable Officer must ensure that any arrangements for delegation promote good management, and that he/she is supported by the necessary staff with an appropriate balance of skills. This requires careful selection and development of staff and the sufficient provision of special skills and services. He/she must ensure that staff are as conscientious in their approach to costs not borne directly by their component organisation (such as costs incurred by other public bodies, or financing costs, e.g., relating to banking and cash flow) as they would be where such costs directly borne.

2.3 SPECIFIC RESPONSIBILITES

2.3.1 The Accountable Officer must:

(a) ensure that from the outset, proper financial systems are in place and applied, and that procedures and controls are reviewed from time to time to ensure their continuing relevance and reliability, especially at times of major changes

(b) sign the Accounts assigned to him/her, and in doing so accept personal responsibility for

ensuring that they are prepared under the principles and in the format directed by Scottish Ministers

(c) ensure that proper financial procedures are followed incorporating the principles of separation of duties and internal check, and that accounting records are maintained in a form suited to the requirements of the relevant Accounting Manual, as well as in the form prescribed for published Accounts

(d) ensure that the public funds for which he/she is responsible are properly managed and safeguarded, with independent and effective checks of cash balances in the hands of any official

(e) ensure that the assets for which he/she is responsible, such as land, buildings, or other property, including stores and equipment, are controlled, and safeguarded with similar care, and with checks as appropriate

(f) ensure that, in the consideration of policy proposals relating to expenditure, or income, for which he/she has responsibilities as Accountable Officer, all relevant financial considerations, including any issues of propriety, regularity or value for money, are considered, and where necessary brought to the attention of the Board

(g) ensure that any delegation of authority is accompanied by clear lines of control and accountability, together with reporting arrangements

(h) ensure that effective management systems appropriate for the achievement of the organisation's objectives, including financial monitoring and control systems have been put in place

(i) ensure that risks, whether to achievement of business objectives, regularity, propriety, or value for money, are identified, that their significance is assessed and that systems appropriate to the risks are in place in all areas to manage them

(j) ensure that best value from resources is sought, by making proper arrangements to pursue continuous improvement having regard to economy, efficiency, and effectiveness, and in a manner, which encourages the observance of equal opportunities requirements

(k) ensure that managers at all levels have a clear view of their objectives, and the means to assess and measure outputs or performance in relation to these objectives

(l) ensure managers at all levels are assigned well defined responsibilities for making the best use of resources (both those assumed by their own commands and any made available to organisations or individuals outside NHS Forth Valley) including a critical scrutiny of output and value for money

(m) ensure that managers at all levels have the information (particularly about costs), training and access to the expert advice which they need to exercise their responsibilities effectively

2.4 REGULARITY AND PROPRIETY OF EXPENDITURE

2.4.1 The Accountable Officer has a particular responsibility for ensuring compliance with parliamentary requirements in the control of expenditure. A fundamental requirement is that funds should be applied only to the extent and for the purposes authorised by Parliament in Budget Acts (or otherwise authorised by section 65 of the Scotland Act 1998). Parliament's attention must be drawn to losses or special payments by appropriate notation of the organisation's Accounts. In the case of expenditure approved under the Budget Act, any payments must be within the scope and amount specified in that Act.

SECTION 3 ALLOCATIONS, BUSINESS PLANNING, BUDGETS AND BUDGETARY CONTROL

3.1 GENERAL

3.1.1 The Board is required by statutory provisions made under Section 85 of the National Health Service (Scotland) Act (1978), as amended by the Health Services Act 1980, to perform its functions within the total funds allocated by the Scottish Ministers. All plans and financial approval systems shall be designed to meet this obligation.

3.2 ALLOCATIONS

3.2.1 The Director of Finance of the Board will review, as a minimum annually, the bases and assumptions used for distributing allocations to ensure such allocations are fair, realistic, and secure the Board's entitlement to funds.

3.3 BUSINESS PLANNING AND BUDGETS

3.3.1 The Chief Executive will prepare and submit to the board the Annual Operational Plan and an Annual Plan. This Plan shall include forecasts of available resources, financial targets, and spending proposals.

3.3.2 The Director of Finance shall, on behalf of the Chief Executive, prepare and submit to the Board for its approval, an annual financial plan for all revenue funds and capital where applicable, within the limits of available funds as determined by the notified allocations.

3.3.3 The Director of Finance shall ensure such plans are reconcilable to budgets that have been produced following discussion with General Managers, Chief Officers, Acute Services Director and Executive Directors. As a consequence, the Director of Finance shall have right of access to all budget holders on budgetary related matters.

3.4 BUDGETARY CONTROL

3.4.1 The Board shall delegate the management of the Financial Plan to the Chief Executive. The Chief Executive within limits approved by the Board, can delegate responsibility for a budget or part of a budget to individual Senior Managers. The terms of delegation shall include, in writing, a clear definition of individual responsibilities for control of expenditure, exercise of virement, achievement of performance levels and the provision of regular reports on the discharge of these delegated functions. The delivery of this delegation shall be included within the performance review of appropriate officers.

3.4.2 In performance of their duties:

(a) The Chief Executive will not exceed the budgetary or virement limits or exclusions set by the Board or by the Scottish Government Health and Social Care Directorate.

(b) Senior Managers will not exceed the budgetary or virement limits set by the Board and Chief Executive.

(c) The Chief Executive may exercise virement or vary the budgetary limit of a Senior Manager within the Chief Executives own budgetary limit.

3.4.3 The Board shall approve and review annually a Scheme of Delegation that will form part of the Standing Orders of the Board. The Scheme of Delegation shall specify: -

(a) areas of responsibility

(b) nominated officers

(c) financial value

(d) virement levels

3.4.4 Expenditure for which no provision has been made in approved plans and budgets and outwith delegated virement limits may only be incurred after authorisation by the Chief Executive or the Director of Finance acting on their behalf, or the NHS Board dependent on the nature and level of expenditure. There shall be a financial limit of £500,000 in respect of the delegated authority of the Chief Executive on a non-recurring basis (No individual item shall exceed £100,000). The Director of Finance shall have authority within the Chief Executive's limit of £250,000.

3.4.5 The Director of Finance, on behalf of the Chief Executive, shall monitor the financial performance against the plan, the use of delegated budgets to ensure that financial control is maintained, and that the Board's plans and policies are implemented.

3.4.6 The Director of Finance has a responsibility to ensure that adequate training is delivered on an on-going basis to budget-holders to help them to manage successfully.

3.4.7 The Director of Finance shall ensure that:

(a) the system of internal financial controls is sufficient and adequate to ensure the achievement of objectives and compliance with standards and regulations.

(b) adequate statistical and financial systems are in place to monitor and control all agreements for patients' services and facilitate the compilation of estimates, forecasts and investigations as may be required.

(c) reports provide all financial, statistical, and other relevant information as necessary for the compilation of estimates and forecasts.

(d) the Chief Executive and the Board are informed of the financial consequences of changes in policy, pay awards and other events and trends affecting budgets or projections and shall advise on the financial and economic aspects of future plans and projects.

(e) the issue of timely, accurate and comprehensible advice, and monthly financial reports

to each budget holder, covering the areas for which they are responsible.

3.4.8 The Director of Finance shall provide the Board with regular reports including as follows: -

(a) monthly financial reports for all expenditure to the Board in an approved format, inclusive of:

- income and expenditure to date and forecast year-end position
- movements in working capital
- capital project spend and projected outturn against plan
- explanation of significant variances from plan plus corrective action if appropriate, including an assessment as to whether such actions are sufficient to correct the situation
- monitoring of management action to correct variances
- cash spending to date and forecast year-end position
- report on budgetary transfers
- Board financial position including projections

3.5 ALIGNED AND POOLED BUDGETS

3.5.1 Partnership arrangements have been developing to give Health Boards and Local Authorities the flexibility to be able to work with other agencies to respond effectively to improve services, either by joining up existing services, or developing new, co-ordinated services. Such partnership arrangements provide for aligned and pooled budgets. Areas covered by Health and Social care Integration are contained in Section 4.

3.5.2 An Aligned Budget is the position when clearly identified financial resources are being used jointly. The funds are identified by the partner organisations and grouped together in a joint "pot", but the funds are still technically held within each partner organisation in separate distinct budgets. This enables each partner organisation to identify and account for their own contribution to the joint "pot".

3.5.3 A Pooled Budget is a mechanism by which each partner to the agreement contributes funding to form a discrete "fund" for the partnership arrangement or organisation. Initially, the funding contributed by each partner will be identifiable to each partner, but in time the origin of individual contributions may become less easily identifiable. The partners must therefore agree at the outset the purpose, scope, and outcome for services within the agreement meeting their own statutory obligations and justifying their contribution to the fund. A Pooled Budget resides in a "host" partner, either a Health Board or a Local Authority organisation, which manages it on behalf of the partners.

3.5.4 Partnership arrangements entered into by Forth Valley NHS Board must comply with the guidance on aligned and pooled budgets issued by the Scottish Government. The following paragraphs relate mainly to Aligned Budgets (as opposed to Pooled Budgets).

3.5.5 As a non-statutory body, the responsibility for the functions carried out by a partnership body will remain with each partner organisation.

3.5.6 A Partnership Agreement or Heads of Agreement must be drawn up between the partner organisations which will specify the services to be managed jointly, the governance

arrangements, the accountability arrangements, the budgetary control arrangements and the financial reporting and monitoring arrangements. The partnership agreement must be approved by the Director of Finance of each partner organisation before budgetary control can be devolved to a partnership body.

3.5.7 Each partner will agree the level of its contribution in advance of each financial year. The level of contribution from the Board will be agreed by the Board taking account of the need to balance the amount of flexibility that Forth Valley NHS Board want to enable through the aligned budget against the risk of being able to fulfil all service needs. Levels of contribution will have to allow, among other things, for decisions about inflation levels, developments, service pressures, Corporate Plan priorities, capital charges and savings targets.

3.5.8 The contribution to the Aligned Budget must be used on the agreed services set out in the partnership agreement. The aligned budget will be discrete and will be ring-fenced to the extent specified in the partnership agreement. The Partnership Agreement must also specify the mechanism for changing in-year levels of contribution.

3.5.9 Accountability will be discharged at two levels in Aligned Budget arrangements, i.e., within the partnership body, and to the Boards or Management Committees of each partner organisation.

3.5.10 Each partnership body will appoint a lead officer who will be accountable to the relevant Partnership Board for the combined budget.

3.5.11 The Chief Executive will remain accountable to the Scottish Government for the financial contribution made by their organisation.

3.5.12 Partnership bodies will be subject to both financial and value for money audit by both Internal Audit and the Auditor General for Scotland.

3.5.13 A Memorandum Income and Expenditure Account may require to be included in the Annual Accounts for Aligned Budget arrangements which show income received, expenditure incurred and the remaining surplus or deficit for the financial year.

3.5.14 The lead officer of the partnership body shall prepare a Constitution which will set out compliance with the Codes of Conduct, Accountability and Practice on Openness and the underlying principles of good Corporate Governance as set out in the Cadbury and Nolan Reports and the detailed guidance issued by the Scottish Government and others.

3.5.15 The lead officer of the partnership body shall issue Financial Regulations consistent with the SFIs in order to regulate the conduct of the Partnership Board, both members and officers, in all financial matters. Such regulations and instructions will specify the arrangements for the provision of financial advice to the Partnership Board.

3.5.16 The partnership body's Constitution and Financial Regulations shall be agreed by the Forth Valley NHS Board and shall have the effect as if incorporated in the Standing Orders and SFIs of the Board.

3.5.17 The above instructions will equally apply to new formal partnership arrangements with Local Authorities which the Board may develop in future years.

SECTION 4 HEALTH AND SOCIAL CARE INTEGRATION

4.1 GENERAL

4.1.1 The Public Bodies (Joint Working) (Scotland) Act 2014 established the framework for the integration of adult health and social care services in Scotland. Two Integrated Joint Boards (IJBs) have been established in Forth Valley under the body corporate arrangement. The approved Integration Schemes set out the detail of the integration arrangement, including those services delegated by NHS Forth Valley to the IJBs.

4.2 FINANCIAL ARRANGEMENTS

4.2.1 Each partner will agree the formal budget setting timelines and reporting periods as defined in the Financial Regulations.

4.2.2 The initial budget for the NHS contribution to the Integrated Joint Board budget for delegated functions under the Public Bodies (Joint Working) (Scotland) Act 2014 will be set in accordance with the Integration Schemes and the due diligence process as described in the Scottish Government Integrated Resource Advisory group guidance.

4.2.3 In subsequent financial years the NHS Board will evaluate the case for the Integrated Budget against its other priorities and will agree its contributions accordingly. The business case put forward by the IJB will be evidenced based and will detail assumptions made.

4.2.4 Following on from the budget process, the IJB Chief Officer and Chief Financial Officer will prepare a financial plan supporting the Strategic Plan and once approved by the IJB issue Directions with defined payment levels to the NHS Board. 'Payment' does not mean an actual cash transaction but a representative allocation for the delivery of Integration Functions in accordance with the Strategic Plan.

4.2.5 If at the outset the NHS Board does not believe the direction can be achieved for the payment being offered, then it shall notify the IJB that in line with section 28 (4) of the Public Bodies (Joint Working) (Scotland) Act 2014 additional funding would be necessary to comply with the direction.

4.2.6 Once the payments to be made by the IJB to the NHS Board for the delegated functions have been agreed they will, for the directly managed functions, form the basis of annual budgets to be issued to the relevant budget holder. The payments for the set aside budgets will form part of the budgets to be issued to the relevant NHS budget holder.

4.2.7 Where the Chief Officer is the budget holder, they will comply with these SFIs unless the SFIs explicitly state otherwise. In further delegating budgetary authority to managers in their structure the Chief Officer is responsible for ensuring all transactions processed by the NHS comply with these SFIs and any further detailed procedural NHS Board guidance relevant to the transaction.

4.2.8 It is envisaged that the Chief Officer, in due course, will have a structure including joint management posts who are responsible for both Health and Council expenditure.

4.3 DELEGATED AUTHORITY

4.3.1 Where a manager has delegated authority for both health and council expenditure, they must ensure the VAT treatment is in line with the Integrated Resource Advisory Group and any HMRC guidance. If in doubt they should seek advice from the Director of Finance for any expenditure that might previously have been made from NHS budgets.

4.3.2 Where a council employee has been given delegated authority for NHS budgets a signed declaration that they have received and will comply with these SFIs is required. This should also be signed by the Chief Officer, who will further undertake to pursue any breaches of the NHS SFIs through the council line management structure if required.

4.3.3 The arrangements for the virement of budgets are specified in the scheme of delegation of the Parties and virement levels will be agreed in the Strategic Plan.

4.3.4 Notwithstanding that a budget virement lies within the Chief Officers level of authority it can only be executed if detailed consideration of the financial impact confirms any risks associated with it are acceptable. If there is a difference of opinion between the Chief Officer and NHS finance as to the acceptability of the risk, the Chief Officer and Director of Finance of the NHS will first seek to reach an acceptable solution. Failing that the Chief Executive of the NHS will consider the level of risk, involving the SLT if necessary, for a wider view. Should there still not be agreement the IJB would be invited to review this and set out how it would mitigate the stated risk.

4.3.5 In managing these operational budgets, the Chief Officer will comply with these SFIs unless the SFIs explicitly state otherwise.

4.4 MANAGEMENT OF IN YEAR VARIANCES

4.4.1 Where there is a projected overspend against an element of the Integrated Budget, the Chief Officer, the Chief Finance Officer of the IJB and the relevant finance officer and operational manager of the constituent party must agree a recovery plan to balance the overspending budget.

4.4.2 Underspends on either arm of the Integrated Budget should be returned from the relevant Party to the IJB and carried forward through the reserves. This will require adjustments to the allocations from the IJB to the relevant Party for the sum of the underspend.

4.5 FINANCIAL MANAGEMENT AND REPORTING ARRANGEMENTS

4.5.1 The NHS Director of Finance is responsible for providing the Chief Officer (as with all budget holders) with regular financial information to allow them to manage their budgets. The NHS Director of Finance is also responsible for providing the Chief finance officer of the IJB with the financial information required by the integration scheme as expanded by subsequent agreements, to meet the reporting requirement to the IJB. In advance of each financial year a timetable will be agreed with the IJB.

4.5.2 The IJB Chief Financial Officer will be responsible for the preparation of the annual financial statements as required by section 39 of the Public Bodies (Joint Working) (Scotland) Act 2014 and the statutory annual accounts. The Accounting Standards as adapted for the public

sector will apply to the Integration Joint Board. The Code of Practice on Local Authority Accounting in the UK will be the applicable guidance for their interpretation. The financial statements of the Integration Joint Board will be completed to meet the audit and publication timetable specified in regulations (Regulations under section 105 of the Local Government (Scotland) Act 1973). Although the responsibility lies with the Chief Finance Officer of the IJB the Director of Finance will ensure such information is supplied from the NHS as is required to fulfil these obligations.

4.5.3 The financial ledger transactions relating to the Integration Joint Board will be carried out prior to the end of the financial year with post year-end adjustments for material information only. Year-end balances and transactions will be agreed timeously in order to allow completion of the Accounts in line with required timescales. This date will be agreed annually by the Integration Joint Board, the Health Board, and the Local Authority.

4.5.4 Detailed Financial Regulations governing the Integration Joint Board will be agreed between the Local Authority and the Health Board and approved by the Integration Joint Board. Once agreed the NHS Director of Finance will be responsible for ensuring any NHS obligations are fulfilled.

4.5.5 Although the Public Bodies (Joint Working) (Scotland) Act 2014 will supersede most of the previous joint working arrangements, it remains possible that there could be pooled or aligned budgets with community partners, such as for children's services, that fall outwith that. Section 3 has therefore been retained in case they should be required.

SECTION 5 COMMISSIONING OF HEALTHCARE

5.1 FINANCIAL TARGETS

5.1.1 The Scottish Government sets 3 budget limits at a Health Board level on an annual basis. These limits are:

(a) Revenue Resource Limit: a resource budget for ongoing operations
(b) Capital Resource Limit: a resource budget for net capital investment
(c) Cash requirement: a financing requirement to fund the cash consequences of the ongoing operations and net capital investment

5.1.2 Health Boards are required to contain their net expenditure within these limits and will report on any variation from the limits as set.

5.1.3 The Director of Finance shall be responsible for ensuring that an adequate system of monitoring financial performance is in place to enable the Board to fulfil its statutory responsibility while achieving its financial targets.

5.2 GENERAL - HEALTH NEEDS ASSESSMENT

5.2.1 The Director of Public Health, on behalf of the Chief Executive is responsible for the production of Health Needs Assessments, and for the monitoring of Health Status.

5.2.2 The Health Needs Assessment Reports incorporate historical and projected financial information. The Director of Finance is responsible for the provision of historical financial details and for the financial impact/implication of each Needs Assessment.

5.3 GENERAL - HEALTH PLANNING

5.3.1 The Chief Executive is responsible for the production of the Corporate Plan (Healthcare Strategy). The Corporate Plan will be informed amongst others by

(a) plans arising from Health Needs Assessments

(b) socio-demographic trends

(c) public opinion

(d) resource availability

(e) Business unit pressures

5.3.2 To prepare health strategies or develop plans for individual care groups or service areas, planning groups may be established. The Director of Finance has responsibility for ensuring that where appropriate the remit of such groups outlines the financial parameters within which the group may operate. On occasion these groups may also cover Local Authority services. In this instance the parameters should be agreed with the appropriate individuals within Local Authorities.

5.3.3 The Director of Finance is responsible for the provision of financial advice and plans in respect of the affordability of the Corporate Plan.

5.4 PRIMARY HEALTH CARE

5.4.1 Primary Health Care Services include:

(a) all Family Practitioner Services

(b) Practice Staff

(c) Primary Health Care Computing

(d) Cost Rent and Improvement Grant Schemes

5.4.2 Primary Health Care Services fall within the scope of Integration Authorities. Resources are allocated from the Integration Authority via direction in line with the Strategic Plans. Any variations proposed to budgets must be approved by the Director of Finance of Forth Valley NHS Board.

5.5 COMMUNITY SERVICES

5.5.1 Community Services include

(a) mental health (inclusive of elderly, frail elderly, long-stay, and community)

(b) learning disability

(c) palliative hospice care

(d) community health services

(e) drugs and alcohol

(f) healthcare in prisons

5.5.2 Local Community Health Care Services are managed by either the Chief Officers or a General Manager. Resources managed by the Chief Officers fall within the scope of Integration Authorities. Resources managed by the General Manager may fall within the scope of Integration Authorities. Resources are allocated from the Integration Authority via direction in line with the Strategic Plans. Any variations proposed to budgets must be approved by the Director of Finance of Forth Valley NHS Board.

Resources are managed by the General Manager which do not fall within the scope of Integration Authorities. Resources are transferred on a monthly basis in accordance with the annual financial plan and any subsequent agreed variations. Such variations must be signed by the Director of Finance of Forth Valley NHS Board.

5.5.3 NHS Boards outwith the Forth Valley area may also provide these services to local residents. In such instances service agreements will be prepared. Resources are transferred on a

monthly basis in accordance with the annual financial plan and any subsequent agreed variations. Such variations must be signed by both the Director of Finance of the Forth Valley NHS Board and the Director of Finance of the appropriate Health Board.

5.6 INPATIENT AND OTHER SERVICES

5.6.1 These include:

(a) Emergency and urgent care

(b) Acute inpatients and Community Hospital beds

(c) Ambulatory Care and Day Surgery

(d) Outpatient Services

(e) Cancer Services

(f) Allied Health Professionals

(g) Diagnostic Services

(h) Women and Children Services

5.6.2 Local Acute Services are managed by the relevant General Manager.
Resources managed by the General Manager may fall within the scope of Integration Authorities. Resources are allocated from the Integration Authority via direction in line with the Strategic Plans. Any variations proposed to budgets must be approved by the Director of Finance of Forth Valley NHS Board.

Resources are managed by the General Manager which do not fall within the scope of Integration Authorities. Resources are transferred on a monthly basis in accordance with the annual financial plan and any subsequent agreed variations. Such variations must be signed by the Director of Finance of Forth Valley NHS Board.

5.6.3 NHS Boards outwith the Forth Valley area may also provide these services to local residents. In such instances service agreements will be prepared. Resources are transferred on a monthly basis in accordance with the annual financial plan and any subsequent agreed variations. Such variations must be signed by both the Director of Finance of the Forth Valley NHS Board and the Director of Finance of the appropriate Health Board.

SECTION 6 BANKING AND INVESTMENTS

6.1 INTRODUCTION

6.1.1 The Director of Finance is responsible for managing Forth Valley NHS Board banking arrangements and for advising Forth Valley NHS Board on the provision of banking services and the operation of bank accounts. This advice will take into account such guidance and directions as may be issued by the Scottish Government Health and Social Care Directorate.

6.2 BANK ACCOUNTS

6.2.1 The Director of Finance is responsible for:

(a) Establishing exchequer bank accounts as directed by Scottish Government Health and Social Care Directorate
(b) establishing separate bank accounts for Forth Valley NHS Board non exchequer funds
(c) ensuring payments made from accounts do not exceed the amount credited to the account except where arrangements have been made
(d) reporting to the Board all arrangements made with Forth Valley NHS Board bankers for accounts to be overdrawn

6.2.2 All funds shall be held in accounts in the name of Forth Valley NHS Board. No officer other than the Director of Finance plus one other signatory shall open or close any bank account in the name of Forth Valley NHS Board.

6.2.3 The Director of Finance will advise the Bankers in writing of the conditions under which each account shall be operated.

6.3 BANKING PROCEDURES

6.3.1 The Director of Finance shall prepare procedural instructions on the operation of accounts. These instructions must include:

(a) the conditions under which each account is to be operated

(b) the limit to be applied to any overdraft

(c) those authorised to sign cheques or other payments on Forth Valley NHS Board accounts

6.3.2 The Director of Finance shall ensure appropriate arrangements are in place for the use of debit/credit card transactions.

6.3.3 An authorised signatory shall advise the bankers of the officers authorised to release money from or make electronic payment from each bank account.

6.3.4 An authorised signatory shall notify the bankers promptly of the cancellation of any authorisation to draw on Forth Valley NHS Board accounts

6.3.5 Where an agreement is entered into with a Health Board or other body for payment to be made on behalf of Forth Valley NHS Board from bank accounts maintained in the name of

that Health Board or other body, or by electronic funds transfer (BACS), the Director of Finance shall ensure that satisfactory security regulations of the Health Board or other body relating to any such accounts exist and are observed.

6.4 INVESTMENTS

6.4.1 Temporary cash surpluses shall be held only in accordance with SGHSCD guidance**.**

6.4.2 All balances remain within National accounts with required amounts transferred to the commercial bank accounts as required.

6.4.3 In accordance with HDL (2001) 49 the amount of working cash held in commercial bank accounts at Board level should be limited to no more than £50,000. Any excess funds available at Board level sit in the NatWest Account**.**

SECTION 7 CAPITAL INVESTMENT, PRIVATE FINANCING, FIXED ASSET REGISTERS AND SECURITY OF ASSETS

7.1 CAPITAL INVESTMENT

7.1.1 The overall control of all capital investment and fixed assets shall be the responsibility of the Chief Executive, advised by the Director of Finance and Director of Facilities and Infrastructure.

7.1.2 Whilst the Board reserves decision making with regard to the Five Year Capital Plan and the Annual Capital Plan, the Chief Executive:

(a) shall ensure that there is an adequate appraisal and approval process in place for determining capital investment priorities and the effect of each proposal on the Board Health Strategy and Annual Plan in accordance with the guidance contained in the Scottish Capital Investment Manual (SCIM)

(b) is responsible for the management of all stages of capital schemes and for ensuring that schemes are delivered on time and to cost

(c) will ensure that capital investment is not undertaken without confirmation of the availability of resources to finance all revenue consequences

7.1.3 The Chief Executive will also ensure that, for every capital expenditure proposal:

(a) where required, a business case is prepared setting out an option appraisal of potential benefits compared with known costs to determine the option with the most favourable ratio of benefits to costs in accordance with the guidance contained in the Scottish Capital Investment Manual (SCIM)

(b) the Director of Finance has certified professionally to the costs and revenue consequences

(c) appropriate project management and control arrangements are set in place

7.1.4 On approval of a capital investment scheme in accordance with the Scheme of Delegation, the Director of Finance shall issue the following to the manager responsible for the capital investment project**:**

(a) specific authority to commit expenditure

(b) authority to proceed to tender

(c) authority to accept a successful tender

7.1.5 The Director of Finance shall ensure that procedures are in place for the regular reporting of actual expenditure against authorisation of capital expenditure.

7.1.6 For capital schemes where the contracts stipulate stage payments, the Chief Executive will issue procedures for their management, incorporating the recommendations of the Scottish Capital Investment Manual (SCIM).

7.1.7 The Chief Executive will issue a scheme of delegation for capital investment management which will be in accordance with:

(a) SCIM guidance

(b) Forth Valley NHS Board Standing Orders

(c) the schedule of financial limits

7.1.8 Competitive tendering processes as per Section 8 must be followed with the exception being when the supply is proposed under special arrangements negotiated by the Scottish Government in which event the said special arrangements must be complied with. This is applicable to processes under the auspices of Frameworks Scotland and Hub Company where the formal tendering process has been deemed to have been completed in arriving at the principal supply chain partners.

7.1.9 The Director of Finance will issue procedures governing the financial management of capital investment projects, including variations to contract and valuation for accounting purposes.

7.2 PRIVATE FINANCE

7.2.1 When Forth Valley NHS Board proposes to use finance, which is to be provided other than through NHS Finances (as determined by its Capital Allocation), the following procedures shall apply:

(a) the Director of Finance shall demonstrate that the use of private finance represents value for money and genuinely transfers risk to the private sector

(b) where the sum involved exceeds the limits of approval delegated to the Board, a business case must be prepared, and approved by the Board

(c) the Business case must then be referred to the Scottish Government Health and Social Care Directorate for approval

7.3 FIXED ASSET REGISTERS

7.3.1 The Chief Executive who has overall control of fixed assets will delegate responsibility for ensuring the maintenance of registers of assets and for prescribing the form and content of any register and the method of updating.

7.3.2 The minimum data set to be held within these registers shall be as specified in the NHS Scotland Capital Accounting Manual as issued by the Scottish Government Health and Social

Care Directorate.

7.3.3 A fixed asset control procedure shall be approved by the Director of Finance. This procedure shall make provision for:

(a) recording the managerial responsibility for each asset

(b) identification of additions and disposals

(c) physical security of assets

(d) periodic verification of the existence of condition of and title to assets

7.3.4 Additions to the fixed asset register must be clearly identified to an appropriate budget holder and be validated by reference to:

(a) properly authorised and approved agreements, architect's certificates, supplier's invoices, and other documentary evidence in respect of purchases from third parties

(b) stores requisitions and wages records for own materials and labour including appropriate overheads

(c) lease agreements in respect of assets held under a finance lease and capitalised

7.3.5 The Director of Finance shall approve procedures for reconciling balances on fixed assets accounts in ledgers against balances on fixed asset registers.

7.3.6 The value of each asset shall be indexed to current values in accordance with the methods specified in the NHS Scotland Capital Accounting Manual as issued by the Scottish Government Health and Social Care Directorate.

7.3.7 The value of each asset shall be depreciated using methods and rates as specified in the NHS Scotland Capital Accounting Manual as issued by the Scottish Government Health and Social Care Directorate.

7.3.8 The value of each asset shall be indexed to current values in accordance with the methods specified in the Capital Accounting Manual by the Scottish Government Health and Social Care Directorate.

7.3.9 Registers shall also be maintained by responsible nominated officers and receipts retained for:
(a) equipment on loan; and
(b) all contents of furnished lettings.

7.3.10 On the closure of any facility, a check shall be carried out and a responsible officer will certify an inventory of items held pending eventual disposal.

7.3.11 The Director of Finance shall approve a procedure for the calculation and payment of capital charges as specified in the NHS Scotland Capital Accounting Manual issued by the Scottish Government Health and Social Care Directorate.

7.4 SECURITY OF ASSETS

7.4.1 The Chief Executive is responsible for the overall control of the fixed assets of Forth Valley NHS Board, but all staff have a responsibility for the security of property of the Board. It shall be the responsibility of senior staff in all disciplines to apply appropriate routine security practices in relation to NHS property. Persistent breach of agreed security practices should be reported to the Chief Executive.

7.4.2 Wherever practicable, items of equipment shall be indelibly marked as Forth Valley NHS Board property.

7.4.3 The Director of Finance shall prepare procedural instructions on the security and checking and disposal of assets (including cash, cheques, and negotiable instruments, and also including donated assets). This procedure shall make provision for:

(a) recording managerial responsibility for each asset

(b) identification of additions and disposals

(c) identification of all repairs and maintenance expenses

(d) physical security of assets

(e) periodic verification of the existence of condition of, and title to, assets recorded

(f) identification and reporting of all costs associated with the retention of an asset

(g) reporting, recording and safekeeping of cash, cheques, and negotiable instruments (see Section 8)

7.4.4 Any damage to Forth Valley NHS Board premises, vehicles and equipment, or any loss of equipment, stores or supplies must be reported by directors, heads of department or employees in accordance with the procedure for reporting losses.

SECTION 8 PURCHASING OF SUPPLIES AND SERVICES

8.1 DELEGATION OF AUTHORITY

8.1.1 The Forth Valley NHS Board will approve the total level of non-pay expenditure on an annual basis and the Director of Finance will determine the level of delegation to budget holders.

8.1.2 The Director of Finance will set out:

(a) the list of managers who are authorised to approve requisitions for the supply of goods and services

(b) the maximum level of each requisition and the process for authorisation above that level

(c) the procedures to be adopted for the seeking of professional advice regarding the supply of goods and services

8.1.3 All non-pay expenditure will be incurred within the limits of the non-pay budgets delegated to budget holders.

8.1.4 Section 21 sets out Standards of Business Conduct, which must be adhered to by members and officers of Forth Valley NHS Board.

8.2 SYSTEMS AND PROCEDURES FOR REQUISITIONING, ORDERING AND RECEIVING GOODS AND SERVICES

8.2.1 Supplies and services must be purchased through national contracts including framework agreements in accordance with CEL 05 (2012) where these are available. Only in exceptional circumstances and only with the authority of the Head of Procurement and the Director of Finance shall supplies and services available on contract be ordered outwith national contracts.

All formal contract arrangements must include Information Governance requirements including appropriate patient confidentiality, information security, data protection and Freedom of Information requirements. The Head of Information Governance should be contacted for clarification in terms of use of standard wording and to resolve any queries that arise. The Caldicott Guardian has overall responsibility for Patient Information security.

Standard wording for inclusion within contracts has been prepared and the Head of Procurement should be contacted to confirm / advise on standard clauses. The Head of Procurement is responsible for compliance with this component of SFIs and ensuring compliance with CEL 05 (2012).

8.2.2 In line with the Procurement Reform (Scotland) Bill competitive tenders for the supply of all goods and services not available to the Board through national or regional contracts

will be invited by advertising on the Public Contracts Scotland website unless:

(a) the estimated value of the contract is (exclusive of VAT):

- less than £50,000 for building and engineering works
- less than £50,000 for other supplies
- less than £1,000 for disposals

(b) the supply or disposal is for goods or services of a special nature or character in respect of which it is not possible or desirable to obtain competitive tenders

(c) in cases of emergency where it is not practicable or where the delay would result in further expense to the NHS Board. Such cases must be reported immediately to the Chief Executive

8.2.3 Written quotations shall be obtained from firms on approved lists (where possible) where the expenditure will be more than £5,000 but less than £50,000.

8.2.4 Where competitive tenders have been obtained, the lowest shall normally be accepted or, for disposals, the highest. If other than the lowest (highest for disposals) is being recommended, the approval of the Chief Executive or the Director of Finance shall be obtained before acceptance and the reasons entered in the Register of Tenders.

8.2.5 Any Board Member or Officer concerned with a contract who has a pecuniary interest in that contract shall declare his interest in writing to the Chief Executive who shall maintain a register of all such declarations. The NHS Board Member or Officer concerned must withdraw from the decision making process of the purchasing/contracting arrangements concerning that item. (See Section 20 – Standards of Business Conduct).

8.2.6 The requisitioner, in choosing the item to be supplied (or the service to be performed) shall always obtain the best value for money for Forth Valley NHS Board. In so doing, the advice of Forth Valley NHS Board sourcing adviser on supply shall be sought. Where this advice is not acceptable to the requisitioner, the Director of Finance (and/or the Chief Executive) shall be consulted before any order is placed.

8.2.7 The Director of Finance shall:

(a) advise the Board regarding the setting of thresholds above which quotations (competitive or otherwise) or formal tenders must be obtained; and, once approved, the thresholds must be incorporated in Forth Valley NHS Board Standing Financial Instructions and regularly reviewed; and

(b) prepare procedural instructions on the obtaining of goods, services and works, incorporating the thresholds set by the Board.

8.2.8 No order may be placed for any item or items for which there is no budget provision unless authorisation is provided by the Director of Finance on behalf of the Chief Executive.

8.2.9 All goods, services, or works must be ordered on an official order except works and services executed in accordance with a contract and purchases from petty cash. Suppliers/Contractors shall be notified that they should not accept orders unless on an official form.

8.2.10 Managers must ensure that they comply fully with the guidance and limits specified by the Director of Finance and that:

(a) all contracts, leases, tenancy agreements and other commitments which may result in a liability are notified to the Director of Finance in advance of any commitment being made

(b) contracts above specified thresholds are advertised and awarded in accordance with EC and GATT rules and comply with other such legislation on public procurement

(c) where consultancy advice is being obtained, the procurement of such skills must be in accordance with guidance issued by the Scottish Government Health and Social Care Directorate

(d) in accordance with Section 21 – Standards of Business Conduct, no order is issued for any item or items to any firm which has made an offer of gifts, reward or benefit to Directors or employees, other than:

- isolated gifts of a trivial character or inexpensive seasonal gifts, such as calendars
- conventional hospitality, such as lunches in the course of working visits

(e) verbal orders are only issued in exceptional circumstances, in cases of emergency or urgent necessity, and only by an officer designated by the Chief Executive; these must be confirmed by an official order no later than the next working day, and clearly marked "Confirmation Order"

(f) orders are not split or otherwise placed in a manner devised so as to avoid the financial thresholds

(g) goods are not taken on trial or loan in circumstances that could commit Forth Valley NHS Board to a future uncompetitive purchase

(h) changes to the list of directors/employees authorised to certify invoices are notified to the Head of Financial Services

(i) purchases from petty cash are restricted in value and by type of purchase in

accordance with instructions issued by the Director of Finance

(j) petty cash records are maintained in a form as determined by the Director of Finance

8.2.11 All tenders shall be addressed to the Chief Executive.

8.2.12 Official orders must:

(a) be consecutively numbered

(b) be in a form approved by the Director of Finance

(c) include such information concerning prices or costs as may be appropriate

(d) incorporate an obligation on the contractor to comply with the conditions printed thereon as regards delivery, carriage, documentation, variations, etc.

8.2.13 The Chief Executive must ensure that Forth Valley NHS Board Standing Orders are compatible with the requirements issued by the Scottish Government Health and Social Care Directorate in respect of building and engineering contracts (PROCODE) and land and property transactions (ESTATECODE). The technical audit of these contracts shall be the responsibility of the relevant Director. The Director of Finance shall ensure that the arrangements for financial control and audit of building and engineering contracts and property transactions comply with the guidance contained within these codes.

8.2.14 In accordance with Scottish Procurement Policy Note SPPN 2/2010 any contractor or sub-contractor performing security industry services will be required to be registered with the SIA Approved Contractors Scheme for the category of security service being provided/performed under the contract.

SECTION 9 INCOME, FEES AND CHARGES, SECURITY OF CASH AND OTHER NEGOTIABLE INSTRUMENTS

9.1 INCOME SYSTEMS

9.1.1 The Director of Finance shall be responsible for designing and maintaining systems for the proper recording and collection of all monies due, including income due under service agreements for the provision of patient care services. The Director of Finance shall be responsible for establishing reliable systems for financial coding to properly record all transactions.

9.2 FEES AND CHARGES

9.2.1 Forth Valley NHS Board shall follow the guidance and advice of the Scottish Government Health and Social Care Directorate in setting prices for Service Agreements.

9.2.2 The Director of Finance is responsible for approving and regularly reviewing the level of fees and charges other than those determined by the Scottish Government Health and Social Care Directorate or by Statute.

9.2.3 All officers shall inform the Accounting Services Manager of money due to Forth Valley NHS Board arising from transactions which they initiate, including all contracts, leases, tenancy agreements, private patient undertakings and other transactions.

9.3 DEBT RECOVERY

9.3.1 The Director of Finance is responsible for taking appropriate recovery action on all outstanding debts.

9.3.2 Income not received should be dealt with in accordance with losses procedures.

9.3.3 All staff dealing with income transactions are responsible for ensuring that underpayments against sums due are prevented, but where these occur recovery action, as determined by the Director of Finance, should be initiated.

9.3.4 The Director of Finance shall establish procedures for the write-off of debts after all reasonable steps have been taken to secure payment.

9.4 SECURITY

9.4.1 All receipt books, tickets, agreement forms or other means of officially acknowledging or recording amounts received or receivable shall be in a form approved by the Director of Finance. Such stationery shall be ordered and controlled by him and subject to the same precautions as are applied to cash.

9.4.2 All officers whose duty it is to collect or hold cash shall be provided with a safe or with a lockable cash box, which will normally be deposited in a safe. The officer concerned

shall hold only one key and all duplicates shall be lodged with the Board's bankers or other officer authorised by the Director of Finance, and suitable receipts obtained. The loss of any key shall be reported immediately to the Director of Finance. The Director of Finance, on receipt of a satisfactory explanation, shall authorise the release of the duplicate key. The Director of Finance shall arrange for all new safe keys to be dispatched directly to him from the manufacturers. The Director of Finance shall be responsible for maintaining a register of authorised holders of safe keys.

9.4.3 All cash, cheques, postal orders, and other forms of payment received by an officer other than the cashier shall be entered immediately in an approved form of register. All cheques and postal orders shall be crossed immediately 'Not negotiable - A/C Forth Valley NHS Board'. The remittances shall be passed to the cashier from whom a signature shall be obtained.

9.4.4 The opening of coin operated machines (including telephones) and the counting and recording of takings shall be undertaken by two officers together, at frequent intervals, and the coin box keys shall be held by a nominated officer. A reconciliation of monies collected should be carried out where appropriate.

9.4.5 The Director of Finance shall prescribe the system for the transporting of cash and un-crossed pre-signed cheques and shall approve, where appropriate, the use of the services of a specialist security firm.

9.4.6 Official money shall not, under any circumstances, be used for the encashment of private cheques.

9.4.7 All cheques, postal orders, cash etc. shall be promptly banked intact in accordance with Financial Services Operating Procedure Income Collection to the credit of the main receipts account. Disbursements shall not be made from cash received except under arrangements approved by the Director of Finance.

9.4.8 The holders of safe keys shall not accept unofficial funds for depositing in their safes.

9.4.9 During the absence (e.g., on holiday) of the holder of a safe key or cash box key, the officer who acts his place shall be subject to the same controls as the normal holder of the key. There shall be written discharge for the safe and/or cash box contents on the transfer of responsibilities and the discharge document must be retained for inspection.

9.4.10 All cheques shall be in a form approved by the Director of Finance. All unused cheques and other orders shall be ordered and controlled by him and subject to the same security precautions as are applied to cash. Bulk stocks of cheques shall normally be retained by the Board's Bankers and released by them only against a requisition signed in accordance with instructions issued by the Director of Finance.

9.4.11 The use of cheques with a pre-printed signature included shall be subject to such special security precautions as may be required from time-to-time by the Director of Finance.

9.4.12 Any loss or shortfall of cash, cheques, or other negotiable instruments, however occasioned, shall be reported immediately in accordance with the agreed procedure for reporting losses. (See Section 11 - Condemnations, Losses and Special Payments).

9.5 OTHER

9.5.1 Staff, on appointment, shall be informed in writing by the appropriate departmental or Senior Manager, of their responsibilities and duties for the collection, handling or disbursement of cash, cheques etc.

9.5.2 Operating Procedure - Cash describes detailed guidance in respect of the handling of cash and cheques.

SECTION 10 TERMS OF SERVICE AND PAYMENT OF DIRECTORS AND STAFF

10.1 REMUNERATION AND TERMS OF SERVICE

10.1.1 The Board shall establish a Remuneration Committee whose composition and remit will be set out in the Forth Valley NHS Board, Corporate Governance- Standing Orders.

10.1.2 The Remuneration Committee will operate within the Terms of Reference described in the Forth Valley NHS Board, Corporate Governance – Standing Orders.

10.1.3 The remuneration of the Chairman and Non-Executive Directors will be set in accordance with the instructions issued by the Scottish Ministers.

10.1.4 The Committee shall report in writing to the Board the bases for its recommendations. The Board shall use the report as the basis for their decisions but remain accountable for taking decisions on the remuneration and terms of service of executive directors.

10.2 FUNDED ESTABLISHMENT

10.2.1 The establishment plans incorporated within the annual budget will form the funded establishment of the Forth Valley NHS Board.

10.2.2 The Director of Finance shall be responsible for designing a system of funded establishment control. The funded establishment of any department may only be varied in accordance with the approved establishment control system.

10.3 STAFF APPOINTMENTS

10.3.1 No director or officer may engage, re-engage or re-grade staff, either on a permanent or temporary basis, or hire agency staff, or agree to changes in any aspect of remuneration unless

(a) so authorised by the Chief Executive; and

(b) within the limit of the approved budget and funded establishment.

10.3.2 The Board will approve procedures presented by the Chief Executive for the determination of commencing pay rates, conditions of service, etc., for employees.

10.3.3 A certified appointment form and such other documents as may be required shall be sent to the Payroll Services Manager immediately upon the employee commencing duty.

10.4 CONTRACT OF EMPLOYMENT

10.4.1 Each employee shall be issued with a Contract of Employment by the Director of Human Resources, which shall comply with current employment legislation and be in a form

approved by the Board.

10.4.2 The Director of Human Resources shall be responsible for dealing with variations to, or termination of, contracts of employment.

10.5 STAFF CHANGES

10.5.1 A variation to contract of employment shall be issued in all cases of changes to existing contract.

10.5.2 Confirmation of a change in the status of employment shall be completed and submitted electronically to the Payroll Services Manager.

10.5.3 A termination of employment form and such other documents as he/she may require shall be completed and submitted electronically to the Payroll Services Manager immediately upon the effective date of an employee's resignation, retirement or termination being known. Where an employee fails to report for duty in circumstances which suggest he has left without notice, the Director of Human Resources shall be informed and Payroll Services Manager thereafter.

10.6 PAYROLL

10.6.1 All pay records, related electronic records and their notification shall be in a form approved by the Director of Finance and shall be certified and submitted in accordance with their instructions.

10.6.2 The Director of Finance shall be responsible for the final determination of any pay including the verification that the rate of pay and relevant conditions of service are in accordance with current agreements, the proper compilation of the payroll and for payments made.

10.6.3 The Director of Finance shall determine the dates on which the payment of salaries and wages are to be made, having regard to the general rule that it is undesirable to make payments in advance.

10.6.4 All employees shall be paid monthly (by bank electronic transfer) (BACS) unless otherwise agreed by the Director of Finance.

10.6.5 It is the duty of each member of staff to report, immediately in the first instance, to the Payroll Services Manager, any irregular payment which has been made from funds for payroll purposes.

10.7 TRAVEL AND OTHER STAFF EXPENSES

10.7.1 All claims for payment of car allowances, subsistence, removal, and disturbance allowances, travelling and incidental expenses shall be submitted in a form approved by the Director of Finance.

10.7.2 The Director of Finance shall reimburse all expenses claimed by employees of the Board or outside parties in line with the relevant Whitley Council regulations. Arrangements for the certification of such claims by the appropriate Head of Department shall be subject to the approval of the Director of Finance

10.7.3 The Director of Finance shall ensure that Inland Revenue regulations with regard to travel and other staff expenses are complied with.

SECTION 11 PAYMENTS FOR ACCOUNTS AND CLAIMS

11.1 RESPONSIBILITIES FOR NOTIFYING AND MAKING PAYMENTS

11.1.1 All employees must comply with the approved scheme of delegation contained in the Board's Standing Orders when initiating all non-pay transactions.

11.1.2 The Director of Finance shall be responsible for the prompt payment of all properly authorised accounts and claims. Payment of contract invoices shall be undertaken promptly in accordance with contract terms, or otherwise, in accordance with national guidance.

11.1.3 All Directors, officers and agents shall inform the Director of Finance promptly of all monies payable by Forth Valley NHS Board arising from transactions which they initiate, including contracts, leases, tenancy agreements and other transactions.

11.1.4 Family Health Service Payments and Administration has been delegated to NSS under a Partnership Agreement. NSS will act as agents of the Board in accordance with the Partnership Agreement.

11.2 SYSTEMS AND PROCEDURES FOR MAKING PAYMENTS

11.2.1 The Director of Finance shall be responsible for designing and maintaining a system for the verification, recording and payment of all amounts payable by Forth Valley NHS Board. The system shall provide for:

(a) a list of officers authorised to certify invoices, together with specimens of their signatures

(b) certification that:

- where contracts are based on measurement of time, materials, or expenses, that each are in accordance with the appropriate independent certified measures
- where appropriate, the expenditure is in accordance with regulations and all necessary authorisations have been obtained
- the account is arithmetically correct
- the account is in order for payment

(c) a timetable and system for submission to the Director of Finance of accounts for payment; provision shall be made for the early submission of accounts where cash discounts can be obtained or for those accounts which otherwise require early payment

(d) instructions to employees regarding the handling and payment of accounts within

Financial Services;

(e) a process which ensures that payment for goods and services is only made once the goods and services have been received by Forth Valley NHS Board (except as allowed for below)

11.2.2 In the case of contracts for building or engineering works, which require payment to be made on account during progress of the works, the Director of Finance shall make payment on receipt of a certificate from the appropriate technical consultant. Without prejudice to the responsibility of any consultant or works officer appointed to a particular building or engineering contract, a contractor's account shall be subject to such financial examination by the Director of Finance and such general examination by a works officer as may be considered necessary, before the person responsible to Forth Valley NHS Board for the contract, issues the final certificate.

