There will be a meeting of the **Forth Valley NHS Board** in the **Boardroom, Carseview House, Castle Business Park, Stirling FK9 4SW** on **Tuesday 29 November 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 27 September 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 2022 - 2025** (Paper presented by Miss Linda Donaldson, Human Resources Director	Seek Approval *10.50am-11.00am*
6.2	**Strategic Risk Register – Quarter 1 Update** (Paper presented by Mrs Sarah Mackenzie, Corporate Risk Manager)	Seek Approval *11.00am-11.10am*
6.3	**Schedule of Meetings 2023/24** (Paper presented by Mrs Cathie Cowan, Chief Executive)	For Approval *11.10am-11.15am*
7.	**BETTER HEALTH**	
7.1	**Preparing for Winter, Developing Future Sustainable Services** (Paper presented by Mrs Cathie Cowan, Chief Executive; Dr Graham Foster, Director of Public Health)	Seek Assurance *11.15am-11.45am*
8.	**BETTER CARE**	
8.1	**Healthcare Associated Infection Reporting Template** (Paper presented by Professor Frances Dodd, Director of Nursing)	Seek Assurance *11.45am-11.55am*
8.2	**Recovery & Performance Scorecard** (Paper presented by Mrs Cathie Cowan, Chief Executive)	Seek Assurance *11.55pm-12.10pm*
	BREAK	*12.10pm-12.20pm*
9.	**BETTER VALUE**	
9.1	**Finance Report** (Paper presented by Mr Scott Urquhart, Director of Finance)	Seek Assurance *12.20pm-12.30pm*
10.	**BETTER GOVERNANCE**	

10.1	**Integration Update** (Paper presented by Mrs Cathie Cowan, Chief Executive; Ms Annemargaret Black, Director of Clackmannanshire & Stirling HSCP; Mrs Patricia Cassidy, Director of Falkirk HSCP)	Seek Assurance *12.30pm-12.40pm*
10.2	**Clackmannanshire & Stirling HSCP Annual Performance Report** (Paper presented by Mrs Annemargaret Black, Chief Officer)	Seek Assurance *12.40pm-12.50pm*
10.3	**Falkirk HSCP Annual Performance Report** (Paper presented by Mrs Patricia Cassidy, Chief Officer)	Seek Assurance *12.50pm-01.00pm*
10.4	**Communications Update** (Paper presented by Mrs Elsbeth Campbell, Head of Communications)	Seek Assurance *01.00pm-01.10pm*
10.5	**Governance Committee Minutes**	Seek Assurance *01.10pm-01.25pm*

10.5.1 **Performance & Resources Committee Update: 25/10/2022**
Performance & Resources Committee Minute: 30/08/2022
(Paper presented by Mr Martin Fairbairn, Committee Chair)

10.5.2 **Clinical Governance Committee Update: 8/11/2022**
Clinical Governance Committee Minute: 23/08/2022
(Paper presented by Dr Michele McClung, Committee Chair)

10.5.3 **Audit and Risk Committee Update: 21/10/2022**
(Paper presented by Cllr Fiona Collie, Committee Chair)

10.5.4 **Endowments Committee Update: 21/10/2022**
(Paper presented by Cllr Fiona Collie, Committee Chair)

10.5.5 **Area Clinical Forum Minute: 21/07/2022**
(Paper presented by Mrs Kirstin Cassell, Committee Chair)

11. FOR NOTING

11.1 **Healthcare Strategy Update**

11.2 **Annual Delivery Plan 2022 – 2023**

11.3 **Pandemic Update**

12. ANY OTHER COMPETENT BUSINESS

12.1 **Emerging Topics**

13. DATE OF NEXT MEETING

Tuesday 31 January 2023 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 27 September 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.
• Disposal of Surplus Properties	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.
• Infected Blood Inquiry Update	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 29 NOVEMBER 2022

For Approval

Item 3 – DRAFT Minute of the Forth Valley NHS Board Meeting held on Tuesday 27 September 2022 at 10.30am via MS Teams

Present:

Ms Janie McCusker (Chair)
Mr Robert Clark
Cllr Fiona Collie
Mrs Cathie Cowan
Mr Martin Fairbairn
Dr Graham Forster
Cllr Danny Gibson
Cllr Wendy Hamilton
Mr Gordon Johnston
Dr Michele McClung
Mrs Gillian Morton
Mr Andrew Murray
Mr Allan Rennie
Mr John Stuart
Mr Scott Urquhart

In Attendance:

Susan Bishop, Head of Efficiency, Improvement and Innovation
Elsbeth Campbell, Head of Communications
Patricia Cassidy, Director of Health & Social Care
Linda Donaldson, Director of Human Resources
Sinead Hamill, Board Secretary (Minute)
Kerry Mackenzie, Head of Policy and Performance
Jackie McEwan, Corporate Business Manager
Hazel Meechan, Public Health Specialist
Kathy O'Neil, General 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 Mrs Kirstin Cassels and Mr Stephen McAllister.

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 26 July 2022 was approved as an accurate record subject to the following amendment:

- Gordon Johnston was agreed as Vice Chair of the Clinical Governance Committee.

4. Matters Arising from the Minute

Ms McCusker confirmed that the Strategic Risk Register quarterly update due to be brought to the Board meeting today, would be presented to the next Board Meeting in November 2022.

5. Patient/Staff Story

Mrs Gillian Morton, Interim Executive Nurse Director introduced the patient/staff story. The story focused on the work of the Forth Valley Stroke Team based in Ward B21 at Forth Valley Royal Hospital. Staff working within the Team shared their experiences and in particular highlighted the multidisciplinary nature of their work to foster good relations with patients in their stroke recovery. Board members heard from staff nurses who had been student nurses in the ward and had returned as a result of their positive learning experience and career development opportunities. The Senior Charge Nurse (SCN) whilst reflecting on the changes in treatment e.g., thrombolysis (clot-bursting medications) and the benefits reminded us that the basics remain unchanged – i.e., being kind, being compassionate and being caring. In addition, the SCN spoke about development and career opportunities and timely support and intervention for patients presenting at the Emergency Department and/or assessment areas at the 'front door. Patients also featured in the video story and shared their experiences and the exemplar multidisciplinary team way of working to support their recovery journey. The use of the gym was highlighted, and patients spoke about how beneficial that was to them.

Board members acknowledged the excellent leadership, team working and the hugely positive impact this had on patient experience and recovery. The Chief Executive on behalf of the Board thanked Nyree Phillips, Senior Charge Nurse, and the wider multidisciplinary team – medical staff, AHPs and support staff for their exemplary practice. Board members noted the investment in May 2021 to further develop the Stroke Team including the outreach team, now established.

6. FOR APPROVAL

6.1 Workforce Plan

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

Miss Donaldson informed Board Members that she had met with Government colleagues on the 29th of August to discuss the Plan and that feedback notably around adding to the narrative including a summary after each section (e.g., to capture planned future changes, to align with service and financial plans) would not fundamentally change the Plan as presented. Miss Donaldson whilst still awaiting feedback from the Area Clinical Forum anticipated that the Plan would be updated and turned around to meet the end of October deadline including publication of the Plan as set out in the recommendations.

Miss Donaldson in presenting the Plan referred to Scottish Government guidance as set out in DL (2022) 09. The Plan being presented followed this guidance and had involved colleagues working within Health & Social Care Partnerships (who had developed integrated workforce plans) and Directorates. To date the Staff Governance Committee and Area Partnership Forum had received and provided comment on the

five sections of the Plan, the workforce priorities, and the Action Plan before it came to the Board.

Mr Rennie confirmed the Plan had been discussed at the Staff Governance Committee and an Executive Summary that reflected local workforce implications in response to the National Workforce Strategy had been requested. Miss Donaldson acknowledged the need for an Executive Summary and that this would be added to the Plan.