11.2.3 Where a contract is based on the measurement of time, materials or expenses, the checks to be carried out must provide confirmation that:

(a) the time charged is in accordance with the time sheets

(b) the rates of labour are in accordance with the appropriate rates

(c) the materials have been checked as regards quantity, quality, and price

(d) the charges for the use of vehicles, plant and machinery have been examined

11.2.4 Where an officer certifying accounts or claims relies upon other officers to do preliminary checking, he shall, wherever possible, ensure that those who check delivery or execution of work act independently of those who have placed orders and negotiated prices and terms.

11.3 OTHER

11.3.1 All employees must comply with the terms of NHS Circular MEL (1994) 48 which specifies Standards of Business Conduct for NHS Staff. Any query on the application of the standards must be raised with the Director of Human Resources.

SECTION 12 CONDEMNATIONS, LOSSES AND SPECIAL PAYMENTS

12.1 FRAUD POLICY AND RESPONSE PLAN

12.1.1 The Director of Finance shall prepare a Fraud Policy and Response Plan, which shall be approved by the Board.

12.2 DISPOSALS AND CONDEMNATIONS

12.2.1 The Director of Finance shall prepare detailed procedures for the disposal of assets including condemnations and ensure that these are notified to managers.

12.2.2 When it is decided to dispose of an asset, the head of department or authorised deputy will determine and advise the Director of Finance of the estimated market value of the item, taking account of professional advice where appropriate.

12.2.3 All unserviceable articles shall be:

(a) condemned or otherwise disposed of by an employee authorised for that purpose by the Director of Finance;

(b) recorded by the condemning officer in a form approved by the Director of Finance, which will indicate whether the articles are to be converted, destroyed, or otherwise disposed of. All entries shall be confirmed by the countersignature of a second employee authorised for the purpose by the Director of Finance.

12.2.4 The condemning officer shall satisfy himself as to whether or not there is evidence of negligence in use and shall report such evidence to the Director of Finance who will take the appropriate action.

12.3 LOSSES AND SPECIAL PAYMENTS

12.3.1 The Director of Finance shall prepare procedural instructions on the recording of and accounting for losses and special payments.

12.3.2 Any officer discovering or suspecting a loss of any kind shall forthwith inform his Head of Department, who shall immediately inform the Chief Executive and Director of Finance.

12.3.3 Where a criminal offence is suspected, the Board's Fraud Policy and Response Plan will be implemented.

12.3.4 The Director of Finance shall notify the Scottish Government Health and Social Care Directorate of all frauds in accordance with Board Manual of Accounts (SFR 18).

12.3.5 For losses apparently caused by theft, fraud, arson, neglect of duty or gross carelessness, except if trivial and where fraud is not suspected, the Director of Finance shall immediately notify:

(a) the Forth Valley NHS Board

(b) the Statutory Auditor

12.3.6 For all Family Health Service reported instances of fraud and other cases as may be determined by Scottish Government Health and Social Care Directorate, the Board will refer these matters to the NHS in Scotland Counter Fraud Service in accordance with guidance received from Scottish Government Health and Social Care Directorate.

12.4 WRITING OFF OF LOSSES

12.4.1 The Director of Finance shall maintain a losses and compensation register in which details of all losses shall be recorded, as they are known. Write-off action shall be recorded against each entry in the register.

12.4.2 The Chief Executive and Director of Finance acting jointly will approve the writing off of losses within the delegated limits to the Board. The Director of Finance will make recommendations to the Board for the writing off of losses and compensation, which exceed the delegated limits of Forth Valley NHS Board.

12.4.3 The Director of Finance shall be authorised to take any necessary steps to safeguard Forth Valley NHS Board interest in bankruptcies and company liquidations.

12.4.4 No special payments exceeding the delegated limits determined by the Board shall be made without the prior approval of the Director of Finance.

12.4.5 Losses are classified in accordance with SFR 18.1 "Details of Losses and Special Payments" issued by the Scottish Government Health and Social Care Directorate in the NHS Boards Accounts Manual for Accounts.

12.4.6 In accordance with the Scheme of Delegation, the Chief Executive may, acting together with the Director of Finance, approve the writing off of losses within the limits delegated to the Board by the Scottish Government Health and Social Care Directorate.

12.4.7 The delegated limits of authority for each type of loss are contained in the Scheme of Delegation shown in the Forth Valley NHS Board Corporate Governance: Standing Orders (June 2012)

SECTION 13 ENDOWMENTS AND TRUST FUNDS (NON-EXCHEQUER FUNDS)

13.1 INTRODUCTION

13.1.1 Endowment and Trust Funds are those gifts, donations and endowments made under the relevant charities legislation and held on trust for purposes relating to the National Health Service, the objects of which are for the benefit of the National Health Service in Scotland. They are administered by the Board acting as trustees or by Special Trustees appointed by the Scottish Ministers or by other persons under a trust. An Endowments Committee will be responsible for the management of Forth Valley NHS Board Endowment and Trust Funds.

13.1.2 The discharge of the Board's corporate trustee responsibilities are distinct from its responsibilities for exchequer funds and may not necessarily be discharged in the same manner, but there must still be adherence to the overriding general principles of financial regularity, prudence, and propriety.

13.1.3 These Standing Financial Instructions shall apply equally to Non-Exchequer Funds as to other funds except that expenditure from Non-Exchequer Funds shall be restricted to the purpose(s) of the appropriate Fund.

13.1.4 The Director of Finance shall maintain such accounts and records as may be necessary to record and protect all transactions and funds of Forth Valley NHS Board as trustees of non-exchequer funds, including an Investments Register.

13.1.5 All share and stock certificates and property deeds shall be deposited either with Forth Valley NHS Board Bankers or Investment Advisers, or in a safe, or a compartment within a safe, to which only a designated responsible officer will have access.

13.1.6 The Director of Finance shall prepare detailed procedural instructions concerning the receiving, recording, investment, and accounting for endowment funds.

13.1.7 The Director of Finance shall be required to advise the Board on the financial implications of any proposal for fund raising activities, which Forth Valley NHS Board may initiate, sponsor, or approve.

13.1.8 The Director of Finance shall be kept informed of all enquiries regarding legacies and shall keep an appropriate record. After the death of a testator all correspondence concerning a legacy shall be dealt with on behalf of Forth Valley NHS Board by the Director of Finance who alone shall be empowered to give an executor a good discharge.

13.1.9 Endowment and Trust Funds shall be invested by the Director of Finance in accordance with Forth Valley NHS Board policy and subject to statutory requirements. The Director of Finance shall have authority to obtain professional advice on investments.

13.1.10 Where it becomes necessary for Forth Valley NHS Board to obtain Grant of Probate, or to make application for grant of letters of administration, in order to obtain a legacy

due to Forth Valley NHS Board under the terms of a Will, the Director of Finance shall be Forth Valley NHS Board nominee for the purpose.

SECTION 14 INFORMATION

14.1 RESPONSIBILITIES

14.1.1 The Chief Executive shall be responsible for ensuring the maintenance of archives for all documents required to be retained under the direction contained in CEL (31)2010 and the requirements of the Freedom of Information Act 2002 which is effective from 1st January 2005.

14.1.2 The documents held in archives shall be capable of retrieval by authorised persons.

14.1.3 Documents held shall only be destroyed at the express instigation of the Chief Executive.

14.1.4 The Director of Finance shall be primarily responsible for the accuracy and security of the computerised financial data of Forth Valley NHS Board.

14.1.5 The Director of Finance shall ensure that an updated Information Work Plan is prepared annually with associated information systems and technology plans as required by NHS Circular MEL (1994) 64.

14.2 FINANCIAL SYSTEMS MANAGEMENT

14.2.1 The Director of Finance shall:

(a) devise and implement any necessary procedures to ensure adequate (reasonable) protection of Forth Valley NHS Board and individuals from inappropriate use or misuses of any financial and other information held on computer files, for which he is responsible after taking account of the Data Protection Act 1998, the Computer Misuse Act 1990, and the Freedom of Information Act 2002

(b) ensure that adequate data controls exist over data entry, processing, storage, transmission, and output to ensure security, privacy, accuracy, completeness, and timeliness of the data, as well as the efficient and effective operation of the system, including the use of any external agency arrangement

(c) ensure that adequate controls exist such that the computer operation is separated from development, maintenance, and amendment

(d) ensure that an adequate management (audit) trail exists through the computerised system and that such computer audit reviews as he/she may consider necessary are being carried out

(e) ensure that contingency planning is undertaken and that adequate contingency arrangements are in place

14.2.2 The Director of Finance shall satisfy themself that new financial systems and amendments to current financial systems are developed in a controlled manner and

thoroughly tested prior to implementation. Where this is undertaken by another organisation, assurances of adequacy will be obtained from them prior to implementation.

14.2.3 Where computer systems have an impact on corporate financial systems the Director of Finance shall satisfy themself that:

(a) systems acquisition, development and maintenance are in line with corporate policies such as an Information Technology Strategy

(b) data produced for use with financial systems is adequate, accurate, complete, timely and in a form determined by the Director of Finance, and that a management (audit) trail exists

(c) finance staff have access to such data

(d) such computer audit reviews as are considered necessary are being carried out

SECTION 15 INTERNAL AND EXTERNAL AUDIT

15.1 AUDIT COMMITTEE

15.1.1 In accordance with Standing Orders (and as set out in guidance issued by the Scottish Government Health and Social Care Directorate), the Board shall establish an Audit Committee which will provide an independent and objective view of when considering the following;

(a) Internal control and corporate governance

(b) Internal Audit including the approval of the Strategic Audit Plan

(c) External Audit

(d) Standing Orders and Standing Financial Instructions

(e) Accounting Policies

(f) Annual Accounts (including the schedule of losses and compensations)

(g) Risk Management

15.1.2 Where the Audit Committee consider there is evidence of ultra-vires transactions, evidence of improper acts, or if there are other important matters that the Committee wish to raise, the Chairperson of the Audit Committee should raise the matter at a full meeting of the Board. Exceptionally, the matter may need to be referred to the Scottish Government Health and Social Care Directorate.

15.1.3 It is the responsibility of the Director of Finance to ensure an adequate internal audit service is provided to Forth Valley Health Board and that this is reviewed regularly by the Audit Committee. The Audit Committee should be consulted on any decision to change the internal audit service provider and shall participate in the selection process for any new service provider.

15.2 DIRECTOR OF FINANCE

15.2.1 The Director of Finance shall be responsible for ensuring that internal audit is adequate for the needs of Forth Valley Health Board and meets the NHS mandatory audit standards. The Director of Finance will ensure that there are arrangements to measure, evaluate and report on the effectiveness of internal control and efficient use of resources by the establishment of an adequate internal audit function headed by a Chief Internal Auditor of sufficient status.

15.2.2 It shall be the responsibility of the Director of Finance to review, appraise, and to report to management upon the adequacy of follow-up action to Audit Reports in accordance with the policy approved by the Audit Committee, which shall be reviewed at least

biennially.

15.2.3 The Director of Finance shall ensure that an annual internal audit report is prepared by the Chief Internal Auditor and presented to the Audit Committee, in accordance with its timetable which contains:

(a) a clear statement on the adequacy and effectiveness of internal control

(b) details of major internal control weaknesses discovered

(c) a summary of progress against plan in the previous year

(d) quality measures as defined within the service specification

15.2.4 The Director of Finance shall be notified immediately whenever any matter arises which involves, or is thought to involve, irregularities involving cash, stores, other property of Forth Valley Health Board, or any suspected irregularity in the exercise of any function of a financial nature and shall inform the Chief Internal Audit. The Director of Finance shall comply with the requirements of the Scottish Government Health and Social Care Directorate and of the Board's Fraud Policy in the resolution of these matters.

15.3 INTERNAL AUDIT

15.3.1 The Chief Internal Auditor shall be responsible directly to the Director of Finance for the provision of a professional and comprehensive Internal Audit Service to Forth Valley Health Board. In carrying out this responsibility the Chief Internal Auditor shall normally attend the meetings of the Audit Committee and will have the right of direct access to the Chief Executive, the Chairperson, or other members of the Audit Committee.

15.3.2 The objectives and scope of Internal Audit are set out in the Government Internal Audit Standards (GIAS). Internal Audit will review, appraise, and report upon:

(a) the extent of compliance with, and the financial effect of, relevant established policies, plans and procedures

(b) the adequacy and application of financial and other related management controls

(c) the suitability of financial and other related management data

(d) the extent to which Forth Valley Health Board assets and interests are accounted for and safeguarded from loss of any kind, arising from:

- fraud and other offences
- waste, extravagance, or inefficient administration
- poor value for money

- other causes.

15.3.3 The Chief Internal Auditor shall be entitled, without necessarily giving prior notice, to require and receive:

(a) access to all records, documents and correspondence relating to any financial or other relevant transactions, including documents of a confidential nature (in which case he shall have a duty to safeguard the confidentiality);

(b) access to any land, premises, or employee of the Board

(c) the production or identification by any employee of any Board cash, stores, or other property under the employee's control

(d) explanations concerning any matter under investigation or review

15.3.4 Where a matter arises which involves, or is thought to involve, irregularities concerning cash, stores or other property of the Board, or any suspected irregularity in the function of a pecuniary nature, officers shall act in accordance with the provisions of Section 11, the Board's Fraud Policy and the requirements of the Scottish Government Health and Social Care Directorate.

15.3.5 The Chief Internal Auditor shall report in accordance with the reporting protocol approved by the Audit Committee which shall be reviewed at least biennially.

15.3.6 Counter Fraud Service (CFS) staff acting on the Director of Finance's behalf may require and receive access to:

- All records, documents and correspondence relating to transactions relevant to an investigation

- At all reasonable times to any premises or land of NHS Forth Valley

15.4 EXTERNAL AUDIT

15.4.1 The External Auditors for Forth Valley Health Board are appointed by the Auditor General for Scotland.

15.4.2 The External Auditor is concerned with providing an independent assurance of the Board's financial stewardship including value for money, probity, material accuracy, compliance with guidelines and accepted accounting practice for NHS accounts. Responsibility for securing the audit of the Board rests with Audit Scotland. The appointed External Auditor's statutory duties are contained in the Public Finance and Accountability (Scotland) Act 2000.

15.4.3 The appointed External Auditor has a general duty to satisfy himself that:

(a) The Board's accounts have been properly prepared in accordance with the directions given under the Public Finance and Accountability (Scotland) Act 2000

(b) Proper accounting practices have been observed in the preparation of the accounts

(c) The Board has made proper arrangements for securing economy, efficiency, and effectiveness in the use of its resources

15.4.4 Additionally, Audit Scotland's Code of Audit Practice which covers the conduct of the audit, requires the appointed External Auditor to consider whether the statement of accounts represents a true and fair view of the financial position of the Board.

15.4.5 The External Auditor is required to provide an Audit Certificate and opinion to Forth Valley Health Board, Scottish Ministers and Audit Scotland. He is also required to submit a final report to members of Forth Valley Health Board, which summarises significant matters arising during the statutory audit. The auditor will also normally issue management letters to the Chief Executive and the Director of Finance highlighting any significant matters during the course of the audit.

15.4.6 The appointed External Auditor has special duties to report directly to the Auditor General should he have reason to believe that a Board decision would involve unlawful expenditure or would be unlawful and cause a loss or deficiency.

SECTION 16 ANNUAL ACCOUNTS AND REPORTS

16.1 GENERAL

16.1.1 Forth Valley NHS Board is required under the terms of Section 86(3) of the National Health Service (Scotland) Act 1978 to prepare and transmit Annual Accounts to Scottish Ministers.

16.1.2 The Director of Finance, on behalf of the Forth Valley NHS Board, shall prepare, certify, and submit annual accounts to the Chief Executive in such a form as directed by the Scottish Ministers and in accordance with the guidance and timetable laid down by the Scottish Government Health and Social Care Directorate.

16.1.3 The Board's Annual Accounts must be independently audited by an auditor appointed by the Auditor General for Scotland under the terms and provisions of the Public Finance and Accountability (Scotland) Act 2000.

16.1.4 On receipt of the audited Annual Accounts and the associated Management Letter, the Director of Finance shall:

(a) present the proposed management response to the Audit Committee; and

(b) ensure that the accounts are submitted by the 30th of June each year to the Scottish Executive to be laid before Parliament before being published.

16.1.5 The Director of Finance shall prepare and submit annually a financial report to the Board detailing the overall performance for the preceding financial year.

16.1.6 The Board shall produce an Annual Report in accordance with the Guidelines issued on 15 October 2007. The document will comply with the NHS Boards Manual for Accounts and be submitted to the Scottish Government Health and Social Care Directorate.

SECTION 17 STORES AND RECEIPT OF GOODS

17.1 GENERAL RESPONSIBILITIES

17.1.1 The Chief Executive shall delegate to an officer of Forth Valley NHS Board the responsibility for the overall control of stores.

17.1.2 The Director of Finance shall be responsible for design and implementation of the systems of control.

17.1.3 The day to day management of stores may be delegated to departmental officers and Stores Managers/Keepers, subject to such delegation being entered in a record available to the Director of Finance.

17.2 SECURITY ARRANGEMENTS

17.2.1 The responsibility for security arrangements and the custody of keys for all stores locations shall be clearly defined in writing by an officer delegated by the Chief Executive and agreed with the Director of Finance.

17.3 SYSTEMS AND STORES CONTROL

17.3.1 All stores' records shall be in such form and shall comply with such system of control as the Director of Finance shall approve.

17.3.2 The Director of Finance shall set out procedures and systems to regulate stores transactions including records for receipt of goods from store and returns to store.

17.3.3 Wherever practicable stocks shall be marked as health service property.

17.3.4 Controlled stores and department stores established for immediate use should be:

(a) maintained at the minimum practicable store levels related to operational requirements

(b) subject to annual stock take

(c) valued at the lower of cost or net realisable value

17.3.5 The nominated manager/pharmaceutical officer shall be responsible for a system, approved by the Director of Finance, for a review of slow moving and obsolete items and for the condemnation, disposal, and replacement of unserviceable articles. The designated officer shall report to the Director of Finance any evidence of significant overstocking and of any negligence or malpractice (See Section 11). Procedures for the disposal of obsolete stock shall follow the procedures set out for disposal of all surplus and obsolete goods.

17.3.6 Stock levels should be kept to a minimum consistent with operational efficiency.

17.3.7 Stocktaking arrangements shall be agreed with the Director of Finance and there shall be a physical check covering all items of stores at least once a year. However, depending on the value and marketability of some items, a system of perpetual inventory checking may be applied.

17.3.8 Those stores designated by the Director of Finance as comprising more than 7 days of normal use should be:

(a) subjected to annual or continuous stock-take

(b) valued at the lower of cost and net realisable value

SECTION 18 PATIENTS' PROPERTY

18.1 GENERAL

18.1.1 The Forth Valley NHS Board has a responsibility under the Adults With Incapacity (Scotland) Act 2000 to provide safe custody for money and other personal property (hereafter referred to as "property") handed in by patients, in the possession of unconscious or confused patients, or found in the possession of patients dying in hospital or dead on arrival.

18.1.2 The Chief Executive shall be responsible for informing patients or their guardians, as appropriate, before or at admission that the Board will not accept responsibility or liability for patient's property brought into health service premises, unless it is handed in for safe custody and a copy of an official patient's property record is obtained as a receipt.

18.1.3 The Director of Finance shall provide detailed written instructions for the receipt, custody, recording, safekeeping, and disposal of patient's property (including instructions on the disposal of the property of deceased patients and patients transferred to other premises) for all staff who have responsibility for the property of patients. The Director of Finance will also have procedures in place to deal with the loss of patients' property.

18.1.4 Where Scottish Government Health and Social Care Directorate instructions require the opening of separate accounts for patients' monies, these shall be opened and operated under arrangements agreed by the Director of Finance.

18.1.5 In all cases where property of a deceased patient is of a total value in excess of £5,000 (or such other amount as may be prescribed by any amendment to the Administration of Estates, Small Payments, Act 1965). The production of Probate or Letters of Administration shall be required before any of the property is released. Where the total value of property is £5,000 or less, forms of indemnity shall be obtained.

18.1.6 Staff should be informed, on appointment, by the appropriate departmental or senior manager of their responsibilities and duties for the administration of the property of patients.

18.1.7 Where patients' property or income is received for specific purposes and held for safekeeping, the property of income shall be used only for that purpose, unless any variation is approved by the donor or patient in writing.

18.1.8 The Director of Finance shall prepare an abstract of receipts and payments of patients' private funds in the form laid down in the Board Manual for Accounts. This abstract shall be audited independently and presented to the Audit Committee annually, with the auditor in attendance at the meeting.

SECTION 19 RISK MANAGEMENT

19.1 GENERAL

19.1.1 The Chief Executive shall ensure that Forth Valley NHS Board has a programme of risk management, which will be approved and monitored by the Forth Valley NHS Board.

19.1.2 The programme of risk management shall include, inter alia:

a) a process for identifying and quantifying risks and potential liabilities and addressing CNORIS

b) engendering among all levels of staff a positive attitude towards the control of risk

c) management processes to ensure that all significant risks and potential liabilities are addressed, including effective systems of internal control and decisions on the acceptable level of retained risk

d) contingency plans to offset the impact of adverse events

e) audit arrangements including external and internal audit, clinical audit, health, and safety review

f) arrangements to review the risk management programme

g) development of a financial risk management strategy to cope with possible in-year variations to the initially set budget

19.1.3 The existence, integration and evaluation of the above elements will provide a basis for the Audit Committee to make a statement on the effectiveness of internal control and corporate governance to Forth Valley NHS Board.

SECTION 20 PRIMARY CARE CONTRACTORS

20.1 GENERAL

20.1.1 In line with Scottish Executive arrangements, the Practitioner Services Division (PSD) of the National Services Scotland (NSS) is the payment agency for all Family Health Service (FHS) contractor payments:

(a) General Practitioners

(b) Dentists

(c) Community Pharmacists

(d) Optometrists

20.1.2 The Director of Finance shall conclude a "Partnership Agreement" with the PSD covering validation, payment, monitoring and reporting and the provision of an audit service by the NSS service auditors. The agreement will be signed off by the Chief Executive of NHS Forth Valley.

20.1.3 The relevant Committee will approve additions to, and deletions from, approved lists of contractors, taking into account the health needs of the local population, and the access to existing services. All applications and resignations received will be dealt with equitably, within any time limits laid down in the contractors' NHS terms and conditions of service.

20.1.4 The Director of Finance will:

(a) ensure that lists of all contractors are maintained and kept up to date; and

(b) ensure that systems are in place to deal with applications, resignations, inspection of premises, etc., within the appropriate contractor's terms and conditions of service.

20.1.5 The Director of Finance shall ensure that NSS systems are in place to provide assurance that:

(a) only contractors who are included on the Board's approved lists receive payments;

(b) all valid contractors' claims are paid correctly, and are supported by the appropriate documentation and authorisations

(c) all payments to third parties are notified to the General Practice Independent Contractors on whose behalf payments are made

(d) ensure that regular independent post payment verification of claims is undertaken to confirm that:

- rules have been correctly and consistently applied
- overpayments are prevented wherever possible; if, however, overpayments are detected, recovery measures are initiated
- fraud is detected and instances of actual and potential fraud are followed up

(e) exceptionally high/low payments are brought to his/her attention

(f) payments made via the NSS are reported to NHS Forth Valley

(g) payments made on behalf of the Board by the NSS are pre-authorised

(h) payments made by the NSS are reconciled with the cash draw-down reported by the Scottish Executive to Health Boards

20.1.6 The Director of Finance shall prepare operating procedures to cover all payments made by the NSS (both payments made directly, or payments made on behalf of the Board).

20.1.7 Payments made to all Primary Care independent contractors and community pharmacists shall comply with their appropriate contractor regulations.

SECTION 21 STANDARDS OF BUSINESS CONDUCT

Detailed information is available in the NHS Forth Valley Policy on Standards of Business Conduct.

MEL (1994) 80 also provides details of the principles for standards of conduct and accountability in situations when there is potential conflict between the private interests of NHS staff and their duties.

21.1 GENERAL RESPONSIBILITY

21.1.1 It will be the responsibility of the Chief Executive to:

(a) ensure that Scottish Government Health and Social Care Directorate guidelines on standards of business conduct for NHS staff (MEL (1994) 48) are brought to the attention of all staff, and are effectively implemented

(b) develop local conflict of interest policies and the machinery to implement them, in consultation with staff and local staff representatives

(c) ensure that such policies and procedures are kept up to date

(d) ensure that a full operational policy on the Standards of Business Conduct is developed and communicated to staff

21.1.2 The business of the Board will be conducted in accordance with the Ethical Standards in Public Life etc (Scotland) Act 2002. All members of staff have a duty to maintain strict ethical standards in the conduct of their business as an employee of Forth Valley NHS Board.

21.1.3 It is the responsibility of all staff when acting on NHS Forth Valley's behalf to:

- conduct the business of the organisation professionally, with honesty, integrity, free from bribery and maintain the organisations reputation

- if staff are in any doubt as to what they can or cannot do they must seek advice from their line manager or from the Corporate Services Department

Breaches may lead to disciplinary action or to dismissal.

21.1.4 BRIBERY ACT 2010

The Bribery Act 2010 is one of the strictest pieces of legislation on bribery and makes it a criminal offence for any individual (employee, contractor, agent) associated with NHS Forth Valley to give, promise or offer a bribe or to request, agree to receive or accept a bribe (section 1,2 and 6 offences). This can be punishable for an individual by imprisonment of up to 10 years.

In addition, the Act introduces a corporate offence (section 7 offence) which means that NHS Forth Valley can be exposed to criminal liability, punishable by an unlimited fee if it fails to prevent bribery by not having adequate preventative procedures in place that are robust, up-to-date, and effective. The corporate offence is not a standalone offence and would follow a bribery/corruption offence committed by an individual associated with NHS Forth Valley in the course of their work.

If a bribery offence is proved to have been committed by an outside body corporate with the consent or connivance of a Director or Senior Officer of NHS Forth Valley, under the Act the Director or Senior Officer would be guilty of an offence (Section 14 offences) as well as the body corporate which paid the bribe.

Whilst the exact definition of bribery and corruption is a statutory matter the following working definitions are given

- Bribery is an inducement or reward offered, promised, or provided in order to gain any commercial, contractual, regulatory, or personal advantage.

- Broadly, the Act defines bribery as giving or receiving a financial or other advantage in connection with the improper performance of a position of trust, or a function that is expected to be performed impartially or in good faith.

- Bribery does not have to involve cash, or an actual payment exchanging hands and can take many forms such as a gift, lavish treatment during a business trip or tickets to an event.

- Corruption relates to a lack of integrity or honesty including the use of trust for dishonest gain. It can broadly be defined as the offering or acceptance of inducements, gifts, favours, payments, or benefits in kind which may influence the action of any person. Corruption does not always result in a loss. The corrupt person may not benefit directly however they may be unreasonably using their position to give some advantage to another.

21.2 GIFTS, HOSPITALITY, AND INDUCEMENTS

21.2.1 The policy on the Standards of Business Conduct applies to all members of staff at all times.

21.2.2 Officers of Forth Valley NHS Board should not accept business gifts, but articles of a low intrinsic value such as chocolates, biscuits, business diaries or calendars, need not necessarily be refused. No gifts of alcohol should be accepted.

21.2.3 Care should be taken when accepting hospitality. All hospitality offered, such as lunches and dinners, corporate hospitality events, etc should be reported to the officer's superior before acceptance.

21.2.4 Any inducements offered should be reported to the officer's superior.

21.2.5 Visits at suppliers' expense to inspect equipment etc should not be undertaken without the prior approval of the Chief Executive and in the case of the Chief Executive by the prior approval of the Chairperson.

21.2.6 A register to record gifts reported by staff will be maintained and it is the responsibility of the recipients of such gifts to report all such items received to the Corporate Services Department for recording. The form 'Declaration of Staff interests and Gifts/Hospitality' (Annex 2 of the Policy on Standards of Business Conduct' should be used for this purpose. This register will be published on the NHS Forth Valley website.

21.3 ACQUISITION OF GOODS AND SERVICES

21.3.1 If officers are involved in the acquisition of goods and services, they should adhere to the ethical code of the Institute of Purchasing and Supply.

21.3.2 Officers should ensure that acceptance of commercial sponsorship will not influence or jeopardise purchasing decisions.

21.4 DECLARATION OF INTERESTS

21.4.1 To avoid conflicts of interest and to maintain openness and accountability all directors, members of staff and non-executive board members have a responsibility to promptly declare relevant interests and any changes to those interests that may arise from time to time.

Employees are required to register all interests that may have any relevance to their duties / responsibilities. These include any financial interest in a business or any other activity or pursuit that may compete for an NHS contract to supply either goods or services to the NHS or in any other way that could be perceived to conflict with the interests of NHS Forth Valley. The test to be applied when considering appropriateness of registration of an interest is to ask whether a member of the public acting reasonably might consider the interest could potentially affect the individual's responsibilities to the organisation and/or influence their actions. If in doubt the individual should register the interest or seek further guidance from the Corporate Services Department.

Interests that it may be appropriate to register include:-

(i) Other employment including self-employment
(ii) Directorships including Non-Executive Directorships held in private companies or public limited companies whether remunerated or not
(iii) Ownership of, or an interest in private companies, partnerships, businesses, or consultancies
(iv) Shareholdings in organisations likely or possibly seeking to do business with the NHS (the value of shareholdings need not be declared)
(v) Ownership of or an interest in land or buildings which may be significant to, of relevance to, or bear upon the work of NHS Forth Valley

(vi) Any position of authority held in another public body, trade union, charity, or voluntary body

(vii) Any connection with a voluntary or other body contracting for NHS services

(viii) Any involvement in joint working arrangements with Clinical or other Suppliers

This list is not exhaustive and should not preclude the registration of other forms of interest where these may give rise to a potential conflict of interest upon the work of NHS Forth Valley. Any interests of spouses, partner or civil partner, close relative or associate or persons living with the individual as part of a family unit will also require registration if a conflict of interest exists.

21.4.2 Forth Valley NHS Board will maintain a Register of Interests and make this available for inspection by members of the public.

SECTION 22 SUSPECTED THEFT, FRAUD & OTHER FINANCIAL IRREGULARITIES

22.1 INTRODUCTION

22.1.1 The following procedures should be followed, as a minimum, in cases of suspected theft, fraud, embezzlement, corruption or other financial irregularities to comply with the Counter Fraud Service Strategy (CEL (2008) 3) and protocols. This procedure also applies to any non-public funds.

22.2 THEFT, FRAUD, EMBEZZLEMENT, CORRUPTION AND OTHER FINANCIAL IRREGULARITIES

22.2.1 The Chief Executive has the responsibility to designate an officer within the Board with specific responsibility for co-ordinating action where there are reasonable grounds for believing that an item of property, including cash has been stolen.

22.2.2 It is the designated officer's responsibility to inform as he deems appropriate the police, the Counter Fraud Services (CFS), the appropriate director, the Appointed Auditor, and the Chief Internal Auditor where such an occurrence is suspected.

22.2.3 Where any officer of the Board has grounds to suspect that any of the above fraud related activities has occurred, his or her local manager should be notified without delay. Local managers should in turn immediately notify the Board's Director of Finance, who should ensure consultation with the CFS, normally by the Chief Internal Auditor. It is essential that preliminary enquiries are carried out in strict confidence and with as much speed as possible.

22.2.4 If, in exceptional circumstances, the Director of Finance and the Chief Internal Auditor are unavailable the local manager will report the circumstances to the Chief Executive who will be responsible for informing the CFS. As soon as possible thereafter the Director of Finance should be advised of the situation.

22.2.5 Where preliminary investigations suggest that prima facie grounds exist for believing that a criminal offence has been committed, the CFS will undertake the investigation, on behalf of, and in co-operation with, the Board. At all stages the Director of Finance and the Chief Internal Auditor will be kept informed of developments on such cases. All referrals to the CFS must also be copied to the Appointed Auditor.

22.3 REMEDIAL ACTION

22.3.1 As with all categories of loss, once the circumstances of a case are known the Director of Finance will require to take immediate steps to ensure that so far as possible these do not recur. However, no such action will be taken if it would prove prejudicial to the effective prosecution of the case. It will be necessary to identify any defects in the control systems, which may have enabled the initial loss to occur, and to decide on any measures to prevent recurrence.

22.4 REPORTING TO THE SCOTTISH GOVERNMENT HEALTH AND SOCIAL CARE DIRECTORATE

22.4.1 While normally there is no requirement to report individual cases to the Scottish Government Health and Social Care Directorate (SEHD) there may be occasions where the nature of scale of the alleged offence or the position of the person or persons involved, could give rise to national or local controversy and publicity. Moreover, there may be cases where the alleged fraud appears to have been of a particularly ingenious nature or where it concerns an organisation with which other health sector bodies may also have dealings. In all such cases the SEHD must be notified of the main circumstances of the case at the same time as an approach is made to the CFS.

22.4.2 The Director of Finance shall ensure submission of quarterly monitoring forms to Counter Fraud Services as set out in CEL 44 (2008).

22.5 RESPONSES TO PRESS ENQUIRIES

22.5.1 Where the publicity surrounding a particular case of alleged financial irregularity attracts enquiries from the press or other media, the Chief Executive should ensure that the relevant officials are fully aware of the importance of avoiding issuing any statements, which may be regarded as prejudicial to the outcome of criminal proceedings.

APPENDIX A TENDERING AND CONTRACT PROCEDURES

1. TENDERING PROCESS

1.1 The Chief Executive shall prescribe standard conditions of contract appropriate to each class of supplies and services and for the execution of all works. All contracts entered into shall incorporate the appropriate set of conditions.

1.2 All invitations to potential contractors to tender shall include a notice, warning tenderers of the consequences of engaging in any corrupt practices involving Board employees.

1.3 In the event of tenders being required notification should be sent to the Head of Corporate Services (Chief Executive's Office) indicating tender request sent out, details of the tender, closing date and time and the number of anticipated submissions.

1.4 A record will be maintained of all invitations to tender.

1.5 Tenders shall be invited in plain sealed envelopes addressed to the Chief Executive. The envelope shall be marked 'Tender for ……' but shall not bear the name or identity of the sender.

1.6 Unopened tenders shall be date stamped and stored unopened in a secure place until after the closing date or time.

1.7 Tenders shall be opened as soon as possible after the stated closing date or time by the officer nominated by the Chief Executive, in the presence of an independent witness, normally from the Finance Directorate.

1.8 Details of each tender received should be entered into a register or record of tenders and will be signed by both officers. Tender documents shall also be date stamped and signed on the front page and all priced pages initialled by both officers.

1.9 Where it is in the interests of the Board, late, amended, incomplete, qualified, or not strictly competitive tenders may be considered. In such circumstances a full report shall be made to the Chief Executive who may admit such tenders. This approval must be given in writing by the Chief Executive. Where a Company invited to tender requests a delay in the submission, deferment, if approved, shall be notified to all the Companies concerned. A record of all delays requested, and the outcome of the request shall be maintained.

1.10 The examination of the tenders received shall include a technical assessment, and a written report on the result, containing a recommendation should be made to the Chief Executive. At the same time, staff responsible for making this recommendation shall declare in writing that they have no pecuniary interest in the recommended Company.

1.11 The Chief Executive may accept the tender provided it is the lowest (or for disposals the highest) and has been recommended for acceptance, and that on the advice of the

Director of Finance, financial provision is available within the overall Board resource. If it is proposed to accept a tender other than the lowest, the Chief Executive will record the reason for this decision. e.g., best overall lifetime cost.

1.12 All officers shall follow guidance from Scottish Government Health and Social Care Directorate.

1.13 Payment under the contract shall be made by the Director of Finance who shall have the right to carry out such financial examinations and checks as considered necessary before making payment.

1.14 Approval for increases in prices allowed under an appropriate variation of prices clause in a contract for supplies and services shall be given by the Chief Executive

1.15 No contract for the purchase of computer equipment or software outwith the IM&T Department shall be entered into without the Director of Finance's prior written approval.

1.16 Post-tender negotiation may be undertaken where it is anticipated that such action will reduce cost to the Board and where such negotiation has specially been approved in advance by the Chief Executive and Director of Finance. In such circumstances the negotiation must take place with not less than two employees of the Board present both of whom must be approved for the purpose by the Chief Executive. A record of the names of those present at the negotiation must be kept along with a record to the final prices and conditions agreed.

1.17 Where post-tender negotiation is undertaken with some but not all of the companies who submitted tenders a record of criteria for the selection must be kept by the managers concerned. Companies invited to post-tender negotiation must include those in the following categories:

(a) Companies who, following analysis of the original tender offers, are one of the cheapest three for each product item.

(b) The two companies “winning” the highest number total value of business following analysis of the original tender offers.

1.18 In addition to complying with the sections above officers involved in post-tender negotiation should familiarise themselves with the guidance produced by the Central Unit on Purchasing issued by HM Treasury.
(See: www.hm-treasury.gov.uk/pub/html/docs/cup/guidance.html)

1.19 For the period between opening of tenders and completion of the post-tender negotiation the tender documents shall be stored in a secure place when not actively under analysis.

1.20 Consultants appointed by the Board to be responsible for the supervision of a contract on its behalf shall comply with these Standing Financial Instructions as though they were officers of the Board.

1.21 In circumstances where the need for additional work is identified, the process is as follows

(a) potential for additional work, if feasible, should be identified at the tender specification stage. Tenders should identify a call-off rate applicable should additional work be required.

(b) if additional work is identified during the process a written specification must be provided to the tenderer. A written quotation must be received. Approval to accept the written quotation must be provided by the Chief Executive or the Director of Finance together with confirmation that resources are available to meet the quotation. A monitoring report must be prepared on completion of the additional work to confirm work has been undertaken in line with the specification.

(c) a separate tender exercise is required if the value of additional work exceeds £20,000.

SECTION F

Risk Management

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.

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 System 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 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 deployed to support NHS Forth Valley.

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 / Speciality 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 SLT.

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 identified 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 beyond the scope of the budget holder?

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

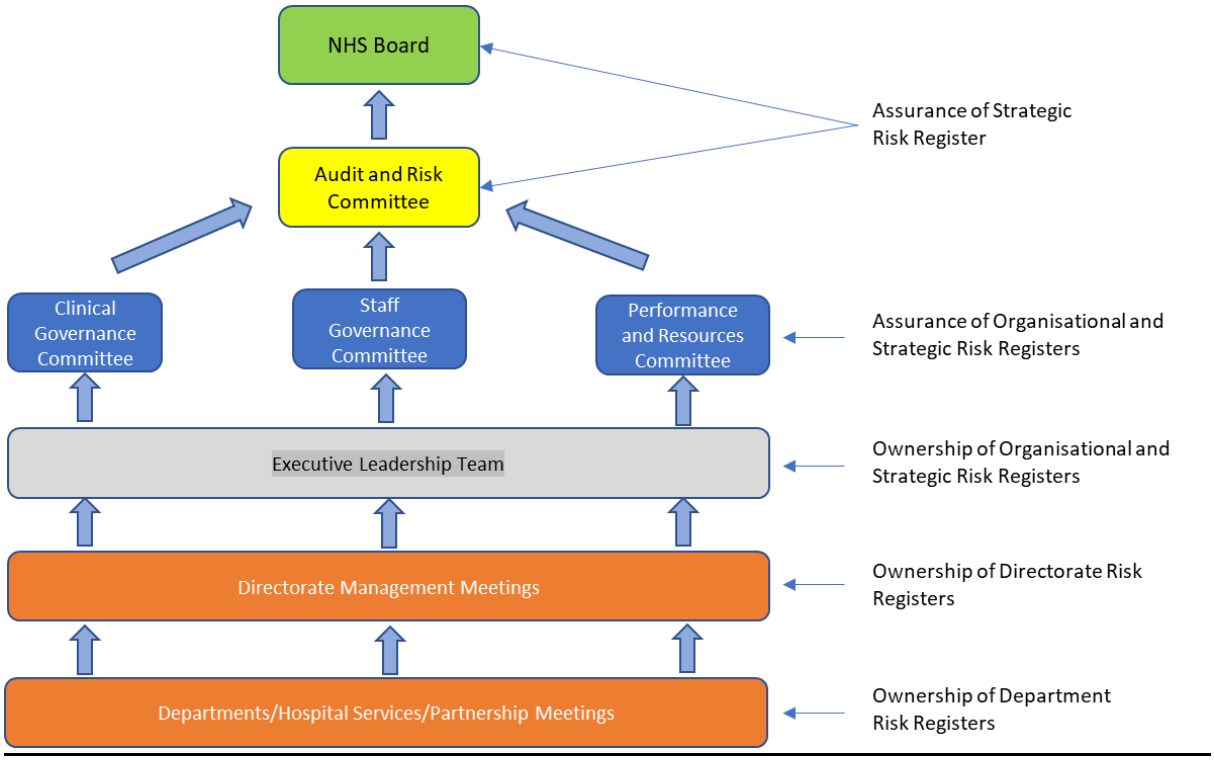
2.2 Governance & Reporting

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, Performance & Resources, Clinical Governance and Staff Governance Assurance 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 Risk Management Roles & Responsibilities

NHS Board

- 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

- 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 & 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 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:

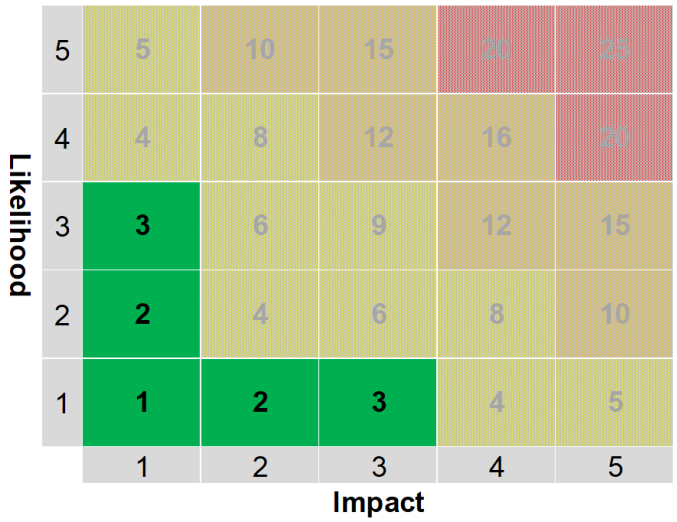
- Acceptance that a level of risk will be required to pursue objectives, or that a greater level of risk must be tolerated in this area.
- Preference for safe delivery options that have a low degree of inherent risk and may only have limited potential reward.

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.

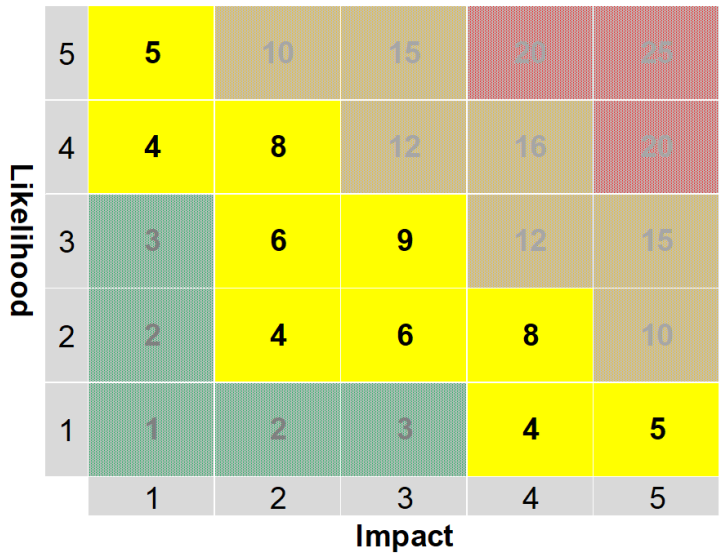
Each risk appetite level correlates with risk score levels on our risk assessment matrix as shown below. Refer to the NHS Forth Valley Risk Appetite Statement for details on risk appetite levels for each risk category.

Risk Appetite: Averse



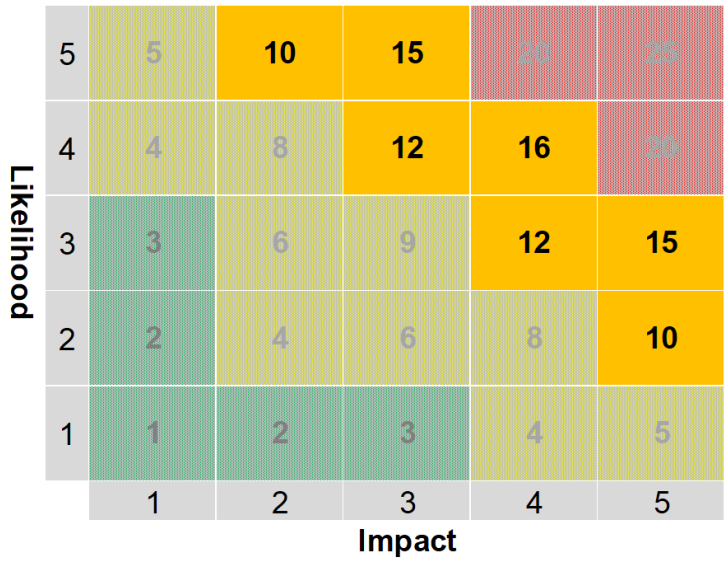
Demonstrates that if the risk appetite is 'Averse', a risk score of between 1-3 and the range of associated outcomes is within appetite

Risk Appetite: Cautious



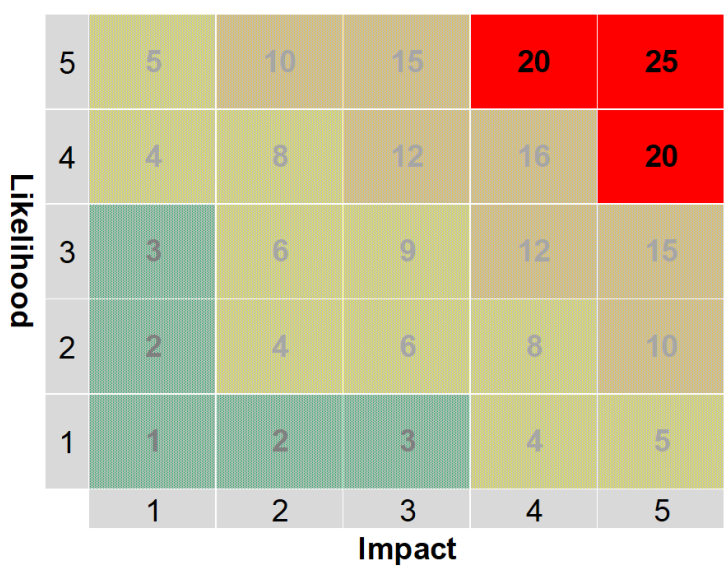
Demonstrates that if the risk appetite is 'Cautious', a risk score of between 4-9 and the range of associated outcomes is within appetite

Risk Appetite: Moderate



Demonstrates that if the risk appetite is 'Moderate', a risk score of between 10-16 and the range of associated outcomes is within appetite

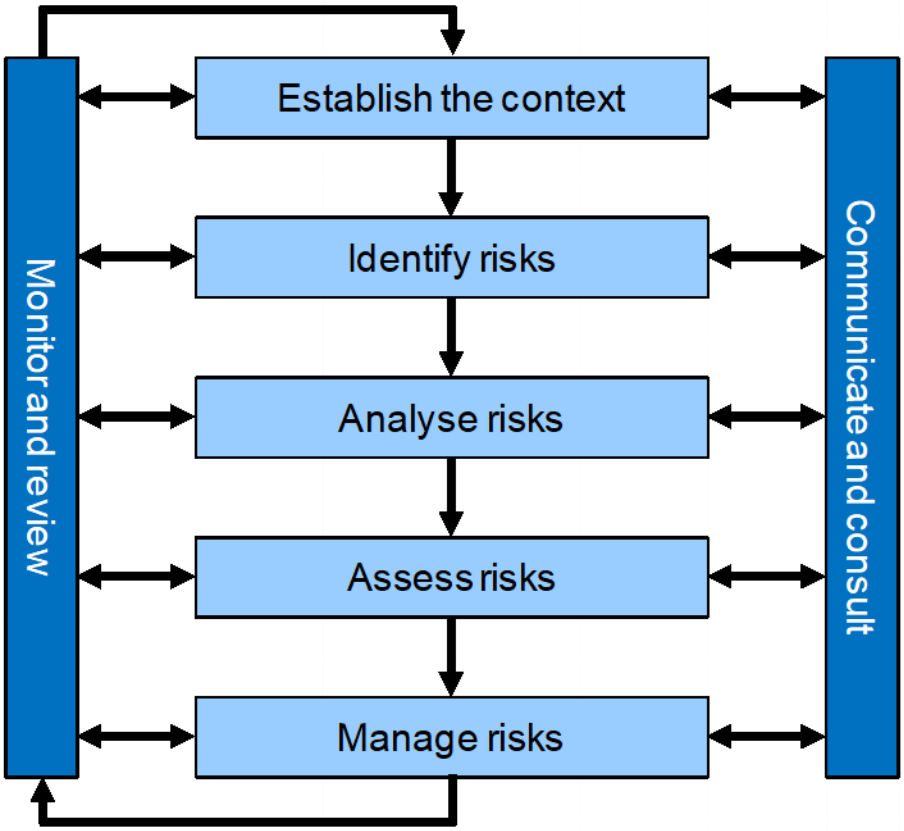
Risk Appetite: Open



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:

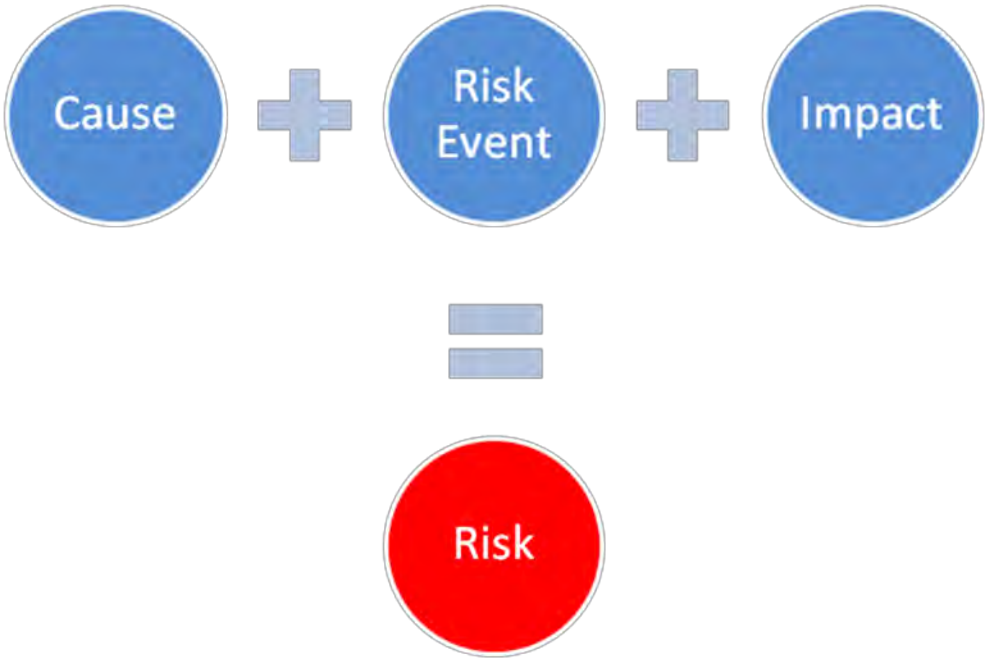
Focused Identification Methods	Other Identification Opportunities
• Risk Identification Workshops • Risk Questionnaires • Review & refresh of existing risk registers • Interviews	• Horizon scanning • Board meetings / working groups / management meetings • Audit & scrutiny reports • Performance data • 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 Risk

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	1	2	3	4	5
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		

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 considering 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 & 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 treatment and/or counselling	Major injuries/long term incapacity /disability (e.g., loss of limb), requiring, medical treatment and/or counselling RIDDOR over 7- day absence due to major	Incident leading to death(s) or major permanent incapacity

			RIDDOR over 7- day absence due to injury/dangerous occurrences	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)	Ongoing low staffing level reduces service quality	Late delivery of key objective/service /care due to lack of staff	Uncertain delivery of key objective/service/care due to lack of staff	Non-delivery of key objective/ service/care due to lack of staff.

	Short term low staffing level (>1 day), where there is no disruption to patient care	Minor error due to lack of/ ineffective training/ implementation of training	Moderate error due to lack of/ ineffective training / implementation of training ongoing problems with staffing levels	Major error due to lack of/ ineffective training / implementation of training	Loss of key staff Critical error due to lack of/ ineffective 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
Adverse Publicity/ Reputation	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 very unlikely to ever happen.	It is assessed that the risk is not likely to happen.	It is assessed that the risk may happen.	It is assessed that the risk is likely to happen.	It is assessed that the risk is very likely 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

FORTH VALLEY NHS BOARD
TUESDAY 27 SEPTEMBER 2022

6.4 Whistleblowing Standards and Activity Report
For Approval

Executive Sponsor: Gordon Johnston, Whistleblowing Champion, Gillian Morton, Interim Executive Nurse Director

Author: Claire Peacock, PA to Executive Nurse Director / Whistleblowing Liaison Officer

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Executive Summary

The new National Whistleblowing Standards were launched on 1 April 2021 and a significant amount of work was and continues to be undertaken to ensure that the standards are implemented across NHS Forth Valley.

This paper is presented to the NHS Board to provide an update on the implementation of the Whistleblowing Standards and Whistleblowing activity in NHS Forth Valley during Quarter 5 (Q5).

In addition, as part of the standards there is a requirement to submit an annual report to the Independent National Whistleblowing Officer (INWO). The draft annual report for 2021/22 has been prepared and is presented to the NHS Board for approval prior to submission to the INWO.

Recommendation

The Forth Valley NHS Board is asked to: -

- **note** implementation of the Whistleblowing Standards and Whistleblowing activity in NHS Forth Valley in Quarter 5 of 2022
- **approve** Whistleblowing Annual Report 2021/22

Key Issues to be Considered

1. Purpose of the Paper

This paper is presented to the NHS Board to provide an update on the implementation of the Whistleblowing Standards and Whistleblowing activity across NHS Forth Valley.

Furthermore, it is presented to seek approval on the draft Whistleblowing Annual Report 2021/22 - ***refer to Appendix 3***.

2. Position

2.1 NHS Forth Valley's local guide which sets out the procedures for raising a concern under the national Whistleblowing Standards was further updated to reflect the role of the confidential contacts – ***refer to Appendix 1***. The final version of the procedure will be updated on the intranet and NHS Forth Valley website and in turn will be reissued to the key contractors for wider distribution. The guide includes details of the local arrangements, contacts and procedures in place for staff.

2.2 As part of the implementation of the Whistleblowing Standards a continued key focus has been to identify the cohort of staff that are required to complete the training developed by INWO *(1*

hour module for staff and 3 hour module for managers) and to develop a robust training plan for senior managers and staff for their areas to ensure training is implemented across the organisation and beyond.

2.3 Whistleblowing training reports are now accessible from TURAS which will support the developments of training arrangements. The table below provides an overview of numbers of staff who have completed the training to date.

Whistleblowing Training Modules	Numbers
Whistleblowing "Overview"	229
Whistleblowing "Managers"	49

2.4 The Independent National Whistleblowing Officer (INWO) has introduced its first Speak Up initiative which will take place from 3-7th October 2022. The purpose of this initiative is to promote a speak up culture and to support Boards with their continued work in raising awareness of speaking up and accessing the standards.

2.5 The Whistleblowing Champion in conjunction with the Confidential Contacts are developing a local plan to promote speak up during this week and in addition will share any learning, further promote the standards and local guide, confidential contacts and encourage staff to complete the Whistleblowing training modules.

3. Whistleblowing Activity

3.1 The format of this section of the report reflects the Scottish Government's mandate to capture performance of the Board against the 9 Key Performance Indicators ***(see Appendix 2)*** as outlined in the Whistleblowing Procedure.

Whistleblowing Key Performance Indicators RAG status

The table below provides an overview of the current performance in Quarter 5 against each of the Key Performance Indicators. Further details on each of the indicators are provided throughout the report.

Measure	Status	As at	RAG Status
KPI 1 Learning from Whistleblowing Concerns		Jun-22	
KPI 2 Whistleblowing Procedure Experience		Jun-22	
KPI 3 Self Awareness & Training		Jun-22	
KPI 4 Total Number of Concerns Received	6	Jun-22	
KPI 5 Concerns Closed at Each Stage	5	Jun-22	
KPI 6 Concerns Upheld or Not Upheld	4	Jun-22	
KPI 7 Average Times	0	Jun-22	
KPI 8 Closed in full within the timescales	5	Jun-22	
KPI 9 Number of Cases where an extension is authorised	0	Jun-22	

Key Performance Indicator One: Learning from Whistleblowing Concerns

The Indicator requires NHS Forth Valley to demonstrate any changes or improvements to services or procedures as a result of a Whistleblowing concern.

At this time activity is too low to extrapolate any meaningful themes at this point. This is consistent across NHS Scotland but will evolve overtime.

A current key focus is working to build into NHS Forth Valley's approach to the standards an ongoing impact evaluation and learning system with feedback and improvements captured and shared as its core to build the confidence of the staff in these new standards overtime.

Independent National Whistleblowing Officer (INWO)

If a colleague remains unhappy with the response received from NHS Forth Valley, they have the right to contact the Independent National Whistleblowing Officer (INWO) to request an investigation into their complaint. The INWO is the final opportunity for the colleague in the NHS Whistleblowing Procedure and offers an independent view on whether the NHS has reasonably responded to a Whistleblowing concern.

The INWO has received 0 cases relating to NHS Forth Valley Whistleblowing concerns during this quarter (Q5). The table below provides detail of the outcomes as at quarter 5 from the investigations. It may be worth noting that the number detailed below was from Q3 update.

2021/22 INWO Outcomes	Total Number
Fully Upheld	0
Partly Upheld	0
Not Upheld	0
No Investigation Conducted	1
Withdrawn	0

Key Performance Indicator Two: Whistleblowing Procedure Experience

The Whistleblowing Procedure requires NHS Forth Valley to gather feedback from the person making the complaint regarding their experience of the process.

Note that a feedback and learning system is planned for later this year, however at this time any individual wishing to have areas considered under the Whistleblowing procedure is supported and followed up in relation to the Whistleblower or their concerns.

Key Performance Indicator Three: Self Awareness and Training

There is a requirement to report on levels of staff perceptions and awareness of training.

In this quarter (Q5) the data is not available, however this section of the report will evolve overtime as activity increases.

Key Performance Indicator Four: Total number of Concerns Received

During this quarter (Q5) there was 0 cases considered and investigated under Stage 1 of the Whistleblowing procedure.

The table below details the number of concerns received to date:

Concerns Type	Number of Concerns	Number of concerns closed at each stage
Stage 1	5	4
Stage 2	1	1
Stage 2 after escalation	0	0

Key Performance Indicator Five: Concerns Closed at Each Stage

The table below details the number of concerns closed at each stage during this quarter (Q5):

Concerns Type	Number of concerns closed at each stage
Stage 1	0
Stage 2	1
Stage 2 after escalation	0

Key Performance Indicator Six: Concerns Upheld and Not Upheld

To meet the requirements of Indicator Six, a breakdown of the formal outcome (upheld, partially upheld, or not upheld) against Stage 1 and Stage 2 concerns is provided below:

The table below provides a breakdown of the formal outcome of the total number of concerns closed at Stage 1:

Stage 1	No. Of Concerns Closed	% of Concerns Closed at Stage 1
Upheld Concerns	0	Not Applicable
Not Upheld Concerns	4	100%
Partially Upheld Concerns	1 *(under consideration)*	100%

The table below provides a breakdown of the formal outcome of the total number of concerns closed at Stage 2:

Stage 2	No. Of Concerns Closed	% of Concerns Closed at Stage 2
Upheld Concerns	0	Not applicable
Not Upheld Concerns	1	100%
Partially Upheld Concerns	0	Not applicable

Key Performance Indicator Seven: Average Times

A reporting requirement of the Whistleblowing Procedure is to report on the average times in working days to close concerns at each stage and a detailed breakdown is provided in the table below:

	Closed Concerns
Stage 1	Within target
Stage 2	Within target

In this quarter (Q5) activity remains low. This section of the report will continue to be developed overtime.

Key Performance Indicator Eight: Closed in Full within the Timescales

Overall Whistleblowing Performance - Stage 1 and Stage 2

During this quarter (Q5), a total of 0 concerns were investigated under Stage 1 of the Whistleblowing procedure. 1 concern was investigated under Stage 2 and responded to within the 20 working day target.

A breakdown of the numbers of concerns received and investigated at each stage is detailed in the table and below:

	Acute	Corporate	Mental Health/Learning Disabilities/Prisons	HSCP	Estates & Facilities
Stage 1	2	0	3	0	1
Stage 2	0	0	0	0	1
TOTAL	**2**	**0**	**3**	**0**	**2**

Key Performance Indicator Nine: Number of Cases where an Extension is Authorised

It is important that we respond to their concerns timeously however not all investigations will be able to meet this deadline; however the Whistleblowing Procedure allows an extension where it is necessary to complete the investigation.

The table below details the number of concerns whereby an extension has been authorised against the total number of concerns received at each stage.

Concerns Type	Extension
Stage 1	0
Stage 2	0
Stage 2 after escalation	Not applicable

4. Conclusion

As previously reported Whistleblowing numbers remain low, however it is worthwhile noting that there has been some activity and we continue to strive to ensure that staff feel safe, supported and have confidence in the fairness of the process whilst raising their concerns under the whistleblowing procedure.

As detailed in Q4 update a key focus is to build into NHS Forth Valley's approach an ongoing impact evaluation and learning system with feedback and improvements captured and shared as its core to build the confidence of the staff in these new standards overtime. This will evolve overtime as activity increases.

Financial Implications

No major impact other than the potential post noted in Workforce Implications, and in addition a small one off cost of £1500.00 and a recurring cost of approximately £500 per annum to support the development within safeguard to data capture the Whistleblowing process.

Workforce Implications

We had agreed an interim model of corporate support for the implementation of the standards and ongoing co-ordination of Whistleblowing processes. A dedicated admin post has been developed and a

request for funding for a Band 4 post. This post is currently being supported within the nursing directorate.

The cohort of Speak Up Ambassadors and Advocates have been established and are required to undertake these roles in additional to their substantive posts.

There are no further workforce impacts at this time although supervision and support will be required for Speak Up Ambassadors, Advocates and Confidential Contacts is a key element of our approach.

Risk Assessment

Effective whistleblowing processes can act as both detective and preventative risk management controls to support the organisation and its staff.

Whistleblowing is viewed by NHS Forth Valley as an important source of information that may highlight serious risks to the effectiveness and efficiency of the organisation, with individuals often being best placed to identify deficiencies and problems at the earliest opportunity. If the opportunity to investigate and address these concerns does not result in improvements then there is a potential risk to the quality, safety and experience of patients.

There is also a public confidence and reputation risk, if whistleblowing standards are not fully implemented and visible across the organisation.

Risks to the wellbeing and psychological safety of staff may emerge if NHS FV Senior Leaders are not committed to the process of investigating and learning from any concerns and issues raised by staff.

Relevance to Strategic Priorities

The introduction of the Independent National Whistleblowing Officer Service aims to ensure everyone delivering NHS services in Scotland is able to speak up to raise concerns when they see harm or wrong-doing putting patient safety at risk, confident that they can do so in a protected way that will not cause them personal detriment. It also aims to promote a culture of speaking up in the NHS and is a key priority for NHS Forth Valley in 2022.

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

NHS Forth Valley is also carrying out a local Equality Impact Assessment as part of the implementation plan.

Consultation Process

This paper has been developed and considered to date by the following groups. The groups have either supported the content, or their feedback has informed the development of the content presented in this report.

- Whistleblowing Oversight Group

Appendices:

Appendix 1: A guide for staff and those who deliver health services in NHS Forth Valley - Raising Whistleblowing Concerns (See link)

https://nhsforthvalley.com/wp-content/uploads/2022/02/Raising-Whistleblowing-Concerns-NHS-Forth-Valley.pdf

Appendix 2: Key Performance Indicators

A statement outlining learning, changes or improvements to services or procedures as a result of consideration of whistleblowing concerns
A statement to report the experiences of all those involved in the whistleblowing procedure (where this can be provided without compromising confidentiality
A statement to report on levels of staff perceptions, awareness and training;
The total number of concerns received
Concerns closed at stage 1 and stage 2 of the Whistleblowing procedure as a percentage of all concerns closed
Concerns upheld, partially upheld and not upheld at each stage of the Whistleblowing procedure as a percentage of all concerns closed in full at each stage
The average time in working days for a full response to concerns at each stage of the Whistleblowing procedure
The number and percentage of concerns at each stage which were closed in full within the set timescales of 5 and 20 working days
The number and percentage of concerns at each stage which were closed in full within the set timescales of 5 and 20 working days
The number of concerns at stage 1 where an extension was authorised as a percentage of all concerns at stage 1
The number of concerns at stage 2 where an extension was authorised as a percentage of all concerns at stage 2.

Appendix 3: NHS Forth Valley Whistleblowing Annual report 2021/2022 (attached)

NHS Forth Valley
Whistleblowing Annual Report
2021/22

Executive Summary

The introduction of the Independent National Whistleblowing Standards aims to ensure everyone delivering NHS services in Scotland is able to speak up to raise concerns when they see harm or wrong doing putting patient safety at risk. Staff should feel confident that they can do so in a protected way that will not cause them personal detriment. Its aim is to promote a culture of speaking up in the NHS and this has been a key priority for NHS Forth Valley in 2021/22.

In response to the national policy, NHS Forth Valley promotes a culture of psychological safety where all staff should feel safe to speak up about any issues or concerns. The implementation of the Whistleblowing Standards in NHS Forth Valley and the associated Speak Up Model is key to delivering on this promise to the staff. The aim is clear to ensure that staff feel safe and have confidence in the fairness of NHS Forth Valley's approach should they have need to raise concerns.

NHS Forth Valley's approach is to ensure that there is learning from staff experience and from the concerns handled. Learning from patient care and service delivery concerns raised by staff presents the opportunity to change practice, staff support and improve patient experience and outcomes.

Background

In October 2018, the then Cabinet Secretary for Health and Sport announced her intention to appoint dedicated Non-executive Whistleblowing Champions to each Board in NHS Scotland.

The role of the Whistleblowing Champions is to further promote a culture of openness and transparency in NHS Scotland, and to seek and provide assurance that their respective Health Boards are complying with the Whistleblowing Standards. Following a national recruitment process, Gordon Johnston was appointed to the NHS Forth Valley Board in February 2020.

In early 2020, the Public Services Reform (the Scottish Public Services Ombudsman) (Healthcare Whistleblowing) Order 2020 was published and introduced significant changes to the way in which the NHS in Scotland handles Whistleblowing concerns. The order also gave Scottish Public Services Ombudsman the role of Independent National Whistleblowing Officer (INWO).

On 17 January 2020, the Independent National Whistleblowing Officer (INWO) shared the draft National Whistleblowing Standards with Boards across NHS Scotland. Due to Covid-19, the go live date previously planned for Summer 2020 was delayed and was confirmed as 1st April 2021.

In January 2021 colleagues from the Scottish Public Services Ombudsman (SPSO) attended the NHS Forth Valley Board Seminar to present the INWO, National

Whistleblowing Standards and Governance arrangements. The seminar was led in conjunction with the Chair, Chief Executive and the Whistleblowing Champion.

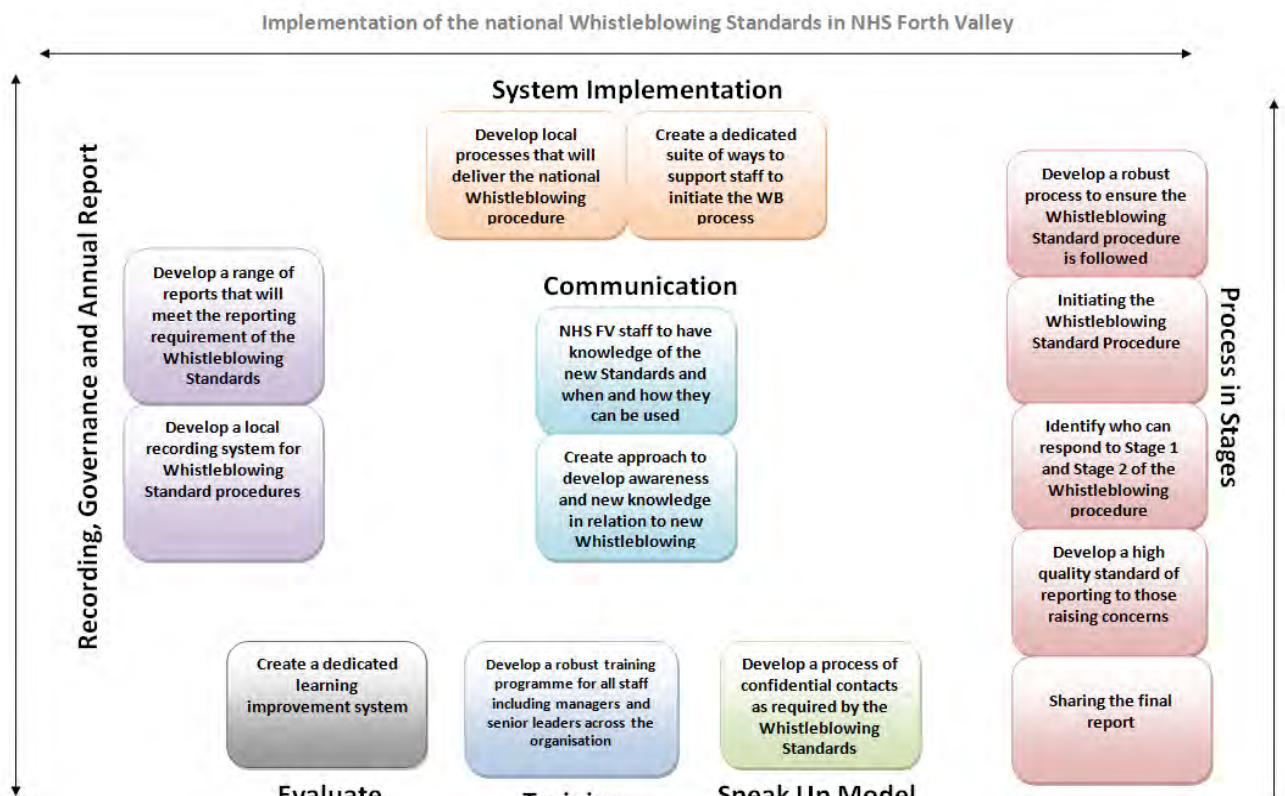
Approach

Our approach to the implementation of the standards included the establishment of a Whistleblowing Oversight Core Group which was co chaired by the Board Whistleblowing Champion and the Executive Lead (Nurse Director). The group considered the immediate priorities, the organisational architecture to implement the standards, including the terms of reference, reporting and governance arrangements and a dedicated implementation and work plan. This core group transitioned during March 2021 to the Whistleblowing Oversight Group (WBOG).

The WBOG agreed that a Whistleblowing Implementation Group (WBIG) would be established to deliver the key elements and actions within the implementation plan; and ensuring that the necessary arrangements were co-created with the Chief Officers for the Health and Social Care Partnerships and key stakeholders representing external services, contractors, volunteers, higher education partners and agency staff.

To progress the development of NHS Forth Valley's approach at pace, a rapid task and finish group was established as a sub group of the WBIG and was enabled by project management skills transfer from the Corporate Programme Management Office (CPMO).

The rapid task and finish group was convened in February 2021 to develop the implementation plan as detailed below which captures the key elements within the delivery plan. Following the development of the implementation plan a key focus of the WBIG was to progress the milestones to deliver the key elements within the delivery plan.



Implementation

During 2021 communication regarding the standards was shared widely across NHS Forth Valley, Health and Social Care Partnerships and Key Contractors and furthermore an NHS website was designed to include initial communications including signpost to national work.

To support system implementation, a generic email and phone line was put in place, monitored by the Whistleblowing Liaison Officer. In addition a freedom to speak section was added to safeguard to data capture the Whistleblowing process and a plan was made for the system to go live during the full launch of the standards across NHS Forth Valley.

As part of the standards a staff guide was developed setting out NHS Forth Valley's local processes and procedures for raising a concern under national whistleblowing standards. The guide can be found at **Appendix 1**. The guide included NHS Forth Valley's two stage procedure for investigating concerns, details of the confidential contacts and raising awareness of the suite of training programmes developed by the Independent National Whistleblowing Officer (INWO), and support for staff across the Whistleblowing Standards.

This guide was made available on the intranet, NHS Forth Valley website and in turn was shared with NHS Forth Valley key contractors for wider distribution.

Furthermore a requirement of the standards was to provide quarterly Whistleblowing updates to the NHS Board for assurance. To support this requirement a governance structure was developed to ensure robust governance and reporting arrangements during the implementation stage of the Whistleblowing Standards locally.

The structure demonstrates that regular reporting was established from the Whistleblowing Implementation Group to the Oversight group with an update report being submitted to System Leadership Group (SLT). Additionally the reporting of progress and impact is ultimately to Staff Governance Committee with reports to Clinical Governance Committee

(CGC) and both Area Clinical Forum (ACF) and Area Partnership Forum (APF)

The NHS Board have been receiving quarterly updates since March 2021. In quarter 2 an additional section on Whistleblowing activity was added to the report to reflect the Scottish Government's mandate to capture performance of the Board against the 9 Key Performance Indicators as outlined in the Whistleblowing Procedure. It was recognised by the NHS Board that the format of the report would be standard to ensure a future consistent approach.

Whistleblowing Procedure

The national whistleblowing standards set out a two stage procedure for raising concerns. The two stage procedure aims to provide a quick, simple and streamlined process for making sure concerns are dealt with early and locally by capable, well trained staff. It also includes actions to make sure people who raise a concern receive any support they may need, so that the process allows people to share information safely.

What happens in each stage of the procedure:

Stage 1 – Local Resolution
Stage 1 of the process involves little or no investigation and a response will usually be a straight forward solution to the problem. It is defined as a matter that can usually be closed using local resolution within a period of 5 working days.
Stage 2 – Investigation
These concerns are usually about serious risks or complex issues that need investigation.
Independent External Review
If the Whistleblower is not satisfied with the response they have received to Stage 2, they can take their concern to the INWO for Independent External Review. Concerns that have completed the process will either have been thoroughly investigated or will have been refused by the organisation at initial assessment; these must be signposted to the INWO

NHS Forth Valley's staff guide includes details of NHS Forth Valley's two stage procedure for investigating concerns. To support the two stage procedures Standard Operating Procedures (SOP's) were prepared to ensure staff were fully aware of the process. The SOP's can be found at ***Appendix 2.***

Whistleblowing Activity

As highlighted above the National Whistleblowing Standards sets out Scottish Government's mandate to capture performance of the Board against Key Performance Indicators as outlined below**:**

A statement outlining learning, changes or improvements to services or procedures as a result of consideration of whistleblowing concerns
A statement to report the experiences of all those involved in the whistleblowing procedure (where this can be provided without compromising confidentiality
A statement to report on levels of staff perceptions, awareness and training;
The total number of concerns received
Concerns closed at stage 1 and stage 2 of the Whistleblowing procedure as a percentage of all concerns closed
Concerns upheld, partially upheld and not upheld at each stage of the Whistleblowing procedure as a percentage of all concerns closed in full at each stage
The average time in working days for a full response to concerns at each stage of the Whistleblowing procedure
The number and percentage of concerns at each stage which were closed in full within the set timescales of 5 and 20 working days
The number and percentage of concerns at each stage which were closed in full within the set timescales of 5 and 20 working days
The number of concerns at stage 1 where an extension was authorised as a percentage ofall concerns at stage 1
the number of concerns at stage 2 where an extension was authorised as a percentage of all concerns at stage 2.

Performance across the key indicators is presented to the Board on a quarterly basis as per the requirement of the standards

The table below provides an overview of the current performance to date across NHS Forth Valley against each of the Key Performance Indicators.

Measure	Status	As at	RAG Status
KPI 1 Learning from Whistleblowing Concerns		June-22	
KPI 2 Whistleblowing Procedure Experience		June-22	
KPI 3 Self Awareness & Training		June-22	
KPI 4	6	June-22	

Total Number of Concerns Received			
KPI 5 Concerns Closed at Each Stage	5	June-22	
KPI 6 Concerns Upheld or Not Upheld	4	June-22	
KPI 7 Average Times	0	June-22	
KPI 8 Closed in full within the timescales	5	June-22	
KPI 9 Number of Cases where an extension is authorised	0	June-22	

NHS Forth Valley strives to ensure that they meet the requirements of the Scottish Government mandate to capture the Boards performance against the KPI's. NHS Forth Valley's performance against the KPI's is provided below:

Key Performance Indicator One – Learning from Whistleblowing Concerns

A current key focus is working to build into NHS Forth Valley's approach to the standards an ongoing impact evaluation and learning system with feedback and improvements captured and shared as its core to build the confidence of the staff in these new standards overtime.

Key Performance Indicator Two – Whistleblowing Procedure Experience

As highlighted above this is a key focus which will be captured as part of the impact evaluation and learning system.

Key Performance Indicator Three – Self Awareness and Training

There is a requirement to report on levels of staff perceptions and awareness of training. As number are minimal it is difficult to extrapolate this data, however the section of the report will evolve overtime as activity increases.

Key Performance Indicator Four: Total number of Concerns Received

The table below details the number of concerns received to date:

Concerns Type	Number of Concerns	Number of concerns closed at each stage
Stage 1	5	4
Stage 2	1	1
Stage 2 after escalation	0	0

Key Performance Indicator Five: Concerns Closed at Each Stage

The table below details the number of concerns closed at each stage

Concerns Type	Number of concerns closed at each stage
Stage 1	4
Stage 2	1
Stage 2 after escalation	0

Key Performance Indicator Six: Concerns Upheld and Not Upheld

To meet the requirements of Indicator Six, a breakdown of the formal outcome (upheld, partially upheld, or not upheld) against Stage 1 and Stage 2 concerns is provided below:

The table below provides a breakdown of the formal outcome of the total number of concerns closed at Stage 1:

Stage 1	No. Of Concerns Closed	% of Concerns Closed at Stage 1
Upheld Concerns	0	Not Applicable
Not Upheld Concerns	4	100%
Partially Upheld Concerns	1 *(under consideration)*	100%

The table below provides a breakdown of the formal outcome of the total number of concerns closed at Stage 2:

Stage 2	No. Of Concerns Closed	% of Concerns Closed at Stage 2
Upheld Concerns	0	Not applicable
Not Upheld Concerns	1	100%
Partially Upheld Concerns	0	Not applicable

Key Performance Indicator Seven: Average Times

A reporting requirement of the Whistleblowing Procedure is to report on the average times in working days to close concerns at each stage and a detailed breakdown is provided in the table below:

Concerns Type	Closed Concerns
Stage 1	Within target
Stage 2	Within target

Key Performance Indicator Eight: Closed in Full within the Timescales

Overall Whistleblowing Performance

Stage 1 and Stage 2 Performance

A breakdown of the numbers of concerns received and investigated at each stage is detailed in the table and below:

	Acute	Corporate	Mental Health/Learning Disabilities/Prisons	HSCP	Estates & Facilities
Stage 1	2	0	3	0	1
Stage 2	0	0	0	0	1
TOTAL	**2**	**0**	**3**	**0**	**2**

Key Performance Indicator Nine: Number of Cases where an Extension is Authorised

The table below details the number of concerns whereby an extension has been authorised against the total number of concerns received at each stage.

Concerns Type	Extension
Stage 1	0
Stage 2	0
Stage 2 after escalation	Not applicable

Although Whistleblowing numbers currently remain low across NHS Forth Valley *(in common with most other Board in Scotland)* we continue to strive to ensure that staff feel safe, supported and have confidence in the fairness of the process should they wish to raise their concerns under the Whistleblowing procedure.

Conclusion

During 2021 we prepared for the implementation and the launch of the standards across NHS Forth Valley. Key to the full implementation was the development of NHS Forth Valley's local guide which sets out the procedures for raising concerns under the national Whistleblowing Standards and details of the local arrangements, contacts and procedures in place for staff raising concerns.

The WBOG and WBIG were paused due to the pandemic, and are in the process of being re-established. A key focus is now to develop a robust training plan for senior managers and staff for their areas to ensure the training is widely implemented across the organisation and beyond.

Furthermore a future key focus is to build into NHS Forth Valley's approach an ongoing impact evaluation and learning system with feedback and improvements captured and shared as its core to build the confidence of the staff in these new standards overtime. This piece of work will evolve overtime as activity increases.

Closing Remarks – Whistleblowing Champion

Taking on a new role and leading on the implementation of a whole new procedure during a pandemic has been challenging to say the least! As Whistleblowing Champion I have been fortunate to have had the assistance of many highly skilled and dedicated officers over the past year. Their work has allowed me to provide assurance to the Board of NHS Forth Valley that all necessary whistleblowing processes and procedures are in place and working effectively.

I'd like to thank all of my Board colleagues for their support over the year and also to express my gratitude to everyone who has worked so hard to ensure our successful implementation.

In particular my heartfelt thanks go to Professor Angela Wallace (Executive Nurse Director) who provided constant support and guidance as Executive Lead, Phyllis Wilkieson (Chief Nurse) who led work of the Whistleblowing Implementation Group extremely effectively and Claire Peacock (Whistleblowing Liaison Officer) whose organisational skills ensured we were always working efficiently and meeting our deadlines.

Gordon Johnston
Non-executive Director and Whistleblowing Champion, NHS Forth Valley

Appendix 1

A guide for staff and those who deliver health services

in NHS Forth Valley

Raising Whistleblowing Concerns

Updated process for helping those who deliver services for NHS Forth Valley to raise concerns

From 1 April 2021 there is a new process for raising concerns about patient safety or other issues. The changes mean that there is a new focus on:

- Helping staff and those delivering health services raise concerns as early as possible, and
- Supporting and protecting staff when they raise concerns.

A three stage process has been developed by the Independent National Whistleblowing Officer (INWO). The process for raising concerns is set out in the National Whistleblowing Standards (the Standards). The first two stages of the process are for NHS Forth Valley to deliver, and the INWO acts as a final, independent review stage. The process aims to give staff support and protection to feel confident in raising concerns if they see something wrong.

Why we want to hear your concerns

Everyone benefits if concerns can be raised early and dealt with promptly and professionally. The new process under the standards is a formal process. But we want to encourage staff to raise concerns before they get to the formal stage, and for managers to listen and learn from staff's concerns.

How to raise a concern

In many cases, concerns can be resolved through informal conversations with colleagues and managers, and through ordinary or 'business as usual' or any other HR policies and processes (such as incident reporting systems or raising an issue in a shift handover meeting).

Where raising a concern informally is not an option - e.g. where confidentiality is an issue or the issue is complex - you can raise a concern in writing, by email, phone or in a face-to-face meeting with a line manager, HR manager, staff-side representatives and Occupational Health Advisers. They will talk to you about the standards if your concern is about Whistleblowing, and any other business as usual and HR processes relevant to your concern.

If your concerns have still not been resolved or you wish to raise a concern directly using the Whistleblowing standards you can do so by contacting a confidential contact on 07815478106 or by email fv.confidentialcontact@nhs.scot or additionally raise an incident in Safeguard.

Who is the confidential contact?

Under the standards, NHS Forth Valley must ensure that all staff have access to a 'confidential contact'. Their role is to provide a safe space to discuss your concerns and to give you the information you need. They also have the knowledge and skills to help you to raise your concern with the appropriate manager.

The confidential contacts across Forth Valley have been identified and are in place to support the whistle blowing standards and also provide wider support, guidance and advice to those providing services on behalf of NHS Forth Valley

The details of the confidential contacts are provided below:

Pauline Donnelly	Email: fv.confidentialcontact@nhs.scot
Catherine MacLean	Tel: 07815478106

Using the Standards

Raising a concern under the standards allows you to access appropriate support. There are a few things that will need to be checked before you can use the process. Your manager or confidential contact will need to check:

- ✓ **Your concern fits the definition of Whistleblowing** i.e. is it in the public interest?
- ✓ **If it is being handled through a business as usual process already.** The business as usual process should run its course to avoid duplication.
- ✓ **The outcome you are seeking.** It may be that another process will get you a more appropriate outcome.

- ✓ **If the concern has been raised in time**. It should normally be raised within six months of you becoming aware of the issue of concern.

- ✓ **If you want to use the Standards.** It's your choice. If you choose not to use the Standards the organisation will decide how to investigate.

Please note that you cannot raise an anonymous concern under the Standards, nor can you bring an anonymous complaint to the INWO. However, your identity will be kept confidential under the Standards process.

Confidentiality refers to the requirement not to disclose information about the person raising a concern, unless the law says that it can or must be disclosed. This

includes anyone else involved in the process, such as other witnesses.

Anonymity refers to a situation when nobody knows the identity of the member of staff who raised the concerns.

For further information please visit:

Confidentiality and data protection | INWO (spso.org.uk)

Anonymity and unnamed concerns | INWO (spso.org.uk)

Stage 1 (Early Resolution)

Stage 1 of the process involves little action or no investigation. The response will usually be a straightforward solution to the problem. You should get a response within five working days with an explanation of the outcome, and any action that might be taken in response to the issue you raised. You should also get details of how to raise your concern to stage 2 if you are unhappy with the response.

Stage 1 isn't appropriate for serious concerns or concerns that need detailed investigation.

Stage 2 (Investigation)

Stage 2 concerns are usually about serious risks or complex issues that need investigation. You can ask for your concern to be looked at under stage 2 if you think a full investigation is needed.

Whoever is handling your concern will acknowledge it within three days and respond to you in 20 working days. If the investigation is complex and is taking longer, they may need to extend the timescale.

An independent senior manager will investigate your concern. You will get a written response and details of any action in response to your concern. The response should tell you how you can raise your concern to the INWO if you are unhappy with how it has been handled.

Issues your manager or the confidential contact will discuss with you

At the start of the process, your manager or the confidential contact will ask you:

- **What your concern is about.** They will need to know all the details of your concern and what you think needs to be done. You should also raise any urgent issues that need resolved immediately e.g. issues affecting patient safety.
- **Who else is involved.** Other people who know about the issue and also anyone who has investigated already. Knowing this will help to manage and maintain confidentiality.
- **What you want to achieve.** Identifying what you want to achieve will allow your manager or the confidential contact to suggest other appropriate processes. You may need to use more than one process to achieve your aim.
- **Confidentiality.** Confidentiality is key to the Standards. Your details must not be shared with anyone who does not need to know them. Your manager or the confidential contact must discuss with you how your details will be used and stored.

- **What support you might need.** Raising concerns can feel isolating. You should be given support to raise your concern and for any other needs you have including Occupational Health Services.

Writing down your thoughts on these issues before meeting with your manager or the confidential contact will help you with this process.

Bringing your complaint to the Independent National Whistleblowing Officer (INWO) (External Review)

You can contact the INWO at any time for advice if you are not sure about something.

The INWO will normally only investigate a concern after it has been through both stages of the local process. At this point of the process you should have a stage 2 letter which says that you can bring your concern to the INWO. A concern brought to the INWO is referred to as a 'complaint'. You should bring your complaint to the INWO within 12 months of when you first became aware of the issue.

The INWO can consider complaints about:

- Any actions taken by your organisation in response to your concern
- Whether your organisation followed the process laid out in the standards
- How you were treated during and after you raised a concern
- How the organisation supports a culture of speaking up

The INWO will investigate and come to a decision on your complaint. They can :

- Refer the concern back to the organisation if it has not been fully investigated. If you remain dissatisfied with the organisation's further response, the INWO can investigate the complaint.
- Discontinue an investigation where an appropriate resolution has been agreed between the parties.
- Uphold your complaint. The INWO can make recommendations to ensure that the situation doesn't happen again. They can also recommend redress where people have been personally affected.
- Not uphold your complaint.

If you are unhappy with a decision on your complaint, you will have an opportunity to provide comments and express why you feel the decision is not correct.

More information about independent review by the INWO is available at inwo.spso.org.uk

Contact details:

Independent National Whistleblowing Officer

Bridgeside House

99 McDonald Road

Edinburgh

EH7 4

FREEPHONE0800 008 6112

inwo.spso.org.uk/contact-form

Whistleblowing Standards: Stage Overview

Anyone raising a concern can go to the INWO and at any point in this process, and the INWO can provide information and advice to support the process

Stage 1 – Early Resolution

5 working days

What to expect at Stage 1

- **On the spot explanation and/or action to resolve the matter quickly, in five working days of less**
- **Extend timescales with agreement if there are exceptional circumstances**
- **Handled by member of staff receiving concern or referred to appropriate person for early resolution (within five working days) or progressed to stage 2 (within five working days)**

Stage 2 – Investigation

20 working days for definitive response

What to expect at Stage 2

- **Respond in 20 working days following thorough investigation of concern(s)**
- **Extend timescales to achieve quality investigations and outcomes**
- **Response signed of by senior management and must signpost to the INWO, including timescales**

INWO consideration

- **Concerns that have completed the process will either have been thoroughly investigated or will have been refused by the organisation at initial assessment; these must be signposted to the INWO**
- **INWO may assess**
  - **How the concern was handled by the organisation**
  - **Whether the organisation's decision about the concern was reasonable**
  - **How the whistleblower was treated through the process**
  - **How the organisation supports a culture of speaking up**

National Whistleblowing Standards

NHS Forth Valley

Whistleblowing Procedure

Author: Claire Peacock, Whistleblowing Liaison Officer
Date: August 2022
V5

What is Whistleblowing

Whistleblowing may be defined as someone within an organisation raising concerns about a risk of harm or wrongdoing in the public interest. People providing an NHS service may identify risks of harm or wrongdoing, such as malpractice, patient safety issues or regulatory breaches, and wish to speak up about them.

Overview of the procedure for raising concerns

The procedure for raising concerns aims to provide a quick, simple and streamlined process for making sure concerns are dealt with early and locally by capable, well-trained staff. It also includes actions to make sure people who raise a concern receive any support they may need, so that the process allows people to share information safely.

Accessing the standards

If an individual wants to raise a concern there are several possible routes to do so, as outlined in ***Appendix 1.***

The Standards (https://inwo.spso.org.uk/download) are applicable across **all NHS services.** This means that they must be accessible to anyone working to deliver an NHS service, whether directly or indirectly. This includes current (and former) employees, bank and agency workers, contractors (including third sector providers), trainees and students, volunteers, non-executive directors, and anyone working alongside NHS staff, such as those in health and social care partnerships.

Raising Concerns: The Two Stage Procedure

The two stage procedure for raising concerns aims to provide quick, simple and streamlined process for making sure concerns are dealt with early and locally by capable, well trained staff. It also includes actions to make sure people who raise a concern receive any support they may need, so that the process allows people to share information safely.

What happens in each stage of the procedure:

Stage 1 – Early Resolution

Stage 1 of the process involves little or no investigation and a response will usually be a straight forward solution to the problem. It is defined as a matter that can usually be closed using local resolution within a period of 5 working days.

Stage 2 – Investigation

These concerns are usually about serious risks or complex issues that need investigation.

Independent External Review

If the Whistleblower is not satisfied with the response they have received to Stage 2, they can take their concern to the INWO for Independent External Review.

Concerns that have completed the process will either have been thoroughly investigated or will have been refused by the organisation at initial assessment; these must be signposted to the INWO

- INWO may assess

    - How the concern was handled by the organisation
    - Whether the organisation's decision about the concern was reasonable
    - How the whistleblower was treated through the process
    - How the organisation supports a culture of speaking up

Routes to raising concerns

If an individual wants to raise a concern there are a number of ways in which they can do so, as outlined in the flowchart at ***Appendix 2.***

In many cases, concerns can be resolved through informal conversations with colleagues and managers, and through ordinary or '**business as usual'** processes.

Where raising a concern informally is not an option - e.g. where confidentiality is an issue or the issue is complex – individuals can raise a concern in writing, by phone or in a face-to-face meeting with a line manager, HR manager, staff-side representatives and Occupational Health Advisers.

When an individual raises a concern

There are a number of important factors for a manager to consider when an individual raises a concern including whether the concern can be addressed through business as usual or should be progressed through the Whistleblowing procedure.

It is important for managers to:

- Listen carefully to the individual raising the concern
- Respond positively and clearly and provide advice on the type of support available
- Assess the seriousness and risk then seek advice or escalate as appropriate
- Maintain good communication with the individual raising the concern
- Act fairly and never judge anyone for raising a concern
- Seek advice and or support if required

If the manager and individual agree that the matter can be resolved locally, or through another route or procedure which does not involve Whistleblowing then the matter should be dealt with under **'business as usual'.** If the concern is not resolved through business as usual, the WB process can be revisited.

Concerns to be progressed through the Whistleblowing Procedure

If an individual specifically wants to raise their concern under the Whistleblowing process then they should be advised of the **'two stage procedure'.** The manager should assess whether the matter can be resolved locally (Stage 1) with early resolution and the manager should take forward the matter appropriately. If the matter cannot be resolved at Stage 1 then the process should move to Stage 2 – Investigation. These concerns will include:

- Issues relating to serious, high risk or high profile issues
- Complex issues that require a detailed investigation
- Issues where the individual believes a full investigation is required

If the individual does not feel like their issues have been addressed appropriately in Stage 1 of the process then they can ask for it to be investigated through the Stage 2 immediately after receiving the outcome at Stage 1 or some time later.

Raising a concern at Stage 1 (Early Resolution)

There are a number of ways in which an individual can raise a concern, these include:

Directly to Line Manager	
Confidential Contacts Pauline Donnelly Catherine Maclean	fv.confidentialcontact@nhs.scot 07815478106
Safeguard (Freedom to Speak)	Intranet
Staff Side Representative	

If the individual raises a concern directly to their manager then this should be recorded in Safeguard under the 'Freedom to Speak" section of the system as outlined at ***Appendix 3.*** The Confidential Contact and Whistleblowing Liaison Officer will then be notified of the concern. The Confidential Contact will offer support to the reporter and the Whistleblowing Liaison Officer will offer support to the responsible manager.

It is the manager's responsibility to review the concern and respond back to the individual within 5 working days. The response should be in writing unless it has been agreed with the individual that this is not required.

If there is a reason why the response to the concern cannot be provided within 5 working days then the manager should advise the individual as to the reason and why the timescale cannot be met, and when the individual can expect to receive a response. This should be no longer than 10 working days from receipt of the concern.

The individual may want to raise their concern directly to the confidential contacts by phone or email as detailed above. If the concern is not appropriate for business as usual or the individual wants to raise their concerns under the Whistleblowing procedure, then the NHS Forth Valley Stage 1 Standard Operating Procedure should be followed – as outlined in ***Appendix 4.*** The Whistleblowing Liaison Officer is available to support staff responding to concerns with this procedure and the Confidential Contacts are available to support the reporters.

Raising a concern at Stage 2 (Investigation)

If the individual is not satisfied with the response at Stage 1 of the Whistleblowing procedure, or if the agreed action has not been taken then they can take their concern to Stage 2: Investigation.

If an individual wishes to escalate a concern from Stage 1 to Stage 2 then the individual, manager or confidential contact should contact the Whistleblowing Liaison Officer (01324 566415) or (fv.whistleblowing@nhs.scot) who will in turn make the necessary changes to safeguard to allow the concerns to be recorded under Stage 2: Investigation of the process – refer to ***Appendix 5***. The Whistleblowing Liaison Officer will progress the concern in line with the policy, including identifying an investigator to take forward the investigation of concerns.