Board Members noted the Action Plan and how this related to the five pillars of the National Workforce Strategy. The workforce analysis was noted with the risks associated with retiral and access to a future replacement workforce to be added.

Mr Fairbairn asked that a workforce performance report capturing compliance and trends against agreed baseline measures be reported to the Staff Governance Committee. Miss Donaldson confirmed performance against agreed actions as set out in the Plan would be presented to the Staff Governance Committee.

Mr Rennie in support asked that an overarching performance report be developed and agreed with the Staff Governance Committee to enhance the assurance provided to the Committee.

Mr Stuart highlighted that the Plan had not included or referenced Third Sector or volunteers' contributions. Miss Donaldson confirmed this would be captured in the final version of the Plan.

Cllr Collie wished to seek clarity regarding the workforce demographic including patterns of working e.g., part-time, bank, 12 hour shifts etc. Miss Donaldson confirmed that flexibility was key notably to support the different staff groups e.g., the predominately female nursing workforce were more inclined to do 12 hour shifts. Miss Donaldson added that shift patterns were an area of interest in the Staff Wellbeing Group.

Ms McCusker noted that feedback from the Area Clinical Forum was awaited and sought assurance this would be received to meet the end of October deadline. Miss Donaldson informed the Board that this feedback should be received in the next week or so, however if there was a delay and the deadline could not be met an extension from Scottish Government would be requested.

T*he Forth Valley NHS Board:*

- ***Noted that the Draft NHS Forth Valley Workforce Plan has been ~~s~~submitted to Scottish Government and that feedback is awaited following a meeting with Government Colleagues on 29 August 2022***
- ***Noted 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.***
- ***Noted that Workforce Plans have also been completed for Falkirk HSCP and Clackmannanshire and Stirling HSCP***
- ***Noted that the Workforce plan will need to be approved through Governance processes by the end of October 2022***
- ***Noted that the Workforce Plan 2022 - 2025 when approved requires to be published on NHS Forth Valley Website by 31st October 2022***

6.2 Anchor Contribution

The NHS Board considered a paper 'Anchor Contribution' presented by Mrs Cathie Cowan, Chief Executive.

The paper as presented built on the Board's decision in May 2022 to establish an Anchor Board. Mrs Cowan in her introduction reminded the Board of its 'anchor' responsibilities to improve health and tackle inequalities by using the Board's organisational size and scale to influence local economic, social, and environmental sustainability. The Anchor Board whilst setting strategic direction would ensure the Board delivered a more ambitious contribution to Forth Valley wide wealth and health outcomes.

Mrs Cowan before inviting Hazel Meechan, Public Health Specialist and Susan Bishop, Head of Efficiency, Improvement, and Innovation to add to the Board update thanked them both for their contribution to the Board's anchor work to date.

Ms Bishop reminded Board Members that there was no better time for the Board to take on its responsibilities given the impact of the pandemic, the cost-of-living crisis and much needed climate change. Board Members noted that the work being carried out through the Anchor Springboard had shown that there is great potential for NHS Forth Valley to do a lot more. Mrs Bishop informed the Board that a large focus of the work would be on employability.

Ms Meechan focused on community planning and the contribution by the Board to the Anchor Pillars. Ms Meechan also referred to the role of the Board in the newly established Community Wealth and Health Building Partnership led by Falkirk Council.

Mr Stuart sought clarity on the use of endowments to support local 'anchor' projects. Mrs Cowan referred to the 'Investing in Health' current grants programme and whether this could be expanded to go beyond its current purpose. Mr Procter wished to confirm that this will be an item on the next Endowments Committee Meeting for the committee's consideration where both Susan Bishop and Hazel Meechan will be invited along to talk to the paper.

Ms McCusker sought assurance on the time commitment to support this additional programme of work. Mrs Cowan confirmed this would become a greater Government priority with likely duties on NHS Boards to fulfil their anchor responsibilities. Board Members sought clarity on the funding request given the current financial challenges. Mrs Cowan agreed to take the costs back into the Executive Leadership Team (ELT) to revisit and to determine how work may be aligned to support the proposed anchor programme. Board Members also provided comments on the attached Terms of Reference and in particular how the purpose and remit be better aligned. Mrs Cowan agreed to update the Terms of Reference taking into account the feedback.

The Forth Valley NHS Board:

- ***Commented on the draft Anchor Board Terms of Reference (appendix 1) - Terms of Reference to be updated***
- ***Noted the CEO would revisit the funding request with ELT Members***
- ***Noted the programme of work underway (appendix 2)***

6.3 Code of Corporate Governance

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

Mrs Cowan informed the Board of the importance of the Code of Corporate Governance based of the principals of the United Kingdom Corporate Governance Code. Board members noted that every institution should be led by a very effective Board with collective responsibility for the success of an Organisation.

Mrs Cowan highlighted the summary of amendments as set out in the section headed 'Key Issues to be Considered' and before asking the Board to approve the revised Code of Corporate Governance wished to thank Ms Kerry Mackenzie, Head of Policy and Performance for progressing this work and identified that the changes made were reflected on within the paper.

The Forth Valley NHS Board:

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

6.4 Whistleblowing Standards and Activity Report

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

Mrs Morton invited Mr Gordon Johnston, Whistleblowing (WB) Champion to present the paper. Mr Johnston presented Quarter 5 activity highlighting that the Independent National Whistleblowing Officer (INWO) had received no cases relating to NHS Forth Valley. Mr Johnston also referred to the KPI updates for all of the 9 measures. Board Members noted that numbers presented remained small and that this was in common with other NHS Boards.

Mr Johnston referred to the second report attached as Appendix 3. The Whistleblowing Annual Report provided assurance to the Board that all the necessary processes and procedures are in place and working effectively. Mr Johnston also thanked everyone involved in establishing the Boards Whistleblowing response to the nationally approved policy and guidance. Board Members were asked to approve the WB Annual Report and note with its approval the Report would be submitted to the INWO and Scottish Government.

The Forth Valley NHS Board:

- ***Noted implementation of the Whistleblowing Standards and Whistleblowing activity in NHS Forth Valley in Quarter 5 of 2022***
- ***Approved Whistleblowing Annual Report 2021/22***

7. BETTER CARE

It was agreed that Item 7.2 Recovery and Performance Scorecard would be taken at this point in the agenda.

7.2 Recovery & Performance Scorecard

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

Mrs Cowan began her performance update by focusing on the 4 hour Emergency Access Standard (EAS). Mrs Cowan described the EAS as a health and social care system wide barometer and the performance reported as an indication of the demand and capacity challenges the overall system was responding to. Mrs Cowan wished to give her apologies to patients for the long waits and to also thank staff working in primary and community care and within the hospitals for their outstanding contributions.

Board Members noted that the use of an additional bed in a four bedded bay and treatment rooms continued, and this had been highlighted in an earlier NHS Health Improvement Scotland report. Improvement actions in collaboration with Partnership colleagues were intended to improve flow (e.g., discharge before noon) and to reduce delays in transfer and or discharges home or to another health or social care setting. In addition, redesign of triage and urgent care to support the Minors Flow in the Emergency Department (ED) were also being implemented to support the 4Hr EAS performance. Early indications show the triage redesign is able to reduce the overcrowding in ED however the service supporting this improvement due to workforce constraints was operating on a Monday to Friday 0800 to 1800 basis. Expansion of the service was being progressed.

Mrs Cowan described a number of actions and/or investments to support services and staffing sustainability in preparation for winter. Board members supported the additions to services and staffing, notably:

- Hospital at Home moving from 25 to 30 places (funding agreed) and workforce and funding permitting increasing to 50 during 2023.
- Ringfencing of beds in Women & Children to deal with surges in presentations
- The opening of Ward 5, Stirling Community Hospital
- Investment in Nurse staffing (£1.86m) and the conversion of Band 2 to Band 3 for staff working at this level (830 staff being reviewed)
- A11 proposed step down development
- Increases in bed capacity feasibility studies (long term)

Board members noted that the Directors of Health & Social Care were also looking to seek IJB investment to support social care community based and bed based care which would also provide capacity in preparation for winter.

Mr Fairbairn wished to seek clarity on how the Board will be kept up to date on the implementations and success of the actions being set out. Mrs Cowan proposed the Team use the Board Seminar in October to update Board Members on the 'high impact changes/improvements' e.g., discharge without delay, virtual capacity, triage and urgent care redesign and system 'grip' as well as capacity developments, this was supported.

Mr Stuart sought clarity on the proposed Ward A11 development. Board Members noted that the proposal was to scope out the viability for this ward to be used as stepdown nurse/AHP led facility.

Mrs Cowan having introduced the 4 hour EAS performance invited Ms Mackenzie to present the Recovery Scorecard. Ms Mackenzie highlighted that the pandemic prioritisation process had now stopped with the return to pre pandemic scheduled care activity listing in line with national guidance.

Board members noted that the Performance and Resources Committee will receive a Child and Adolescent Mental Health Service (CAMHS) and Psychological Therapy Services 'deep dive' update at its October 2022 meeting. Board Members noted the focus of clinical activity was on patients with long waits, this approach adversely impacted on RTT performance. Both services remain on trajectory with performance meeting the plan in Quarters 1 and 2 of 2023.

Board Members noted that CAMHS waiting list at Quarter 1 (Q1) - 595 was reducing and was likely to drop to just below 400 in Quarter 3 (Q3). Long waits (undated) at Q1 - 72 weeks were likely to drop to just over 30 weeks at Q3, with patients over 52 weeks at Q1 – 153 likely to drop to below 5. Mrs Morton informed the Board that CAHMS was not where they would like it to be, but the Team is working hard to support improvement.

Performance in Psychological Therapies remained static at just over 60% against the 90% 18 week standard.

Ms Mackenzie informed the Board that in August 2022 there was 104 delayed charges at the census, 75 standard delays and 29 Code 9 and guardianship delays. Board Members noted that the contingency beds would remain open whilst delays in transfer or discharge continued to be routinely in excess of 60 beds on the acute site.

Board members noted the performance and ongoing improvement in scheduled care and agreed to keep a watching brief on diagnostic services given the consequences on cancer waits if performance deteriorates. Cancer waits (62 day waits) in urology and colorectal continued to be challenging.

The Forth Valley NHS Board:

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

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 invited Mr Jonathan Horwood to present the HAIRT for August 2022. Mr Horwood informed Board members that there had been 2 Staphylococcus aureus bacteraemia (SABs) reported with 1 being healthcare acquired and 1 being hospital acquired during the month of August – total SABs within control limits.

Board members noted that the Device Associated Bacteraemia (DABs) remained within control limits for August with 2 hospital acquired and 4 healthcare acquired.

11 E coli bacteraemia (ECBs) had been reported with 4 hospital acquired, 6 Healthcare acquired and 1 nursing home acquired. Mr Horwood highlighted that ECBs remained within the control limit for August.

6 healthcare clostridioides difficle infection (CDIs) were reported in August with no hospital acquired reported. Healthcare acquired CDIs had exceeded control limits this month. Mr Horwood confirmed that each infection was reviewed, and no cases were linked to antibiotics and/or PPIs. Ongoing monitoring by the Infection Prevention and Control Team (IPCT) would continue.

Mr Horwood identified 3 Surgical site infections: 1 related to breast surgery and 2 related to caesarean sections. Board members noted that there was no further update on estate clean and compliance reporting as the next report is not due to October 2022 where Mr Horwood hopes to see Bellsdyke facilities back to green rating.

One outbreak of Covid was reported (6 patients) with IPCT supporting. Mr Horwood identified there had been changes to Covid guidance with a DL published asking to pause asymptomatic testing for patients attending the hospital. Board members noted that this has been implemented (September 2022) and is being monitored.

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***

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 confirmed the Board continues to face a very challenging financial position with an overspend for the 5-month period to 31 August of £2.5 million - this compares to an overspend of £0.5 million for the same period in the previous year. The financial position reflects ongoing capacity and staffing pressures with an increase in the use of temporary workforce to support additional acute contingency beds as reported by Mrs Cowan in her performance update to the Board earlier in the meeting, plus the impact of inflationary price pressures across supplies, services, and contracts.

Mr Urquhart identified that the year-end forecast indicates a projected overspend against budget at 31 March 2023, quantified between £10m to £15m which is significantly adrift from the break-even position which was set out in the approved financial plan. Board members noted that financial forecasts had been based on a set of working assumptions for expenditure rates against confirmed funding plus anticipated resources.

Mr Urquhart informed Board members that a number of actions were being progressed to mitigate the projected overspend as far as possible and that these would be set out in an Action Plan to be submitted to the Scottish Government on 30 September. Board

members noted that if financial support was required to deliver in-year financial balance this would be repayable and would need to be accompanied by a recovery plan. Mr Urquhart advised that he would share a further update on the financial forecast and cost improvement plans at the Performance and Resources Committee on 25 October.

Board members noted the longer-term risk on financial sustainability, and the work being progressed aligned to the national Sustainability and Value themes including more effective use of resources and better value care.

Board members noted the balanced Capital position and forecast. Mr Stuart wished to seek clarity on current capital expenditure which was relatively low in comparison to the full year budget. Mr Urquhart assured the Board that plans were in place to deliver the capital plan and proposed to add a trajectory of expected monthly spend to future reports to provide Board members with further assurance.

Mr Fairbairn asked about the Scottish Government position in relation to spend associated with delays in patient discharge including supplementary staff costs. Mrs Cowan confirmed that a number of NHS Boards are having similar challenges and that the Cabinet Secretary was working across Government portfolios to agree solutions in preparation for winter. Mr Urquhart confirmed that there are ongoing discussions throughout the Directors of Finance national meeting in relation to these challenges.

Mr Johnston sought clarity on Covid funding and access to IJB reserves to support health and care in advance of winter. Mr Urquhart referred to his report which set out anticipated Covid-19 funding of £12.3m against projected costs of £17m position, resulting in a gap of approx. £4.3m which had been factored into outturn forecasts. Board members asked for further clarity on IJB reserves and agreed to pursue this as IJB members to support health and social care services going into winter.

The Forth Valley NHS Board:

- ***Noted the year-to-date revenue overspend of £2.5m and balanced capital position as at 31 August 2022***
- ***Noted 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.***
- ***Noted 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***
- ***Noted 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***

9. BETTER GOVERNANCE

9.1 ED Update

The NHS Board considered a paper 'ED Update' Presented by Mrs Cathie Cowan, Chief Executive.

Mrs Cowan provided an update on each of the four sections: Nursing Workforce, Clinical, Staff and Corporate Governance. Board members noted that all of the 'Nursing recommendations had been actioned and implemented with the exception of induction. Investment in nurse staffing in ED and AAU/CAU had been approved and was now being implemented.

Similarly, in Clinical Governance the majority of recommendations had been actioned with the exception of:

- Recommendation 2 - this was down to timing and progressing a workshop to respond to the training needs identified by Committee members
- Recommendation 8 - SAE Policy having been refreshed was due to be reviewed and this was progressing
- Recommendation 13 - action had included a separate but relevant assurance piece of work. Assurance and Achievement Directorate and Partnership meetings were now being updated and piloted

Board Members noted all the recommendations had been progressed and business as usual reporting via the Staff Governance Committee would be progressed.

In Corporate Governance, Board Members noted the OD work to support ELT revisit its Terms of Reference, Values and Membership had been completed. Board Members noted the Chair's commitment to ongoing Board development to support the Board's high performance ambitions. Mrs Cowan highlighted Recommendations 7 and 8 would be picked up in the Nurse Workforce developments and investments in 24/7 Nurse Leadership.