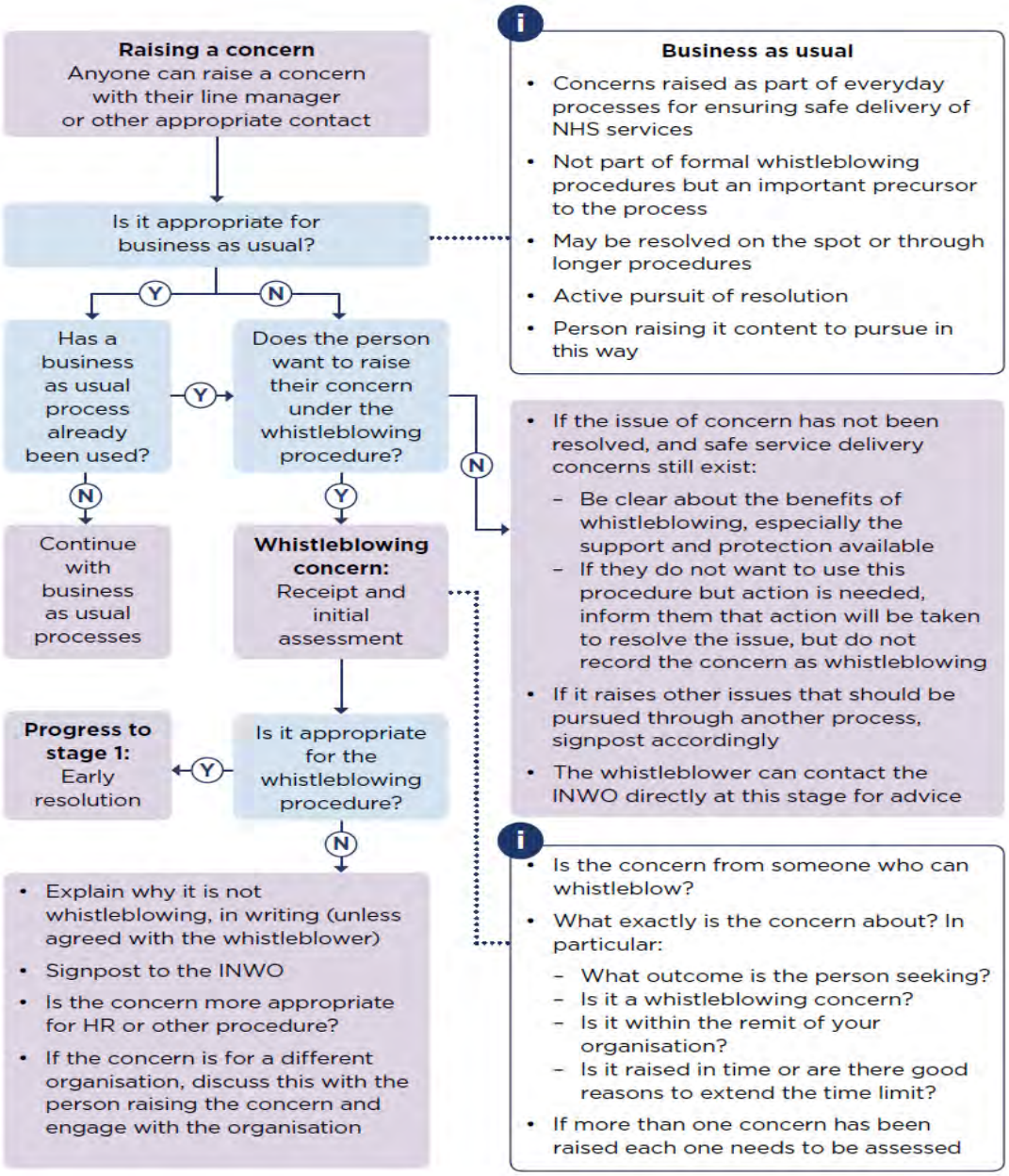
Raising a Concern involving an Executive Director / Chief Officer or Board Member

If a member of staff wishes to raise a Whistleblowing concern at either Stage 1 or 2 which involves Executive Directors/Chief Officers then this should be raised to the Chief Executive or the Chair. If the Whistleblowing concern involves the Chief Executive or a Non Executive Director then this should be raised with the Chair of the Board. If the concern involves the Chair of the Board this will require to be raised with the Scottish Government and Non-Executive Whistleblowing Champions would be able to assist with the process.

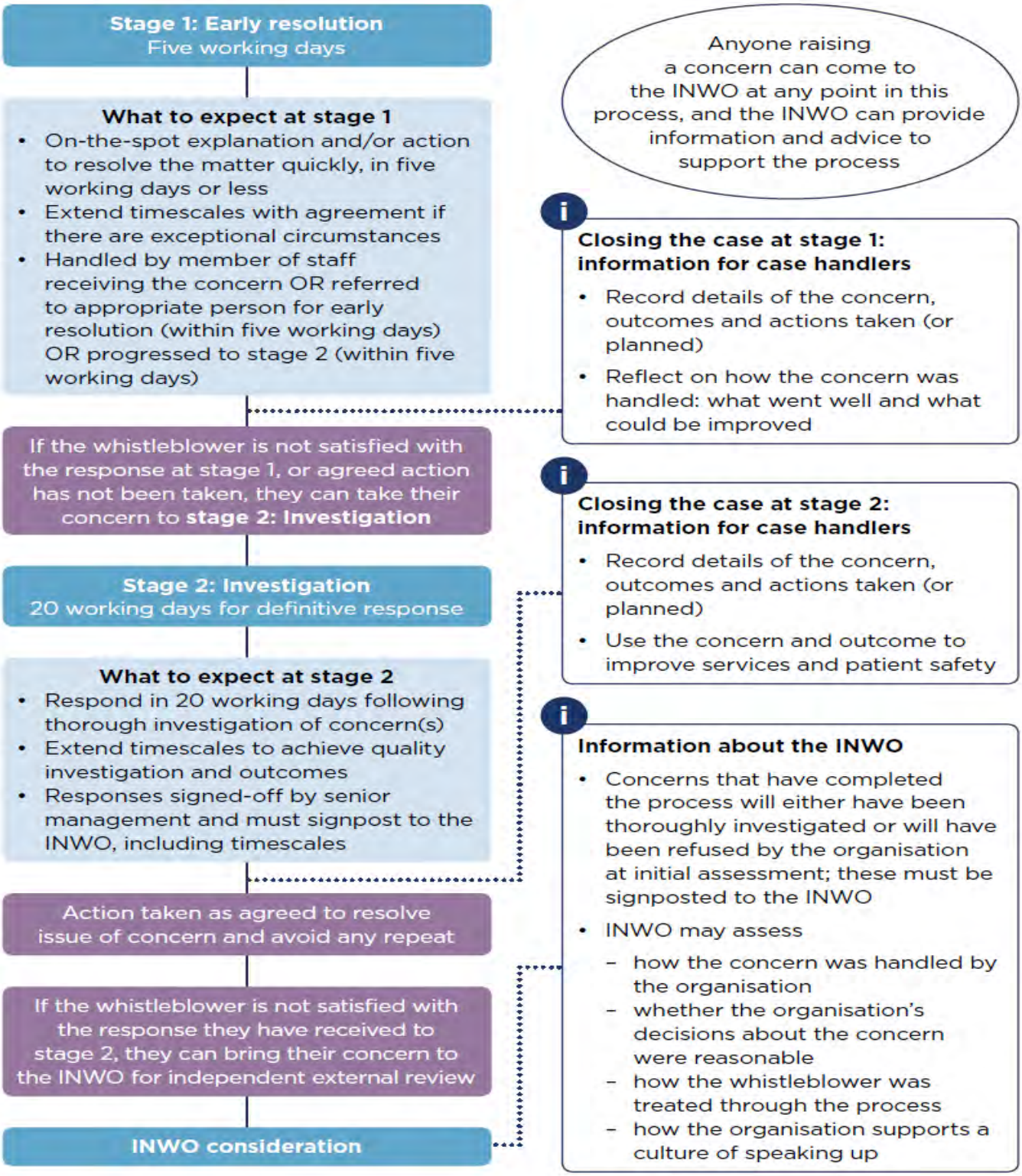
For further information and advice

https://inwo.spso.org.uk/national-whistleblowing-standards

Appendix 1


Raising a concern
Anyone can raise a concern with their line manager or other appropriate contact
Is it appropriate for business as usual?
Y
N
Has a business as usual process already been used?
Y
Does the person want to raise their concern under the whistleblowing procedure?
N
Y
N
Continue with business as usual processes
Whistleblowing concern: Receipt and initial assessment
Is it appropriate for the whistleblowing procedure?
Y
Progress to stage 1: Early resolution
N
Explain why it is not whistleblowing, in writing (unless agreed with the whistleblower)
Signpost to the INWO
Is the concern more appropriate for HR or other procedure?
If the concern is for a different organisation, discuss this with the person raising the concern and engage with the organisation
Business as usual
Concerns raised as part of everyday processes for ensuring safe delivery of NHS services
Not part of formal whistleblowing procedures but an important precursor to the process
May be resolved on the spot or through longer procedures
Active pursuit of resolution
Person raising it content to pursue in this way
If the issue of concern has not been resolved, and safe service delivery concerns still exist:
– Be clear about the benefits of whistleblowing, especially the support and protection available
– If they do not want to use this procedure but action is needed, inform them that action will be taken to resolve the issue, but do not record the concern as whistleblowing
If it raises other issues that should be pursued through another process, signpost accordingly
The whistleblower can contact the INWO directly at this stage for advice
Is the concern from someone who can whistleblow?
What exactly is the concern about? In particular:
– What outcome is the person seeking?
– Is it a whistleblowing concern?
– Is it within the remit of your organisation?
– Is it raised in time or are there good reasons to extend the time limit?
If more than one concern has been raised each one needs to be assessed

Appendix 2


Stage 1: Early resolution
Five working days
What to expect at stage 1
• On-the-spot explanation and/or action to resolve the matter quickly, in five working days or less
• Extend timescales with agreement if there are exceptional circumstances
• Handled by member of staff receiving the concern OR referred to appropriate person for early resolution (within five working days) OR progressed to stage 2 (within five working days)
If the whistleblower is not satisfied with the response at stage 1, or agreed action has not been taken, they can take their concern to stage 2: Investigation
Stage 2: Investigation
20 working days for definitive response
What to expect at stage 2
• Respond in 20 working days following thorough investigation of concern(s)
• Extend timescales to achieve quality investigation and outcomes
• Responses signed-off by senior management and must signpost to the INWO, including timescales
Action taken as agreed to resolve issue of concern and avoid any repeat
If the whistleblower is not satisfied with the response they have received to stage 2, they can bring their concern to the INWO for independent external review
INWO consideration
Anyone raising a concern can come to the INWO at any point in this process, and the INWO can provide information and advice to support the process
Closing the case at stage 1: information for case handlers
• Record details of the concern, outcomes and actions taken (or planned)
• Reflect on how the concern was handled: what went well and what could be improved
Closing the case at stage 2: information for case handlers
• Record details of the concern, outcomes and actions taken (or planned)
• Use the concern and outcome to improve services and patient safety
Information about the INWO
• Concerns that have completed the process will either have been thoroughly investigated or will have been refused by the organisation at initial assessment; these must be signposted to the INWO
• INWO may assess
– how the concern was handled by the organisation
– whether the organisation's decisions about the concern were reasonable
– how the whistleblower was treated through the process
– how the organisation supports a culture of speaking up

Appendix 3

The Freedom to Speak Up report published in 2015 set out the findings of the independent review undertaken by Sir Robert Francis QC. In response to the recommendations and to support NHS employees we have created a formal incident report form to raise concerns and help standardise the way we can support staff who raise concerns.

Details of Person Completing Freedom to Speak Up form

Anonymous ☐
Surname
First Name
Job Title
Work Email Address
Department Search — Clear Location

People Involved In This Event

Person Details 1

○ Service User ◉ Staff ○ Member of Public ○ Organisation Reputation

Clear Details

Staff Name (Surname/First Name) — Surname Firstname
Surname
Forename

Was another Staff Member Involved? ○ Yes ○ No

What Happened and When

Date of concern
Description of Concern
Cause Search — Clear Details
Primary Category — FTSU (Freedom To Speak Up)
Primary Sub-Category

Where the Event Happened/Found

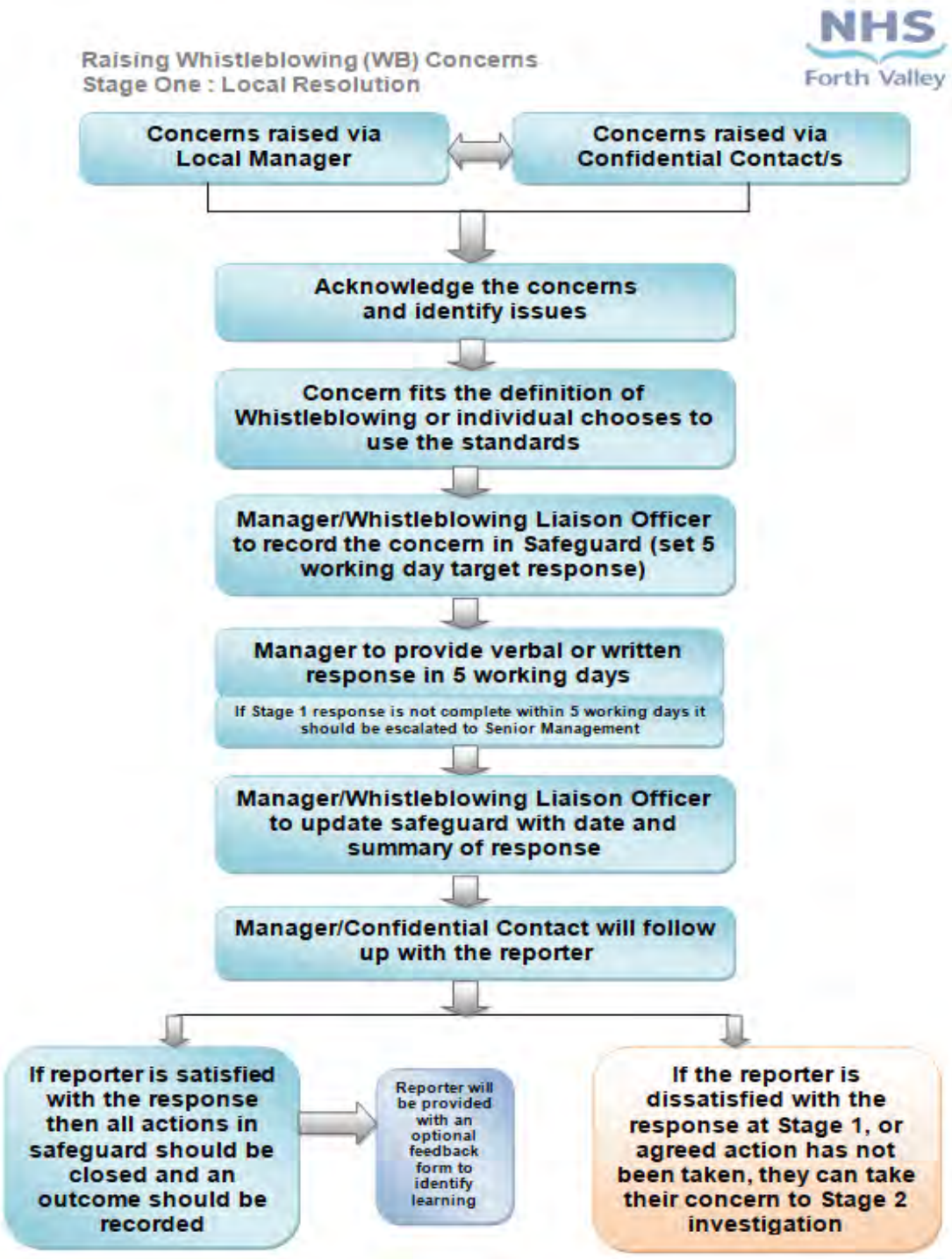
Where in the Organisation did this occurr?

Department Search
Which Site does the concern relate to?
Which department/area does the concern relate to?
Location Details
Clear Details

Author: Claire Peacock, Whistleblowing Liaison Officer
Date: August 2022
V5

Appendix 4

Stage 1 (Early Resolution)



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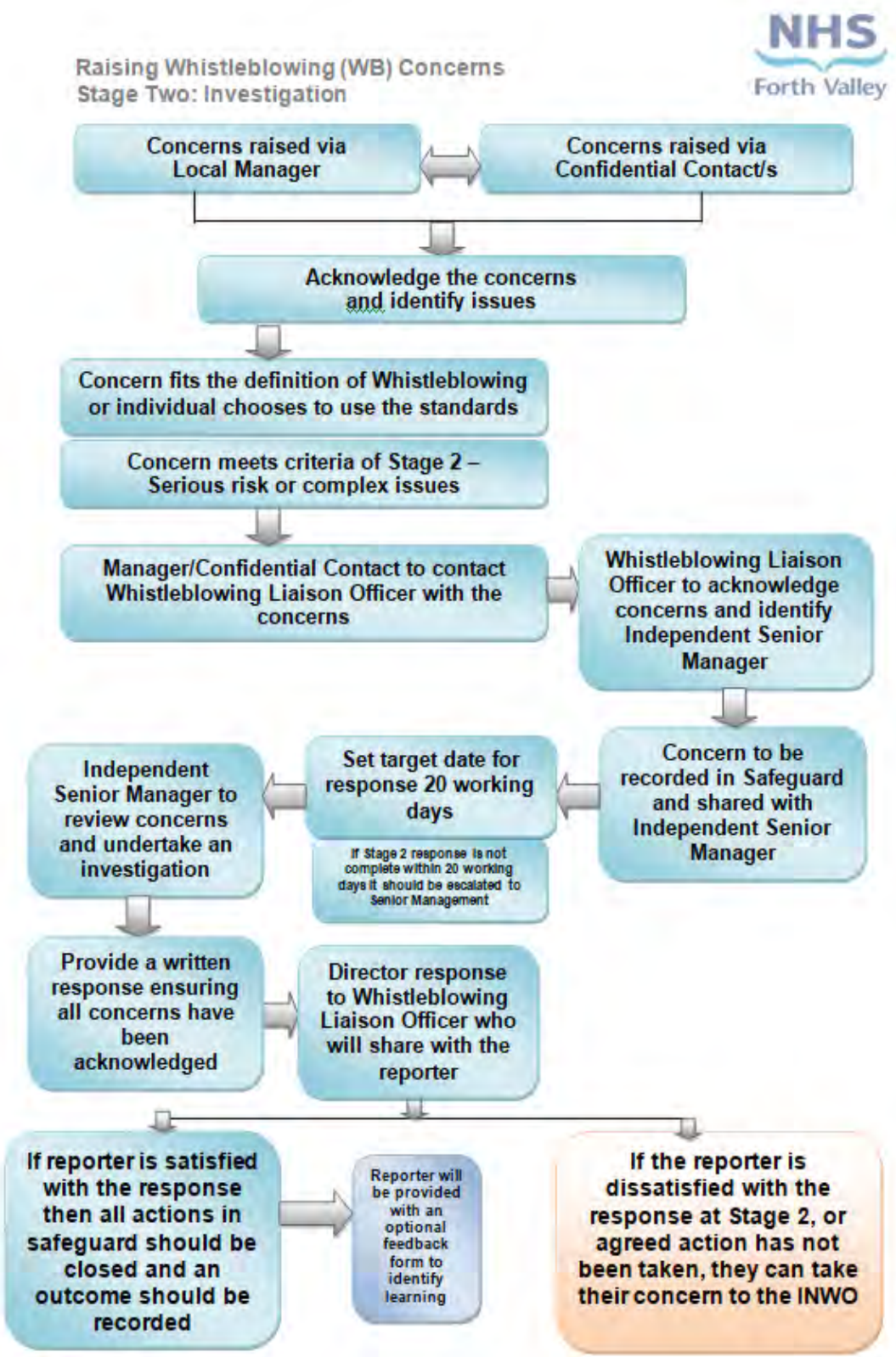
Date: August 2022
V5

Appendix 5

Stage 2 (Investigation)



Appendix 2

Standard Operating Procedures

Standard Operating Procedure (SOP): Raising Whistleblowing Concerns Stage 1

Background

From 1 April 2021 there is a new process for raising concerns about patient safety or other harm. The changes mean that there is a new focus on:

- Helping staff raise concerns as early as possible, and
- Support and protection for staff when they raise concerns.

Purpose and scope

This Standard Operating Procedure describes the process for the management and handling of a Whistleblowing concern categorised as Stage 1. Stage 1 of the process involves little or no investigation and a response will usually be a straightforward solution to the problem. It is defined as a matter that can usually be closed using local resolution within a period of 5 working days.

The purpose of this SOP is to provide a step by step guide to the process of managing a Stage 1 Whistleblowing concern.

Responsibilities

- Local Manager
- Confidential Contacts
- Whistleblowing Liaison Officer

Procedure

Manager

- Manager receiving a concern acknowledges concern, identifies issues (signposts reporter to confidential contacts (to provide support and detail of the process)
- Concern meets definition of Whistleblowing or reporter chooses to use the standards (if a concern is not felt to meet the definition of Whistleblowing then a second opinion should be obtained before refusing the concern)
- Manager to record concern in Safeguard (with notification to the Whistleblowing Liaison Officer) and set target response for 5 working days *(ensuring all mandatory fields are completed appropriately)*
- Manager to provide a verbal or written response within 5 working days following the Stage 1 procedure (if Stage 1 is not complete within 5 working days it should be further escalated to Senior Management)

- Manager to update safeguard with date of when response was provided along with a brief summary of the content (or attachment)

Confidential Contacts / Whistleblowing Liaison Officer

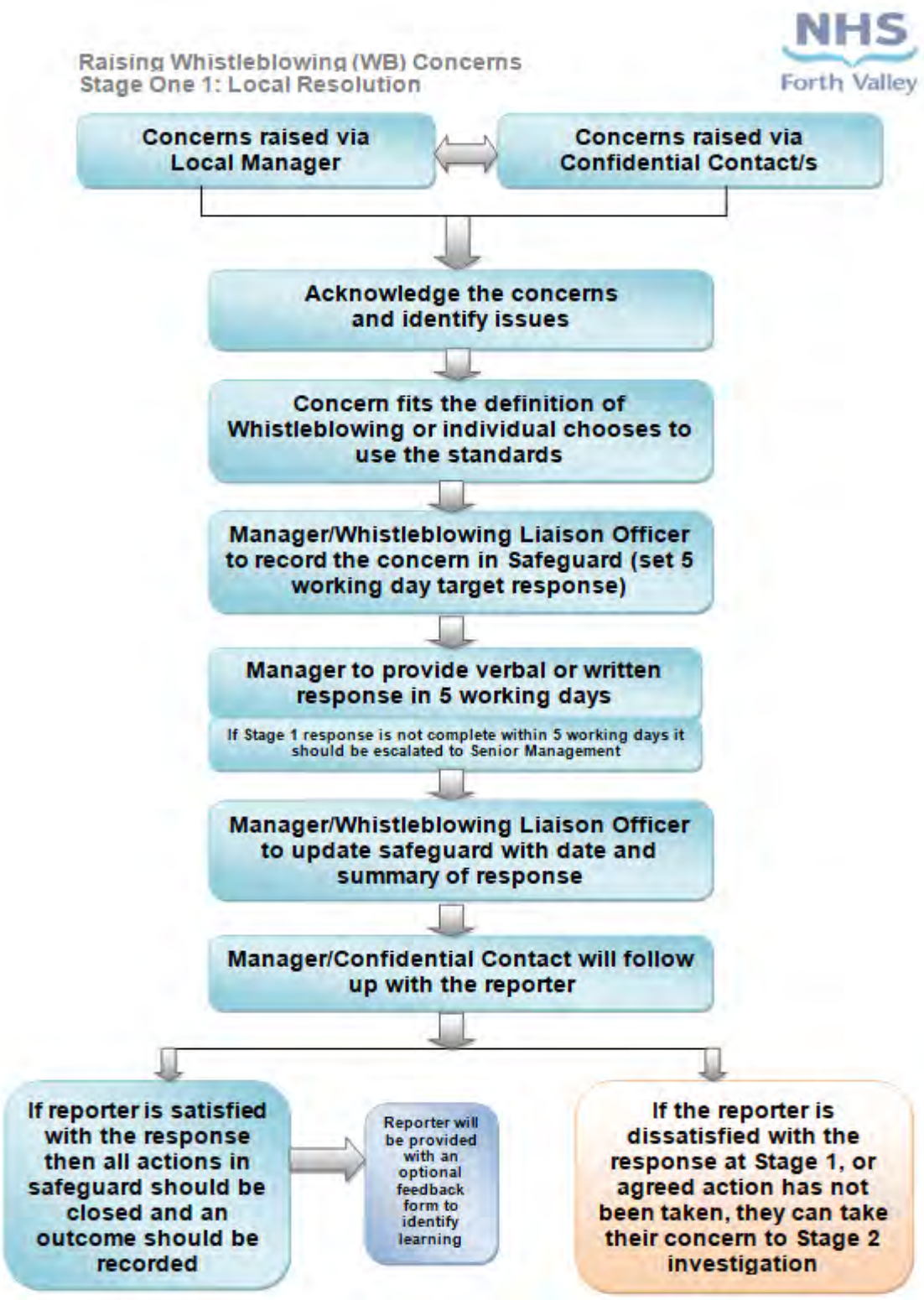
- Confidential Contacts receiving a concern acknowledges concern, identifies issues
- Concern meets definition of Whistleblowing or reporter chooses to use the standards
- Confidential Contact informs Whistleblowing Liaison Officer to allow Stage 1 of the procedure to be initiated
- Whistleblowing Liaison Officer records concern in Safeguard (with notification to manager) and sets target response for 5 working days *(ensuring all mandatory fields are completely appropriately)*
- Manager to provide a verbal or written response within 5 working days
- Manager to advise Whistleblowing Liaison Officer when response is provided (if Stage 1 is not complete within 5 working days it should be further escalated to Senior Management)
- Whistleblowing Liaison officer updates safeguard with date of when response was provided along with a brief summary of the content (or attachment)

Next Steps following Stage 1 response

- Manager or Confidential Contact to follow-up with reporter following Stage 1 response
- If reporter is satisfied with the response then all actions in safeguard should be closed and an outcome should be recorded
- Reporter will be provided with a feedback form to identify any learning
- If reporter is dissatisfied with the response then Stage 2 of the procedure will be initiated

References

1. Raising Whistleblowing Concerns “A guide of staff in NHS Forth Valley”
2. National Whistleblowing Standards www.inwo.org.uk.
3. INWO Advice Line - 0800 008 6112 inwo.spso.org.uk/contact-form



Author: Claire Peacock, Whistleblowing Liaison Officer
Date: August 2022
V5

Standard Operating Procedure: Raising Whistleblowing Concerns

Stage Two – Investigation

Background

From 1 April 2021 there is a new process for raising concerns about patient safety or other harm. The changes mean that there is a new focus on:

- **Helping staff raise concerns as early as possible, and**
- **Support and protection for staff when they raise concerns**

Purpose and scope

This Standard Operating Procedure describes the process for the management and handling of a Whistleblowing concern categorised as Stage 2. These concerns are usually about serious risks or complex issues that need investigation or where a reporter is not satisfied with Stage 1 outcome.

The purpose of this SOP is to provide a step by step guide to the process of managing a Stage 2 Whistleblowing Concern.

Responsibilities

- Local Manager
- Confidential Contacts
- Whistleblowing Liaison Officer
- Independent Senior Manger

Procedure

Manager

- Acknowledges concern, identifies issues (signposts reporter to confidential contacts (to provide support and detail of the process)
- Concern meets definition of Whistleblowing or reporter chooses to use the standards
- Concern meets the criteria of Stage 2 – “serious risks” or “complex issues”
- Manager to contact Whistleblowing Liaison Officer with the concerns to allow an Independent Senior Manager to be identified to undertake an investigation

Confidential Contact/s

- Acknowledges concern, identifies issues
- Concern meets definition of Whistleblowing or reporter chooses to use the standards
- Concern meets the criteria of Stage 2 – “serious risks” or “complex issues”
- Confidential Contact to contact Whistleblowing Liaison Officer with the concerns to allow an Independent Senior Manager to be identified to undertake an investigation

Whistleblowing Liaison Officer

- Acknowledge the concerns within three working days
- Identify Independent Senior Manager to undertake an investigation
- Record concern in Safeguard
- Share the concerns with the Independent Senior Manager for investigation with target days for written response (set for 20 working days) (if Stage 2 is not completed within 20 working days, it should be further escalated to Senior Management)

Independent Senior Manager

- Review the concerns raised by the reporter
- Undertake an investigation into the concerns raised
- Review the information and ensure all concerns raised have been acknowledged within the written response
- Direct written response (within 20 working day target) to Whistleblowing Liaison Officer

Next Steps following Stage 2 response

- Whistleblowing Liaison Officer will share the written response with the reporter
- Safeguard will be updated ensuring all mandatory fields have been completed appropriately.
- The date of when the response was issued should be logged in Safeguard along with a brief summary of the content
- Confidential Contact / Whistleblowing Liaison Officer to follow-up with individual following response
- Reporter will be provided with a feedback form to identify any learning

Safeguard

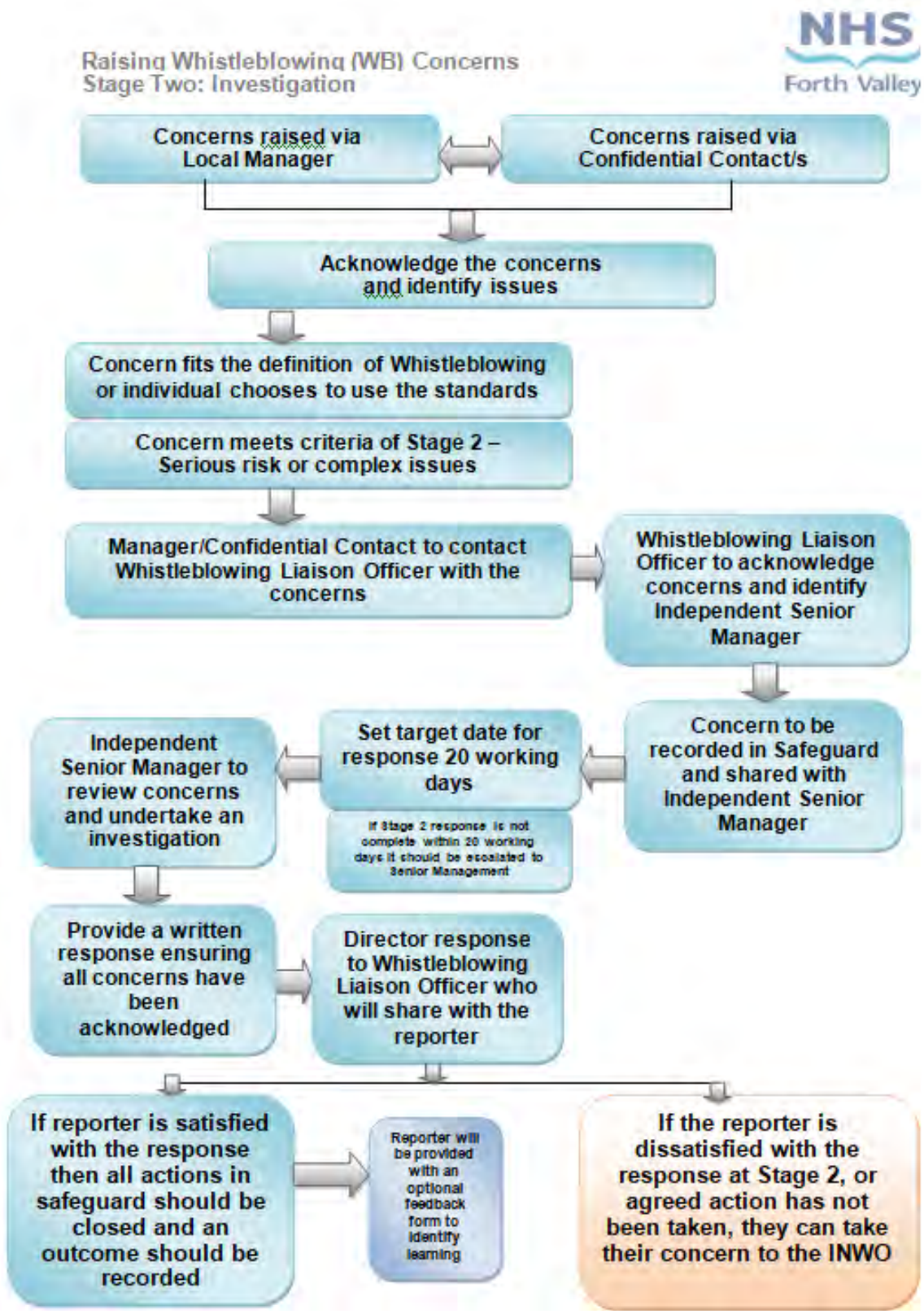
If the situation closes as at Stage 2 the Whistleblowing Officer should:

- Close all actions
- Close all notifications.
- Enter closed dates onto all sections in Safeguard
- Enter an outcome and any learning identified.

If the reported is dissatisfied with the response then they will be signposted to the INWO.

References

4. Raising Whistleblowing Concerns “A guide of staff in NHS Forth Valley”
5. National Whistleblowing Standards www.inwo.org.uk.
6. INWO Advice Line - 0800 008 6112 inwo.spso.org.uk/contact-form



Author: Claire Peacock, Whistleblowing Liaison Officer
Date: August 2022
V5

FORTH VALLEY NHS BOARD
TUESDAY 26 SEPTEMBER 2022

7.1 Healthcare Associated Infection Reporting Template
For Assurance

Executive Sponsor: Gillian Morton, Interim 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 was one hospital acquired SAB in August.
- Total DABs remain within control limits. There were two hospital acquired DABs in August.
- Total CDIs remain within control limits. There were no hospital acquired CDIs in August.
- Total ECBs remain within control limits. There were four hospital acquired ECBs in August.
- There have been no deaths with MRSA or *C.difficile* recorded on the death certificate.
- There were three surgical site infections in August.
- There was one outbreak reported in August.

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.
The AOP target has now been extended to March 2023.

- *Staph aureus* bacteraemias (SABs)
  There were 2 SABs this month.
- *Clostridioides difficile* infection (CDIs)
  There were 6 CDIs this month.
- *Escherichia coli* bacteraemias (ECBs)
  There were 11 ECBs this month.
- Device associated bacteraemias
  There were 6 DABs this month.

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)

August 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. Most patients confirmed are asymptomatic or have mild illness.
- There was one reported outbreak of Covid this month, Ward 4 FVRH.

Performance at a glance

	Total No of Cases	Month RAG status
Staphylococcus aureus bacteraemia (SABs)	**2**	
Clostridioides difficile infection (CDIs)	**6**	
Escherichia coli Bacteraemia (ECB)	**11**	
Device associated bacteraemia (DABs)	**6**	
Hand Hygiene (SPSP)	**99%**	
National Cleaning compliance (Board wide)	**95%**	
National Estates compliance (Board wide)	**95%**	
Surgical Site Infection Surveillance (SSIS)	**3**	

Key infection control challenges (relating to performance)

<u>*Staph aureus* bacteraemia</u>

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

<u>Device associated bacteraemia</u>

- There were two hospital acquired DABs this month.
- There were four healthcare acquired DABs this month.
- Total DAB case numbers remained within control limits this month.

<u>*E coli* bacteraemia</u>

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

<u>*Clostridioides difficile* infection</u>

- There were no hospital acquired CDIs this month.
- There were six healthcare acquired CDIs this month
- Healthcare CDI case numbers exceeded control limits this month.

<u>Surgical site infection surveillance</u>

- There were three 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.

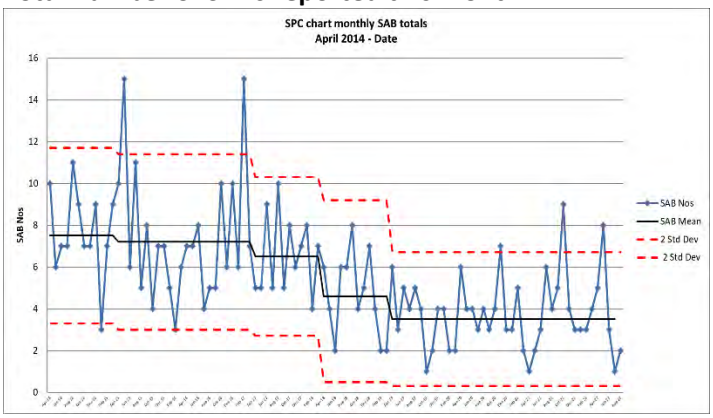
August 2022

Monthly Total	2
Hospital	1
Healthcare	1
Nursing Home	0

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

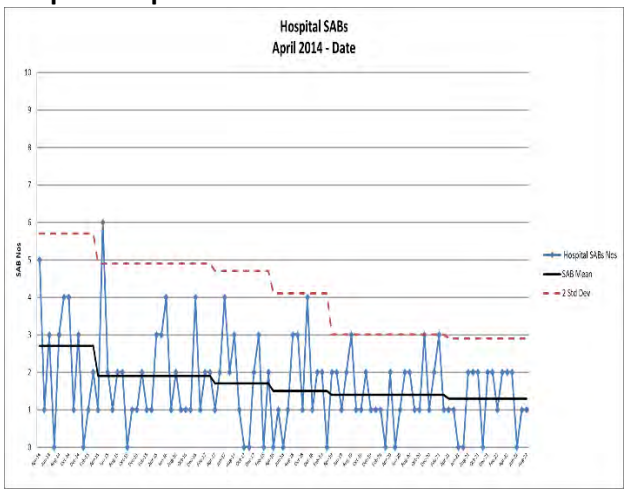
Staph aureus bacteraemia total - April 22 to date – 19

Total number of SABs reported this month



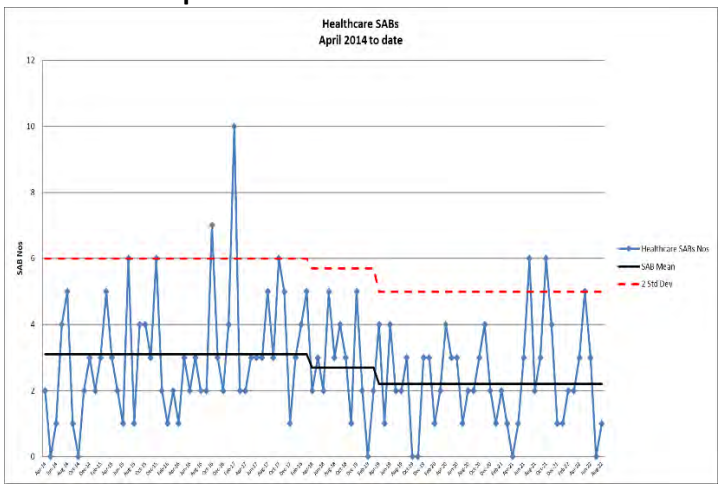
Comments: Case numbers remain within control limits this month. No concerns to raise.

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 infections
Healthcare	**1**
Discitis	1
Hospital	**1**
Unknown	**1**
No attributed ward	1
Grand Total	**2**

There were 547 blood cultures taken this month, of those there were in total 2 blood cultures that grew *Staph aureus*. This accounts for 0.4% of all blood cultures taken this month. There was one hospital acquired SABs this month, this accounts for 0.2% off all blood cultures

Hospital SABs

- Unknown - No cause confirmed following review – not attributed to a ward.

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.

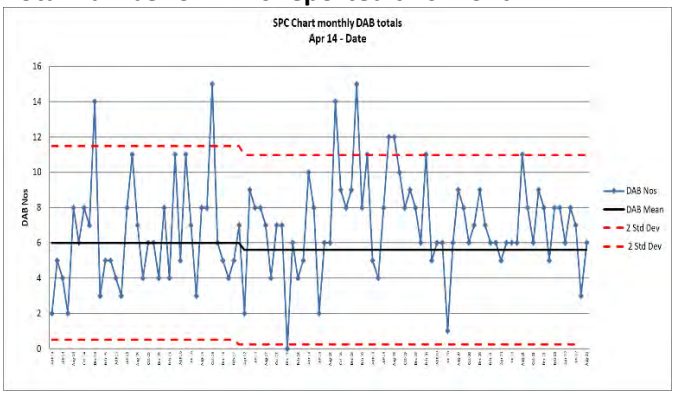
August 2022

Monthly Total	6
Hospital	2
Healthcare	4
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.*

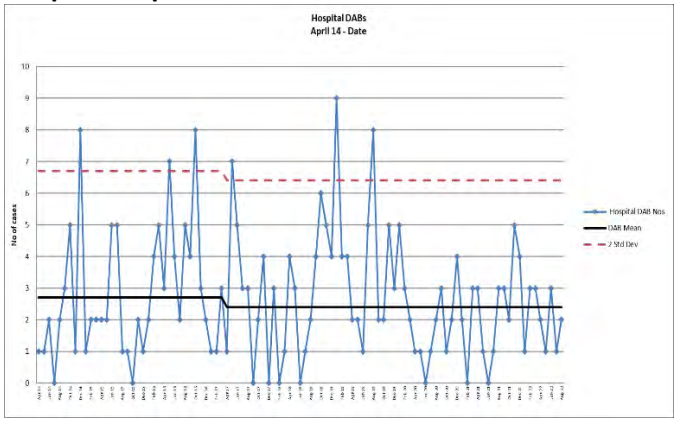
Device associated bacteraemia total – April 22 to date - 30

Total number of DABs reported this month



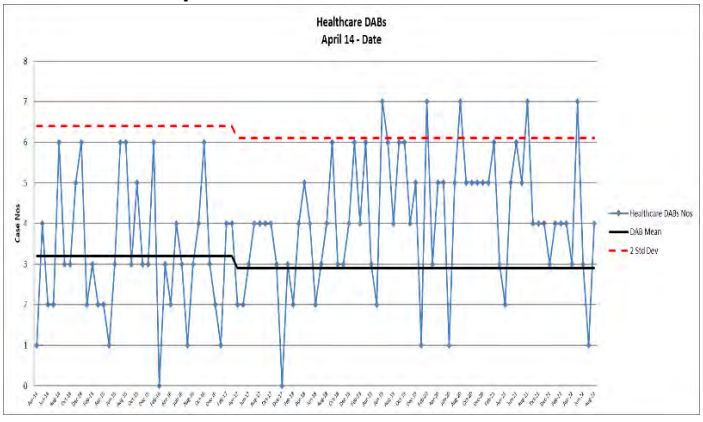
Comments:
Case numbers remain within control limits, no concerns to raise.

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 infections
Healthcare	**4**
CVC	1
Hickman	2
Urinary Catheter short term	1
Hospital	**2**
Urinary Catheter short term	
B32	1
A22	1
Grand Total	**6**

There were 547 blood cultures taken this month, of those there were in total 6 blood cultures that were associated with devices. This accounts for 1.1% of all blood cultures taken this month. There were two hospital acquired DABs this month, this accounts for 0.4% of all blood cultures taken this month.

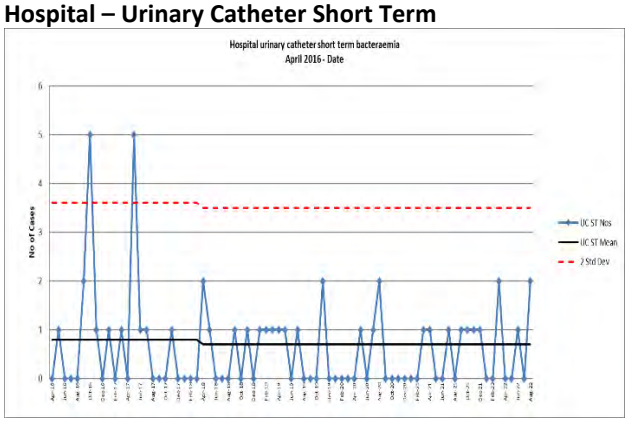
Hospital DABs

- UCST - infection attributed to ward A22 as documentation was incomplete leading up to infection.
- UCST - Patients catheter blocked prior to infection, infection attributed to ward AB2 as documentation was incomplete leading up to infection.

Directorate reports and graphs can be accessed using the following link:
https://staffnet.fv.scot.nhs.uk/infection-control/monthly-ward-reports/

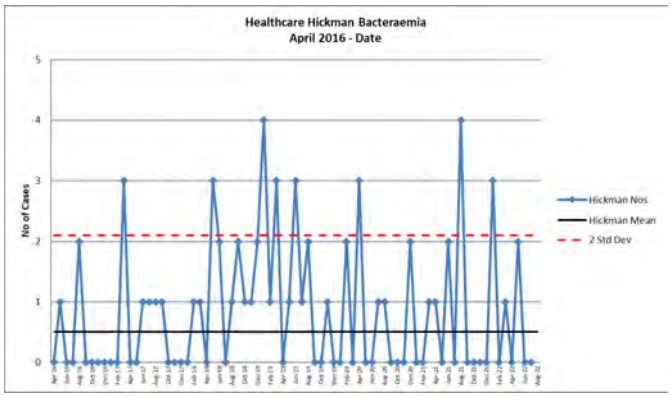
The graphs below provide an overview of the number of device associated bacteraemias, however, it doesn't provide sufficient detail of the individual device and whether the number of infections have exceeded control limits. Below are graphs relevant to the identified devices for this month.

Hospital – Urinary Catheter Short Term



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

Healthcare – Hickman line



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

Escherichia coli Bacteraemia (ECB)

NHS Forth Valley's approach to ECB prevention and reduction

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

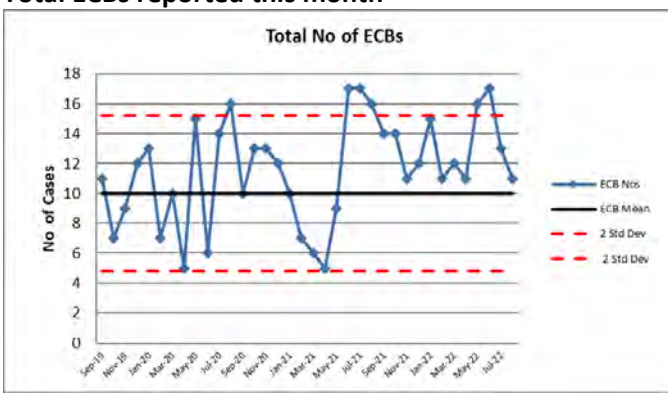
In NHS FV, device associated bacteraemias (DABs) surveillance has been ongoing since 2014 and have seen a reduction in urinary catheter bacteraemias over the years including E. coli associated infections and will hope to reduce so to achieve our target for 2023.

August 2022

Monthly Total	11
Hospital	4
Healthcare	6
Nursing Home	1

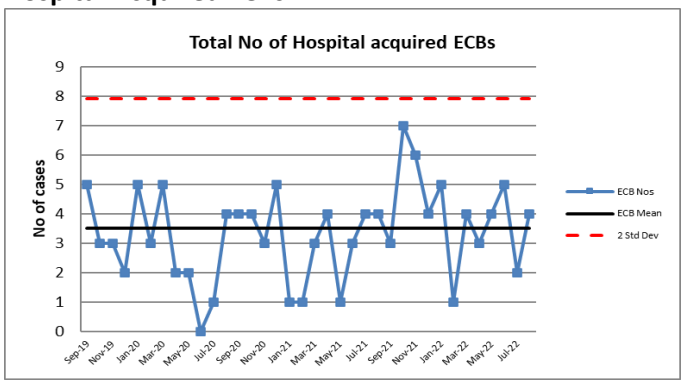
E coli bacteraemia infection total – April 22 to date - 68

Total ECBs reported this month



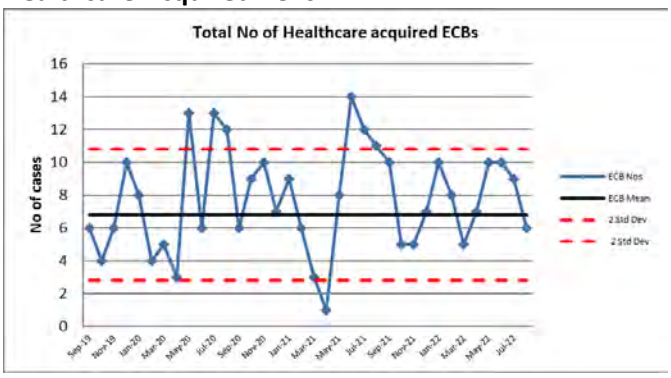
Comments: case numbers within control limits, no concerns to raise.