Mrs Cowan also highlighted the work underway by Internal Audit to review the Board's response to ED culture and governance. Mrs Cowan confirmed this was yet to report. In addition, the ED Working Group to determine impact on ED specific recommendations was established and would report back to the Board in January 2023.

Mr Clark confirmed the ED Working Group had been established and local staff representatives had been supported to contribute to this next phase of review. Determining the impact of the Board's actions highlighted the Board's commitment to supporting improvement in the workplace.

The Forth Valley NHS Board:

- ***Noted an ED Working Group has been established to review the impact of the Board's response to the ED specific recommendations***
- ***Noted that the Chief Executive will be sharing quarterly reports (having been considered by the Health Board) with the Integration Joint Boards to enable the IJBs to fulfil their oversight role***
- ***Noted the 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***

9.2 Governance Committee Minutes

9.2.1 Performance & Resources Committee Update: 30/08/2022
Performance & Resources Committee Minute: 28/06/2022

Mr Fairbairn informed the Board that all key points discussed at the Performance and Resources Committee had been covered throughout the Board Meeting.

The NHS Board noted the assurance provided through the minutes of the Performance & Resources Committee Meeting 28/06/22.

9.2.2 Clinical Governance Committee Update: 23/08/2022
Clinical Governance Committee Minute: 17/05/2022

Dr Michele McClung informed the Board that the agenda items at the Clinical Governance Meeting 23 August 2022 were informed by the five domains set out in the Vincent Framework. Board member noted that an update was also provided on Mental Health by Dr Crabb who shared a series of improvements adopted and implemented by the service.

The NHS Board noted the assurance provided through the minutes of the Clinical Governance Meeting 17/05/22.

9.2.3 Staff Governance Committee Minute: 13/05/2022

The NHS Board noted the assurance provided through the minutes of the Staff Governance Committee Meeting 13/05/22.

10. ANY OTHER COMPETENT BUSINESS

Ms McCusker wished to acknowledge the response by all staff working across Directorates and Partnerships to the challenges in both demand and capacity. Ms McCusker on behalf of the Board acknowledged the leadership of the ELT and thanked staff for their ongoing commitment to deliver services in very difficult circumstances.

Board members noted that the next Board Meeting will be held in person 29 November 2022 and that all details will be provided by Sinead Hamill.

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

https://youtu.be/Vmi7yOZWUPQ

FORTH VALLEY NHS BOARD
TUESDAY 29 NOVEMBER 2022

6.1 Workforce Plan 2022 – 2025
For Approval

Executive Sponsor: Mrs Cathie Cowan, Chief Executive

Author: Miss 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. As agreed at the last Board meeting, the Workforce plan now reflects the written feedback from Scottish Government and feedback from ELT, Area Partnership Forum, Area Clinical Forum and the Staff Governance Committee.

Recommendation

The Forth Valley NHS Board is asked to:

- **note** that the NHS Forth Valley Workforce Plan 2022 - 2025 has been updated to reflect the feedback received from Scottish Government, ELT, Area Partnership Forum, Area Clinical Forum and Staff Governance Committee
- **note** that the Workforce Plan is an iterative document, and that Scottish Government will arrange further discussion with NHS Forth Valley to inform subsequent annual revisions to the workforce plan.
- **note** that the Workforce Plan 2022 – 2025 when approved requires to be published on NHS Forth Valley Website
- **approve** the NHS Forth Valley Workforce Plan 2022 – 2025

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. 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 first 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 with Paula Shiels and Chris Carron on 29th August 2022. Changes have been made to the draft plan on receipt of feedback received from Scottish Government colleagues, the Area Partnership Forum, Area Clinical Forum and the Staff Governance committee.

Once approved the NHS Forth Valley Workforce Plan will be published on the NHS Forth Valley website following approval.

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 1.

Implications

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

Infrastructure Implications including Digital
There are no specific infrastructure implications in respect of this paper.

Sustainability Implications
There are no specific sustainability implications in respect of this paper.

Sustainability Declaration
Further to consideration the author can confirm that due regard has been given to compliance with the key aims of the NHS Scotland Climate Emergency & Sustainable Development Policy (DL (2021) 38) as part of the decision-making process A policy for NHS Scotland on the climate emergency and sustainable development.

□ Yes
✓ N/A

Where applicable, the climate change, environmental and sustainability impacts and any mitigating measures are noted above/contained in the supporting papers.

Quality / Patient Care Implications
There are no specific quality or patient care implications in respect of this paper.

Information Governance Implications
There are no specific information governance implications in respect of this paper.

Risk Assessment / Management

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 an evaluation it is noted that:

- Paper is not relevant to Equality and Diversity

Communication, involvement, engagement and consultation

The Workforce Plan has been reviewed at ELT, Area Partnership Forum, Area Clinical Forum and Staff Governance Committee.

Additional Information

There is no other relevant information in respect of this paper

Appendices

- Appendix 1: Workforce Plan 2022 - 2025

NHS
Forth Valley

WORKFORCE PLAN 2022 - 2025

CONTENTS

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 these exchanges and to convert lots of what we do into 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

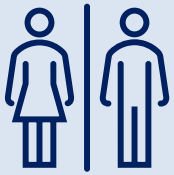
39% of the workforce are 50+

10% of the workforce are 60+

44.79% of workforce are part-time

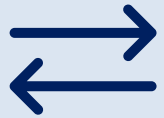
Turnover 2021/22 – 11.09%

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.

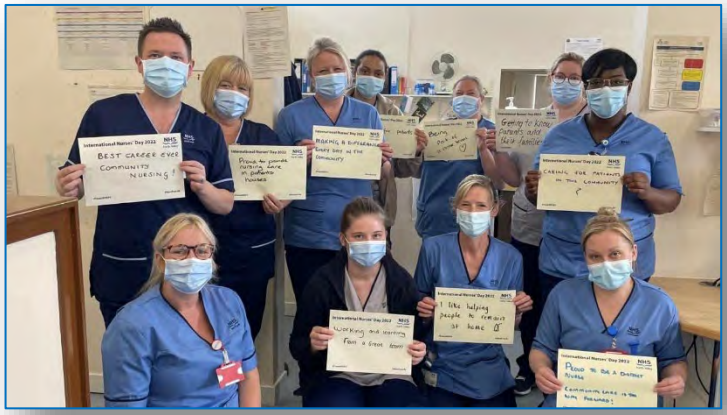
Student nurse intake numbers have increased slightly but only two universities offer the Registered Nurse Learning Disability (RNLD) course. This is now being discussed at a national level due to the national shortage. NHS Forth Valley has also increased its number of student placements within LD settings 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 registration 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: AHPs

Whilst Workforce planning must be considered as it relates to each individual profession (as these professions are not interchangeable and have specific workforce challenges and needs), there are overarching themes which thread through all of the Allied Health Professions.

Themes

Recruitment to Allied Health Profession Vacancies across Scotland is problematic and most recently, NHS Forth Valley has experienced long term vacancies for all Bands across AHP services. Demand for AHPs is extremely high and current workforce levels are not meeting need in terms of both numbers of referrals being received by services and safe caseload numbers to achieve outcomes for patients. This has resulted in long waiting times/lists for all patient groups.

New graduates who trained during the pandemic are requiring additional support from senior grades of staff due to the limited hands-on experience, with resulting impact on capacity. This will continue to be an issue going forward and will require to be incorporate into future workforce planning in recognition of the need to retain our junior workforce and support wellbeing across all grades.

Reductions in the available workforce and the impact of the cost-of-living crises is impacting on where new graduates (and other experienced staff) can live and work. We need to ensure FV is an attractive place to work, creating new and innovative career opportunities and pathways into healthcare employment as part of the Allied Health Profession workforce.

Succession planning requires to be a central aspect of planning for example we currently, within MSK Physiotherapy, offer opportunities to develop clinically to 8A level. It is essential all roles are developed across the 4 pillars of practice.

We are developing pathways to offer UG and PG students experience within healthcare as support workers on our local staff bank. This will enhance their learning experience and expedite recruitment on qualification.

Aspirations

Contemporary working: An oversight group to progress consideration of 5/7 working for services where this level of flexible working has been re-established. This group will build on the work undertaken previously in NHS Forth Valley and HSCPs to ensure a robust approach to supporting weekend working, flexible shift working and securing on-call rotas. This will help us utilise facilities over 7 days to increase capacity but will have depend on resources available.

CURRENT WORKFORCE CHALLENGES: AHPs

New Roles: Given the current recruitment challenges across AHP professions, it is critical to explore new roles which can support practice and peoples outcomes. This will include development of support worker roles including Exercise Support workers building on the partnership with University of Stirling and Forth Valley Colleges. Exploring Apprenticeships as routes into the healthcare careers in Allied Health Professions will be critical given the student issues outlines above and we will be working in partnership locally and nationally to support these roles developing going forward.

We are committed to support Return to practice within AHPs and are working to implement the NES RTP guidance however we need to ensure we have capacity within services to support this.

Advance Practice and Consultant roles: These roles have been developed in NHS Forth Valley and we will continue to develop these roles particularly in respect to First Point of Contact early intervention and prevention/public health roles to support population wellbeing, and AHP led wards and clinics.

The APP roles established as part of the GMS agreements for Primary Care have impacted on the PT workforce. Whilst offering fantastic opportunities the limited workforce planning nationally has impacted on the available resource with the PT profession). We are testing the OT roles in this area and have been involved in discussions at a national level around the role for Dietetics. ESP roles for PT within, rheumatology and Pain services are well established.

The new proposals for the new Falkirk Community Hospital and the development of hubs will enhance interdisciplinary working and give AHP bespoke environments to deliver care differently focusing on early intervention and prevention.

Long Covid Supported Self Management: NHS Forth Valley is progressing development of Multi Disciplinary provision to support people in NHS Forth Valley living with the impact of Long Covid. The learning from this work will support the evidence base of how best to support people with Long Covid. This work is supported by people with lived experience as key partners in developing roles and supports.

AHP services in NHS Forth Valley are part of the current NES pilot of professional coding and classification to support understanding of the Professional groups and subfamilies. In addition in order to be clear in what is needed for the current and future AHP workforce in NHS Forth Valley, work is underway to test job planning and undertake service specifications based on prevalence of disease, demographic impact on need and workforce numbers. This will contribute to the current National workforce workstream relating to the Safe Staffing Bill and will enable us to have clarity and specificity regarding the numbers of AHPs required to deliver safe, efficient and effective health care and patient outcomes.

Skill Mix: With the issues relating to recruitment and student numbers, it will be important to consider what skill mix can look like moving forward. This will include developing the roles of health care support workers is developed and grown and the value of these roles highlighted for all AHP services in NHS Forth Valley.

CURRENT WORKFORCE CHALLENGES: AHPs

There are national challenges to recruit school leavers to AHP courses for the first time this year AHP HEI places have gone to clearing we are working closely across FV with our Health and HSCP to promote the AHP professions with learning environments including the NHS Academy.

International Recruitment

Recent funding announcements (October 2022 Scottish Government) bring Allied Health Professions into line with Nursing and Midwifery with funding to include visa and relocation. This will support recruitment to priority posts where recruitment is challenging.

Uni -Professional Workforce Issues

Physiotherapy

As for other professions, there are significant recruitment challenges in recruiting to Physiotherapy roles in particular Band 6 roles.

In addition there are issues relating to the levels of capacity required through supervision and in- work support for recently qualified physiotherapists, with impact on workforce /workload and subsequently waiting lists for physiotherapy. This will require planning moving forward as it is anticipated that these support issues will be ongoing.

Student numbers in physiotherapy in Scotland will impact future capacity of physiotherapists. For the first time, Physiotherapy courses in Scotland have been to Clearing as not all places had been filled. Previously Physiotherapy courses have always been over-subscribed. This is concerning for our future workforce.

Occupational Therapy

Recruitment to occupational therapy posts is also problematic, with vacancy gaps across all areas. The development of new services, where AHPs are integral, has increased demand, not only in Forth Valley but across Scotland but the OT workforce is not there, need to look at future workforce plans anticipating OT numbers required ensuring that workforce is available to meet future demands.

Developments of new services Hospital at Home, Rapid service, Early supported discharge for stroke and need for AHP services at weekend has also placed further demands for new posts.

OTs are in a unique position where they can be employed by health and local authority, recruitment to posts in social care is challenging, and there are many gaps, many of the posts are case managers and not OT specific which detracts from the unique OT contribution and means that patients require to be seen by many OTs in their journey, with lots of duplication and re assessments, this is now being addressed and support to take this forward is there.

CURRENT WORKFORCE CHALLENGES: AHPs

Current test of change within one of the GP rural practices for OT in primary care is currently underway, along with the national OT in primary care, it is foreseen that roles for OTs in this area is required, but again this will add further pressure for recruitment.

Post COVID the needs of the population have impacted on referrals to AHP services as a direct result of COVD or as a consequence of lockdown.

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Speech and Language Therapy

Our SLT workforce in adult service provision is small relatively to the other AHP professions and this will require to be a focus for workforce planning going forward.

Funding has been successfully secured for Prison service development.

Our CYP SLT service has undertaken whole system transformational change in line with Ready to Act (SG 2015 and Ready to Act in Action 2018) with significant evidence of impact in service delivery and outcomes.

Dietetics

Roles within prevention and early intervention are showcased within our PHN team and the DPF and CHW initiatives. We need to ensure we plan for ongoing input and expertise within these areas as this will allow us to provide universal and targeted interventions.

FPC roles within primary care are essential roles going forward and we are fully engaged with national initiatives around this.

CURRENT WORKFORCE CHALLENGES: AHPs

Orthotics

This is a very small but essential profession it will be essential going forward to investment in universal and targeted approaches to support this profession.

The HCSW role needs to be scoped within this group.

Podiatry

There are increasing more complex patients being referred to this group. It is essential we support staff to become NMP to release the pressure on primary care teams.

AHP Services across NHS Forth Valley, Primary Care and HSCPS are currently working in partnership with HIS, NES and Scottish Government in respect to the AHP Workforce/Workload work-streams. We are also a pilot site for the Professional Classification workstream for AHPs led by NES.

As part of our commitment to safe staffing and effective evidence based service provision we are currently undertaking benchmarking of AHP services across Forth Valley to establish our current workforce and how this is used across a tiered model of service delivery. We are also undertaking job planning across professions and grades to ensure governance and accountability in roles in delivering patient care.

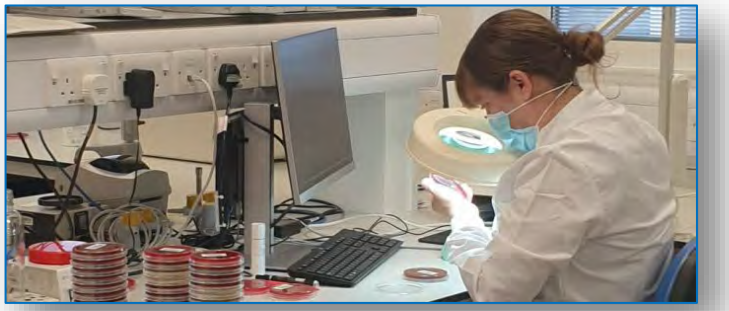
This work will inform our workforce planning moving forward, identifying capacity and gaps in provision and providing data in supporting role development, service change and design of provisions in partnership with our communities.