Hospital Acquired ECBs



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

Healthcare Acquired ECBs



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

Breakdown

Source	No. of infections
Healthcare	**6**
Biliary tract	1
UTI	2
Wound	1
Post procedural	1
Urinary Catheter short term	1
Hospital	**4**
Biliary tract	
No attributed ward	1
UTI	
CCH Ward 1	1
Urinary Catheter short term	
B32	1
A22	1
Nursing home	**1**
Respiratory tract	1
Grand Total	**11**

Breakdown

There were 547 blood cultures taken this month, of those there were in total 11 blood cultures that grew *E. coli*. This accounts for 2.0% of all blood cultures taken this month. Hospital ECBs accounted for 0.7% of all blood cultures taken.

Hospital ECBs

- Biliary tract - No ward attributed due to pre-existing hepatic disorder.
- UTI - patient admitted from CCHC Ward 1 with suspected urosepsis.
- Short Term Urinary Catheter x 2 (refer to DAB section above)

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.

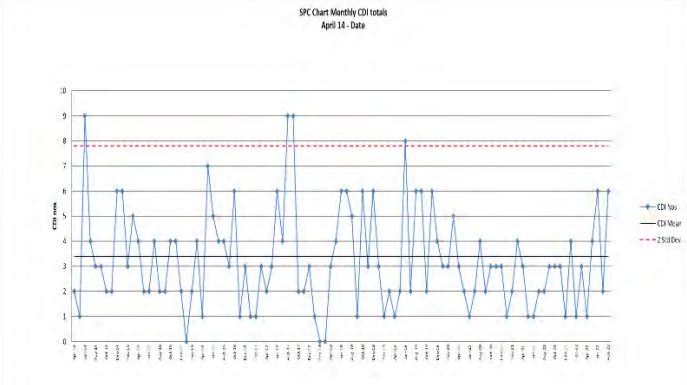
August 2022

Monthly Total	**6**
Hospital	0
Healthcare	6
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 – 19**

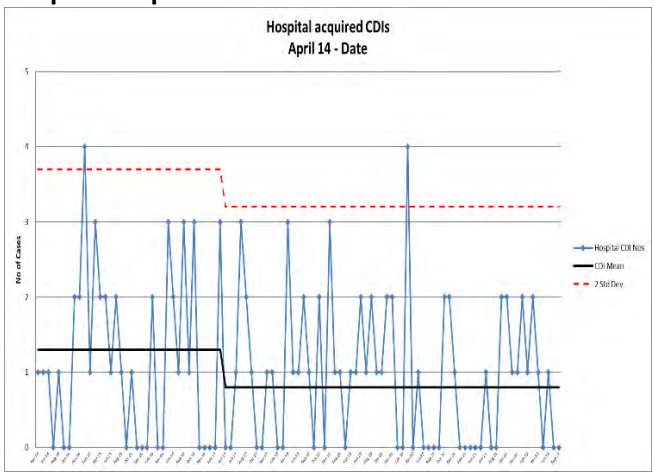
Total number of CDIs reported this month



Comments:

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

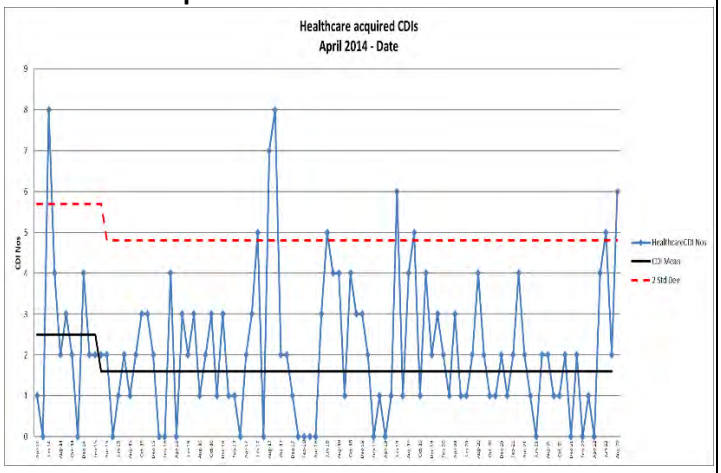
Hospital Acquired CDIs



Comments:

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

Healthcare Acquired CDIs



Comments:

Case numbers remain exceeded control limits this month. See narrative below

Breakdown

Source	No. of infections
Healthcare	6
Grand Total	6

Healthcare CDIs

Case numbers have exceeded control limits this month within the healthcare acquired infection category. Overall reported case numbers remain within control limits. Each infection was reviewed and no cases were linked and were attributed to antibiotics and/or PPIs. The IPCT will continue to monitor these over the coming weeks.

There were no hospital acquired CDIs this month.

Directorate reports and graphs can be accessed using the following link:
https://staffnet.fv.scot.nhs.uk/infection-control/monthly-ward-reports/

AOP TARGETS

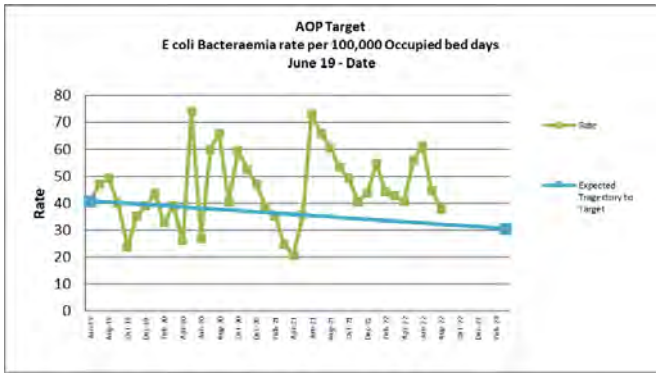
HAI AOP targets for 2019-2023

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.

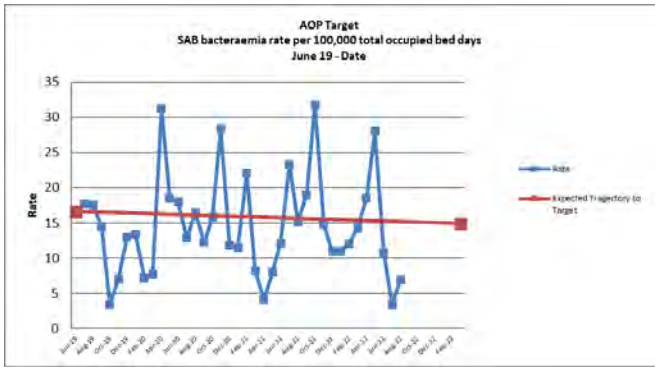
The table below highlights the targets for 2023 and the graphs below highlight progress towards these targets:

	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

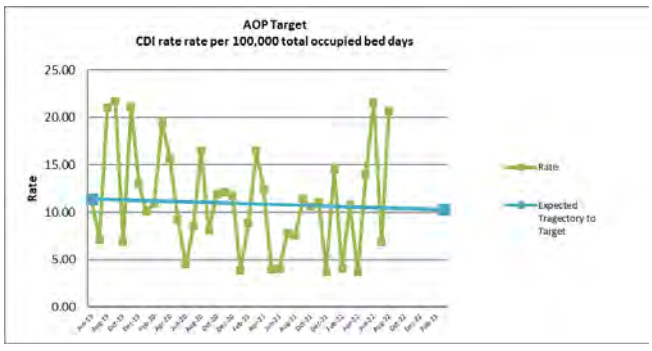
AOP target progress to date



Comments: Infection rate has decreased this month



Comments: Infection rate has increased this month.



Comments: Infection rates have increased this month which is due to healthcare acquired CDIs. 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	48.1	Above trajectory
SAB	14.9	13.5	On trajectory
CDI	10.3	13.4	On trajectory

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.

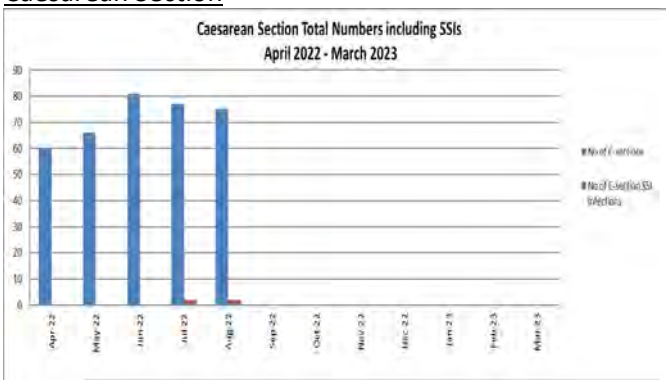
NHS Forth Valley's approach to SSI prevention and reduction

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

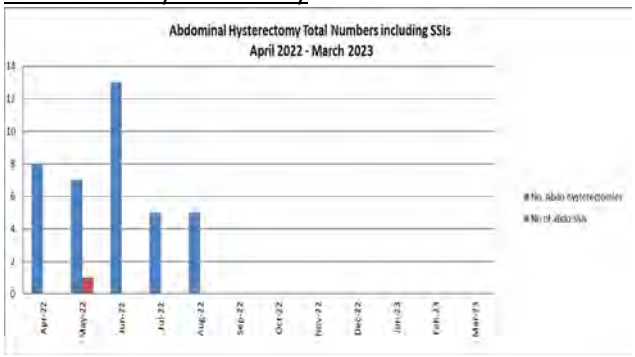
Procedure	Confirmed SSI
Abdominal Hysterectomy (v)	0
Breast Surgery (v)	1
Caesarean Section (m)	2
Knee Arthroplasty (v)	0
Hip Arthroplasty (m)	0
Major Vascular Surgery (m)	0
Large Bowel Surgery (m)	0

Caesarean Section



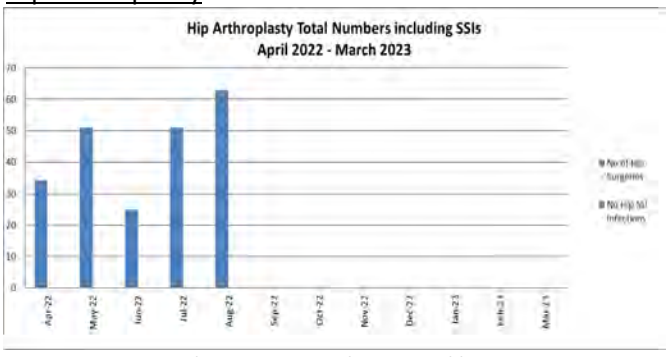
Comments: case numbers remain within control limits, no concerns to raise.

Abdominal Hysterectomy



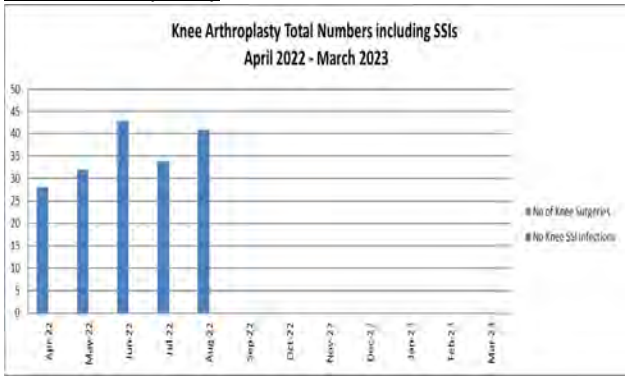
Comments: case numbers remain within control limits, no concerns to raise.

Hip Arthroplasty



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

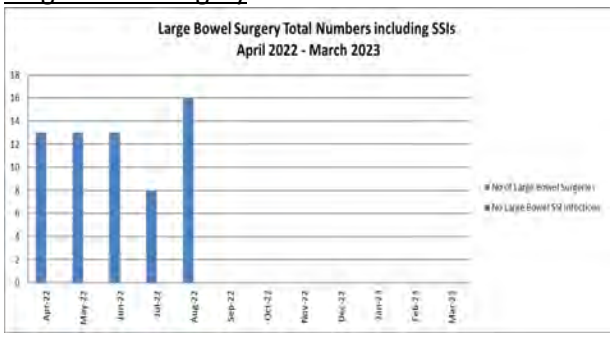
Knee Arthroplasty



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

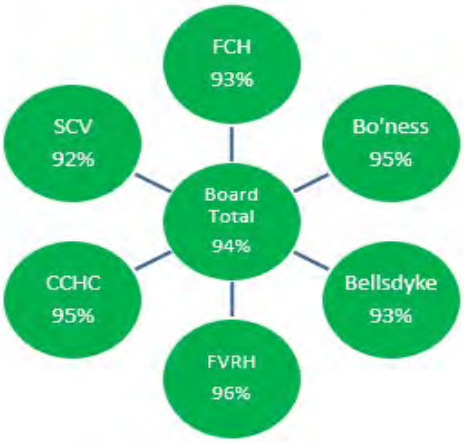
Data taken from TCAB (self reported by ward staff)

	Sept 2021	Oct 2021	Nov 2021	Dec 2021	Jan 2022	Feb 2022	Mar 2022	Apr 2022	May 2022	June 2022	July 2022	Aug 2022
Board Total	98	98	98	98	99	98	98	99	99	99	99	99

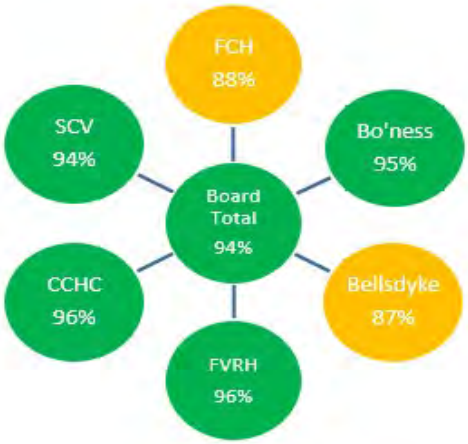
Estate and Cleaning Compliance (per hospital)

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.

<u>Estates & Cleaning Scores April – June 2022 (next published report October 2022)</u>



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 and Bellsdyke Hospital Estate Scores

This quarter, the estate scores have remained relatively stable this quarter, Falkirk Community Hospital continues in amber but estate compliance has improved slightly to 88% (last quarter 86%). Unfortunately, Bellsdyke Hospital has returned to amber with a compliance score of 87% from 90% the previous 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	9	0	34	59	48	25	23	198
Primary Care & Mental Health Services	0	0	1	2	8	2	1	14
WC&SH Directorate	0	0	2	3	4	2	4	15
Totals	9	0	37	64	60	29	28	**227**

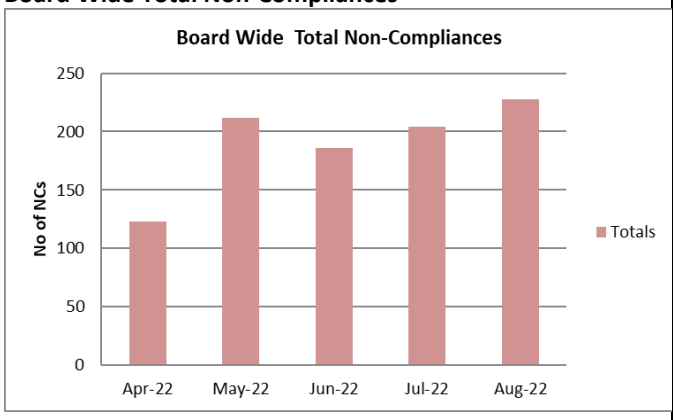
All non-compliances are fed back to the nurse in charge immediately following the ward visit. A follow-up email is also sent to the ward and service manager. Details of each non-compliance are reported in the monthly HAI Service Reports.

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

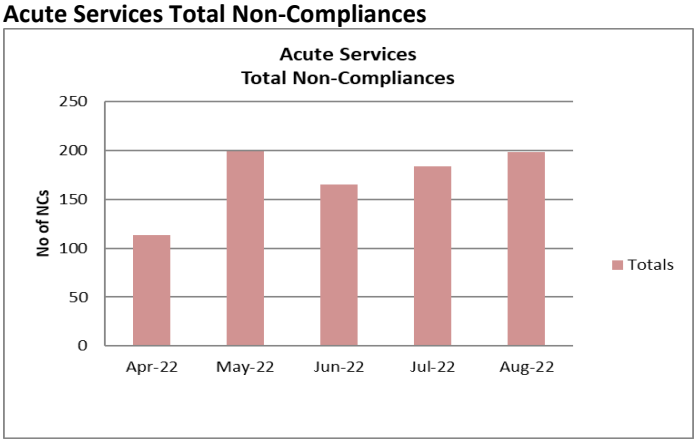
The predominant non-compliance categories reported were **Control of the Environment**, non-compliances included, area is not free from clutter, area is not well maintained and in good state of repair and items stored inappropriately. The other category with predominant non compliances reported was **Managing Patient Care Equipment** category; non-compliances included items stored inappropriately, indicator tape/label missing, equipment dusty and equipment visibly dirty.

All non-compliances were highlighted to the nurse in charge at the time of audit and any equipment with cleanliness issues was rectified immediately.

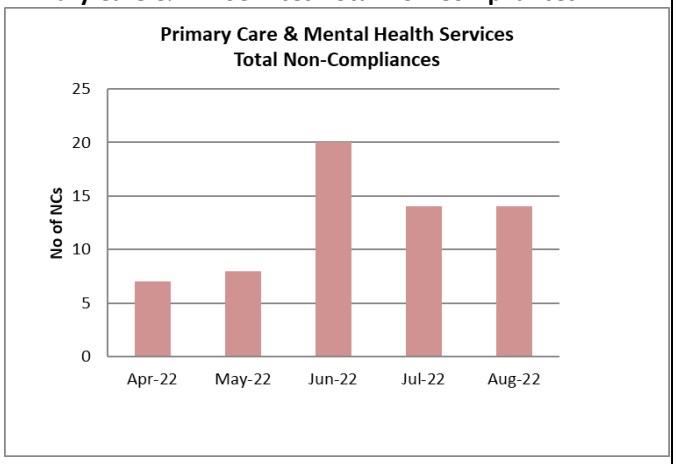
Board Wide Total Non-Compliances



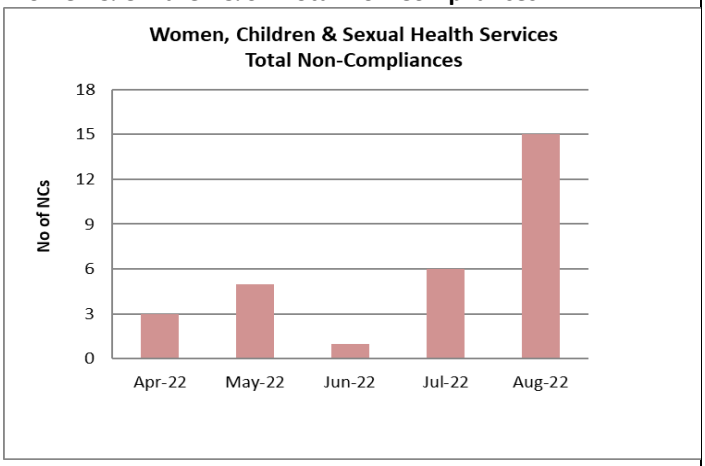
Acute Services Total Non-Compliances



Primary Care & MH Services Total Non-Compliances



Women & Children & SH Total Non-Compliances



Incidence / Outbreaks

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

Healthcare Acquired Infection Incident Template (HAIIT)

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

There was one COVID-19 outbreaks reported this month:

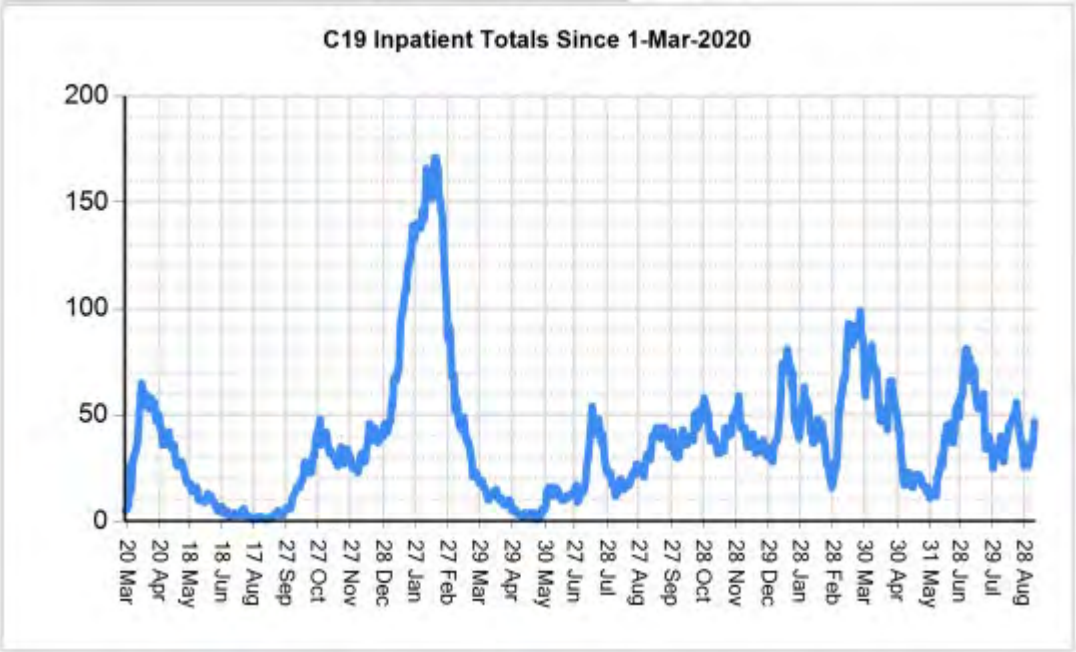
Ward	No of patients affected
Ward 4 FVRH	6

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 August have steadily increased throughout the month. Inpatients have settled to around 45 inpatients per day.

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

Table 1: Hospital onset COVID-19 cases, by onset status and NHS board: specimen dates up to 21 August 2022.[1,2,3]

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	4,622	2,552	386	539	1,145	55.2%	8.4%	11.7%	24.8%
Borders	588	213	95	69	211	36.2%	16.2%	11.7%	35.9%
Dumfries & Galloway	1,188	918	92	48	130	77.3%	7.7%	4.0%	10.9%
Fife	2,295	1,326	191	139	639	57.8%	8.3%	6.1%	27.8%
Forth Valley	2,870	2,001	195	176	498	69.7%	6.8%	6.1%	17.4%
Golden Jubilee	104	60	23	9	12	57.7%	22.1%	8.7%	11.5%
Grampian	2,797	1,743	215	206	633	62.3%	7.7%	7.4%	22.6%
Greater Glasgow & Clyde	11,618	5,692	1,343	1,309	3,274	49.0%	11.6%	11.3%	28.2%
Highland	1,704	1,120	115	102	367	65.7%	6.7%	6.0%	21.5%
Lanarkshire	4,580	2,162	618	599	1,201	47.2%	13.5%	13.1%	26.2%
Lothian	6,847	3,560	721	797	1,769	52.0%	10.5%	11.6%	25.8%
Orkney	75	55	3	2	15	73.3%	4.0%	2.7%	20.0%
Shetland	66	57	5	1	3	86.4%	7.6%	1.5%	4.5%
Tayside	4,037	2,473	335	380	849	61.3%	8.3%	9.4%	21.0%
Western Isles	171	124	14	10	23	72.5%	8.2%	5.8%	13.5%
Scotland	**43,562**	**24,056**	**4,351**	**4,386**	**10,769**	**55.2%**	**10.0%**	**10.1%**	**24.7%**

New COVID guidance changes

Recent communication from the CNO have highlighted changes to COVID guidance and have instructed boards to step down asymptomatic testing of elective and emergency admissions by the end of September. Work is ongoing with operational leads to implement this as soon as possible.

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.

FORTH VALLEY NHS BOARD
TUESDAY 27 SEPTEMBER 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

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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 as we work to stabilise services, 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 ongoing 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 August 2022 was 62.6%; Minor Injuries Unit 99.5%, Emergency Department 46.4%. A total of 2,701 patients waited longer than the 4 hour target across both the ED and Minor Injuries Unit (MIU); with 994 waits longer than eight hours and 417 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 1,530 patients, noting this is a decrease from 1,553 in July. Performance continues to be impacted by system-wide pressures.

- ***Scheduled Care***

At the end of August 2022, 61.6% of patients were waiting less than 12 weeks for a first outpatient appointment; this is an improvement from the previous month. Activity against the agreed Remobilisation Plan trajectory highlights the cumulative position for April to August 2022 as 88% compliance.

In August 2022, the number of inpatients/daycases waiting reduced to 4,067 from 4,081 with an increase in those waiting beyond 12 weeks to 1,966 from 1,868. Activity against the agreed Remobilisation Plan trajectory highlights the cumulative position from April 2022 to August 2022 as 84% compliance against plan.

At the end of August 2022: 870 patients were waiting beyond 6 weeks for imaging with 78.5% compliance; 246 patients were waiting beyond 6 weeks for endoscopy with compliance against the 6-week standard, 58.8%.

Cancer target compliance in July 2022:

- 62-day target – 74.4% which is a slight improvement in performance from the June position of 72.0%.
- 31-day target – 97.7%

- ***DNA***

The new outpatient DNA rate across acute services in August 2022 is noted as 6.3% which is a decrease or improvement from the position in July of 7.4%. The return outpatient DNA rate across acute services in August 2022 was 6.6%, an improvement from 7.7% the previous month.

- ***Psychological Therapies***

In August 2022, 60.9% of patients started treatment within 18 weeks of referral. This is an improvement from the previous month position of 53.0% however a reduction from 63.8% in August 2021.

- ***Child & Adolescent Mental Health Services***

In August 2022, 22.2% of patients started treatment within 18 weeks of referral. This is an anticipated reduction from 43.8% in July 2022 and from 54.8% in August 2021. Note a reduction in the waiting list from 600 at the end of July to 474 at the end of August.

- ***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 6.04% in July 2022, an improvement from the June 2022 position of 6.18% and from 6.21% in July 2021.

The absence for Coronavirus reasons is noted as 2.59% in July 2022. Total absence for July 2022 is 8.63%, an increase or deterioration from a total of 8.56% in June 2022.

- ***Delayed Discharges***

The August 2022 census position in relation to standard delays (excluding Code 9 and guardianship) is 75 delays; a decrease from 86 in July. There was a total of 29 code 9 and guardianship delays and no infection codes, with the total number of delayed discharges noted as 104.

The number of bed days occupied by delayed discharges (excluding code 9 and 100) at the August 2022 census was 2507, this is a reduction or improvement from 2659 in July.

Financial Implications

Financial implications and sustainability are being considered on an ongoing basis working closely with Scottish Government colleagues and Health & Social Care Partnership Chief Finance Officers. 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

There are no specific workforce issues in respect of this paper.

Note that the 3-year NHS Forth Valley Workforce Plan 2022 – 2025 has been developed, supported by Directorates, and submitted to Scottish Government. The document is the first iteration of medium term workforce planning guidance for health and social care, with the express intention of improving the strategic alignment between workforce, financial and service planning.

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 Urgent & 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

Annual Delivery Plan Guidance has been received by Scottish Government commissioning a one year plan. The Plan focus is 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. A high level narrative is included 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 providing an extended time frame for plans to be developed for 2023/24 to 2025/26.

The initial draft of the Annual Delivery Plan has been submitted to the Scottish Government with feedback awaited.

The Annual Delivery Plan informs on-going engagement with Scottish Government colleagues and service leads within NHS Forth Valley. Quarterly progress updates are being requested by the Scottish Government with the quarter 1 update to the end of June 2022 submitted as requested as part of the Delivery Planning Template submission.

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 Delivery 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 is being undertaken following completion of the draft Annual Delivery Plan 2022/2023 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	National standard for A&E waiting times is that new and unplanned return attendances at an A&E service should be seen and then admitted, transferred or discharged within four hours. This standard applies to all areas of emergency care such as EDs, assessment units, minor injury units, community hospitals, anywhere where emergency care type activity takes place. The measure is the proportion of all attendances that are admitted, transferred or discharged within four hours of arrival. 95% of patients should wait no longer than four hours from arrival to admission, discharge or transfer for A&E treatment.
Number of ED Attendances	Number of ED attandances 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 August 2022 was 62.6%; Minor Injuries Unit 99.5%, Emergency Department 46.4%. A total of 2,701 patients waited longer than the 4 hour target across both the ED and Minor Injuries Unit (MIU); with 994 waits longer than eight hours and 417 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 1,530 patients, noting this is a decrease from 1,553 in July. The high number of patients waiting for first assessment continues to be as a result of issues in relation to capacity. Wait for a bed accounted for 565 patients waiting beyond 4 hours with Clinical Reasons accounting for 173 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. Attendances in August 2022 however were less than August 2021, with 5,023 and 5,355 attendances respectively. 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 46.3% and the overall Health Board position 61.9%.

In August there were 465 new attendances to Same Day Emergency Care (SDEC), 109 of which were via ED. This is compared to 236 new attendances in August 2021, 69 of which presented via ED. There were 118 scheduled returns in August 2022 an increase from 96 in August 2021.
For the most recent full week 149 patients were redirected from ED to a more suitable setting enabling receipt of the right care, in the right place at the right time. This number equates to 12.4% of all ED attendances in that week.

The position within ED remains challenging with a continued 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. 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 require 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 Urgent and Unscheduled Care Update was presented to the Performance & Resources Committee in August 2022. This detailed concerns in respect of patient harm, the strategic response to the challenges face including detail of redesign work underway, winter capacity planning, and daily operational management.

Scheduled Care

In July 2022, NHS Boards received correspondence from Scottish Government colleagues standing down the Clinical Prioritisation Framework on a permanent basis with Health Boards returning to the pre-pandemic approach of treating patients on an urgent and routine basis. Any patients classified as Priority level 1 or Priority level 2 have been reclassified as Urgent, with Priority level 4 patients grouped as Routine. Priority level 3 patients are being reassessed and reclassified as some of these patients will be appropriately classified as Urgent.

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 August 2022, the number of patients on the waiting list for a first outpatient appointment increased to 17,932 from 17,259 in July; 6,886 of which were waiting beyond 12 weeks. 61.6% of patients were waiting less than 12 weeks for a first appointment; a reduction or deterioration from 63.7% the previous month. Activity against the agreed Remobilisation Plan trajectory highlights the cumulative position from April 2022 to August 2022 as 88% compliance. Compliance against the plan for the month of August is 93%.

In August 2022, the number of inpatients/daycases waiting reduced to 4,067 from 4,081 however an increase in those waiting beyond 12 weeks was noted; 1,868 patients in July with 1,966 in August. Activity against the agreed Remobilisation Plan trajectory highlights the cumulative position from April 2022 to August 2022 as 84% compliance. Compliance against the plan for the month of August is 93%.

Diagnostics

Imaging
At the end of August 2022, 870 patients were waiting beyond the 6 week standard for imaging which is 78.5% compliance, an increase or improvement from the previous month. Activity against the agreed Remobilisation Plan trajectory highlights the cumulative position from April 2022 to August 2022 as 122% compliance, with the position for August 2022, 116%. 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 August 2022 to 4,044 patients from 4,108 in July 2022 however has increased from 3,416 in August 2021.

A mobile CT Scanner Van, fully funded by the Scottish Government, has been on site at FVRH providing an additional 1650 scans which has supported a reduction in the waiting list. In addition, vacancy budget has been utilised to employ Agency Radiographers from April till September 2022. This has enabled additional weekend sessions further reducing the waiting lists for CT scans.

Endoscopy
At the end of August 2022, 246 patients were waiting beyond 6 weeks for endoscopy with 58.8% compliance against the 6-week standard. This is noted to be a slight reduction or deterioration from the previous month. As with imaging services, activity against the agreed Remobilisation Plan trajectory is better than plan. The cumulative position from April 2022 to August 2022 is noted as 114% compliance with August compliance against plan, 120%. The total number of patients waiting for endoscopy has slightly reduced in August 2022 to 597 patients from 601 in July 2022 and is a reduction from 627 in August 2021.

Detailed plans are in place to allow us to expand endoscopy capacity significantly using three session days and 7-day working. This is being addressed as part of our overall remobilisation plan.

Cancer

Cancer services remain a priority for scheduled care. All Urgent Suspicion of Cancer referrals are tracked to support achievement of the 31 and 62 day access targets. In areas where this is not reached priority measures are taken to address this. A robust monitoring system has been established to identify reasons for breaches and ensure a plan is in place to prevent further non-compliance.

The number of patients being tracked on the 62-day cancer pathway is currently approximately 1400 patients of which 11% are confirmed cancer patients.

The July 2022 position is noted as:
- 62-day target – 74.4% which is an improvement in performance from the June position of 72.0%. The highest number of breaches are within Urology with 6 out of 13 patients meeting the standard. Note there continues to be challenges in within the pathway in terms of accessing tertiary services.

The Scotland position is noted as 75.8%
- 31-day target – 97.7%.

The position for the April to June 2022 quarter is that 73.8% of patients were treated within 62 days of referral with a suspicion of cancer. This is noted to be an increase from the previous quarter. During the same period, 98.9% 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 August 2022 was 0.6% of the total waiting list
- Inpatient/daycase unavailability in August 2022 reduced to 8.5% from 8.9% in July 2022. The unavailability rate is less than 10% for all specialties except for Orthopaedics 12.3%,and Paediatric Surgery 10.5%. This position is monitored on an ongoing basis. The Inpatient/daycase unavailability reason of 'Clinician Advise - Medical' accounts for 46.7% of all unavailable patients in August.

Did Not Attend (DNA)

The new outpatient DNA rate across acute services in August 2022 is noted as 6.3% which is a decrease or improvement from the position in July of 7.4%. Variation across specialties continues with rates ranging from 15.6% (5 patients in Renal Medicine) to 0%. The biggest impact in terms of the number of DNAs can be seen in Ophthalmology 10.3% (78 patients), Dermatology 7.3% (59 patients) and General Surgery 4.2% (52 patients).

The return outpatient DNA rate across acute services in August 2022 was 6.6%. There continues to be a high number of DNAs in Ophthalmology 284 patients (8.1%), Diabetes 163 patients (14.1%) and Orthopaedics with 145 patients (8.0%).

A plan to modernise Outpatients will see the implementation of a digital solution of a patient hub system that will manage outpatient referrals and appointments electronically to support effective communication with patients and realise cost and flow improvements. This system will have the ability to screen patients in advance of appointments and provide advice to patients attending for appointment electronically. Patient hub systems have the ability to improve efficiencies, reduce print costs and can have a positive impact on the reduction of DNA rates.

New Acute Outpatient DNAs - August 2022

New Acute OP DNA's

Code & Title	Value	Numerator
DNA.NEW.AG New outpatient appointment DNA - Renal Medicine	15.63%	5
DNA.NEW.C31 New outpatient appointment DNA - Pain Management	15.63%	10
DNA.NEW.D5 New outpatient appointment DNA - Orthodontist	13.16%	5
DNA.NEW.C7 New outpatient appointment DNA - Ophthalmology	10.34%	76
DNA.NEW.A81 New outpatient appointment DNA - Endocrinology	9.72%	7
DNA.NEW.A82 New outpatient appointment DNA - Diabetes	9.52%	4
DNA.NEW.CB New outpatient appointment DNA - Urology	9.23%	36
DNA.NEW.A9 New outpatient appointment DNA - Gastroenterology	7.95%	7
DNA.NEW.A7 New outpatient appointment DNA - Dermatology	7.34%	59
DNA.NEW.AB New outpatient appointment DNA - Geriatric Medicine	6.98%	3
DNA.NEW.ACU New outpatient appointment DNA - Forth Valley (Acute OPD Servic...	6.27%	412
DNA.NEW.C5 New outpatient appointment DNA - Ear, Nose and Throat (ENT)	5.94%	25
DNA.NEW.A2 New outpatient appointment DNA - Cardiology	5.19%	14
DNA.NEW.A1 New outpatient appointment DNA - General Medicine	4.82%	8
DNA.NEW.AQ New outpatient appointment DNA - Respiratory Medicine	4.5%	17
DNA.NEW.J4 New outpatient appointment DNA - Haematology	4.35%	2
DNA.NEW.AH New outpatient appointment DNA - Neurology	4.18%	10
DNA.NEW.C1 New outpatient appointment DNA - General Surgery	4.16%	52
DNA.NEW.C8 New outpatient appointment DNA - Orthopaedics	4.09%	37
DNA.NEW.C12 New outpatient appointment DNA - Vascular Surgery	3.51%	4
DNA.NEW.AR New outpatient appointment DNA - Rheumatology	3.09%	6
DNA.NEW.A6 New outpatient appointment DNA - Infectious Diseases	0%	0
DNA.NEW.AP New outpatient appointment DNA - Rehabilitation Medicine	0%	0
DNA.NEW.H2 New outpatient appointment DNA - Clinical Oncology	0%	0
DNA.NEW.PO New outpatient appointment DNA - PRE-OP	n/a	0

Psychological Therapies

In August 2022, 60.9% of patients started treatment within 18 weeks of referral. This is an increase or improvement from the previous month position of 53.0% however a reduction from 63.8% in August 2021. The Scotland position for the quarter ending June 2022 was 81.4%.

The reduction in the RTT position reflects a temporary phase of ongoing redesign work. The focus has been on assessing those patients who have been waiting in order to appropriately direct them to an increased range of therapeutic options. This work is ongoing and has so far resulted in a 16% reduction in waiting list size.

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. As part of this, trajectory modelling was completed. The trajectory will be revised next month to take account of both current staffing levels and the reduction in waiting list size highlighted above. Achievement of the Standard remains challenging, with national workforce availability presenting the most significant risk. While the service has recently recruited to a number of posts, there remain several core vacancies, and national published data indicates that Forth Valley remains below the Scottish average for Psychological Therapies staff per 100,000 population.

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 1135 patients contacted, 406 had been discharged due to not taking up the offer of an appointment, and 729 had been assessed. Once the waiting list assessment process is complete, the service will realign its current capacity to best match the assessed 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. Note an update will be provided to the Performance & Resources Committee in October 2022.

Child and Adolescent Mental Health Services (CAMHS)

In August 2022, 22.2% of patients started treatment within 18 weeks of referral. This is an anticipated reduction from 43.8% in July 2022 and from 54.8% in August 2021. The Scotland position for the quarter ending June 2022 was 68.4%.

As previously described, CAMHS are undertaking focussed work aimed at reducing those waiting 52 weeks or more. A high percentage of those waiting the longest are children with co-morbid mental health and neurodevelopmental disorders, which require the involvement of key and specifically skilled professionals within the multi-disciplinary team. A proposal is currently being refined by the CAMHS Management and Waiting Times Group in respect of evening / Saturday morning working with the aim of having no patient waiting over 1 year by November 2022.

The CAMHS waiting list has decreased from 600 in July 2022 to 474 in August 2022.

CAMHS continue to work in partnership with Healios with a recent contract variation extending to the provision of assessments and treatment for young people experiencing mental health difficulties that would respond to cognitive behavioural therapy or goal based intervention. Following a review, Healios has agreed to increase this from 3 per week to 5 patients per week for the duration of the contract.

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 6.04% in July 2022, an improvement from the June 2022 position of 6.18% and from 6.21% in July 2021. The 12 month rolling average August 2021 to July 2022 is noted as, NHS Forth Valley 6.32%; Scotland 5.85%.

Coronavirus absences are recorded as Special Leave and are not included within the sickness absences figures. The absence for Coronavirus reasons is noted as 2.59% in July 2022. This is an increase from 2.38% in June 2022 and from 1.79% in July 2021.

Total absence for July 2022 is 8.63%, an increase or deterioration from a total of 8.56% in June 2022.

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

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 August 2022 census position in relation to standard delays (excluding Code 9 and guardianship) is 75 delays; a decrease from 86 in July. There was a total of 29 code 9 and guardianship delays and no infection codes, with the total number of delayed discharges noted as 104.

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 August 2022 census was 2507, this is a reduction or improvement from 2659 in July. Local authority breakdown is noted as Clackmannanshire 267, Falkirk 1,475, and Stirling 619. There were a further 146 bed days occupied by delayed discharges for local authorities' out with Forth Valley.

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

Clackmannanshire
1 – awaiting move to Care Home (1 patient over two weeks)
2 – allocated and assessment commenced (1 patient under two weeks and 1 over two weeks)
2 - await move to Care Home (1 patient under two weeks and 1 over two weeks)

Stirling
2 – allocated and assessment commenced (1 patient under two weeks and 1 over two weeks)
4 - await move to Care Home (4 patients over two weeks)
2 - awaiting care packages for home (2 patients over two weeks)
1 – awaiting social work allocation (1 patient under two weeks)
1 – await housing provision (1 patient under two weeks)

Falkirk
7 - awaiting move to care homes (5 patients are over two weeks and 2 under two weeks)
22 - awaiting care packages for home (4 patients over two weeks and 18 under two weeks)
18 - allocated and assessment commenced (10 patients over two weeks and 8 under two weeks)
2 - awaiting allocation and assessment (1 patients over two weeks and 1 under two weeks)

Significant focus continues in respect of the challenging 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.

Actions continue 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

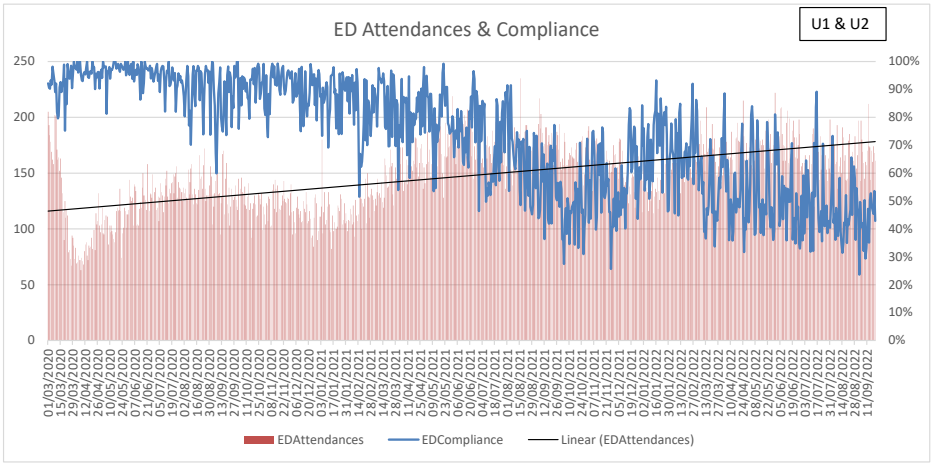
BETTER CARE									
REF	Target Type	FREQUENCY	MEASURE	DATE	TARGET	CURRENT POSITION	PREVIOUS POSITION	RUN CHART	DIRECTION OF TRAVEL
UNSCHEDULED CARE				Week commencing					
U1	SG_R	Weekly	ED percentage compliance against 4 hour access target	12-Sep-22	95%	46.3%	37.9%	✓	▲
U2	SG_R	Weekly	Number of ED Attendances	12-Sep-22	Reduction	1205	1137	✓	▼
U3	SG_R	Weekly	Number that waited >4 hours in ED	12-Sep-22	Reduction	647	706	✓	▲
	SG_R	Weekly	Number that waited >8 hours in ED	12-Sep-22	Reduction	260	357		▲
	SG_R	Weekly	Number that waited >12 hours in ED	12-Sep-22	Reduction	71	139		▲
U4	SG_R	Weekly	Minor Injuries Unit percentage compliance against 4 hour target	12-Sep-22	98%	100.0%	99.8%	✓	▲
U5	SG_R	Weekly	Number of Minor Injuries Unit Attendances	12-Sep-22	-	495	486	✓	-
	FV	Weekly	Number of Re-directions from ED	12-Sep-22	-	149	121		-
	FV	Weekly	Number of Re-directions from ED %	12-Sep-22	-	12.4%	10.6%		-
	FV	Weekly	Number of Rapid Assessment and Care Unit New Attendances	12-Sep-22	-	122	118		-
	FV	Weekly	Number of Rapid Assessment and Care Unit Scheduled Return Attendances	12-Sep-22	-	23	38		-
U6	SG_R	Weekly	Number of Emergency Admissions	12-Sep-22	707	670	647	✓	▼
SCHEDULED CARE									
Outpatients									
S1	SG_R	Weekly	New Outpatient Referrals Received	12-Sep-22	-	1246	1360	✓	▲
S2	SG_R	Weekly	New Outpatient Activity (number of patients)	12-Sep-22	1164	1356	1448	✓	▼
Diagnostics									
S3	SG_R	Weekly	Elective Colonoscopy Activity (number of patients)	12-Sep-22	61	21	31	✓	▼
S4	SG_R	Weekly	Elective Sigmoidoscopy Activity (number of patients)	12-Sep-22	**2**	7	14	✓	▼
S5	SG_R	Weekly	Elective Upper Endoscopy Activity (number of patients)	12-Sep-22	34	46	50	✓	▼
S6	SG_R	Weekly	Elective Cystoscopy Activity (number of patients)	12-Sep-22	2	9	9	✓	◄►
Inpatients & Day cases									
S7	SG_R	Weekly	Inpatient/Daycase Activity (number of patients)	12-Sep-22	181	207	211	✓	▼
S8	SG_R	Monthly	Inpatient/Daycase Activity (number of patients)	31-Aug-22	-	909	625	-	▲
TTG Clinical Prioritisation									
	SG_R	Monthly	Clinical Priority 1a - surgery or admission within 24 hours/ 1b - within 72 hours	31-Aug-22	-	2	2	-	-
	SG_R	Monthly	Clinical Priority 2 - surgery or admission within 4 weeks)		-	50	181	-	-
	SG_R	Monthly	Clinical Priority 3 - surgery or admission within 12 weeks		-	322	171	-	-
	SG_R	Monthly	Clinical Priority 4 - surgery or admission may safely be scheduled after 12 weeks)		-	535	271	-	-

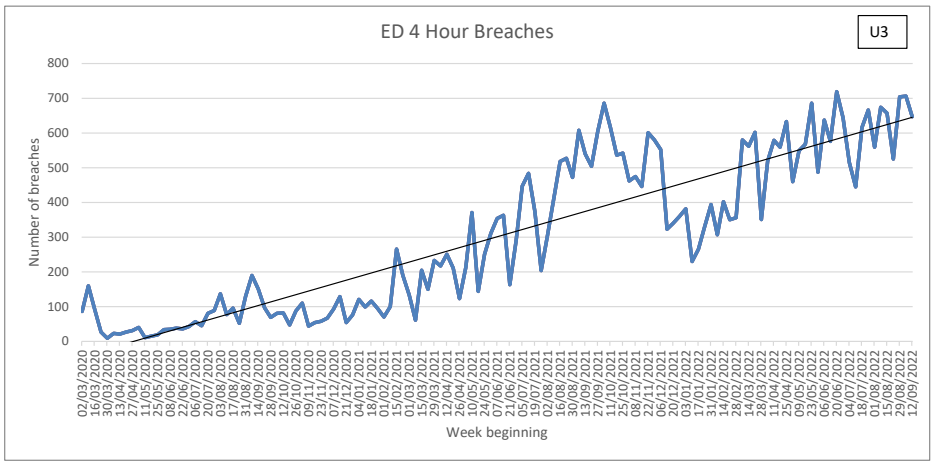
BETTER VALUE									
REF		FREQUENCY	MEASURE	DATE	TARGET	CURRENT POSITION	PREVIOUS POSITION	RUN CHART	DIRECTION OF TRAVEL
V1	FV	Weekly	Number of Delayed Discharges at FVRH	12-Sep-22	Reduction	55	54	✓	▼
V2	FV	Weekly	Number of Delayed Discharges at Community Units	12-Sep-22	Reduction	83	80	✓	▼
	FV	Daily	Number waiting for a Community Bed	22-Sep-22	Reduction	66	67		▲
V3	SG	Weekly	Total Delayed Discharges at census - Standard, Code 9 & Guardianship	22-Sep-22	Reduction	106	103	✓	▼
			Falkirk	22-Sep-22	Reduction	64	62	✓	▼
			Clackmannanshire	22-Sep-22	Reduction	13	15	✓	▲
			Stirling	22-Sep-22	Reduction	29	26	✓	▼
V4	FV	Weekly	% Bed Occupancy - FVRH	12-Sep-22	85%	114.7%	113.1%	✓	▼
V5	FV	Weekly	% Bed Occupancy - Assessment Units	12-Sep-22	85%	111.2%	110.4%		▼
V6	FV	Weekly	% Bed Occupancy - ICU	12-Sep-22	85%	85.0%	67.7%	✓	▼