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:

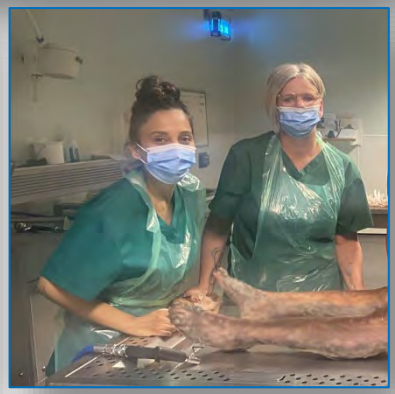
Laboratory Services

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.

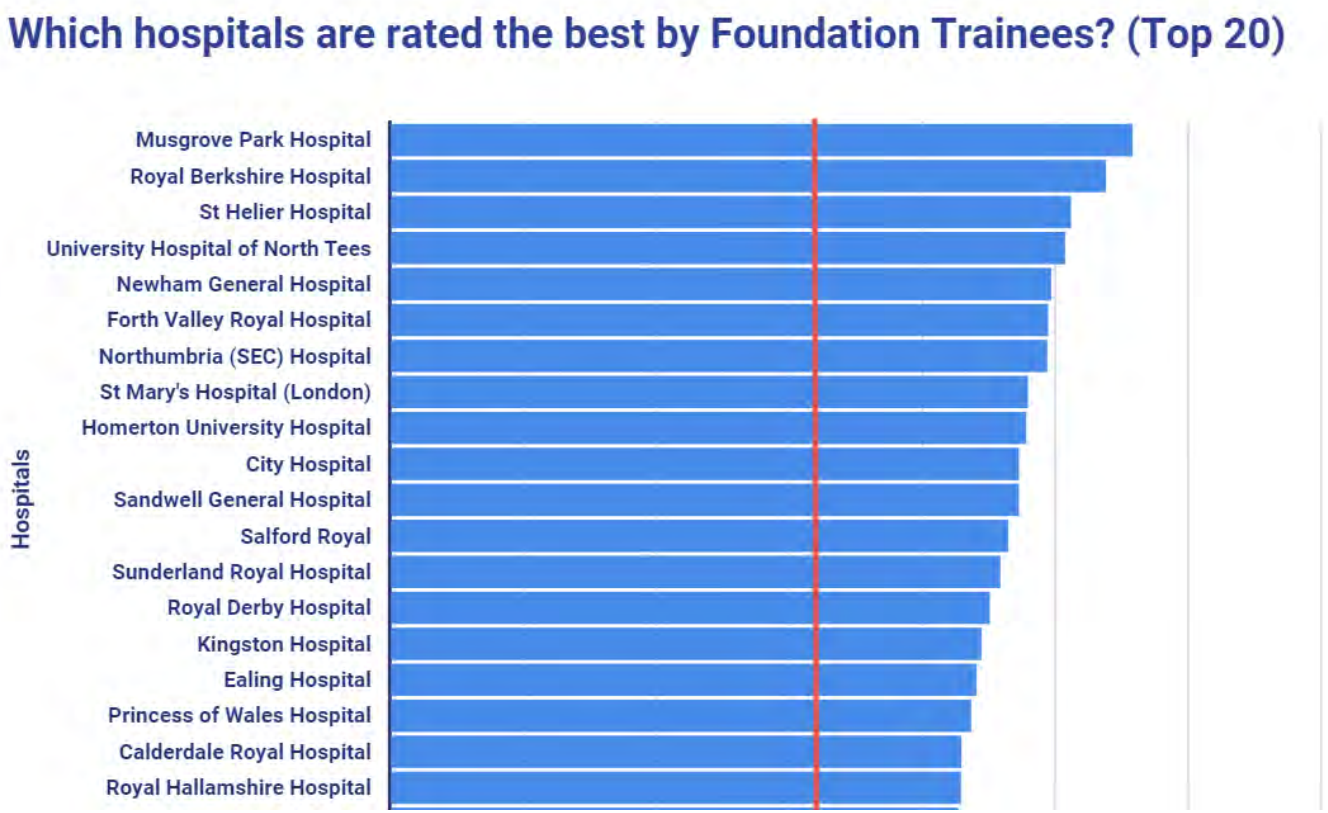
Medical schools

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 opposite 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.

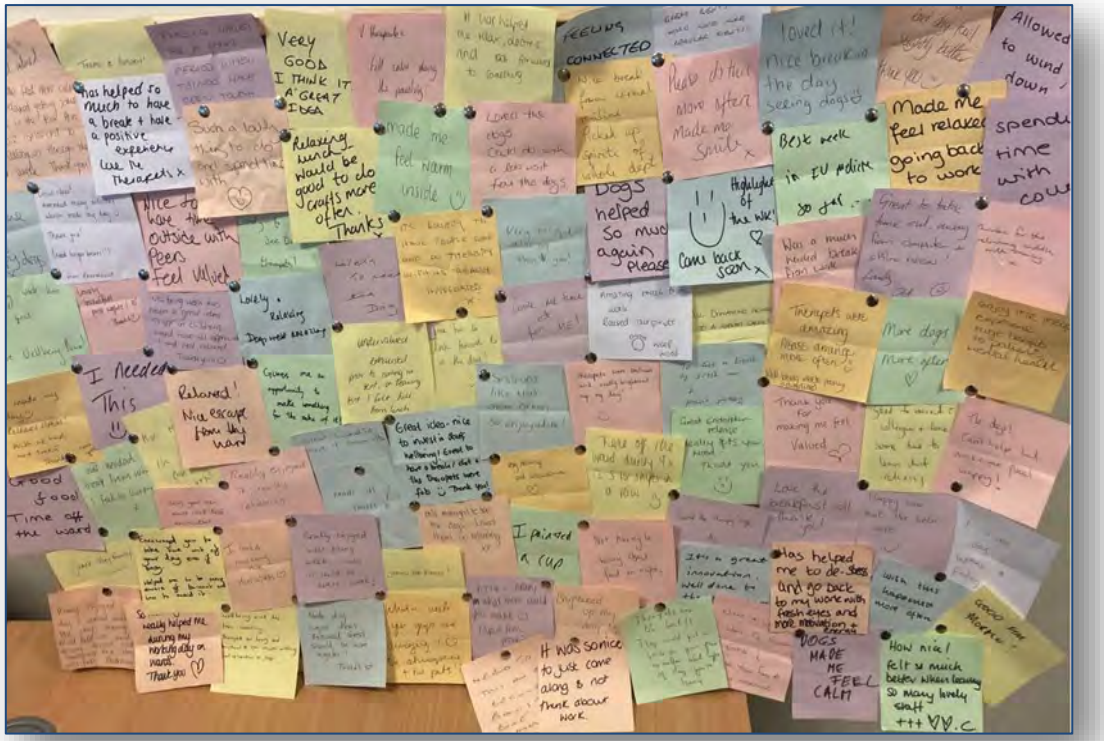
Working Conditions and Wellbeing

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 opposite 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.

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.

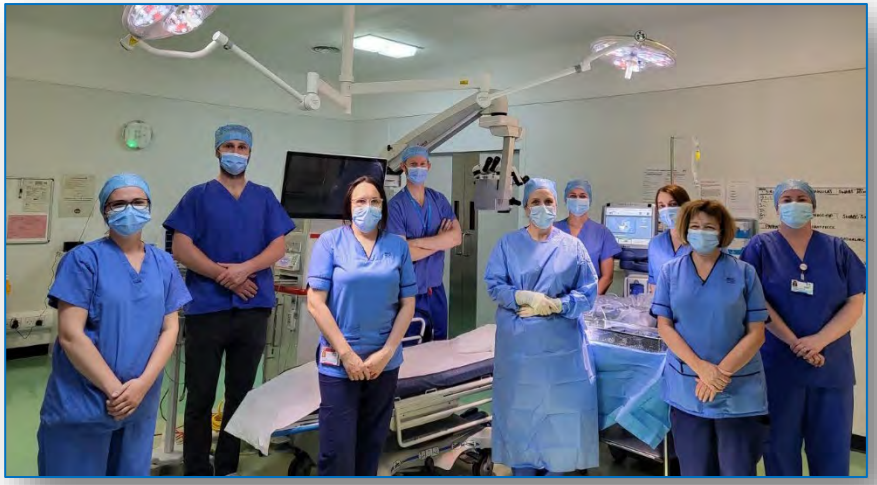
It is recognised that some of these roles may change over time, but these changes are likely to be in the longer-term future and does not negate the current requirements. It is expected that there may be difficulty in recruiting to some roles and where this is the case, alternative approaches, such as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

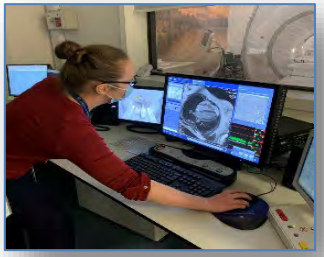
Medical workforce

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

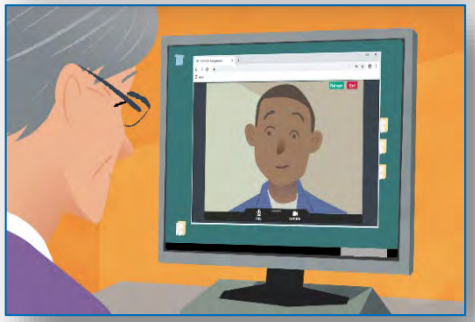
Acute Services: Scheduled Care

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.

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.

Rapid Assessment and Care Unit (RACU)

We have made a number of successful appointments into the RACU 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 RACU 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 Agenda for Change 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.

WORKFORCE PRIORITIES

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.

WORKFORCE PRIORITIES

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

In October 2022, the Cabinet Secretary for Health and Social Care announced that £7.98m will be made available to Scotland's Health Boards in 2022/23 to support the recruitment of up to 750 registered Nurses, Midwives and Allied Health Professionals (AHP) from overseas by April 2023. Given winter planning pressures and the acceleration of the National Treatment Centres, international recruitment will help to build additional capacity and promote system resilience to rebuild the NHS as it recovers from the unprecedented challenges of the pandemic.

NHS Forth Valley now has effective infrastructure in place and there is a strong pipeline relationship ongoing with NHS Professionals to continue delivering ethical international recruitment over the next year. NHS Forth Valley has identified at least 30 posts, including Nurses, Midwives and AHPs, that it will endeavour to recruit to in 2022 – 2023. These 30 posts include a mix of arrivals in country and employment offers in place by 31st March 2023. In addition, we are exploring international recruitment for 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.

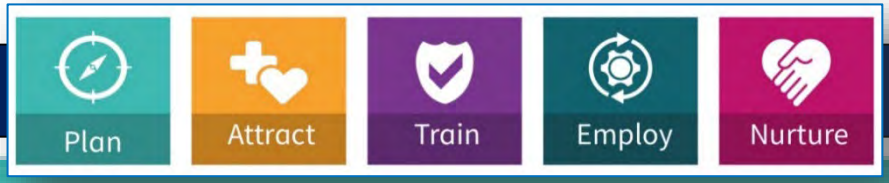
WORKFORCE PRIORITIES: Staff Support and Wellbeing Priorities

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.

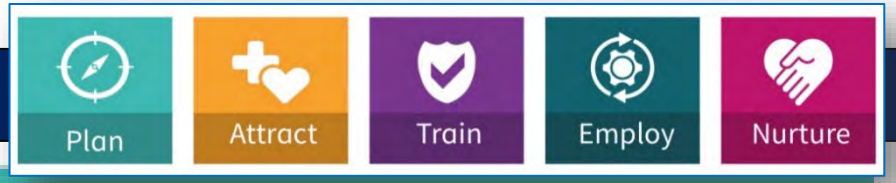
The Five Pillars of Workforce



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

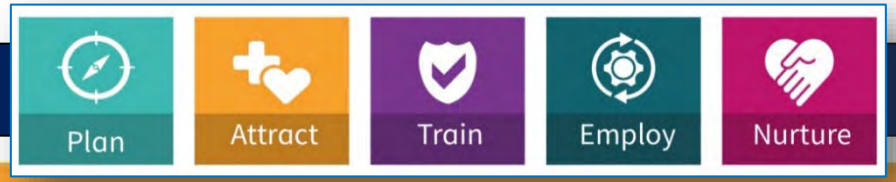
The Five Pillars of Workforce



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

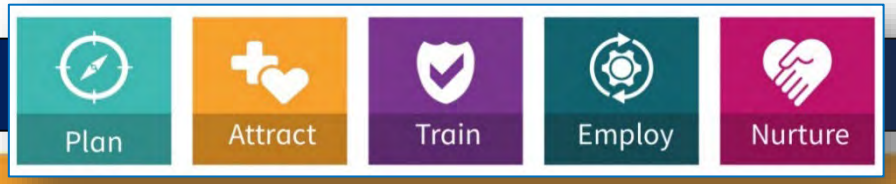
The Five Pillars of Workforce



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

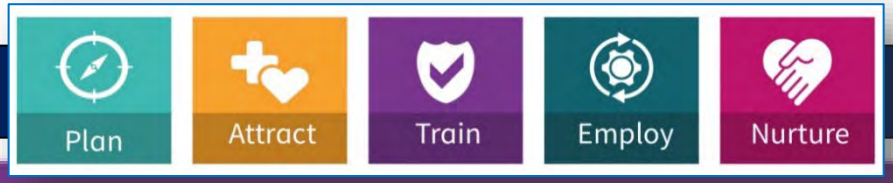
No.	Workforce Priority	Action	Expected Outcome	Lead	Timescales
A6	Enhanced employability 'no-one left behind' – helping to address inequalities	As the largest employer in Forth Valley, seek funding for a small team of staff to manage placements for potential employees linking with local authority teams	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&Cs Examples Physicians Assistants; Health Care Scientists; ANP and ENPs	Specialist Leads	2022 - 2023

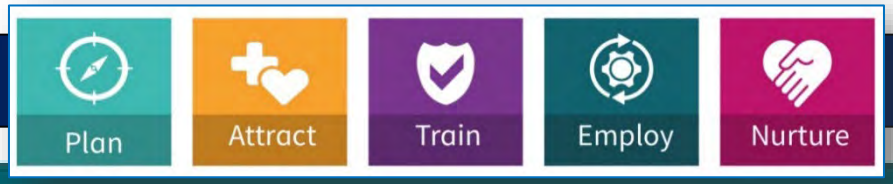
The Five Pillars of Workforce



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

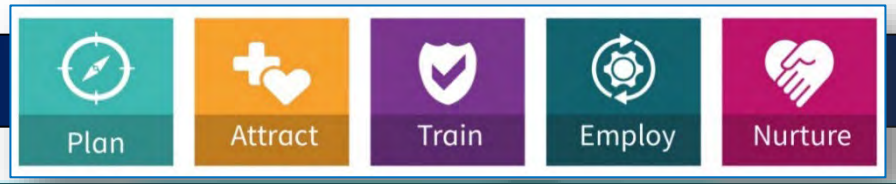
The Five Pillars of Workforce



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

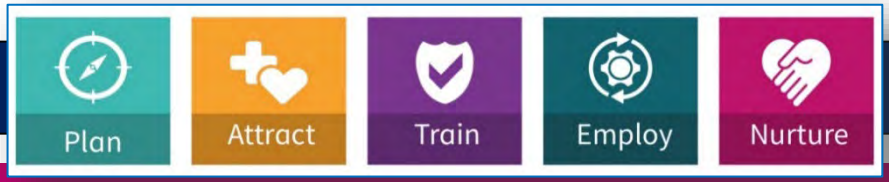
The Five Pillars of Workforce



Employ

No.	Workforce Priority	Action	Expected Outcome	Lead	Timescales
E6	Increase bank posts in hard to fill areas: midwifery; Paediatric and Neonatal Nursing; AHPs	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.