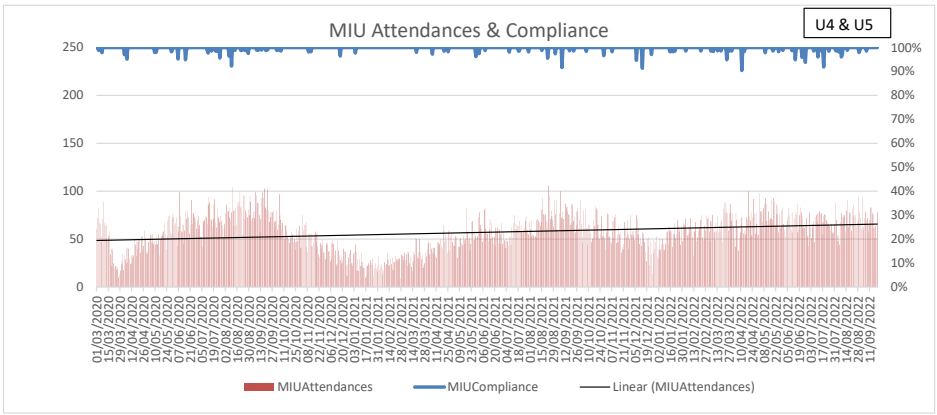
FINANCE
Regular and comprehensive updates provided by Director of Finance at System Leadership Team, Performance & Resources Committee and the NHS Board

RECOVERY GRAPHS

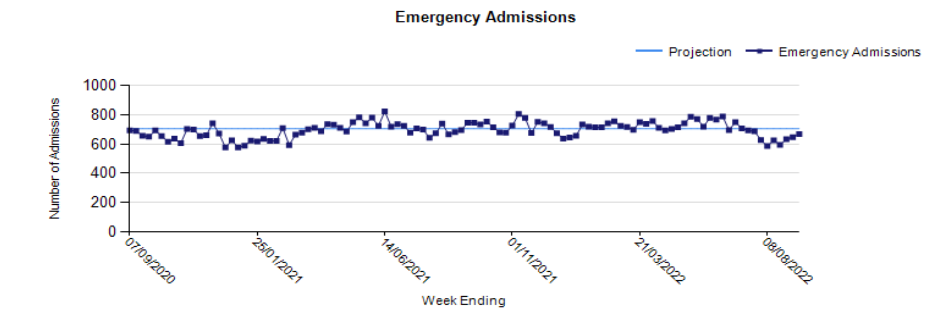
Better Care







U6



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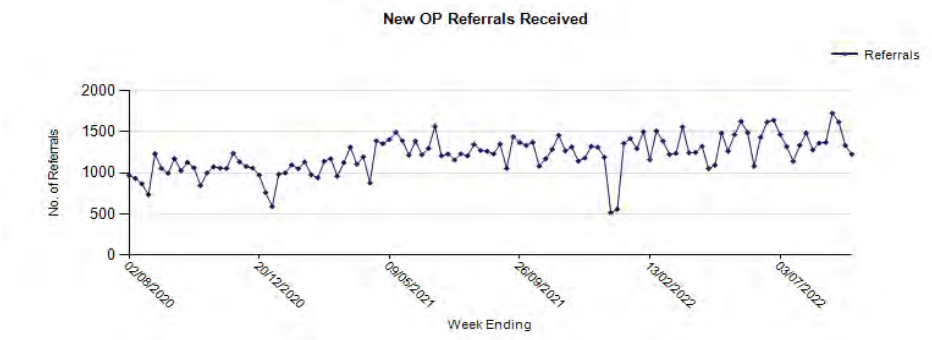

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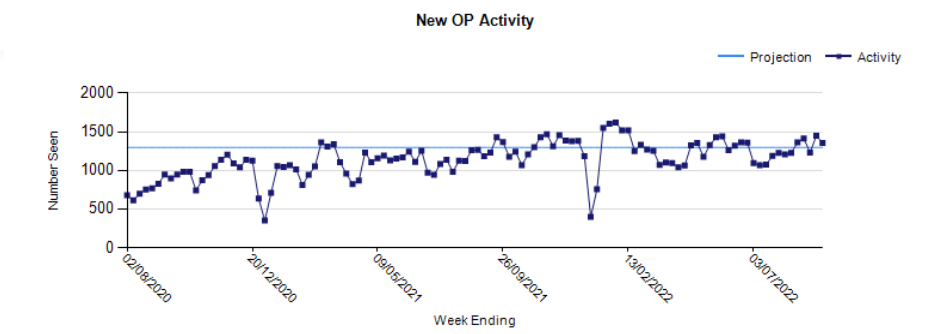

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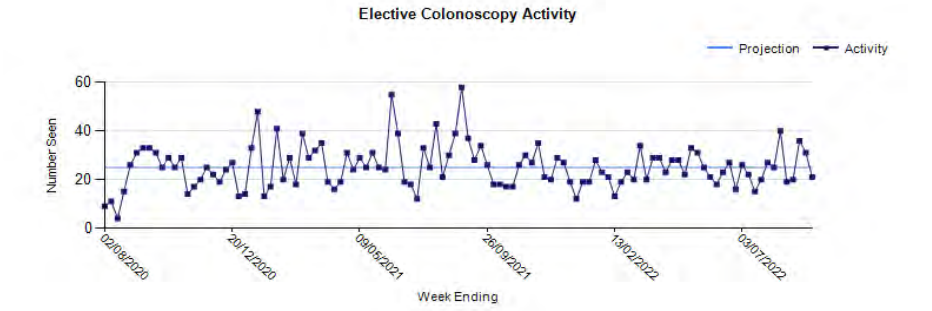

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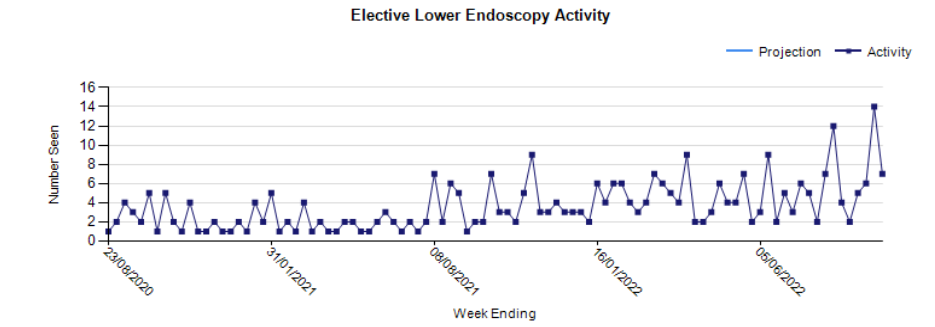

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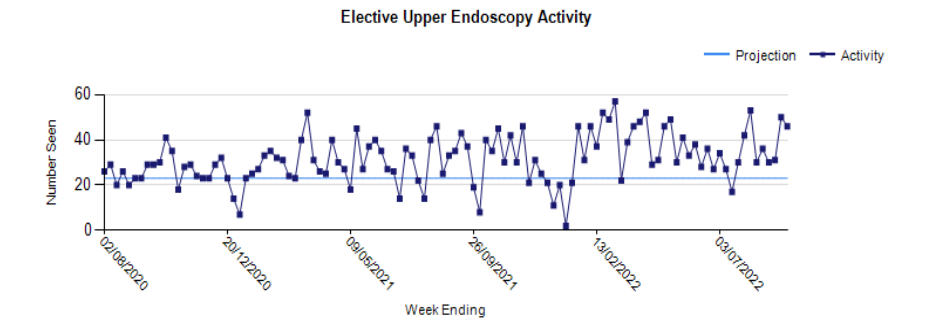

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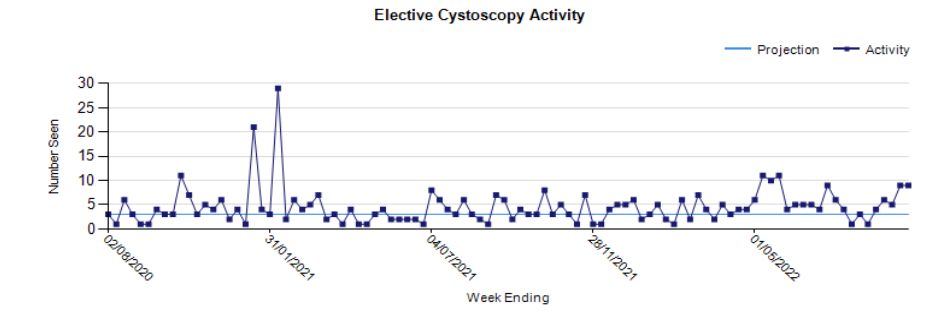

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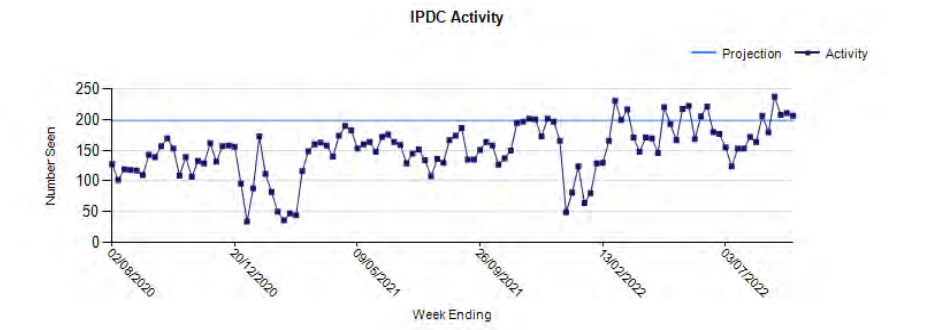
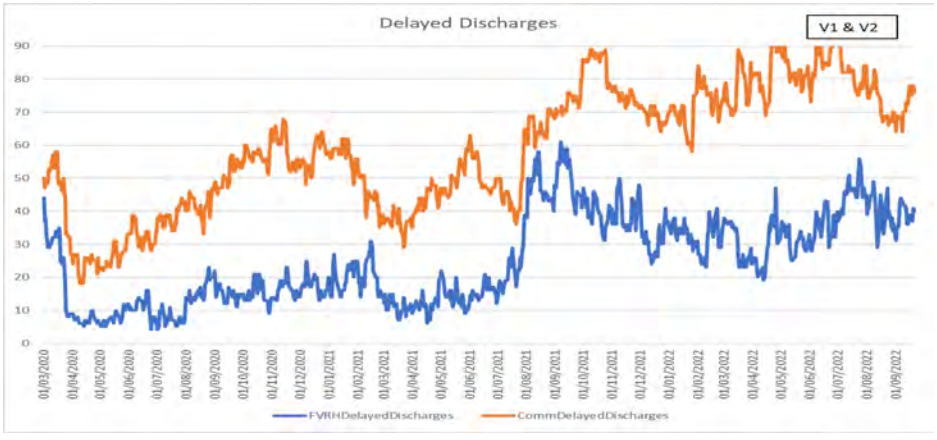
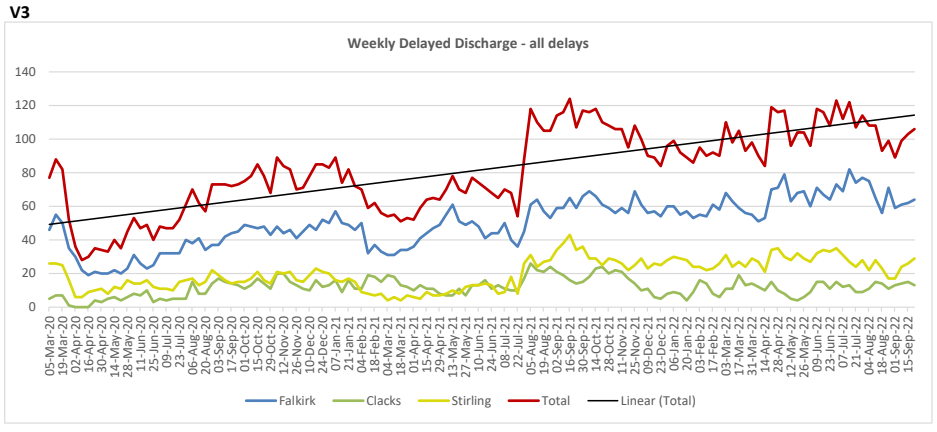
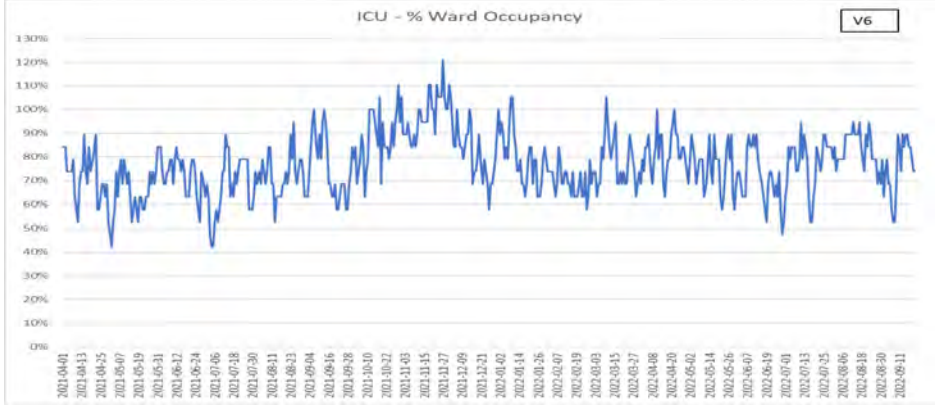


Better Value



V3





KEY PERFORMANCE MEASURES COVID-19

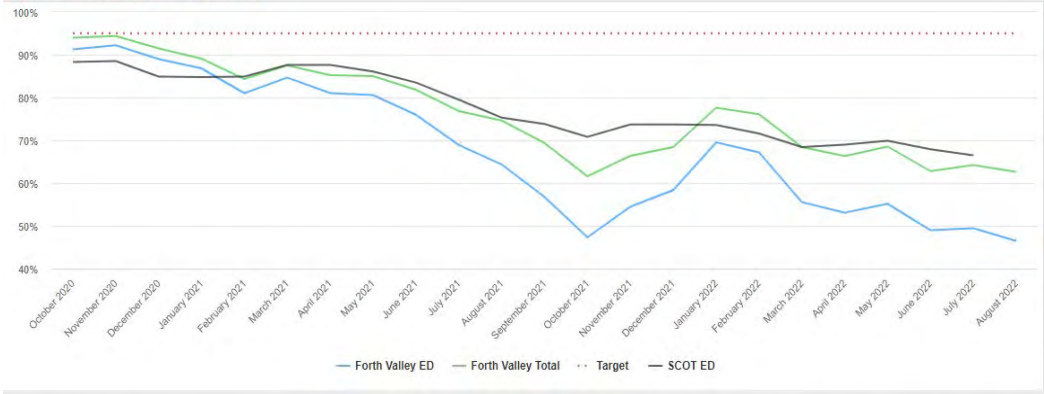
BETTER CARE									
REF	**Target Type**	**FREQUENCY**	**MEASURE**	**DATE**	**TARGET**	**CURRENT POSITION**	**PREVIOUS POSITION**	**RUN CHART**	**DIRECTION OF TRAVEL**
UNSCHEDULED CARE									
US1	FV	Monthly	Number of ED attendances - Mental Health	31-Aug-22	-	81	72	-	-
US2	FV	Monthly	Emergency Department % compliance against 4 hour access target - Mental Health	31-Aug-22	95%	22.2%	29.2%	-	▼
US3	SG	Monthly	Emergency Department % compliance against 4 hour access target	31-Aug-22	95%	46.4%	49.4%	✓	▼
US4	SG	Monthly	NHS Forth Valley Overall % compliance against 4 hour target	31-Aug-22	95%	62.6%	64.2%	✓	▼
US5	SG	Monthly	Minor Injuries Unit % compliance against 4 hour target	31-Aug-22	95%	99.5%	99.3%	-	▲
SCHEDULED CARE									
Outpatients									
SC1	SG	Monthly	Total Number of New Outpatients Waiting	31-Aug-22	Reduction	17,932	17,259	✓	▼
SC2	SG	Monthly	Number of New Outpatients waiting over 12 weeks	31-Aug-22	Reduction	6,886	6,273	✓	▼
SC4	Audit	Monthly	Outpatient Unavailability	31-Aug-22	Monitor	0.6%	0.9%	✓	▲
SC5	FV	Monthly	New Acute Services Outpatient % DNA	31-Aug-22	5%	6.3%	7.4%	-	▲
	FV	Monthly	Return Acute Services Outpatient % DNA	31-Aug-22	5%	6.6%	7.7%	-	▲
Diagnostics									
SC6	SG	Monthly	Percentage waiting less than 42 days - Imaging	31-Aug-22	100%	78.5%	69.4%	✓	▲
		Monthly	Number waiting beyond 42 days - Imaging	31-Aug-22	0	870	1259	-	▲
SC7	SG	Monthly	Percentage waiting less than 42 days - Endoscopy	31-Aug-22	100%	58.8%	59.2%	✓	▼
		Monthly	Number waiting beyond 42 days - Endoscopy	31-Aug-22	0	246	245	-	▼
Cancer									
SC8	SG	Monthly	62 Day Cancer Target - Percentage compliance against target	31-Jul-22	95%	74.4%	72.0%	✓	▲
	SG	Monthly	62 Day Cancer - Number seen within target against total	31-Jul-22	-	58/78	67/93	-	-
SC9	SG	Monthly	31 Day Cancer Target - Percentage compliance against target	31-Jul-22	95%	97.7%	99.0%	✓	▼
	SG	Monthly	31 Day Cancer Target - Number seen within target against total	31-Jul-22	-	84/86	102/103	-	-
SC10	SG	Quarterly	62 Day Cancer Target - Percentage compliance against target	30-Jun-22	95%	73.8%	72.2%	✓	▲
SC11	SG	Quarterly	31 Day Cancer Target - Percentage compliance against target	30-Jun-22	95%	98.9%	97.9%	✓	▲
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	31-Aug-22	Reduction	4,067	4,081	✓	▲
SC14	SG	Monthly	Number of Inpatients/Day cases waiting over 12 weeks	31-Aug-22	Reduction	1,966	1,833	✓	▼
SC15	Audit	Monthly	Inpatient/Day case Unavailability	31-Aug-22	Monitor	8.5%	8.9%	✓	▲
Readmissions									
R1	FV	Monthly	Readmissions - Surgical 7 day	31-Aug-22	-	4.5%	2.4%	-	▼
	FV	Monthly	Readmissions - Surgical 28 day	31-Aug-22	-	8.0%	5.8%	-	▼
	FV	Monthly	Readmissions - Medical 7 day	31-Aug-22	-	0.9%	2.0%	-	▲
	FV	Monthly	Readmissions - Medical 28 day	31-Aug-22	-	2.9%	4.6%	-	▲
MENTAL HEALTH									
MH1	SG	Monthly	Psychological Therapies - 18 week RTT compliance	31-Aug-22	90%	60.9%	53.0%	✓	▲
MH2	SG	Monthly	Child & Adolescent Mental Health Services - 18 week RTT compliance	31-Aug-22	90%	22.2%	43.8%	✓	▼
BETTER WORKFORCE									
REF		**FREQUENCY**	**MEASURE**	**DATE**	**TARGET**	**CURRENT POSITION**	**PREVIOUS POSITION**	**RUN CHART**	**DIRECTION OF TRAVEL**
WF1	SG	Monthly	Overall Absence	31-Jul-22	4.5%	6.04%	6.18%	✓	▲
WF2	SG_R	Monthly	COVID-19 related absence - number of employees	31-Jul-22	-	624	591	-	▼
WF3	FV	Monthly	Absence for Covid-19 reasons	31-Jul-22	-	2.59%	2.38%	✓	▼
BETTER VALUE									
REF		**FREQUENCY**	**MEASURE**	**DATE**	**TARGET**	**CURRENT POSITION**	**PREVIOUS POSITION**	**RUN CHART**	**DIRECTION OF TRAVEL**
VA1	FV	Monthly	Delayed Discharges - excl. Code 9 & Guardianship (Standard Delays)	31-Aug-22	Reduction	75	86	✓	▲
			Falkirk	31-Aug-22	Reduction	57	64	✓	▲
			Clackmannanshire	31-Aug-22	Reduction	5	2	✓	▼
			Stirling	31-Aug-22	Reduction	10	17	✓	▲
			Outwith Forth Valley	31-Aug-22	Reduction	3	3	✓	◄►
VA2	FV		Code 9 & Guardianship Delays	31-Aug-22	Reduction	29	33	✓	▲
			Falkirk	31-Aug-22	Reduction	14	13	✓	▲
			Clackmannanshire	31-Aug-22	Reduction	6	7	✓	▲
			Stirling	31-Aug-22	Reduction	7	11	✓	▲
			Outwith Forth Valley	31-Aug-22	Reduction	2	2	✓	◄►
VA3	FV		Total Bed Days Occupied by Delayed Discharges	31-Aug-22	Reduction	2507	2659	✓	▲
			Falkirk	31-Aug-22	Reduction	1475	1940	✓	▲
			Clackmannanshire	31-Aug-22	Reduction	267	25	✓	▼
			Stirling	31-Aug-22	Reduction	619	520	✓	▼
			Outwith Forth Valley	31-Aug-22	Reduction	146	174	✓	▲
VA4	FV	Monthly	FVRH Acute Wards Average Length of Stay (Days)	31-Aug-22	Reduction	8.49	6.84	-	▼
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

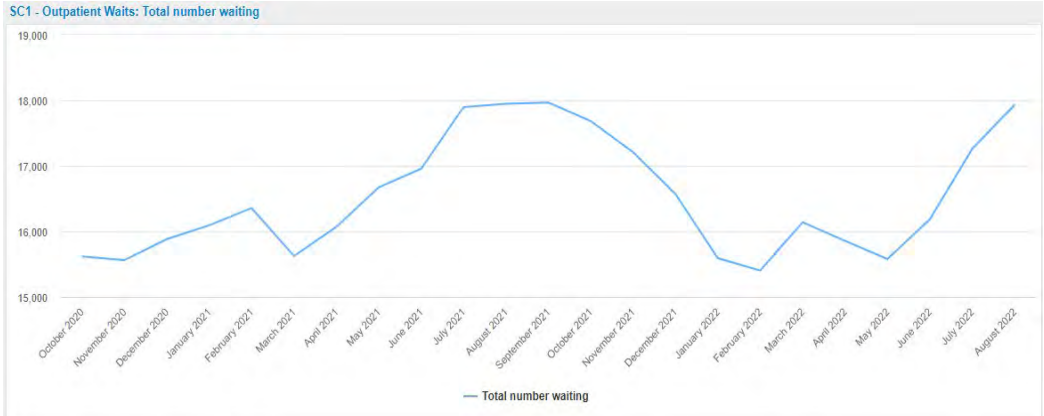
UNSCHEDULED CARE

US3 & 4 - Unscheduled Care: 4hr access Target

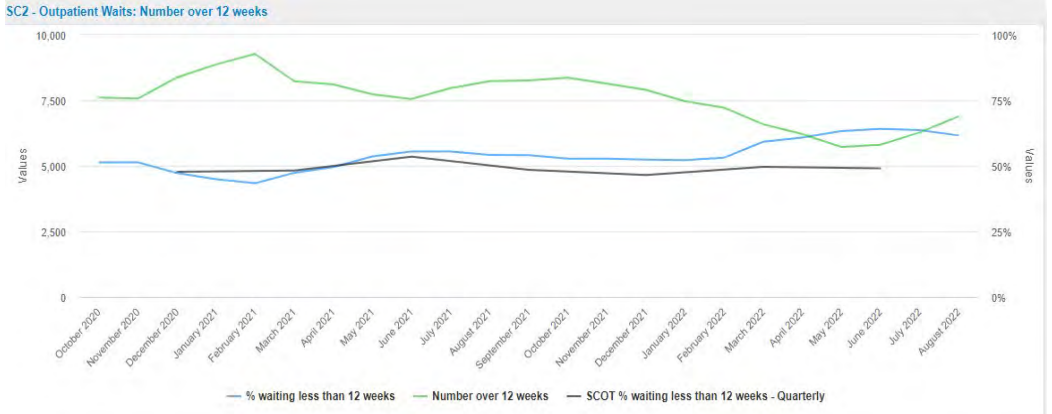


SCHEDULED CARE

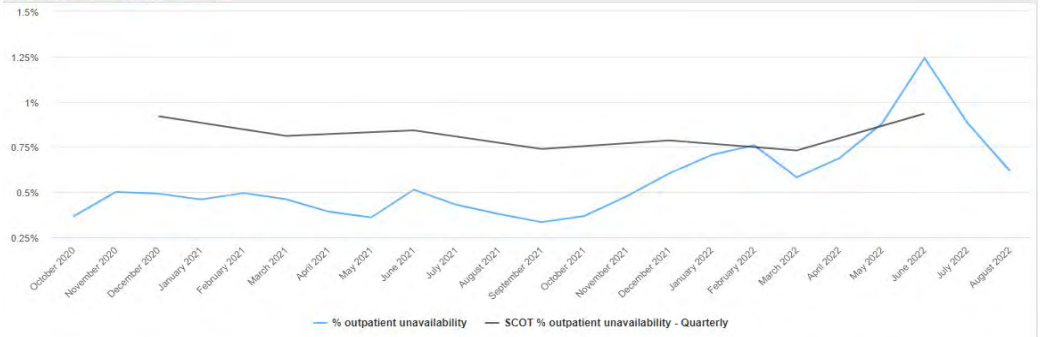
SC1 - Outpatient Waits: Total number waiting



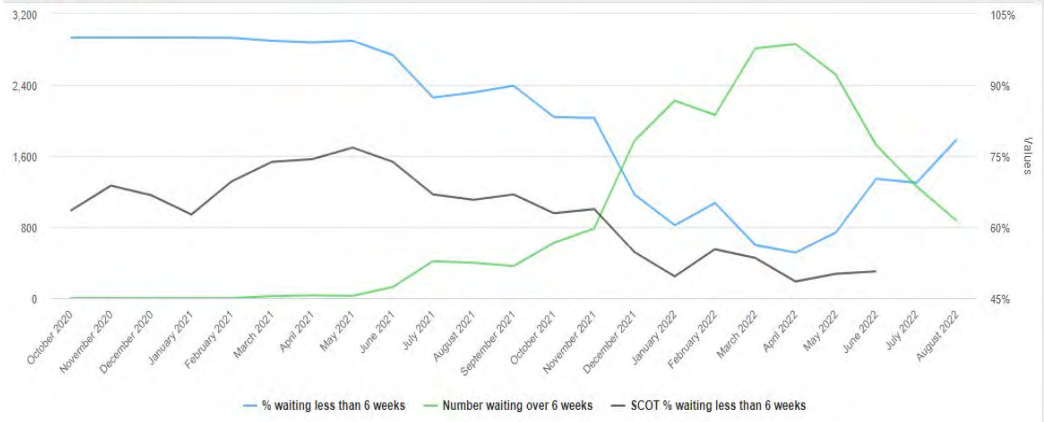
SC2 - Outpatient Waits: Number over 12 weeks



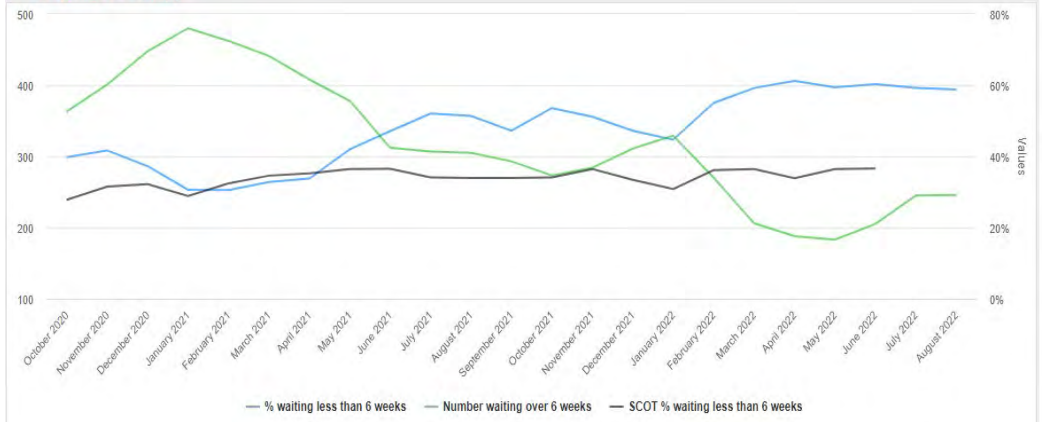
SC4 - OP Unavailability for Forth Valley



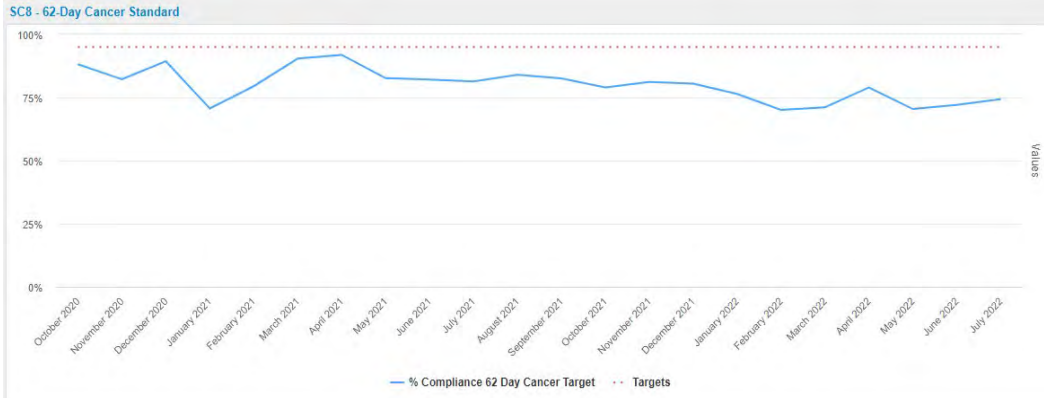
SC6 - Diagnostics: Imaging



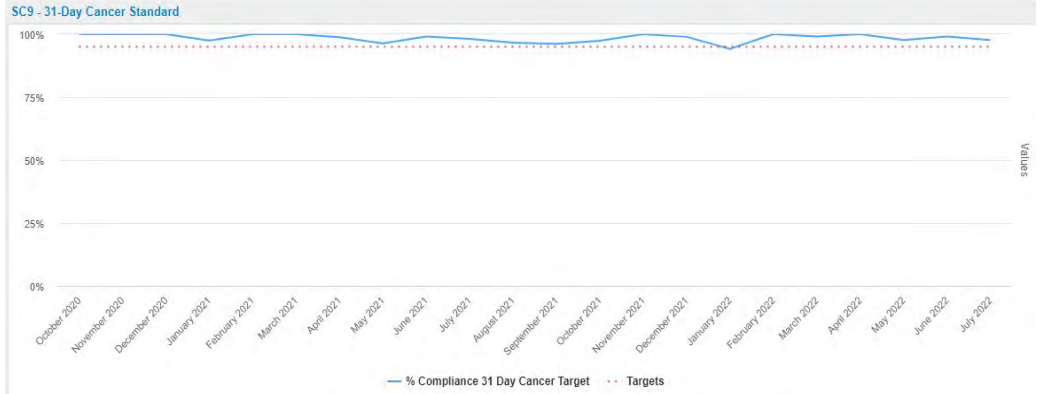
SC7 - Diagnostics: Endoscopy



SC8 - 62-Day Cancer Standard

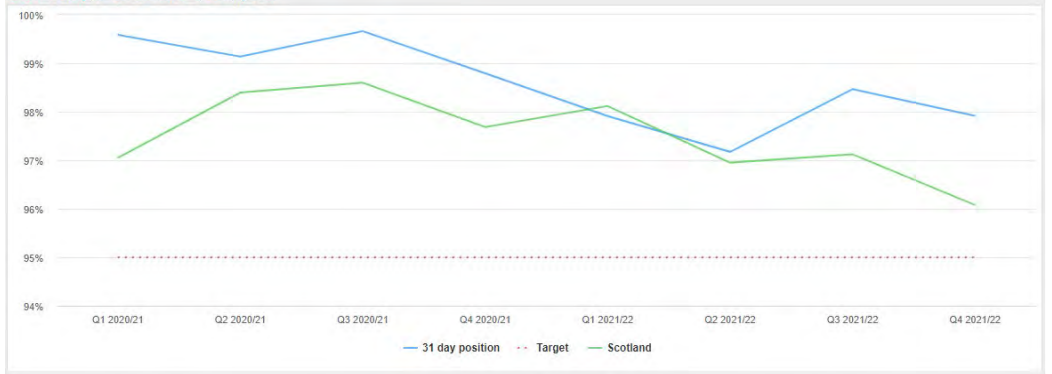


SC9 - 31-Day Cancer Standard



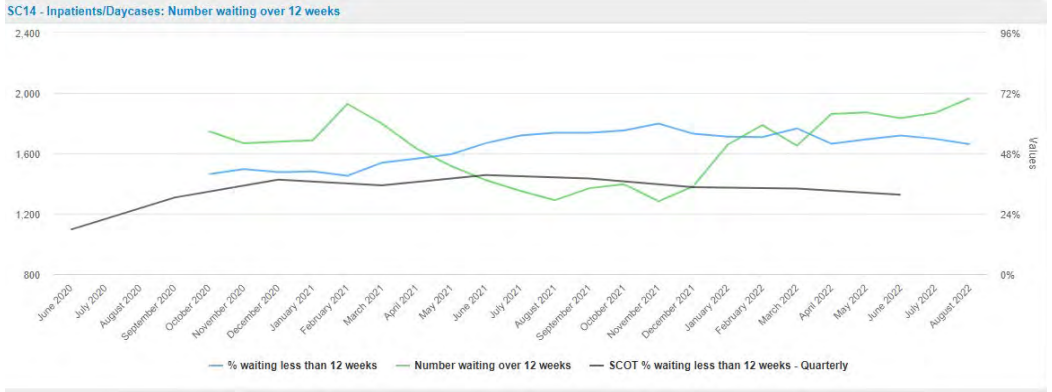
SC10 - 62-Day Cancer Standard - Quarterly total

SC11 - 31-Day Cancer Standard - Quarterly total

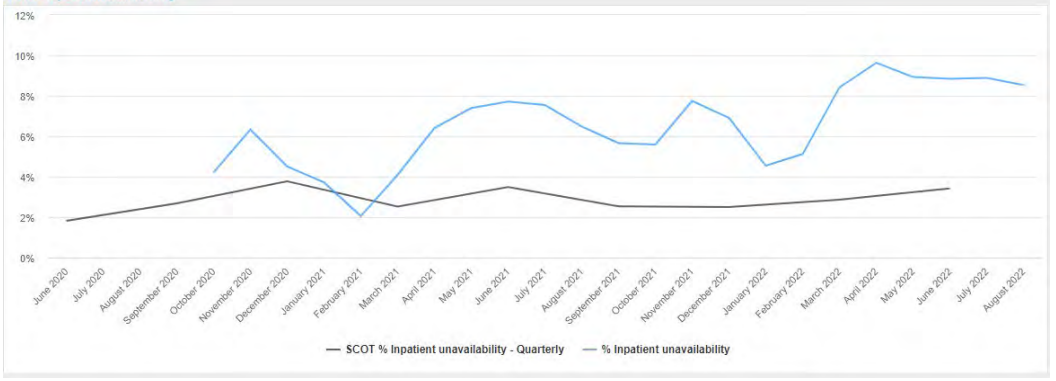


SC13 - Inpatient/Daycases: Total number waiting

SC14 - Inpatients/Daycases: Number waiting over 12 weeks



SC15 - Inpatient Unavailability



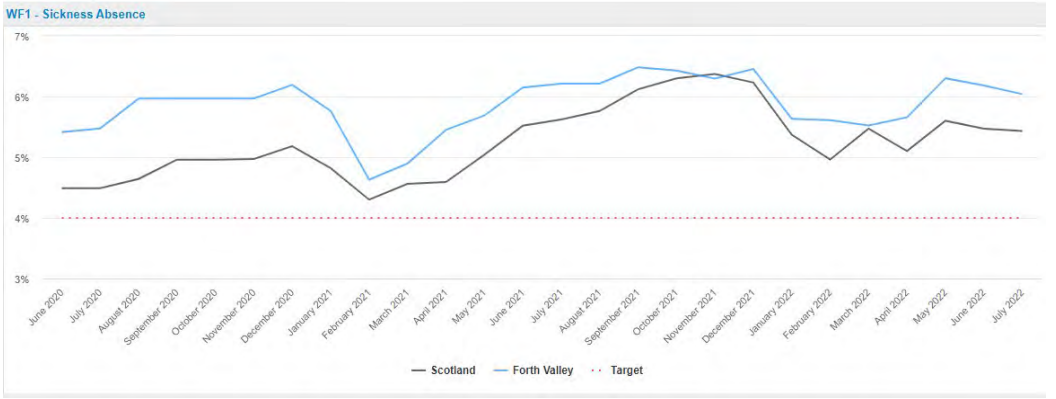
MENTAL HEALTH

MH1 - Access to Psychological Therapies

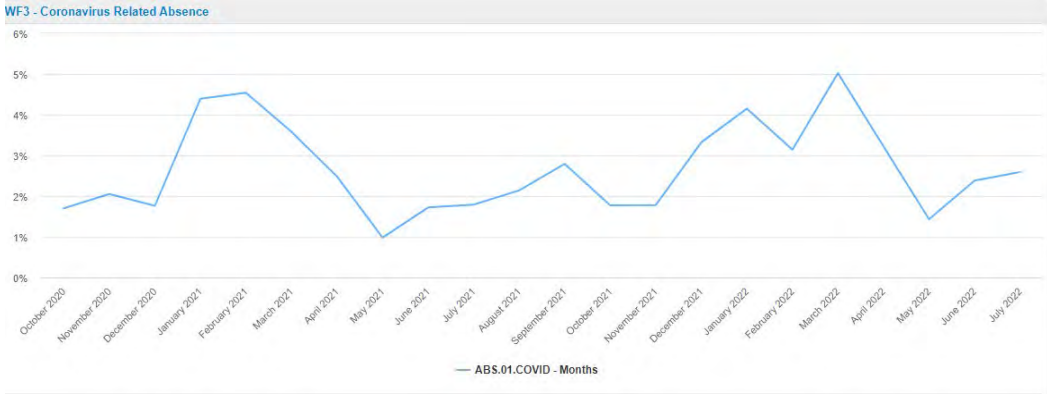
MH2 - Access to Child & Adolescent Mental Health Services

BETTER WORKFORCE

WF1 - Sickness Absence

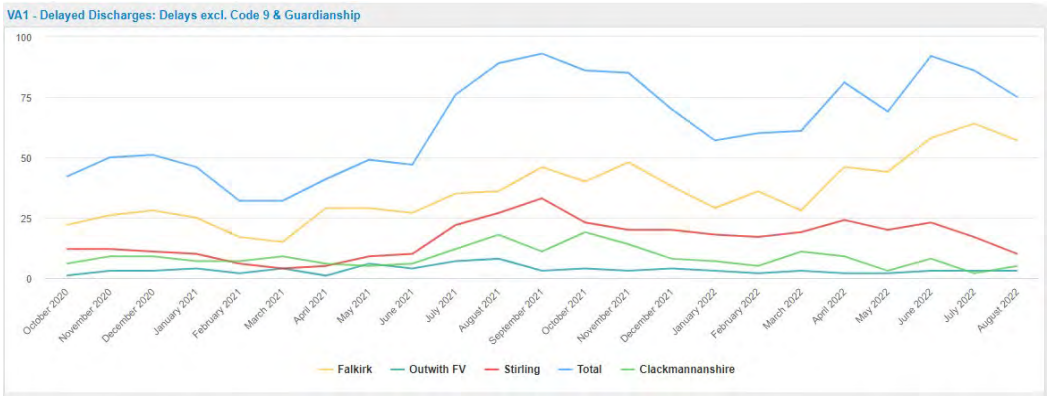


WF3 - Coronavirus Related Absence

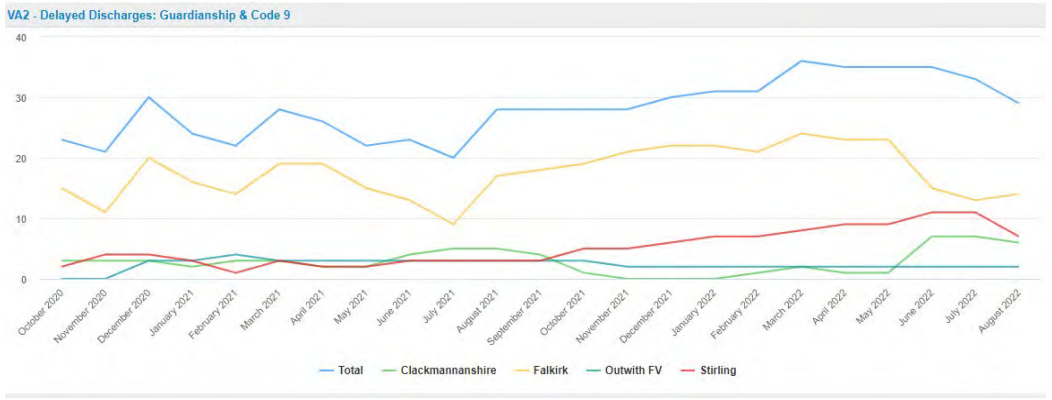


BETTER VALUE

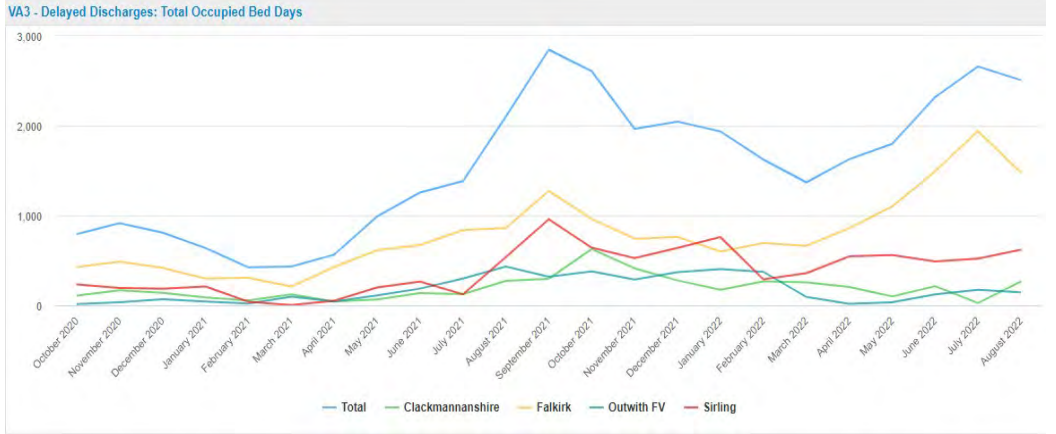
VA1 - Delayed Discharges: Delays excl. Code 9 & Guardianship



VA2 - Delayed Discharges: Guardianship & Code 9



VA3 - Delayed Discharges: Total Occupied Bed Days



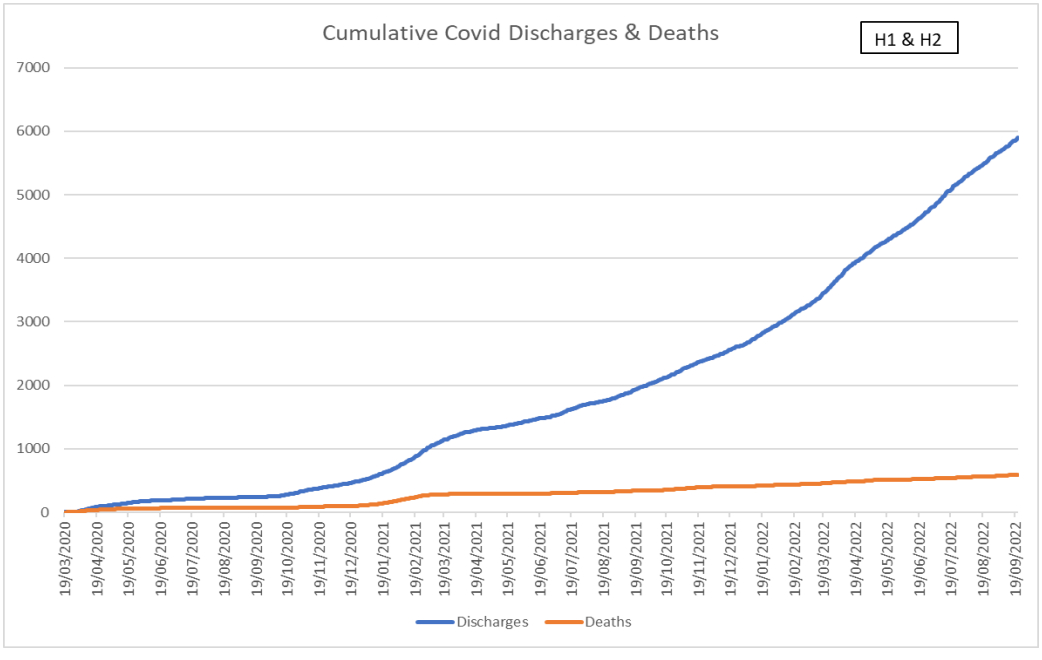
KEY RESPONSE MEASURES COVID-19

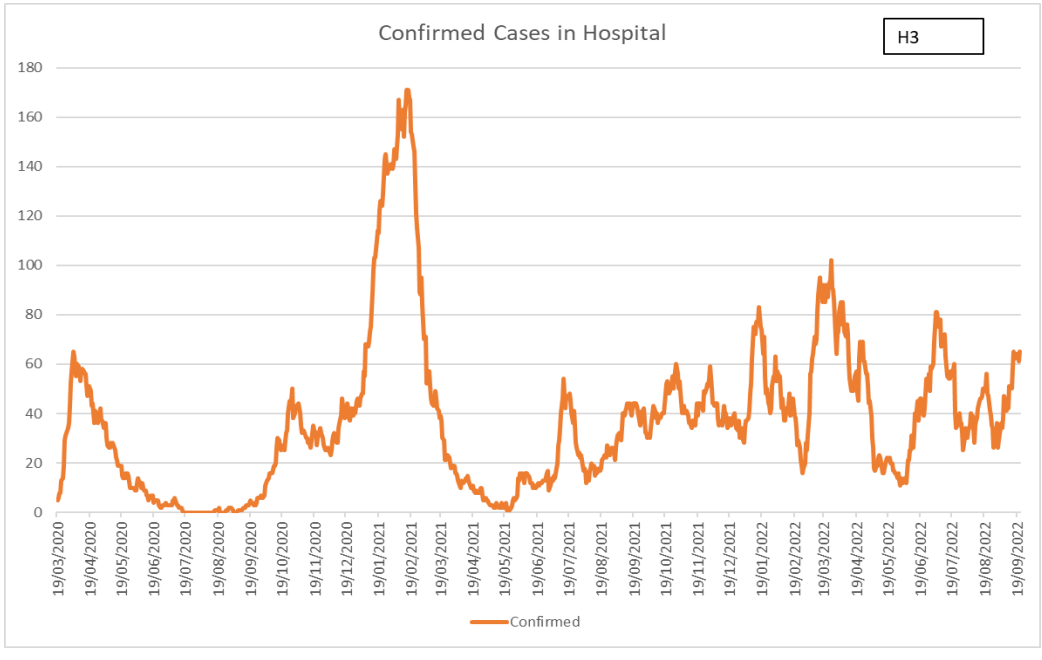
BETTER HEALTH									
REF	**Target Type**	**FREQUENCY**	**MEASURE**	**DATE**	**TARGET**	**CURRENT POSITION**	**PREVIOUS POSITION**	**RUN CHART**	**DIRECTION OF TRAVEL**
H1	FV	Daily	Number of deaths in hospital since start of outbreak	22-Sep-22	-	593	585	✓	-
H2	FV	Weekly	Number of deaths since start of outbreak by local authority - total	12-Sep-22	-	973	968	-	-
			Number of deaths since start of outbreak by local authority						
		Weekly	Falkirk	12-Sep-22	-	528	526	-	-
		Weekly	Clackmannanshire	12-Sep-22	-	181	179	-	-
		Weekly	Stirling	12-Sep-22	-	264	263	-	-
H3	FV	Weekly	Number of new confirmed COVID-19 patients in hospital	12-Sep-22	Decrease	87	84	✓	▼
H4	FV	Weekly	Number of confirmed COVID-19 cases in hospital over the 7 day period	12-Sep-22	Decrease	120	96	-	▼
H5	FV	Weekly	Number of confirmed COVID-19 cases ICU over the 7 day period	12-Sep-22	Decrease	7	4	-	▼
H6	FV	Weekly	Number of COVID-19 positive patients ventilated over the 7 day period	12-Sep-22	Decrease	1	0	-	▼
H7	FV	Weekly	Total number of patients ventilated over the 7 day period	12-Sep-22	-	11	9	-	▼
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

Better Health





FORTH VALLEY NHS BOARD
TUESDAY 27 SEPTEMBER 2022

8.1 Finance Report
For Assurance

Executive Sponsor: Cathie Cowan Chief Executive

Author: Scott Urquhart, Director of Finance

Executive Summary
This report provides an overview of the financial results for the first five months of the financial year.

Recommendation
The NHS Board is asked to:

- **note** the year-to-date revenue overspend of £2.5m and balanced capital position as at 31 August 2022
- **note** that the financial sustainability risk remains very high with the scale of challenge increasing for future years based on projections and this risk is reflected in the NHS Board Corporate Risk Register.
- **note** a potential year-end revenue overspend quantified at £10m to £15m as reported to the Performance and Resources Committee, based on key pressures including cost inflation, current additional bed capacity measures and funding risk.
- **note** that significant action will be required to deliver a break-even position in -year. An action plan is currently being developed for submission to Scottish Government to outline how this will be addressed.

Key Issues to be considered
Key issues to be considered are included in the main body of the finance report.

Financial Implications
Financial implications are outlined in the main body of the finance report.

Workforce Implications
Workforce implications are highlighted in the main body of the finance report

Risk Assessment
Financial sustainability continues to be reported as very high risk in the NHS Board's strategic risk register. This reflects the significant and inherent uncertainty surrounding a number of key financial planning assumptions and the ongoing impact of operational service pressures.

Relevance to Strategic Priorities
The finance report outlines the total resources available to deliver the NHS Board's strategic priorities. It is essential that strategic priorities are delivered on a sustainable financial basis within the statutory Revenue and Capital Resource Limits 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:

- Paper is not relevant to Equality and Diversity

Consultation Process
Directorate Management Teams with Finance colleagues

1.0 OVERVIEW OF MONTH 5 FINANCIAL RESULTS

1.1 Revenue position 2022/23

The total annual net revenue budget for 2022/23 is currently estimated at £764.6m as summarised in table 1 below. This reflects the opening Revenue Resource Limit (RRL) of £598.1m as advised by the Scottish Government plus £13.7m of confirmed allocations received in Aug. A further £152.8m of additional anticipated allocations are also expected to be added to the RRL in due course.

Key anticipated allocations include funding for non-discretionary Family Health Services, various access and waiting times initiatives, 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 designed to support services over the winter period and provide longer term improvement in service capacity across our health and social care system.

TABLE 1: NHS Forth Valley 2022/23 Finanical performance	Annual Budget £m	Apr - Aug Budget £m	Apr - Aug Expenditure £m	Underspend/ (Overspend) £m
Clinical Directorates	330.101	128.923	133.079	(4.156)
Clackmannanshire & Stirling HSCP	144.277	56.713	56.491	0.222
Falkirk HSCP	154.388	60.918	59.654	1.264
Facilities and Infrastructure	106.868	42.867	42.738	0.129
Corporate Functions	28.976	8.188	8.194	(0.006)
Total	**764.610**	**297.609**	**300.156**	**(2.547)**

As reported in table 1, an overspend of £2.5m is reported for the 5-month period ended 31 August 2022 (this compares to an overspend of £0.5m as reported in the same period in the previous year). The current position reflects ongoing capacity and staffing pressures including the temporary workforce impact of continued additional supplementary beds on the acute hospital site, increases in drug costs across both hospital and primary care prescribing, and cost inflation pressures including contracts and energy. An element of the adverse year to date position also reflects unachieved recurring savings targets carried forward from previous years. Further detail on specific year to date issues are considered in Section 2 and Appendix 1 of this report.

In terms of the year-end outturn projection, the current expenditure run rate and the ongoing level of uncertainty regarding a number of funding allocations indicates a potential year-end overspend of £10.0m to £15.0m. This position assumes that pay award costs above the 2% Scottish Public Sector Pay Policy rate will be met by an additional funding allocation. It also includes a £4.6m potential Covid-19 related funding pressure which requires further clarification from the Scottish Government.

Total forecast Covid-19 costs for 2022/23 are £18.5m. This is comprised of £1.5m in respect of test and protect, £5.1m in respect of set aside services, £6.7m relating to vaccinations and £5.2m across other core NHS service areas. The Scottish Government have confirmed that Test and Protect costs of £1.5m will be funded by a separate allocation. However, the remaining balance of £17.0m is expected to be contained within a resource limit of £12.3m (resulting in a potential unfunded pressure of £4.6m). We have raised this with the Scottish Government and have included the impact of this in the year end forecast pending their response.

As previously reported, there will be no additional Covid-19 funding resources available for 2023/24 (other than the recurring allocation already confirmed for ongoing vaccination team requirements). It is therefore imperative that an exit plan is in place to step down exisiting covid measures in advance of 31 March 2023.

The scale of the potential year end overspend is a key concern and the Scottish Government have asked NHS Boards to submit an action plan by 30 September 2022 which sets out how this will be addressed in year, together with an assessment of risks on implementation..

There is a clear expectation from the Scopttish Government that we deliver breakeven in year. As such all Directorates have been asked to review their budgets and cost base with a view to:

- Accelerating in year delivery of recurring savings identified through the cost improvement programme.
- Identifying areas of expenditure and planned service developments that can be paused/delayed or stopped, subject to risks identified.
- Developing further non-recurring savings initiatives that can be delivered by 31 March 2023.

1.2 Capital position 2022/23

The total annual net capital budget for 2022/23 is currently estimated at £18.878m as summarised in table 2 below. This reflects the core Capital Resource Limit (CRL) of £6.389m as advised by the Scottish Government, together with £12.350m of 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, National Infrastructure Board funding, national backlog maintenance support and also return of funding previously banked with the Scottish Government. Adjustments for indirect capital expenditure charged to revenue and sales receipts are also incorporated in the total capital budget.

TABLE 2: 2022/23 NHS Forth Valley Capital position	**Annual Budget £m**	**Apr - Aug Budget £m**	**Apr - Aug Expenditure £m**	**Underspend/ (Overspend) £m**
Core Capital Resource Limit	6.389	1.059	1.059	0.000
Anticipated allocations	12.350	0.242	0.242	0.000
Indirect Capital Charged to Revenue	(1.000)	0.000	0.000	0.000
Property sales	1.139	0.185	0.185	0.000
Total	**18.878**	**1.486**	**1.486**	**0.000**

As reported in table 2, a balanced position is reported for the 5 month period ending 31 August 2022. To date expenditure of £1.486m has been incurred, leaving a balance of £17.392m to be spent over the remainder of the financial year.

A detailed assessment of progress and a review of the planned expenditure profile has been undertaken following closure of the month 5 posiiton. This will continue to be monitored to assist discussions with the Scottish Government regards forecast year-end capital requirements.

2.0 YEAR TO DATE FINANICAL PERFORMANCE

2.1 CLINICAL DIRECTORATES

Clinical Directorates reported a combined overspend of £4.156m as at 31 August 2022 as summarised in table 3 below.

TABLE 3: Clinical Directorates*	Annual Budget £m	Apr - Aug Budget £m	Apr - Aug Expenditure £m	Underspend/ (Overspend) £m
Acute Services	198.694	84.385	86.600	(2.215)
Cross Boundary Flow	57.484	24.123	23.985	0.138
Community Services incl Prisons	14.258	5.844	6.060	(0.216)
Women & Children	48.673	21.056	21.852	(0.796)
Specialist Mental Health	17.720	7.102	7.698	(0.596)
Ringfenced and Contingency Budgets	21.955	(0.790)	0.000	(0.790)
Income	(28.683)	(12.797)	(13.116)	0.319
Total	**330.101**	**128.923**	**133.079**	**(4.156)**

* Note that these budgets include specialties defined as "large hospital services" which form part of IJB Set Aside budgets. The total Set Aside budget included in the total of £330.101m above is £66.583m

Acute Services – an overspend of £2.215m is reported for the first 5 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 patient pathways. £6.814m of additional temporary staffing costs have been incurred during the first 5 months of the year. The vast majority of this total (78%) relates to nurse bank and agency use (further detail is provided in appendix 2).

The adverse year to date position is also exacerbated by ongoing short staffing challenges in other parts of the system which is impacting on an element of the planned discharge profile from the hospital. Unachieved savings is also a key factor (although it is acknowledged that the expected profile of achievement was always skewed towards the latter half of the financial year due to the lead in time required to implement the savings schemes).

Cross Boundary Flow – expenditure for the first 5 months of the year is broadly in line with expectations. The position will continue to be kept under review as the year progresses.

Community Services, including prisons – an overspend of £0.216m is broadly in line with the position reported in the previous month and continues to reflect ongoing locum use in adult psychiatry and high bank/agency use within prisons due to vacancies and staff turnover.

Women and Children – an overspend of £0.796m is reported for the first 5 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 £0.596m is reported for the first 5 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 – this balance will be released once pay awards and other outstanding budget adjustments are confirmed.

Income – an over recovery of £0.319m is reported against income budgets for the first 5 months of the year in respect of Externals and Junior Doctors (via NHS National Education Scotland).

2.2 CORPORATE SERVICES AND FACILITIES

Corporate Services and Facilities reported a combined underspend of £0.123m as at 31 August 2022 as summarised in table 4 below.

TABLE 4: Corporate Functions and Facilities & Infrastructure	Annual Budget £m	Apr - Aug Budget £m	Apr - Aug Expenditure £m	Underspend/ (Overspend) £m
Facilities & Infrastructure	106.868	42.867	42.738	0.129
Corporate Functions				
Director of Finance	3.729	1.554	1.550	0.004
Area Wide Services	(0.350)	(3.154)	(2.982)	(0.172)
Medical Director	9.262	3.383	3.210	0.173
Director of Public Health	3.756	1.625	1.831	(0.206)
Director of HR	4.614	1.668	1.559	0.109
Director of Nursing	3.730	1.329	1.402	(0.073)
Chief Executive	2.138	0.909	0.867	0.042
Portfolio Management Office	0.507	0.211	0.137	0.074
Immunisation / Other	1.590	0.663	0.620	0.043
Corporate Functions sub total	28.976	8.188	8.194	(0.006)
Total	**135.844**	**51.055**	**50.932**	**0.123**

Facilitates and Infrastructure - an underspend of £0.129m is reported for the first 5 months of the financial year. This reflects receipt of funding to fully offset covid costs. Note that other budget pressures relating to energy/utilities and transport (particularly in terms of non-emergency patient transport) are reported but are offset by efficiency savings and non-recurring underspends in other budget lines.

Corporate Functions - a combined overspend of £0.006m is reported for the first 5 months of the financial year. This reflects improvement in the position reported under the Medical Director and HR Director and non-recurrign benefits arising from vacancies within the Corporate Portfolio Management Office. However this masks pressures within Public Health (largely covid related) and area wide services (due to a timing issue in reimbursement of legal fees – fees tend to vary and are reimbursed as cases progress).

2.3 HEALTH AND SOCIAL CARE PARTNERSHIPS

Delegated health services reported under the Health and Social Care Partnerships (HSCPs) returned a combined underspend of £1.486m as at 31 August 2022 as summarised in table 5 below.

TABLE 5: Health & Social Care Partnerships	Annual Budget £m	Apr - Aug Budget £m	Apr - Aug Expenditure £m	Underspend/ (Overspend) £m
Clackmannanshire and Stirling HSCP				
Operational Services	55.011	22.071	21.644	0.427
Universal Services	85.187	34.642	34.847	(0.205)
Ringfenced and Contingency Budgets	4.079	0.000	0.000	0.000
Subtotal	144.277	56.713	56.491	0.222
Falkirk HSCP				
Operational Services	68.627	27.807	25.987	1.820
Universal Services	81.035	33.111	33.667	(0.556)
Ringfenced and Contingency Budgets	4.726	0.000	0.000	0.000
Subtotal	154.388	60.918	59.654	1.264
TOTAL	**298.665**	**117.631**	**116.145**	**1.486**

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 £66.583m. Responsibility for operational management of the Set Aside functions currently sit with NHS Forth Valley, whilst responsibility for demand and capacity sits with the HSCPs (as part of the IJB's strategic planning role). Financial risk share arrangements require to be confirmed for 2022/23.

The key financial challenge reported by both HSCPs relates to primary care prescribing. Volume growth in the number of items prescribed and the average cost per item remains higher than original planning assumptions due to ongoing demand and short supply issues, together with delays in achieving efficiency savings. To date Community 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 as a result of fire related Health and Safety risks associated with the building. However, this favourable year to date position masks pressures within the Joint Loan Equipment Service and Complex Care.

2.4 CAPITAL

Capital reported a balanced position as at 31 August 2022 as summarised in table 6 below.

TABLE 6: 2022/23 NHS Forth Valley Capital position	Annual Budget £m	Apr - Aug Budget £m	Apr - Aug Expenditure £m	Underspend/ (Overspend) £m
Elective Care	6.412	0.242	0.242	0.000
Information Management & Technolog	2.932	0.555	0.555	0.000
Medical Equipment	4.985	0.268	0.268	0.000
Facilities & Infrastructure	4.692	0.421	0.421	0.000
NHS Board corporate projects	0.857	0.000	0.000	0.000
Indirect Capital Charged to Revenue	(1.000)	0.000	0.000	0.000
Total	**18.878**	**1.486**	**1.486**	**0.000**

Elective Care – ground and preparatory works are now well underway on the Forth Valley Royal Hospital site to create a National Treatment Centre for outpatient procedures. From the anticipated allocation required to complete the project within the 2022/23 financial year, the sum of £0.242m has been spent.

Information Management & Technology – various projects are underway within the IM&T department as approved by the Digital & eHealth Project Board. Current spend to date is reported at £0.555m predominantly on Desktop/Devices and Infrastructure refreshes and upgrades to the Trakcare Healthcare Information system.

Medical Equipment – as at 31st August orders have now been raised for Medical Equipment items to the value of £0.268m inclusive of replacement Anaesthetic Machines, Gas Modules to manage flow, and also replacement PACS workstations. It is anticipated that orders will be placed by the end of September for the bulk of the remaining balance of the available confirmed medical equipment allocation.

Facilities & Infrastructure – expenditure to date within Facilities and Infrastructure equates to £0.421m which mainly consists of developments within Community Hospitals and Primary Care properties and also compliance requirements and backlog maintenance.

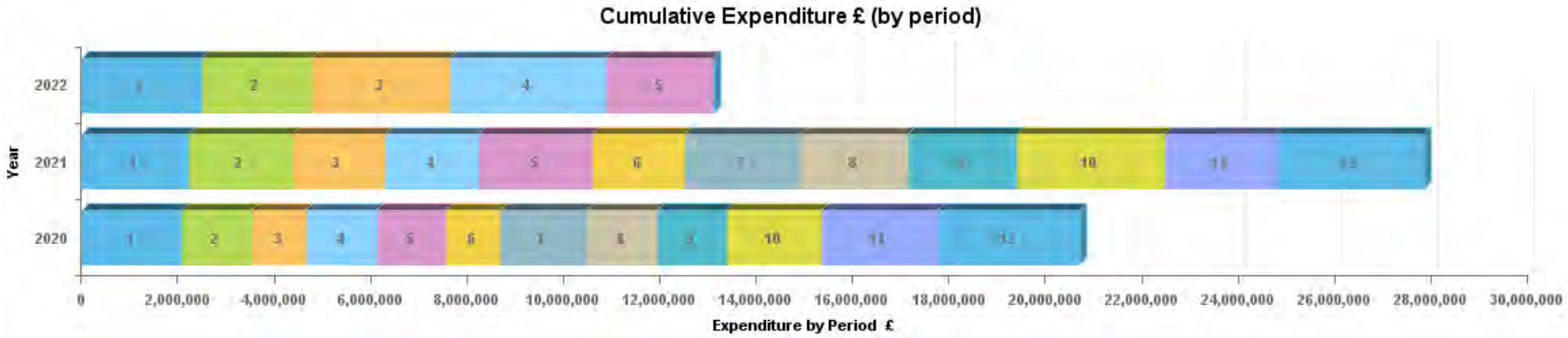
Indirect Capital Charged to Revenue – a request to all Boards was recently received from the Scottish Government Health and Finance Directorate to minimise Capital to Revenue transfers to support pressure on the overall national Revenue budget. An in month adjustment has therefore been made within the Indirect Capital Charged to Revenue section of the plan removing the planned £1.200m Capital to Revenue transfer. This will now be manged utilising Annual Managed Expenditure (AME) budget.

Appendix 1: Summary Revenue Financial Position as at 31 August 2022

TABLE 1: NHS Forth Valley 2022/23 Finanical performance	Annual Budget £m	Apr - Aug Budget £m	Apr - Aug Expenditure £m	Underspend/ (Overspend) £m
NHS Services (incl Set Aside)				
Clinical Services				
Acute Services	198.694	84.385	86.600	(2.215)
Cross Boundary Flow	57.484	24.123	23.985	0.138
Community Services incl Prisons	14.258	5.844	6.060	(0.216)
Women and Children	48.673	21.056	21.852	(0.796)
Specialist Mental Health	17.720	7.102	7.698	(0.596)
Income	(28.683)	(12.797)	(13.116)	0.319
Non- Clinical Services				
Facilities and Infrastructure	106.868	42.867	42.738	0.129
Corporate Services	28.976	8.188	8.194	(0.006)
Other				
Ringfenced and Contingency Budgets	21.955	(0.790)	0.000	(0.790)
NHS Services sub-total	**465.945**	**179.978**	**184.011**	**(4.033)**
Health & Social Care Partnerships				
Clacks/Stirling HSCP	144.277	56.713	56.491	0.222
Falkirk HSCP	154.388	60.918	59.654	1.264
HSCP sub-total	**298.665**	**117.631**	**116.145**	**1.486**
Total	**764.610**	**297.609**	**300.156**	**(2.547)**

Appendix 2 non-core staffing expenditure as at 31 August 2022

Year/ Period	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Annual Total £
2020	2,047,576	1,468,298	1,137,449	1,460,633	1,417,146	1,145,870	1,780,626	1,474,217	1,440,843	1,973,848	2,399,095	2,952,286	20,697,885
2021	2,185,728	2,170,836	1,912,830	1,944,462	2,372,809	1,909,736	2,393,360	2,250,986	2,249,976	3,045,987	2,332,927	3,079,997	27,849,634
2022	2,477,115	2,278,167	2,874,458	3,229,489	2,262,816	0	0	0	0	0	0	0	13,122,044



FORTH VALLEY NHS BOARD
TUESDAY 27 SEPTEMBER 2022

9.1 ED Improvement Action Plan
For Assurance

Executive Sponsor: Mrs Cathie Cowan, Chief Executive
Author: Cathie Cowan

Executive Summary

The purpose of this paper is to build on the May 2022 update paper to the Board and to highlight any issues and/or risks escalated by Assurance Committees and how these relate to the nursing workforce & professional oversight of safe staffing (referred to as 'nursing' hereafter), clinical, staff and corporate governance recommendations as set out in the Health Board's approved Emergency Department (ED) Improvement Action Plan (attached for reference at Appendix 1).

Recommendations:

The NHS Board is asked to:

- **note** an ED Working Group has been established to review the impact of the Board's response to the ED specific recommendations
- **note** 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
- **note** the outcome of the commission of Internal Audit to provide assurance on the Health Board's response to the ED external review will be reported to the Audit & Risk Committee and an update on the findings reported to a future meeting of the Board

Key Issues to be considered

On 25 January 2022, the Health Board endorsed the proposal from the Board's ED Oversight and Assurance Sub Committee to delegate scrutiny and assurance for the ED Improvement Action Plan ongoing implementation and associated risks to the Health Board's designated Assurance Committees. The following actions were agreed:

- Nursing workforce and Professional oversight to the Performance and Resources Committee
- Clinical Governance to the Clinical Governance Committee
- Staff Governance to the Staff Governance Committee
- Corporate Governance to the Performance and Resources Committee

The Health Board agreed the Chief Executive would lead on a quarterly report/update to the Health Board on progress against all of the actions. This report will also be shared with both Integration Joint Boards.

Nursing ED Improvement Action Plan (IAP) recommendations and actions

The Nursing section of the ED IAP has four recommendations - recommendation 4 was added to by the Health Board and nine sub recommendations relating to workforce and safe staffing.

The Board paper in May 2022 referred to a paper being developed that would set out the ED (and wider clinical nurse leadership 24/7) workforce requirements to ensure appropriate:

- ED leadership covering 7 days
- resuscitation response
- induction and protected learning time to support e.g., triage
- workforce numbers and skill mix informed by the roll out of eRostering - eRostering roll out is now completed in ED

This paper has been progressed and £1.862m has been invested in ED/AAU and CAU nursing.

The four recommendations and nine sub recommendations relating to workforce and safe staffing have been reported as implemented with no escalation actions to highlight.

- **Clinical Governance**

The fifteen recommendations eleven have been reported as implemented with no escalation actions to highlight.

- **Staff Governance**

The fifteen recommendations fourteen have been reported as implemented with no escalation actions to highlight.

- **Corporate Governance**

The Corporate Governance section of the ED IAP has eight recommendations. Recommendations 7 and 8 relate to Management Arrangements within the Acute Services Directorate with reference to Clinical Nursing Leadership 24/7. This has been addressed within the Workforce paper referred to above. There are no escalation actions to highlight.

Financial Implications

There are no financial recommendations to highlight.

Workforce Implications

An ED Working Group has been established. The Group's Terms of Reference are attached at appendix 2. The first meeting of this Group will take place on Monday, 26 September. The Group's remit will focus on the impact of the Board's response to the ED specific recommendations, notably all the Nursing recommendations, clinical governance recommendation 15, staff governance recommendations 8, 13, 14 and 15. The staff related corporate governance recommendations 7 and 8 are picked up in the nursing recommendations.

Risk Assessment

A Risk Register with mitigations has been developed as part of the ED Sub Committee oversight role. This was presented to the Board at its May 2022 meeting. There are to escalations an/or mitigations to be raised with the Board. The priority in going forward is to review impact and respond to the internal audit findings. Both of which will be presented to a future Board meeting. In summary, no escalation actions have been identified and the risk assessment scoring and mitigations remain unchanged.

Relevance to Strategic Priorities

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

Equality Declaration

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

Consultation Process

The ED Working Group Terms of Reference attached at Appendix 2 was presented to and approved by the Area Partnership Forum.

APPENDICES:

Appendix 1: Improvement Action Plan

Appendix 2: ED Group Terms of Reference

Nursing Workforce and Professional Oversight of Safe Staffing (previously led by Professor A Wallace, Nurse Director, picked up by G Morton, Acting Nurse Director)

	Recommendations	Response/Action(s)	Timescale	RAG Status/% achieved to date	Notes
1.	The Board should consider creating a Clinical Nurse Manager post to support services across ED and Minor Injuries units. The postholder should fulfil the role of Senior Nurse, be an expert ED nurse who has completed a minimum, level 2 competencies (as set out by RCN or equivalent) and has responsibility for overall clinical support and supervision overseeing quality improvement and assurance, workforce management etc. The postholder should fulfil a supervisory role and have an average two fixed clinical sessions per week.	Clinical Nurse Manager in post - appointed 10 January 2022		100%	Complete
2.	The Board should review the Professional nursing structure and implement a more fit for purpose leadership structure. Core to this should be enhancing visibility and engagement with front line staff and patients to improve trust and confidence; create a culture of openness where staff feel listened to and supported.	May update - The Acute Services Directorate nursing structure review had been completed by the Interim Chief Nurse. The review resulted in the creation three additional 3 Clinical Nurse Managers notably to provide cover in the Emergency Department (ED) (as referred to) Ambulatory Care & Inpatient areas. The Acute Assessment Area is currently covered by the existing post holder. An evaluation of this resource is being finalised with findings to be presented to the Executive Leadership Team. The ED Nursing Structure review continues. Key to this review is the CNM role which commenced on 10 January 2021.The remaining aspects of this review is in progress led by the new CNM and will be completed during Feb 2022. A business case to support additional staffing is being finalised.	July 2022 (revised timescale)	90%	In progress - no escalation required
3.	The Board should take into account of information provided within this report, consideration should be given to applying	As reported previously, in place. NHS Scotland has a national workforce and workload planning tool in place in line with CEL 32/2011.NHS Forth Valley was a test site for the	In place	100%	Complete

	Recommendations	Response/Action(s)	Timescale	RAG Status/% achieved to date	Notes
	the key Nursing Workforce standards set out by RCEM and RCN in October 2020 particularly as it applies to:	development of the ED staffing tool for both nursing and medical staff and this has been used consistently since 2014.			
a.	Further review of workforce numbers and comparable benchmarks	May update - The ED Nursing Structure review continues. Key to this review is the CNM role which commenced on 10 January 2021.The remaining aspects of this review is in progress led by the new CNM and will be completed during Feb 2022. A business case to support additional staffing is being finalised and will be presented to the Executive Leadership Team. As reported previously the Directorate continues to secure safe staffing levels using supplementary staff.	July 2022 (revised timescale)	90%	In progress - no escalation required
b.	Appropriate skill mix at Charge Nurse (Team Leader); Staff Nurse; Foundational Staff Nurse and Clinical support worker level, with an overall 80-20 skill mix	May update - eRostering system to inform an 80:20 skill mix is built with training in place - go live date on 13th June 2022.	June (revised timescale)	95%	In progress - no escalation required
c.	Explicit attention should be given to safe and consistent staffing of the RESUS area and the concerns raised by staff	May update - The ED Nursing Structure review continues. Key to this review is the CNM role which commenced on 10 January 2021.The remaining aspects of this review is in progress led by the new CNM and will be completed during Feb 2022. A business case to support additional staffing is being finalised and will be presented to the Executive Leadership Team. As reported previously the Directorate continues to secure safe staffing levels using supplementary staff.	July 2022 (revised timescale)	90%	In progress - no escalation required
d.	Clarity on the “streaming role” in particular staff concerns about patient safety and clinical competency to undertake this role.	Clinical Educator role appointed to, training & education program for triage in place and ongoing.	September 2021	100%	Complete
e.	Review of departmental induction for staff at all grades and consideration of a period of supernumerary status for nurses new to the department and nurses at Foundation level	Update 16th November 2021 - newly qualified staff received corporate, professional, and departmental induction and a protected supernumerary period based on individual needs. An Acute Services Directorate wide questionnaire will evaluate success of program and inform of any improvements required to the programme. Update 10th January 2022 - Induction evaluation being completed by PDU team. May update - evaluation being finalised.	July 2022 (revised timescale)	95%	In progress - no escalation required
f.	Development of an ED career linked to recognised emergency planning nursing, clinical competencies supported by an ED training plan	The Band 5 and 6 competency frameworks have been reviewed with the competency frameworks now aligned with the RCN guidelines. The Interim Chief Nurse has ensured that all staff have been measured against this framework. Training Plan presented and agreed and will be subject to regular review via the Transformational Group.	September 2021	100%	Complete
g.	Development of the Team leader role as a clinical expert providing on the job clinical support and supervision and expert across a range of areas included within the Emergency nursing competency frameworks and clear links with departmental quality outcome monitoring.	May update - two Senior Charge Nurses appointed with start dates to be agreed.	May 2022 (revised timescale)	100%	Complete
h.	Improved scrutiny around Rostering practices with a particularly focus on staff competency levels alongside variation in clinical demand.	May update - As per recommendation and action 3b	June 2022 (revised timescale)	95%	In progress - no escalation required
i.	The Nursing workforce governance group should consider the existing terms of reference and membership and whether they	In place. The Nursing Workforce overarching governance group already established includes staff side representation from Unison and RCN.	In place	100%	Complete

	Recommendations	Response/Action(s)	Timescale	RAG Status/% achieved to date	Notes
	are sufficiently sighted on the short- and long-term staffing challenges, links to quality outcomes and should consider reviewing membership and inclusion of staff side input and reporting arrangements.				
4	Increased clinical nurse leadership to provide mentoring and supervision in ED designated service areas – e.g., triage	May update **-** ED Senior Nurse structure will be in place by end of May. The Clinical Nurse Manager and Clinical Nurse Educator and two Senior Charge Nurses will support supervision and mentoring. Performance will be monitored through the Organisational Development program and performance meetings.		100% and ongoing	Complete

Clinical Governance - led by A Murray, Medical Director

	Recommendations	Response/Action(s)	Timescale	RAG Status/% achieved to date	Notes
1.	The Board should immediately review its entire Clinical Governance arrangements to ensure a clear line of responsibility and accountability from the Board to point of care and from point of care to the Board. This should include reviewing all work streams and groups to ensure adequate depth and breadth of assurance. This will enable the committee to provide the Board with assurance of safe effective person-centred care.	May update - initial review completed. In November the Committee agreed to extend the scope of the review – this work is ongoing and being overseen by the Committee.	October 2021	80%	In progress - no escalation required
2.	All members of the Clinical Governance Committee should be given support to discharge their responsibilities by identifying training and education requirements.	May update - good progress being made and due for completion by July 2022	July 2022 (revised timescale)	80%	In progress - no escalation required
3.	The Clinical Governance Committee should consider developing a communication strategy which clearly raises the profile and awareness of the Committees Role purpose and work plan to provide front line staff with a better understanding.	In progress. The Code of Corporate Governance will be presented to the Board in November 2021 and as part of this process a communication piece will set out the Governance arrangements including all Board Assurance Committees.	November 2021	100%	Has been duly considered. Incorporated into Code of Corporate Governance
4.	The Clinical Governance minutes should provide evidence of the level of the committee's discussion and scrutiny to demonstrate assurance of safe and effective person-centred care.	In place. Minutes will include Committee member's discussion to demonstrate active scrutiny and assurance actions.	In place	100%	Confirmed by the Committee
5.	The Executive Director of NMAHPs must clarify the lines of professional nurse leadership, governance and accountability in the Acute Division and ensure staff in these roles are supported to effectively discharge their responsibilities.	In place. The Executive Nurse Director has provided the necessary clarity and in going forward Heads of Nursing will report directly to the Chief Nurse.	In place	100%	
6.	The Executive Medical Director must immediately develop an implementation plan for the Role out of the Vincent Framework ensuring there is strong visible committed clinical leadership at every level of the organisation this will help staff understand the benefits of the Framework and the expectations of them.	In place. The Executive Medical Director introduced the Vincent Framework to both measure and monitor patient safety in July 2020. This new approach is intended to provide enhanced assurance; Committee members have welcomed the Framework. The roll out of this approach is underway and will be adopted by Directorates and Partnerships.	December 2021	100%	Update given at CGC 16/11/21, indicating completion of this recommendation by end Nov with Staff Brief roll out Completed Nov 2021
7.	The Board should prioritise the progression of the Quality Strategy ensuring that the workforce is consulted and engaged in its development and implementation.	Completed. The development of a new Quality Strategy (QS) was paused during the pandemic and picked up again in early 2021. Following an extensive engagement process the new Strategy was presented to the Board for approval in July 2021.	Complete	100%	QS approved by Board in July 2021
8.	NHS Forth Valley Adverse events policy was due for revision in December 2020. The Board needs to review how this policy is made easy for frontline staff to understand then subsequently implemented and monitored to be able to demonstrate the Boards commitment to promoting an open and honest culture that is based on supporting staff within a culture of continuous improvement.	In progress. The SAER policy was refreshed in early 2021 and feedback from staff was gathered in April 2021 this will inform the in-depth review planned for later in 2021. The output from this review will inform the Policy update. This will be presented to the Clinical Governance Committee for approval in November 2021. May update - Recruitment of new reviewers complete, timescale for full policy review extended to end of 2022.	December 2022 (revised timescale)	90%	Policy amended in February and will be formally reviewed by the end of 2021, incorporating review recommendations

	Recommendations	Response/Action(s)	Timescale	RAG Status/% achieved to date	Notes
					Due to operational pressures, this has had to be deprioritised and date pushed back to end March 2022.
9.	The Review Team were unable to establish the existence of a robust SAER tracking system. The Board are encouraged to confirm or develop such a system ensuring that the workforce is aware of this and how to use this effectively.	In place. The SAER tracking process has been in place for a number of years and is presented regularly to both the Clinical Governance Working Group and Clinical Governance Committee. This recommendation will be discussed at the Clinical Governance Committee and assurance provided to members regarding the established tracking system in place.	August 2021	100%	Both the SAER report and the new version on Pentana meet these requirements Tracking system in place
10.	The Board should ensure that reports on adverse events with links to improvement plans are prepared; disseminated and analysed in a timely manner. That analysis is shared at department / operational level and through quality and safety for a at Divisional and Board level.	In progress. The NHS Board's approach to adverse events learning is through Learning Summaries which are presented and discussed at Departmental and Clinical Governance Working Group meetings. It is intended that these will be presented to future Clinical Governance Committee (CGC) meetings. The Clinical Governance Team will be expanded to ensure this work is progressed.	Reporting will be expanded to include the CGC from November 2021	100%	Action plans are included in the oversight SAER process, with the generation of Learning Summaries which are disseminated system-wide Update at CGC 26/11/21 with pentana reporting for SAERs shown incorporating improvement plans and learning summaries. This system also underpins the process at CGWG. Learning summaries in place at CGWG
11.	The Board should ensure arrangements are in place to support staff involved in adverse events.	In place. Every SAER has a staff support member on the review group in keeping with National Policy.	In place	100%	Every SAER has a staff support member
12.	The Board should urgently review ED staff awareness of Duty of Candour	In place. Registered clinicians should be aware of their own professional Duty of Candour; Organisational Duty of Candour was featured in the Governance event held in April 2021. Duty of Candour will be included in Corporate Induction.	In place	100%	

	Recommendations	Response/Action(s)	Timescale	RAG Status/% achieved to date	Notes
13.	The System Leadership Team should consider how all members of the team are cited on emerging clinical and patient safety/patient facing priority issues and consider creating an action group that supports a nimbler approach to considering emerging issues.	In progress. The System Leadership Team (SLT) members are currently updated at every meeting on emerging key issues through a dedicated check in process on the agenda. This will be strengthened to explicitly request clinical and patient safety emergent issues. A prompt and agile response to issues raised will be commissioned and evidenced in the SLT minutes. May update - Directorate and Partnership Performance meetings will be re-established from July 2022 – piloted in Women & Children and Acute Services Directorate - these meetings will focus on services including patient safety issues/priorities, workforce, and budget performance.	In place July 2022 (revised timescale)	100%	SLT now has standing patient safety check in. Directorate Reviews - draft paper circulated to Execs w/b 15/11/21. Delayed due to pandemic pressures This was on the Clinical Governance Committee Agenda on 20 May 2022
14.	Redesign of Urgent and Emergency Care informed by the vision of 'Transforming our Care' and implemented via the agreed 3 workstreams – Access, Optimise and	Programme structure to support implementation being designed and will report to Unscheduled Care Programme Board.	March 2022	50%	Programme commenced but significant challenges around programme management which have been escalated UC update to P&R Committee 2022 UC programme refocused Transferred to P&R Committee oversight
15.	Increase access to Quality Improvement training for ED staff	Invest in QI skills and approaches for ED staff	December 2021	100%	This will be a priority for the new CD for ED who is in process of being appointed. Update 18/11/21 confirms QI support and learning for ED commences 2/12/21

Staff Governance - led by L Donaldson, Director of Human Resources

	Recommendations	Response/Action(s)	Timescales	RAG Status/% achieved to date	• Notes
1.	Urgent review of the arrangements for the implementation of iMatter within the ED specifically but also for the Board as a whole in terms of ensuring that there is oversight of performance at a Board and Staff Governance Committee level to ensure that there is a more proactive approach taken to both identify and support "red / amber areas".	• In progress. Previous Board wide iMatter surveys have had no 'red' ratings. The iMatter plan for 2021 with corresponding timetable was presented and approved by the Staff Governance Committee on May 2021. • Organisation wide preparation (including the Emergency Department) concluded and iMatter survey went live on 23rd August 2021 and closes on 13th September. Directorate updates being provided regarding uptake and to flag hot spot areas • iMatter Training materials have been provided to all managers. This includes the role of the team managers in relation to the administration and management of iMatter; exploring how to manage hosting team meetings to discuss the outcomes and signposts managers to resources to support the team to develop their actions plans. This includes responsibilities in relation to the iMatter continuous improvement process. • iMatter assurance process to measure participation levels and action planning activities geared to support learning and improvement at team and Directorate/Partnership levels are being developed to coincide with publication of survey results. iMatter compliance reporting e.g., action planning will be discussed at Directorate/Partnership performance meetings and organisational assurance reporting will be presented to all Staff Governance Committee meetings.	August - October 2021	100%	All reports issued to Directors SGC / Board - complete
2.	Increase the Staff Governance content for Board performance monitoring and "Balanced Scorecard" to include performance on statutory and mandatory training, eKSF / TURAS compliance, iMatter and relevant H&S KPI's (the introduction of Pentana should support this) to be better able to triangulate meaningful workforce related KPI's to identify "hot spots" in a more effective manner.	• In place. The HR Dashboard developed during 2020/2021 was presented to the System Leadership Team in May 2021. Workforce Performance Groups (WPG) established in April 2021 are now meeting monthly linked with Directorate/Partnership Management Teams. • Enhanced Partnership Chair and HRD meetings involving senior staff side representatives commenced in June 2021. These meetings provide an opportunity to triangulate data/information to then report on to the System Leadership Team, Area Partnership Forum and thereafter quarterly to the Staff Governance Committee.	In place	100%	Complete
3.	Review all of the Staff Governance Standards in terms of an internal self-assessment to review any areas for improvement and develop appropriate action plans, key milestones and leads as appropriate.	• In place. Plan to report on the 5 strands of the Staff Governance Standard was presented and approved at the Staff Governance Committee in May 2021. • The Employee Director and Director of Human Resources will jointly sign off and present this report to the Staff Governance Committee having been approved by the Area Partnership Forum. • Currently completing the National annual review of Staff Governance Standards which is due for return on 24th September 2021 • Progressing with the assessment tool for all Directorates to inform future Staff Governance Reports as identified in the Staff Governance Assurance Plan	In place	100%	Complete
4.	Urgent review of Partnership arrangements at a Board and local level to ensure that these are as inclusive as possible to reap the benefits of positive partnership working and also that appropriate senior commitment is given to Partnership Fora at both a Board and local level.	• In progress. Joint working and enhanced partnership arrangements highlighted and have been agreed and a review of the Acute Partnership Forum working arrangements is underway. • Moving to monthly meetings of APF from quarterly meetings. The first month will concentrate on Strategic issues and will be Chaired by Cathie Cowan. The second month will deal with operational issues and will be Chaired by Robert Clark	September 2021	100%	Complete

	Recommendations	Response/Action(s)	Timescales	RAG Status/% achieved to date	• Notes
		• Agreed to meet as a APF on a weekly basis when in 'extremis' with 'live' weekly communication to all members of APF – this will be 2-way communication and will allow feedback through staff side from employees.			
5.	Provision of Support / Training to both the Employee Director and Partnership Representatives to ensure that they understand the roles and responsibilities that come with operating in a committed partnership environment and that they are able to fulfil these in a meaningful and effective way.	• In progress. The Employee Director, Director of Human Resources and Chief Executive with the full involvement of staff side representatives will determine enhanced ways of working to support ongoing effective partnership working. • Agreed to have training sessions with HR and Staff Side representatives to understand and communicate roles and responsibilities when undertaking organisational change, moving on to implementation of National Workforce Policies.	September 2021	100%	Complete
6.	Ensure that Partnership working is embedded as the "business as usual model" within NHS Forth Valley and work is done to raise awareness of this with line managers and HR staff who should also be encouraged to act as ambassadors for partnership working with managers in the day-to-day operation of the Board	• In progress. The External ED Review has highlighted that our escalation process is working. However, as highlighted by the Review Team the response to issues highlighted at appropriate levels had not been acted on. Action 5 (above) will explore this recommendation to consider any change in reporting arrangements.	September 2021	100%	Complete
7.	In line with the issues also raised within other sections of this report to review the induction, training and development and TURAS arrangements and compliance by both managers and staff to ensure that these are fit for purpose throughout the Board.	• In place. Revised corporate induction arrangements paused during the pandemic - refreshed and launched in June 2021. Work is underway to refresh Directorate/Partnership induction. • TURAS appraisal updated, and system re-launched.	In place	100%	Complete
8.	Review of Induction, skills assessment and learning and development plan within ED to ensure that staff are competent to carry out their role safely as this has a direct bearing in terms of patient safety and also as individual's their professional registration requirements.	• In progress. ED Working Group with staff representatives will be established to oversee ED induction programme specifically for nursing (medical and student nurse induction in place). Education Facilitators will be appointed to support ED and Acute Assessment areas to provide structured education and training. Posts will report directly to Head of Learning and OD. Interviews on 15th September 2021 • Implementation of Essential Training passport is in development and will provide all staff with at least 2 days each year to complete mandatory training. • ED Organisational Development Support Workplan nearing completion and ready for implementation. Consultation has included Staff Side colleagues; Acute Directorate Management; Medical and Nursing staff to date. Organising focus groups and ready for implementation date. This will be in 2 phases: Phase 1: Diagnostic and will involve 1:1 meeting with staff to have support Phase 2: 12 workshops over 12 months	October 2021	100%	Complete
9.	Review of workforce planning arrangements in partnership to ensure that these are "fit for purpose in order to support the overarching Workforce Strategy and People Strategy and Integration Plans.	• In place. As per the Internal Control Evaluation Plan (attached at Appendix 1) 'Our People Strategy' (i.e., Workforce and People Strategy) will be reviewed by December 2021. • Interim Workforce Plan in line with national guidance was presented and approved at the APF and Staff Governance Committee in May/June 2021.	In place	100%	Complete
10.	Implementation of the post-Sturrock governance and action plan to be able to assess the overall organisational culture and develop an improvement plan to ensure that staff feel safe and able to speak up and also work within a positive environment.	• In progress. The NHS Board has a Sturrock Review Group in place. The Group has developed and approved an Action Plan. The actions are reported to the Staff Governance Committee. Monthly meetings established Next meeting 14th September 2021 • The NHS Board has approved a new Speak Up initiative; this initiative also supports the implementation of the Whistleblowing legislation and has been developed in	August 2021	100%	• Speak Up 2 ambassadors & 6 advocates appointed Service has been running now for 4

	Recommendations	Response/Action(s)	Timescales	RAG Status/% achieved to date	• Notes
		partnership with staff and staff side representatives. Two Speak Up Ambassadors have been recruited and will commence in September 2021. Six Speak Up Advocates are currently being recruited. Interview to take place in September. Specialist Training will take place in October with launch of the Service thereafter.			months - complete
11.	Ensure that the Health and Safety governance Structures and responsibilities are approved as a matter of urgency and disseminated throughout the Board.	• In progress. The NHS Board has an established Health and Safety Committee Structure in place including a revised policy. The development of a Health & Safety Strategy, in addition to the policy was paused during the pandemic; this will be presented to the NHS Board's for approval in September 2021.	September 2021	100%	Complete
12.	It is recognised that the Staff Governance Standards must be owned at a local level and committed to by managers in order to make them meaningful for staff, however, it is important that the HR Director in Partnership with the Employee Director takes a robust monitoring and performance management role in order to be assured and to be able to provide assurance to the Board and Staff Governance Committee of overall performance in all of the strands.	• In place. See Staff Governance Action 3 above.	In place	100%	Complete
13	Protected Learning time for ED Nurses to be compatible with medical staff and trainees/student	• Introduce to 2 hours protected learning time per week or 1 day per month. Two Education Facilitators reporting to the Head of Learning and Organisational Development (OD) will be appointed to provide on-site (AAU and ED). In addition, there will be a range of Organisational Development initiatives to support multidisciplinary team working.	December 2021	100%	Education facilitators for ED and AAU in place now Learning on the job training with flash cards in place - complete
14	Staffing levels	• Review ED clinical nurse staffing levels 24/7 and agree investment in HSCW role and development • Band 2 – 3 work progressing – competency-based focus involving nursing; staff side and HR colleagues	July 2022 (revised timescale)	85%	Band 2 - 3 work progressing linking with National programme All staff identified Job descriptions complete Process agreed Meetings with CEO, HRD, AHRD, ED and staff side in May 2022 In progress - no escalation required
15.	ED Induction for new nurse starts	• Develop a programme of inductions – establish a short life working group this work beginning in late-August 2021. The Head of Learning and OD will support this	November 2021	100%	Refreshed induction

	Recommendations	Response/Action(s)	Timescales	RAG Status/% achieved to date	• Notes
		work as part of the Health Board's investment in organisation wide induction for all new starts. • Work progressing well with ED Induction led by Directorate of Nursing and Acute Directorate – nearing conclusion and dovetails with Corporate Induction for all staff			programme in place Evaluation process developed - complete

Corporate Governance - led by C Cowan, Chief Executive

	Recommendations	Response/Action(s)	Timescale	RAG Status/% achieved to date	Notes

1.	That there is an external expert assessment of relationships and behaviours between members of the SLT, clarity on roles and contributions; what is expected of them collectively and individually and in particular ability to challenge peers.	May update - SLT (new Executive Leadership Team) OD sessions complete	October 2021	100%	Complete
2.	That there is an external assessment of relationships and behaviours between the System Leadership Team and Non-Executive Board members with a particular focus on how they engage, scrutinise and utilise the information presented to them and use this to make an informed assessment for assurance purposes.	The Board in June 2020 approved an extension of Board membership to include all SLT members. The Board in line with the NHS Corporate Governance systems is committed to ongoing regular self-assessments in response to the NHS Scotland DL (2019) - Blueprint for Good Governance. A workshop to explore and provide clarity on relationships and behaviours between SLT and Non-Executive members took place in November 2021 led by NHS Education for Scotland. Board Development sessions, pre Covid-19 focused on governance related topics and took place bimonthly. These sessions were paused during the pandemic and Board meetings were increased to monthly as part of revised governance arrangements. Board Seminars recommenced in January 2021; the January session led by the Board Chair focused on 'Active Governance'.	October 2021 – date extended to November 2021	100%	Complete
3.	The Board should revisit the results of the 2019 self-assessment on the Blueprint for Good Governance taking account of the findings of this review and expedite the plans to introduce "Active Governance".	In progress. The update to the Blueprint for Good Governance - Improvement Plan was presented and approved by the NHS Board in March 2021. This Plan will be further updated following the Board's self-assessment workshop and as in previous years will be facilitated by NHS Education for Scotland. Board revisited the 2019 self- assessment on the Blueprint for Good Governance at its Sept 2021 Board meeting – updated improvement plan approved. Action completed, updates in line with our commitment to good governance will continue.	October 2021	100%	Complete
4.	The Board should consider any recommendations arising from the national work to improve assurance systems and develop a local assurance framework that embeds and refreshes relevant information flows and timely data to support scrutiny and assurance Board /Committees. (consider qualitative as well as quantitative data and benchmarking)	May update - Board Assurance Framework seminar session due to Covid related absence resulted in seminar being cancelled. Rescheduled for June 2022.	June 2022 (revised timescale) and will be reset to complete on receipt of national recommendations	80%	The Board will consider any recommendations arising from the national work to inform and enhance assurance. In the meantime, the Board has completed its Active Governance session led by NHS NES. In progress - no escalation required
	Recommendations	**Response/Action(s)**	**Timescale**	**RAG Status/% achieved to date**	**Notes**
5.	The Board should consider developing a more proactive simplified communication plan to help paint a clear picture of how the organisation is governed, how	In progress. The Board has appointed a Board Secretary and a refresh of the Board's Code of Corporate Governance is underway. This will be presented to the Board for approval in November 2021.	November 2021	100%	Complete

	priorities are developed and well communicated and to raise awareness and understanding by all stakeholders.				
6.	The Board should develop a structured programme of visibility and engagement with staff in order to demonstrate Board values; encourage staff to speak up and be heard and reinforce a culture of continuous improvement. (This could be through Patient Safety leadership walk rounds, meet the Board sessions or a range of other engagement initiatives)	May update - Programme in place	September 2021	100%	Complete
7.	NHS Forth Valley should urgently review the current Acute Division management arrangements to ensure there is sufficient Senior Clinical leadership to provide oversight of whole hospital issues. This needs to provide clarity on lines of accountability for operational and professional governance, so that staff understand the routes of escalation if they have any issues or concerns. In doing this ensure that robust operational management systems are in place to drive continuous improvement involving staff at grass roots level.	May update - The Acute Services Directorate nursing structure review had been completed by the Interim Chief Nurse. The review resulted in the creation three additional 3 Clinical Nurse Managers notably to provide cover in the Emergency Department (ED) (as referred to) Ambulatory Care & Inpatient areas. The Acute Assessment Area is currently covered by the existing post holder. An evaluation of this resource is being finalised with findings to be presented to the Executive Leadership Team. (see Nursing section)	July 2022 (timescale revised)	80%	Investment in senior clinical leadership being progressed. Investment in additional posts including Band 2 to 3 posts and protected learning for nurses working within ED in line with medical staff have all been progressed. In addition, medical staffing has been recently reviewed and a realignment of job plans has increased clinical commitment. System wide we have also invested in nursing roles to support urgent care in line with 'Right Care Right Place' policy direction. This investment also supports 24/7 senior nurse leadership within the Acute Directorate. In progress - no escalation required
8.	That this review of management arrangements needs to be complemented by a thorough review of Hospital governance arrangements that compliments the Board assurance framework and promotes and assures Safe, Effective and Person-Centred Care from ward to Board	In progress. This will be factored into the review of the Acute Division management arrangements. May update - The Acute Services Directorate nursing structure review had been completed by the Interim Chief Nurse. The review resulted in the creation three additional 3 Clinical Nurse Managers notably to provide cover in the Emergency Department (ED) (as referred to) Ambulatory Care & Inpatient areas. The Acute Assessment Area is currently covered by the existing post holder. An evaluation of this resource is being finalised with findings to be presented to the Executive Leadership Team. (see Nursing section)	August 2022 (revised timescale)	90%	Rec 8 links to Rec 7 (above). In addition, the Medical Director having adopted the Vincent Framework prior to this Review has rolled out a consistent approach to agenda setting. The Directorate and Partnership reviews will also provide greater assurance. An Internal Audit scoping piece to review the implementation of this Improvement Action Plan is being progressed - In progress - no escalation required

Appendix 2

Terms of Reference: Emergency Department (ED) Working Group

1. Purpose

The purpose of the ED Working Group (hereafter referred to as the Group) is to review the **impact** of the Board's response to the ED specific recommendations as set out in the ED Improvement Action Plan (attached for reference).

2. Membership

The membership of the Group will be comprised as follows:

CEO and Employee Director will co-chair the Group
Non-Executive Board Member x1
Acute Services Representatives x 2 (e.g., Head of Services, Head of Nursing)
Staff representatives x 4
HR and OD representatives

The Chairs may also invite other staff members as and when required.

The Chief Executives Corporate Governance Office shall provide administrative support to the Group.

3. Quorate

The Group requires the CEO and/or Employee Director to be present, and four other members to be quorate balance of staff side and management representatives.

4. Duties

The Group is responsible for providing assurance to the APF, ACF and Staff Governance Committee by:

- The Group will review the impact of the Board's response to the ED specific recommendations as set out in the ED Improvement Action Plan.

- The Group will develop and agree ways to measure the impact of investment decisions on staff wellbeing - e.g., skill mix, quality of mentorship, quality of induction, protected learning time compliance.
- The Group will provide assurance to the APF, ACF and Staff Governance Committee on the implementation and impact of the ED specific recommendations.

- The Group will provide assurance on the staff and staff-side engagement processes to ensure appropriate actions are being picked up through the relevant forums.

- The Group will provide assurance that the staff governance standard (e.g., staff 'informed and involved') is being applied within the Emergency Department.

5. Frequency

Meetings will initially be held fortnightly; when appropriate the frequency will be changed by the Chairs of this Group. Additional meetings may be scheduled where necessary.

The APF may dissolve the Group when reporting is able to return to becoming part of usual Directorate Business.

6. Authority

The Group is authorised to act in respect of any activity within its Terms of Reference.

7. Reporting

The minutes of the Group meetings shall be formally submitted to the APF, ACF and Staff Governance Committee.

8. Review

The Terms of Reference of the Committee shall be reviewed by the APF on a three-monthly basis.

August 2022

FORTH VALLEY NHS BOARD
TUESDAY 27 SEPTEMBER 2022

9.2.1 Performance & Resources Committee Update – 30/08/2022
For Assurance

Meeting Chair: Mr Martin Fairbairn, Committee Chair

Section 5 - Better Care

- **Item 5.1 Urgent & Unscheduled Care Update**
  Mr Andrew Murray, Medical Director, led a presentation supported by colleagues detailing concerns in respect of unscheduled care performance and patient harm. The strategic response to the challenges faced system-wide including detail of redesign work underway were discussed along with winter capacity planning, and daily operational management of the system.

- **Item 5.2 Recovery & Performance Scorecard**
  Ms Kerry Mackenzie, Head of Policy and Performance, detailed the key areas to note within the Recovery and Performance Scorecard highlighting issues in relation to the 4-hour access target and the positive performance in respect of scheduled care.

Section 6 – For Approval

- **Item 6.1 Sustainability & Capacity Proposal**
  Mrs Cathie Cowan, Chief Executive, led a presentation detailing capacity and winter preparedness. Immediate, short/medium Term and longer term actions were highlighted along with detail of the support from Scottish Government. A number of options were presented with the financial implications detailed and discussed. It was noted that further work was required.

  A paper, Implementation of nursing model within the Emergency Department and Acute and Clinical Assessment Units within Acute Services Directorate, was presented by Mrs Gillian Morton, Interim Nurse Director. This detailed a number of costed staffing requirements in respect of areas within the Acute Services Directorate noting that would provide balanced staffing levels and a highly skilled workforce. The paper was endorsed by committee as part of the broader capacity developments.

Section 7 – Better Value

- **Item 7.1 Finance Report**
  Mr Scott Urquhart, Director of Finance, presented the Finance Report noting a year-to-date revenue overspend of £2.422m and balanced capital position as at 31 July 2022. Key issues impacting on the potentially significant year-end overspend were noted.

Section 8 – Better Governance

- **Item 8.1 Strategic Risk Register**
  Mrs Sara MacKenzie, Corporate Risk Manager, updated on the status of the Strategic Risks aligned to the Committee. One new risk was noted in respect of Environmental Sustainability and Climate Change.

- **Item 8.2 Information Governance Group Minute: 21/04/2022**
  Mr Andrew Murray, Medical Director, presented the minute of the meeting held on 21 April 2022. No issues to note.

- **Item 8.3 Out of Hours Patient IT System**
  Ms Sarah Hughes-Jones, Information Governance Manager, updated the Committee on actions taken and the current status in relation to a cyber related incident noting that this was a national issue.

Section 9 – The two papers detailed below were presented For Information:

- **Item 9.1 Emergency Planning & Resilience Team Annual Report**
- **Item 9.2 Community Planning Partnership Update**

PERFORMANCE & RESOURCES COMMITTEE

DRAFT Minute of the Performance & Resources Committee meeting held on Tuesday 28 June 2022 at 9.00am via Microsoft (MS) Teams

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Present:	Ms Janie McCusker (Chair) Miss Kirstin Cassels Mr Robert Clark Miss Linda Donaldson Dr Graham Foster Mr Andrew Murray Mr John Stuart	
In Attendance:	Mrs Val Arbuckle Mrs Laura Henderson Mr Derek Jarvie Mrs Sara MacKenzie Ms Kerry Mackenzie Ms Jackie McEwan	Mrs Kathy O'Neill Mr Jonathan Procter Ms Rebecca Reid (Minute) Ms Jacquie Sproule Mrs Jillian Thomson

1. APOLOGIES FOR ABSENCE

Apologies were intimated on behalf of Mrs Cathie Cowan, Mr Scott Urquhart, Mr Martin Fairbairn, and Mrs Gillian Morton

2. DECLARATIONS OF INTEREST

There were no declarations of interest offered at this time.

3. Minute of performance & resources committee meeting held on 26 April 2022

The Minute of the meeting held on 26 April 2022 was approved.

4. Performance & Resource Committee Planner

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

The paper detailed work underway to ensure full cognisance has been taken of the Performance & Resources Committee Terms of Reference in developing the plan. It was noted that there are seven key headings to the remit of the Performance & Resources Committee: Corporate Planning, Performance and Risk, Finance & Efficiency, Property and Asset Management, Capital Projects, Information Governance, and Digital Strategy. It was

highlighted that there were a number of sub-headings not yet scheduled or acknowledged within the planner with work to address the gaps ongoing.

The Performance & Resources Committee:

- ***Noted the draft Performance & Resources Committee Planner 2022/2023***
- ***Noted the final draft will be presented to the Performance & Resources Committee in August 2022***

5. MATTERS ARISING

There were no matters arising.

6. FOR APPROVAL

6.1 Performance & Resources Committee Annual Report

The Performance & Resources Committee received a paper 'Draft Performance & Resources Committee Annual Report' presented by Ms Kerry Mackenzie, Head of Policy & Performance.

The 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 Draft 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.

The Report was approved following a small amendment to the conclusion. Mr Martin Fairbairn as Performance & Resources Committee Chair received delegated authority from the Committee to approve the final version of the report prior to submission to the NHS Board.

The Performance & Resources Committee:

- ***Approved the Performance & Resources Committee Annual Report***

7. BETTER CARE

7.1 Recovery & Performance Scorecard

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

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 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.

It was noted that the total number of patients waiting for a first outpatient appointment and the number of patients waiting beyond 12 weeks decreased in May with activity against remobilisation plan at 96% compliance. Inpatients/daycases waiting had increased slightly with activity the remobilisation plan 90% compliance.

In May, 68.5% of patients started treatment within 18 weeks of referral, an improvement from the previous month. It was noted that redesign work continued. The Child and Adolescent Mental Health Services position was 31.1% in May, a decrease from the previous month. Work continued 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.

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 104 delays noted at the May 2022 census, 69 standard delays and 35 code 9 and Guardianship delays with 1798 bed days occupied.

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 Mrs Jillian Thomson, Deputy Director of Finance.

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.

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.

Several new and emerging financial risks had been identified linked to the recent pay award offer, the re-grading of Health Care Support Workers, non-pay inflationary pressures and use

of temporary staffing due to increasing demand/unmet need, together with ongoing recruitment and retention challenges. Further uncertainty regarding the wider economic outlook was noted to be a significant concern in light of the financial challenges and key messages flowing from the Scottish Government's recently published resource spending review and medium-term financial framework.

The Performance and Resources Committee:

- ***Noted the year-to-date revenue overspend of £1.203m, and balanced capital position as at 31 May 2022.***
- ***Noted the significant level of financial risk for 2022/23, based on current expenditure rates and uncertainty on key funding allocations at this point in the year.***
- ***Noted that an in-depth review of the overall financial position, including initial forecast outturn for the year, will be undertaken in July once the quarter 1 results are available***

8.2 Cost Improvement Plan

The Performance & Resources committee received a presentation 'Cost improvement Programme update' presented by Mrs Jillian Thomson, Deputy Director of Finance.

It was noted that a 3 stage approach to cost improvement had been agreed that comprised Infrastructure, Plans, and Delivery.

Discussions around the Infrastructure highlighted that a Cost Improvement Oversight Group (CIOG) has been established. The terms of reference for this group have been agreed with governance and oversight through the Performance & Resources Committee. The group was be supported by Corporate Planning Management Office (CPMO). Engagement and testing options for the delivery of saving and value were being planned with leadership and ownership of plans critical to successful delivery. It was highlighted that in terms of delivery a whole system approach was required to maximise opportunities.

It was confirmed that initial planning and engagement sessions were underway with all directors. Emerging themes included medicines, digital opportunities, health improvement, whole systems, income generation, procurement, and workforce, with further discussions taking place. Follow up meetings with service & finance leads were being scheduled with the next CIOG meeting in early August to discuss the ongoing performance monitoring.

The Performance & Resources Committee:

- *Noted the cost improvement programme structures and next steps*

8.3 Capital & Infrastructure Projects, Property Transactions, Medical Equipment and Digital & eHealth Update – Q1 2022/23

The Performance & Resources Committee received the paper 'Capital & Infrastructure Projects, Property Transactions, Medical Equipment and Digital & eHealth Update – Q1 2022/23 Update' presented by Mr Jonathan Procter, Director of Facilities & Infrastructure/ Digital & eHealth Lead.

The paper presented an update on current major capital projects, property transactions, medical equipment expenditure and Digital Delivery Plan progress for the 1st quarter of 2022/23.

Mr Procter highlighted that the Strategic Assessment (SA) in respect of Falkirk Community Hospital development was completed and supported by the Programme Board. The SA would go through internal governance, the NHS Board and IJB before being submitted to the Chair of the Capital Investment Group. Preparation is being made for progression to the Initial Agreement. It was noted that resourcing was key in relation to the Community Hospital and Primary Care programme. Plans were being made for a 'pre capital' bid to Scottish Government to cover the internal and external staffing and support resource required to properly progress developments.

The National Treatment Centre project continued to be progressed. The first part of the Construction Variation had been agreed and approved with legal documentation completed in May 2022 in relation to the contract with Portakabin to construct the ward. Initial on site work commenced in May and Portakabin started on site in June 2022. It was noted that the programme for construction was under review in order to mitigate any potential slippage and reach completion in quarter 4 of calendar year 2022. Work was ongoing in relation to the associated car parking requirements with the costs and contracts to be finalised. Full engagement with the NHSScotland Assure process was noted.

Other major projects were detailed including the work being undertaken in relation to sustainability and primary care premises, along with detail of work being undertaken in relation to addressing Health and Safety priorities at Bellsdyke Hospital and a number of Statutory Compliance and Backlog Maintenance issues.

The Performance & Resources Committee noted the following:

- ***Noted the presented updates regarding Capital & Infrastructure, Medical Equipment and Digital / eHealth***
- ***Noted the ongoing position with surplus land in Kinnaird/Bellsdyke.***
- ***Noted that the Initial Agreement for Primary Care Premises, following Health Board Approval, has been submitted to the National Capital Investment Group for consideration***
- ***Noted the status of the Strategic Assessment for Falkirk Community Hospital***
- ***Noted the continued delays in the national GPIT system***
- ***Noted the Cyber Activity Report at Appendix 3***
- ***Noted the potential for additional national funding to support the Health Board's equipping programme***
- ***Noted that work has commenced on site for the National Treatment Centre Project at FVRH***

8.4 Capital & Infrastructure Projects, Property Transactions, Medical Equipment and Digital & eHealth Update – End Year 2021/22

The Performance & Resources Committee received the paper 'Capital & Infrastructure Projects, Property Transactions, Medical Equipment and Digital & eHealth Update – Q4 2021/22 Update' presented by Mr Jonathan Procter, Director of Facilities & Infrastructure/ Digital & eHealth Lead.

Mr Procter confirmed that the preceding report at 8.3 provided an up to date overview and advised the report detailing the position to the end of 2021/22 was for information.

The Performance & Resources Committee:

- ***Noted the presented updates regarding Capital & Infrastructure, Medical Equipment and Digital / eHealth***
- ***Noted the ongoing position with surplus land in Kinnaird/Bellsdyke.***

8.5 Sustainability Update

The Performance & Resource Committee received a 'Sustainability Update', led by Mr Jonathan Procter and Mr Derek Jarvie.

The health benefits of climate mitigation were detailed and 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 several 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 detail of the presentation, the organisational change programme, and the requirement for 'tooling up' of resources***

8.6 Property Asset Management Strategy (PAMS) - Approach & Timeline

The Performance & Resources Committee received a paper 'Property Asset Management Strategy - Approach & Timeline' presented by Mr Jonathan Procter.

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.

The Performance & Resources Committee

- ***Noted the content of the paper and the proposed approach to the development of the PAMS***

9. BETTER GOVERNANCE

9.1 Strategic Risk Register

The Performance & Resources Committee received a paper 'Strategic Risk Register' presented by Mrs Sara MacKenzie, Corporate Risk Manager.

Mrs MacKenzie highlighted there were two proposed changes to the risks aligned to the Performance and Resources Committee for the quarter 4 reporting period.

The risk score for SRR.005 Financial Sustainability increased from 20 to 25 noting the recurring savings requirement for 2022/23 of £29.4m bringing a significant level of challenge to maintain financial break even on a recurring and sustainable basis. It was noted that the Scottish Government Resource Spending Review and Medium Term Financial Plan was published on 31 May. This indicated that financial pressures were likely to continue across the public sector in the next 3 to 5 years. It was recognised that a period of extreme uncertainty was being experienced, increasing the current score with additional controls added, and existing controls recalibrated and strengthened.

Risk SRR.012 Covid-19 Remobilisation was proposed for closure. Having moved out of the re-mobilisation phase into consideration of Annual Delivery Plans, with guidance received from Scottish Government around the development of these plans, it was noted that all Covid considerations would be considered as business as usual in terms of planning. The existing internal controls had either been moved to the strategic risk to which they relate, or status updates provided. Outstanding actions were complete. It was noted that Covid-19 considerations would be included in the reviews of all of the existing strategic risks, with additional controls added where necessary.

Mrs MacKenzie also wished to highlight that the scoring of SRR.015 Cyber Resilience was reviewed in the context of an increase in threat from cyber attacks. Due to compensating controls already in place this risk scoring remained static.

A risk control progress update was provided which noted that 91 internal controls are in place for risks aligned to the Performance & Resources Committee with 44 actions of which 28 have been completed.

The Performance & Resources Committee;

- ***Considered the assurance provided regarding the effective management and escalation of Performance & Resources risks***
- ***Endorsed the Strategic risks for Quarter 4, 2021/22 for onward reporting to NHS Board***

9.2 Information Governance Group Minute

Mr Andrew Murray presented the key points from the Information Governance Group Minute of the meeting held on 2 December 2021 including Local Reported Incidents, Information Governance Workplan 2021/2022 and Audit Reports.

Following the retirement of the previous post holder, Mr Murray confirmed that Ms Sarah Hughes-Jones had been appointed as the new Head of Information Governance.

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10. ANY OTHER COMPETENT BUSINESS

There was no other competent business.

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11. DATE OF NEXT MEETING

Tuesday 30 August 2022 at 9.00am via MSTeams

FORTH VALLEY NHS BOARD
TUESDAY 27 SEPTEMBER 2022

9.2.2 Clinical Governance Committee Update – 23 August 2022
For Assurance

Chair: Dr Michele McClung

Key points to note from the meeting:

Section 5 – In our services, Is Care Safe Today?

- **Item 5.1 System Safety Update**
  Mr Murray gave a verbal update to the committee

Section 6 – In our services, Was Care Safe in the Past?

- The agenda items in section 6 are reports and presentations which are standard items on the CGC agenda. These reports contain key safety metrics and narrative which provides assurance of the overall safety in our services. The reports presented at this meeting were:

  Item 6.1 – Safety and Assurance Report May 2022 – June 2022
  Mr Murray gave an update to the committee

  Item 6.2 – Mental Health Update
  Dr Crabb, Associate Medical Director for Mental Health, provided an update on clinical governance within mental health and learning disability services.
  Mrs Conville, Innovation and Improvement Advisor, updated the committee on the SPSP safety projects in mental health services.

  Item 6.3 – Healthcare Associated Infection Reporting Template (HAIRT) – June 2022
  Mr Horwood, Infection Control Manager, updated the committee on the detail within the report

  Item 6.4 - Standards and Reviews Report May-June 2022
  Mrs Bennie, Head of Clinical Governance, gave an update to the committee on guidance and standards published in May – June 2022.

  Item 6.4.1 – Deep Dive into Mental Welfare Commission Visits
  Mrs Bennie presented a summary of Mental Welfare Commission announced visits which were included in the Standards and Reviews report.

Section 7 – In our services, Will Care Be Safe in the Future?

- **Item 7.1 Risk Management Update and Strategic Risk Register Q1 2022-23**
  Mrs Mackenzie, Corporate Risk Manager, updated the committee.

Section 8 – Is Our Care Person-Centred?

- **Item 8.1 NHS FV Complaints and Feedback Performance Report May 2022**
  The committee received an update of the detail within the report

Section 9 – Are We Learning and Improving?

- **Item 9.1 Significant Adverse Event Report**
  Mrs Morrison, Clinical Governance Manger, gave an update on the progress and timescales of the Significant Adverse Event Reviews currently being undertaken

Section 10 – Are Our Systems Reliable?

- **Item 10.1 OD Feedback and Recommendations Update**
  Mr Murray presented the paper to the committee and agreed next steps

Section 11 – Further Assurance

- **Item 11.1 – Clinical Governance Working Group Annual Report 2021-2022**
  Mrs Bennie presented the Clinical Governance Working Group annual report to the committee

- **Item 11.2 – Duty of Candour Annual Report 2021-2022**
  Mrs Bennie presented the Duty of Candour annual report to the committee

Section 12 – Reports from Associated Clinical Governance Groups

- **Item 12.1 Minute of Clinical Governance Working Group Meeting – 12.05.2022**
- **Item 12.2 Minute of the Organ Donation Committee Meeting – 16.03.2022**

CLINICAL GOVERNANCE COMMITTEE

Minute of the Clinical Governance Committee meeting held on Tuesday 17 May 2022 via Microsoft (MS) Teams

Present
Michele McClung (MMc), Chair
Kirstin Cassells (KC), Chair ACF / Non-Executive Member
Martin Fairbairn (MF), Non-Executive Member
Gordon Johnston (GJ), Non-Executive Member
Janie McCusker (JM), Chair NHS Forth Valley
John Stuart (JS), Non-Executive Member
Helen McGuire (HM), PPP Member
Margo Biggs (MB), PPP Member

In Attendance
Andrew Murray (AM), Medical Director
Lynda Bennie (LB), Head of Clinical Governance
Laura Byrne (LBy), Director of Pharmacy
Linda Donaldson, (LD), Director of HR
Jonathan Horwood (JH), Infection Control Manager
Gillian Morton, (GM), Interim Director of Nursing
Chantelle Kemp (CK), Minutes

Presenting
Ms Louise McKay (LMc), Interim Head of Nursing for Inpatient and Emergency (Item 6.2)
Mrs Sara Mackenzie (SM), Corporate Risk Manager (Item 7.2)
Ms Mandy Crawford (MC), Patient Relations Lead (Item 8.1)
Ms Lorna Hood (LH), Woman and Children Directorate (Item 10.1)
Ms Hazel Somerville (HS), BGV and Sexual Assault Service Lead (Item 10.3)
Dr Fiona McIlveney (FMc), Clinical Lead for Intensive Care (Item 11.1)

1. Apologies for Absence

Apologies for absence were received from Cathie Cowan, Chief Executive

2. Declaration (s) of Interest (s)

There were no declarations of interest were noted.

3. Minute of NHS Board Clinical Governance Committee meeting held on 16 November 2021

Agreed as an accurate reflection of the meeting

4. Matters Arising from the Minute/ Action Log

Action Log reviewed by the committee and updated.
The CGC noted that from May, there will be no Covid-19 risk assessment update.

5. In Our Service, is Care Safe Today?

5.1. HIS Unannounced Inspections

AM discussed the recent unannounced inspection by HIS at FVRH and the Committee discussed the initial findings. The inspection commented on the 5th patient in a 4 bedded inpatient bay which is a current contingency measure and the locked door policy. It was advised that the previous attempt to decommission the use of the extra bed spaces was unsuccessful due to site pressures and patient flow challenges. AM assured the Committee that any issues for escalation from the inspection would be taken to the CGWG. AM advised the inspection report and improvement action plan will be published on 9th June 2022 for the public domain.

The Clinical Governance Committee:

- Noted the update

6. In our Services, Was Care Safe in the Past?

6.1 Safety and Assurance Report March – April 2022

AM presented the report and advised there was a detailed discussion at the CGWG to understand the Cardiac Arrest Data. AM advised that FV will be joining the National Cardiac Arrest Audit to support benchmarking of the data. Questions were raised around the ReSPECT implementation and it was noted that the cardiac arrest data possibly reflects inappropriate CPR attempts. It is hoped that the ReSPECT implementation will have a positive effect on our data and compliance.

There is a noted delay in FV national stroke audit data submission which may have an impact on the Stroke Bundle Compliance figures. The CGC were assured mitigations are in place.

The Clinical Governance Committee:

- Noted the report

6.2 SPSP – Falls Update

LMcK presented the Committee with a brief overview of the current position, last 12 months and the planned improvement journey for the next 12 months. It was explained that it had been difficult to align improvement work over the last year due to significant pressures however, it was highlighted that FV joined the SPSP National Collaborative in September 2021 and were able to align resource for quality and safety as a priority.

The Clinical Governance Committee:

- Noted the report
- Thanked LMcK for the detailed report

6.3 HAIRT Quarterly Report

JH advised the DL published on 11th May advised that the winter respiratory guidance, relating to Covid-19, will be withdrawn from July 2022. AOP targets have been extended, nationally, to March 2023 because of current challenges due to the pandemic. New national IPC guidance was published on 17th March 2022 with an implementation grace period of two months. It was noted that the care inspectorate will

lead on the implementation of the new guidance in care homes. JH highlighted that NHS FV has the lowest number of outbreaks in mainland Scotland.

The Clinical Governance Committee:

- Noted the information and thanked JH for his excellent report

6.4 Standards and Reviews Report – March 2022

LB advised that, for this report, the CG team review all relevant published clinical guidelines and standards and share with teams for information or action. The Clinical Governance Coordinator has started and a key role will include a deep dive into a section of the Standards and Reviews report which will be shared with the Committee.

The Clinical Governance Committee:

- Noted the report

7. In Our Services, will Care be Safe in the Future?

7.1 Patient Safety Conversation Update

LB advised following approval at the Board seminar on 12th April, the Patient Safety Conversation Visit Program commenced on 14th April 2022. The Committee were informed of the positive feedback received from the areas visited. It was noted that timings are being reviewed as most visits have slightly overrun.
MF suggested sharing themes of escalations that arise from the visits via the comms team. The committee welcomed this suggestion.

The Clinical Governance Committee:

- Thanked LB for the update

7.2 Risk Management Update

SM was introduced to the Committee as Corporate Risk Manager. It was noted that OOHS has been added to the risk register with a current score of 20. SM shared the progress on current control measures and advised there is no concern for the Committee. SM asked the board to consider assurance and endorse for the July board meeting, the CGC agreed.

The Clinical Governance Committee:

- Accepted the report could progress to the Board meeting

8. Is our Care Person Centred?

8.1 NHS FV Complaints and Feedback Performance Report – March 2022

MC informed the Committee that of the 1548 complaints received last year (2021/22), FV had achieved an overall performance level of 81.6%. AC further informed the Committee that no complaints were upheld at the ombudsman for this time period.

Person Centred inpatient experience surveys have been welcomed and findings suggest that patients are happy with the care and support they receive. A questionnaire for the Emergency Department, looking in particular at patient experience, has been developed and is in use.

Care Opinion remains well used by the organisation and, it was highlighted that there is a 16% higher than national average, amount of positive stories shared.

The Clinical Governance Committee:

- Thanked MC for the informative report

9. Are we Learning and Improving?

9.1 Significant Adverse Event Report – May 2022

LB shared the HIS framework and advised of the timescales. The Committee were informed there had been a 3 fold increase in commissioned SAER's for the year 2021 compared to previous years. It was suggested that this increase is a reflection on the change in culture for reporting and escalation within FV. The Committee were informed there had been 4 newly commissioned SAER's during this reporting period.

It was highlighted that across Scotland, the implementation of learning summaries is challenging. FV are working closely with HIS to help inform the next framework and are working collaboratively on how sharing learning summaries could improve.

The Clinical Governance Committee:

- Thanked LB for the report

10. Are our Systems Reliable?

10.1 Child Protection Quarterly Report

LH provided an update highlighting key areas for consideration. GM advised that going forward, an annual report would be provided to the Committee.

The Clinical Governance Committee:

- Annual Report to be reflected in the forward planner
- Thanked LH for the report

10.2 Adult Support and Protection (ASP) Update

AM shared an update on ASP. It was advised that there is a requirement for an ASP lead within NHS FV. Discussion concluded that a proposal will be shared with the Committee, accordingly.

The Clinical Governance Committee:

- Thanked AM for the update

10.3 Gender Based Violence and Sexual Assault Service Update

HS provided an update on the Gender Based Violence and Sexual Assault Service. AM highlighted the outstanding delivery of work in the Meadows and shared that it is nationally known as a centre of excellence. HS explained that the Meadows provide a trauma informed approach to persons who have experienced sexual violence and also offer psychological wellbeing.

It was shared that there is a national shortage of female forensic examiners and the Committee were informed that HS, along with 9 others have completed a course at the Queen Margaret University and following Graduation in July, will become accredited forensic examiners.

The Clinical Governance Committee:

- Praised the significant work done by HS and all involved
- Thanked HS for the update

11. Further Assurance

11.1 Medical Appraisal and Revalidation Annual Report

FMc provided an update to the Committee. It was stated that appraiser capacity and lack of appraiser resource remains a challenge. FMc advised that since the suspension of appraisal in 2020/21, the focus is now on ensuring staff well-being. It was explained that there is currently a deficit in appraisers.

The Clinical Governance Committee:

- Thanked FMc for the update

11.2 Clinical Governance – Annual Report/Terms of Reference/Forward Planner

The Committee were presented the Annual Report, Terms of Reference and Forward Planner with amendments reflecting the recommendations from the Committee.

The Clinical Governance Committee:

- Approved the Annual Report and Terms of Reference and Forward Planner

12. Reports from Associated Clinical Governance Groups (Ratified Minutes)

12.1 Minute of the Clinical Governance Working Group meeting – 31.03.2022
12.2 Organ Donation Committee meeting – no update
12.3 Minute of the APCIC – no update
12.4 Minute of the Child Protection Action Group meeting – no update

The Clinical Governance Committee:

- Noted the above minutes

13. AOCB

There was no AOCB reported

14. Date and Time of the Next Clinical Governance Committee meeting

The next meeting will be held on Tuesday 23rd August 2022 at 9am via Teams
(change of date for November meeting.)

FORTH VALLEY NHS BOARD
TUESDAY 27 SEPTEMBER 2022

9.2.3 Staff Governance Committee Minute – 13 May 2022

For Assurance

Chair: Dr Michele McClung

Minute of the Virtual Staff Governance Committee meeting held on Friday 13 May 2022 via MS Teams

Present:	Mr Allan Rennie (Chair) Mr Gordon Johnston Ms Janie McCusker Mr Robert Clark Mrs Karen Morrison Mr Stephen McAllister Ms Janette Sneddon
In Attendance:	Mrs Cathie Cowan, Chief Executive Mrs Linda Robertson, HR Managers Mrs Elaine Bell, Associate HR Director Miss Linda Donaldson, HR Director Mr Cameron Raeburn, Head of Health & Safety Mrs Margaret Kerr, Head of Organisational Development Mrs Gillian Morton, Interim Director of Nursing Mrs Sara Mackenzie, Corporate Risk Manager Miss Sinead Hamill, Board Secretary Ms Jackie McEwan, Corporate Business Manager Miss Rebecca Reid (minutes)

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1. Welcome and Introductions

The Chair welcomed everyone to the meeting.

2. Apologies for Absence

Apologies were noted on behalf of Mr Jonathan Procter.

3. Minute of Meetings

The minute of the Staff Governance Committee meeting held on Friday the 18 March 2022 was approved as an accurate record.

4. Matters Arising from the Minute

The Staff Governance Committee had requested for lay members to be increased. Ms McCusker identified that she would take this request to the Board for approval.

5 STAFF GOVERNANCE STANDARD ACTIVITY

5.1 Staff Governance Committee Workplan

The Staff Governance Committee considered a paper 'Staff Governance Committee Workplan' presented by Miss Linda Donaldson, Director of Human Resources.

Committee members noted that the Staff Governance Committee Assurance Plan provides assurance that committee members are fulfilling Board assurances and scrutiny roles. Miss Donaldson highlighted that the following areas had been included within the plan.

- ED assurance Plan – Staff Governance section including the HR Review
- Review of achievements relating to workforce plan and remobilisation plans after July 2022
- eRostering progress report
- HRD and OD reports
- Whistleblowing Annual report
- Staff Governance Standard monitoring to reflect the quarterly Directorate / HSCP self-assessments

Committee member noted that consideration will be given to whether the document should contain audit request information. A report will also be presented to the Board after each Staff Governance meeting and will highlight any achievements, risks and actions that will need to be taken as required.

Mr Rennie and Miss Donaldson agreed that the Well Informed and Involved in Decisions Annual Report will be presented to the Staff Governance Committee September 2022.

The Staff Governance Committee:

- ***Noted progress made against the development of our Staff Governance Assurance Plan and Work Plan template for the year 2022 – 2023***

5.2 HR Director – Staff Governance Report

The Staff Governance Committee considered a paper 'HR Director- Staff Governance report' from Miss Linda Donaldson, Director of Human Resources.

Miss Donaldson presented a Workforce presentation for April 2022. Committee members noted that a head count of 6894 was identified for workforce staff. An increase of WTE was noted from August 2021 to April 2022 with WTE sitting at 5876.49.

Committee members noted that the age profile for 50+ had reduced from 49% to 39% over the last 5 years. Miss Donaldson highlighted that the turnover for NHS Forth Valley was currently low at 1.13% for April 2022.

The sickness absence summary for March 2022 identified a steady reduce from February 2022. Committee members noted that the overall sickness absence rate for NHS Forth Valley was 5.52% which was a decrease from February 2022 (5.61%) and lower than March 2021 (5.60%). Mrs Robertson explained the figure rates for sickness absence rates identifying unregistered nurses being reported as the highest sickness rate for March 2022 at 8.88%. Committee members noted that the sickness absence rate was related to anxiety, depression, and stress across the Organisation.

Committee members noted that National guidance had been issued 19 January 2022 by STAC with 784 Band 2 Health and Social Care Workers being required to have their job role reviewed against the newly agreed National Nursing Clinical Support Worker profile. Five job descriptions had been evaluated with senior charge nurses to be involved in the reviewing process.

Committee members noted that a Senior Manager recruitment and appointments had taken place with 3 posts appointed.

- Director pf Pharmacy – Laura Byrne
- Associate Director of Finance - Jillian Thomson
- Head of Information Governance – Sarah Hughes-Jones

Miss Donaldson highlighted that Lisa Fairweather had been appointed International Recruitment Lead. Committee members noted that the first cohort of international nurses had arrived in Scotland and the second cohort of international nurses are due to follow soon after. The OSCE had been booked for both groups.

The Staff Governance Committee:

- ***Noted the contents of this paper***.

5.3 Test and Protect Workforce

The Staff Governance committee considered the paper 'Test and Protect Workforce' presented by Ms Linda Donaldson, Head of HR.

The Test and Protect Transition plan was announced by the First Minister March 2022 signalling a significant change in the requirements for testing. Miss Donaldson highlighted that there are 32 staff on full time fixed contracts until the end of September 2022. Committee members noted that the Test & Protect staff are currently going through the process of redeployment. There is a risk that not all staff will be able to be relocated to other positions that are also band 5. Work is ongoing to explore opportunities for staff to work in the broader public and private sectors.

The Staff Governance Committee:

- ***Considered the content of the paper and acknowledge the contribution that all Test and Protect Staff employed within NHS Forth Valley have made since 2019.***
- ***Noted that a Partnership Working group led by the Director of HR involving the Test and Protect Management team, HR and Staff side colleagues has been established to manage the redeployment process***
- ***Noted that Scottish Government monitoring of the progress of management of the Test and Protect workforce involved is taking place bimonthly from April to the end of September 2022.***
- ***Noted that NHS Forth Valley is following the Guiding Principles to ensure that all affected staff are treated fairly and consistently across NHS Scotland***
- ***Noted that the contracts end for the Test and Protect staff employed on a fixed term basis on 30 September 2022***

5.4 Staff Governance Assessment Tool and Action Plans

The Staff Governance committee considered the presentation 'Staff Governance Assessment Tool and Action plans' from Ms Linda Donaldson, Head of HR.

A Staff Governance assessment tool was designed to provide assurance to the Staff Governance Committee and the NHS Forth Valley Board highlight that the 5 strands of Staff Governance Standard are being adhered to. This assessment tool was completed by all Directorates and HSCPs and an action plan which was created for each area based on the findings from the assessment.

The Staff Governance Committee:

- ***Noted that all Directorates and HSCPs have undertaken an assessment against the 5 strands of the Staff Governance Standard.***
- ***Noted that Action Plans will be shared at the next Staff Governance Meeting in September 2022***
- ***Noted that progress reports against these plans will be provided quarterly and have been added to the Staff Governance Committee Workplan***

5.5 Staff Support and Wellbeing

The Staff Governance committee considered the paper 'Staff Support and Wellbeing' presented by Miss Linda Donaldson, Director of HR.

The wellbeing of staff is a clear focus within the National Strategy for Health and Social Care in Scotland. A staff support and wellbeing group was formed and meet monthly to discuss various topics and ideas to continue improving staff wellbeing. Several projects that were paused due to emergency measures are due to restart.

- Exploring the impact of 12-hour shift patterns
- Understanding Band 2 – 3 absences
- Learning from the Keep Well Project
- Peer Support Project within Occupational Health
- Wellbeing 'Freshers Week' to entice staff to participate in various
- Refresh of Our People Strategy which has a great focus on health and wellbeing

The Workforce Wellbeing Plan 2022-2025 will be launched following the Staff Conference 23 June 2022. Committee members noted that the plan will outline how NHS Forth Valley will continue to support staff. The staff support and wellbeing site will be relaunched 23 June 2022 which had been worked on by the Communications team and Rachel Tardito. An update following the launch will be provided at the Staff Governance Committee meeting September 2022.

The Staff Governance Committee:

- ***Noted the recent communications and work from the National Workforce Wellbeing Champions network***
- ***Noted the work of the Staff Support and Wellbeing Group over the past 2 months and the planned projects relating to Band 2 Workforce and 12 hour shift patterns***
- ***Noted the progress with Our Workforce Wellbeing Plan 2022 – 2025 and the timeline for launch at the Staff Conference in June 2022***
- ***Noted the progress highlighted regarding the development of the Staff Support and Wellbeing site***
- ***Noted the update of the Wellbeing bids and the plan to share information regarding the Peer Support Project at the September 2022 Staff Governance Committee***

5.6 ED oversight and Assurance of External Review

The Staff Governance Committee considered the paper 'ED Oversight and Assurance of External review' presented by Miss Linda Donaldson.

Miss Donaldson informed the Committee that a quarterly report against the progress of all actions identified within the ED improvement plan will be presented at the Board meetings. This report will include the Staff governance and HR review section. Committee members

noted that an internal audit had been commissioned. An ED implementation plan will be reviewed at each Staff Governance meeting until full implementation is achieved.

An OD programme had been designed to support the improvement of ED. All ED staff were invited by the Employee Director and Chief Executive to participate in further individual discussions to help inform this important programme of work. Staff meetings took place during February and March 2022. In addition, all members of staff from ED were given the opportunity to comment on the final draft of the ED/OD Programme plan.

The ED/OD programme development had offered courageous conversation and coaching skill sessions to nurse educators and clinical nurse managers which commenced 6 May 2022.

It was agreed at the ED Oversight and Assurance Sub Committee that a quality assurance process would be implemented that would involve the Director of HR and Associate Director of HR undertaking an ad hoc deep dive review of ER cases. A report on progress will be provided at the September 2022 Staff Governance Committee meeting.

The Staff Governance Committee:

- ***Considered the content of the paper and acknowledge the responsibility of the committee to oversee implementation of the outstanding Staff Governance and HR Review actions***
- ***Noted the ongoing OD work to provide support and development of ED staff and the ED / OD plan has commenced and that the main programme will be implemented from 1st June 2022 and that quarterly updates will be provided.***
- ***Noted that the Chief Executive will be providing quarterly reports on progress to the Health Board and Integration Joint Authorities.***
- ***Noted that this will be a standing item within Staff Governance Committee workplan and that progress against the ED Implementation Action Plan will be reviewed at each meeting.***

5.7 National Whistleblowing Standards

Mr Gordon Johnston presented the 'National whistleblowing Standard' paper to the staff governance committee.

Mr Johnston provided an update on the implementation of the Whistleblowing activities and standards for Q4. Committee members noted that all KPIs regarding whistleblowing are being met however the number of staff reporting are still small.

The Staff Governance Committee:

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

5.8 Update on Organisational Development Priorities including Learning, Education and Training and iMatter

The Staff Governance committee received the paper 'Update on Organisational Development, Priorities including Learning & Education and iMatter' from Ms Margaret Kerr

Due to the pandemic and ongoing service pressures, new ways of working were introduced to support the Organisations needs and challenges faced by the service. Committee members noted OD and Directorates will liaise with services to identify support priorities for 2022/23.

Staff support and wellbeing remains a high OD priority. Spaces for listening was identified as high demand and was highlighted as a successful session that was set up to allow staff to

have a safe place to share their thoughts and feelings freely with no hierarchy. This approach had also been implemented by other NHS boards.

The OD Team continues to work collaboratively with key stakeholders across the Organisation to provide support for remobilisation planning, transformation, developing leaders and teams through transformational change.

The Staff Governance Committee:

- ***Noted the contents of this update and receive future updates on these and other areas.***

6 STAFF GOVERNANCE ANNUAL REPORTS

6.1 Youth Employability Framework; Apprenticeship Services and Employability Annual Report

The Staff Governance committee received the paper 'Youth Employment' presented by Mrs Linda Robertson.

Youth employment is high priority within NHS Forth Valley running a successful modern apprenticeship program since 2015. During 2021/22 one modern apprentice in Health Records successfully gained a substantive post within the department.
3 modern apprentices are currently in the below posts:

- 2 Administrative & Clerical trainees, in Occupational and Podiatry
- 1 multi-skilled Engineering post in Medical Physics

Committee members noted that there are 3 modern apprentice posts currently being advertised for positions within the IT Department.

Mrs Robertson highlighted that the Project Search has run successfully in Forth Valley since 2018 with partners in Falkirk Council, Forth Valley College and Serco. Committee members noted that this is a one-year transition program for 18-24 year olds to provide employability, training and education for young people with learning disabilities.

Mrs Robertson informed committee members that 8 interns graduated in 2021. Committee members noted that 7 of the 8 intern graduates went into employment. The remaining intern is an elite athlete who was aiming to compete in the Japan Paralympics. Mrs Robertson highlighted that there are also 9 trainees due to graduate in June 2022.

During the pandemic the programme was being run from Forth Valley college. Committee member noted that NHS Forth Valley are hopeful to get this programme moved back in to Forth Valley Royal Hospital for the 5th cohort which will begin August 2022.

The Staff Governance committee:

- ***Noted the content of this annual report***.

6.2 Remuneration Committee Annual Report

The Staff Governance committee noted the assurance and key areas provided through the Remuneration Committee annual report.

The Staff Governance committee:

- ***Noted the key areas of business highlighted within the report.***

6.3 Health and Safety Annual report

The Staff Governance Committee received the Health and Safety Annual Report from Mr Cameron Raeburn, Head of Health & Safety, NHS Forth Valley.

Mr Raeburn discussed some of the key points that were highlighted within the Health and Safety report.

HSE were contacted three times during 2021/22, one of which was to investigate 2 RIDDORS related to the same patient. Committee members noted that one of the reports reported the patient's death however no further communications had been received following the response submitted.

49 events were reported under RIDDOR, which were similar figures to the previous year however but 20% more than the year before. Committee members noted that there is no definitive reason for the higher number of reports. A total of 108 RIDDOR reports had been made with potential workplace transmission of Covid-19. Mr Raeburn highlighted that Non-Clinical reporting remains stable.

Regarding adverse events, 41% of these were not reviewed within the 9-day target. Performance in reviewing adverse events had declined since 2019/20. Mr Raeburn identified that there were 532 adverse events that waited more than 3 months to be reviewed.

The reporting of violence & aggression had been stable for the last 5 years. The events which were reported relating to violence and aggression concluded that 75% of incidents reported no harm. Compliance for in-person training for violence & aggression and manual handling was highlighted as being significantly lower than where it is required to be. Mr Raeburn identified that monthly updates for Directorates and HSCPs will be produced to identify progress against required trajectory.

There had been 39 control book audits carried out by the Health & Safety Advisers in 2021/22. The average compliance score was around 50%, with all audits ranging between 17% and 80%. Action plans had been developed and agreed and advised to the control book holder to carry out. Committee members noted that audits will be re-evaluated on a 3 yearly basis.

Health & Safety Committees have been established in 2 Directorates, Clackmannanshire & Stirling HSCP and Facilities & Infrastructure with 1 Directorate, Women & Children's services incorporating their committee into their Clinical Governance Group. The remaining 3 areas are in the process of setting up their committees.

6.4 Appropriately Trained and Developed Annual Report

The Staff Governance committee noted the Appropriately trained and Developed Annual Report.

7 RISK MANAGEMENT

7.1 Health & Safety Quarterly Report – Q4 2021/22

The Staff Governance Committee received the paper 'Health and Safety Quarterly Report-Q4' from Mr Cameron Raeburn, Head of Health & Safety, NHS Forth Valley.

During Q4 2021/22 Mr Raeburn highlighted that there were 10 events reported under RIDDOR. Committee members noted that this was consistent with the number of events reported in Quarter 4 for the previous year. No further events had been reported from Q3 involving covid-19 positive cases. Mr Raeburn identified that non-clinical adverse event reporting remained stable until February 2022 which indicated a significant dip in reporting which appeared to be consistent throughout February in the previous years with no clear indication as to why.

Committee members noted that adverse events are to be reviewed withing 9 days of submission. Mr Raeburn highlighted that this target is not being met with 45% of adverse events waiting out with the time scale. There were 549 adverse events which had waited more than three months to be reviewed.

7.2 Risk Management Report - Workforce

The Staff Governance Committee received the paper 'Strategic Risk Register – Q3-4 2021/22 Update to Staff Governance Risks' from Mrs Sara Mackenzie

The paper was presented to the Staff Governance Committee by Mrs Mackenzie to highlight an update to the Strategic Risk Register for quarter 3-4, with a focus on the Staff Governance risks.

The previous review of the strategic risk register was approved by the NHS Board in November 2021 and since then the risks had remained static with two risks assigned to the Staff Governance Committee.

Risk SRR001: Primary Care – Insufficient funding and recruitment increases the risk that NHS Forth Valley will be unable to implement the Primary Care Improvement Plan. This would result in an inability to fulfil the Scottish Government Memorandum of Understanding as part of the GP contract. Not fulfilling this requirement may jeopardise GP practice sustainability leading to a potential financial penalty for non-implementation. Actions had been set in place to review this risk and explore potential opportunities for resource sharing where there is a clear whole system benefit.

Risk SRR009: Workforce Plans – If NHS Forth Valley does not provide effective strategic workforce planning there is risk that there will not be a workforce in future that is the correct size, with correct skills and competencies, organised appropriately within budget which will result in sub-optimal service. Controls had been put in place to monitor this risk in which the Scottish Government issued guidance requesting a three-year workforce plan be submitted for Health and social care.

The Staff Governance Committee:

- ***Considered the assurance provided regarding the effective management and escalation of Staff Governance risks***
- ***Endorsed the Staff Governance Strategic risks for Quarter 3-4, 2021/22 for onward reporting to NHS Board***

8 REPORTS FROM OTHER COMMITTEES

8.1 Health and Safety Committee – 16.02.22

The Staff Governance Committee noted the assurance provided through the minute of the Health and Safety Committee meeting 16/02/2022.

8.3 Estates and Infrastructure Partnership Forum – 11.11.21

The Staff Governance Committee noted the assurance provided through the minute of the Estates and Infrastructure Partnership Forum committee meeting 11/11/2021.

9 ITEMS FOR NOTING

9.1 Circulars and Policies

The Staff Governance Committee noted the Circulars and Policies. It was highlighted that DL(2022)08 states staff received an additional day of annual leave and should state an additional public holiday.

10 ANY OTHER COMPETENT BUSINESS

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

11 DATE OF NEXT MEETING

Friday 16 September 2022 via MS Teams