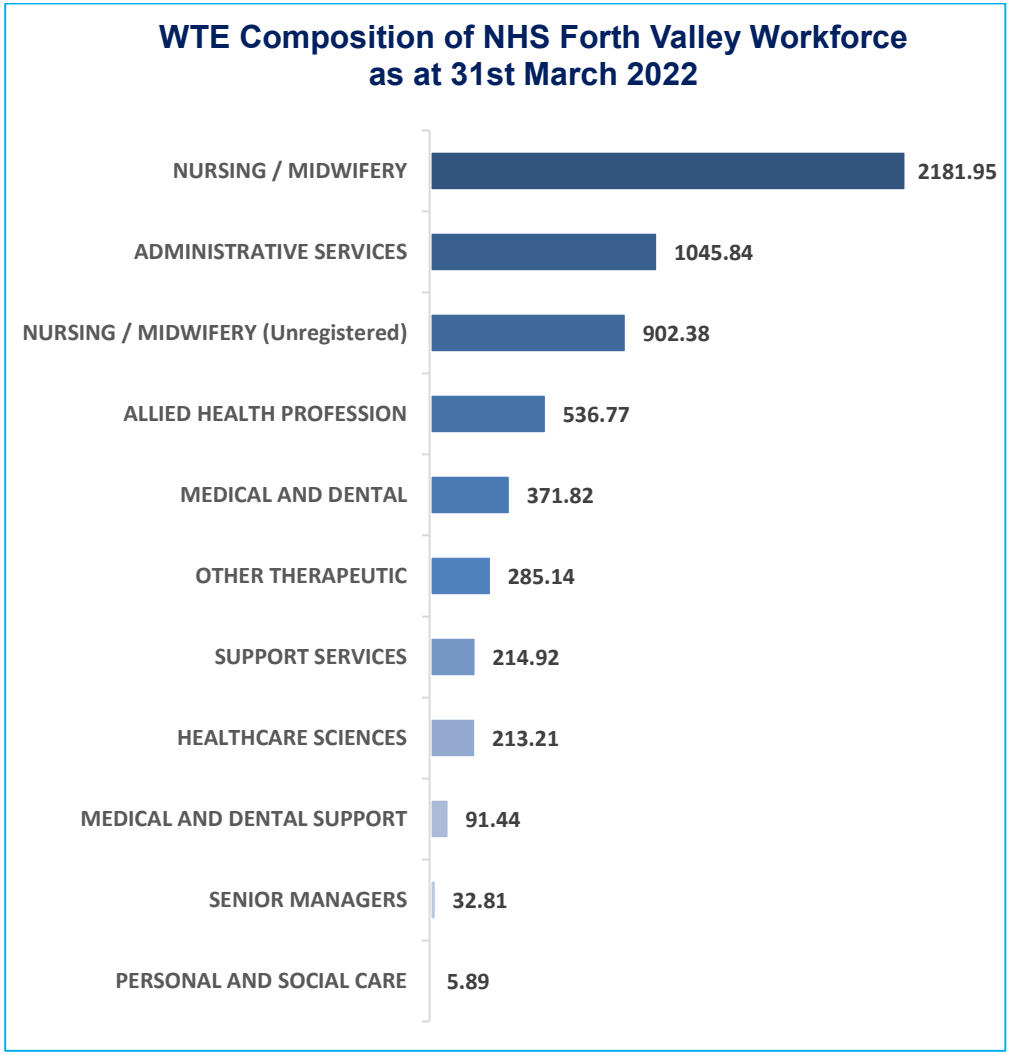
NHS Forth Valley is a large employer with a workforce of clinical and non-clinical staff.

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

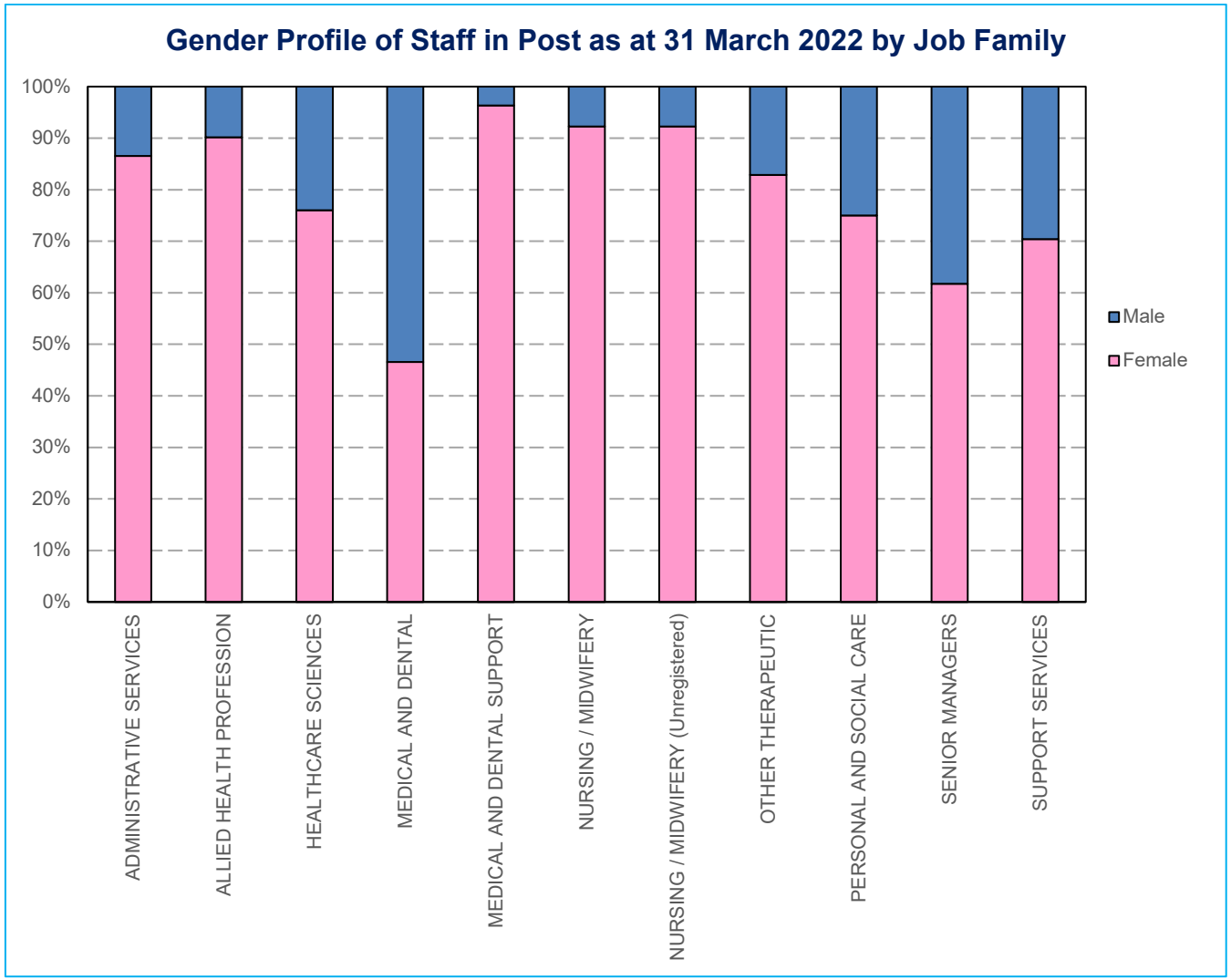
- Nursing and Midwifery staff (all pay bands) remain the largest single staff group accounting for 52.44% of the workforce.
- Medical and Dental staff account for 6.32% of the workforce. This includes hospital doctors and dental practitioners but excludes training grade doctors and dentists who are on 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

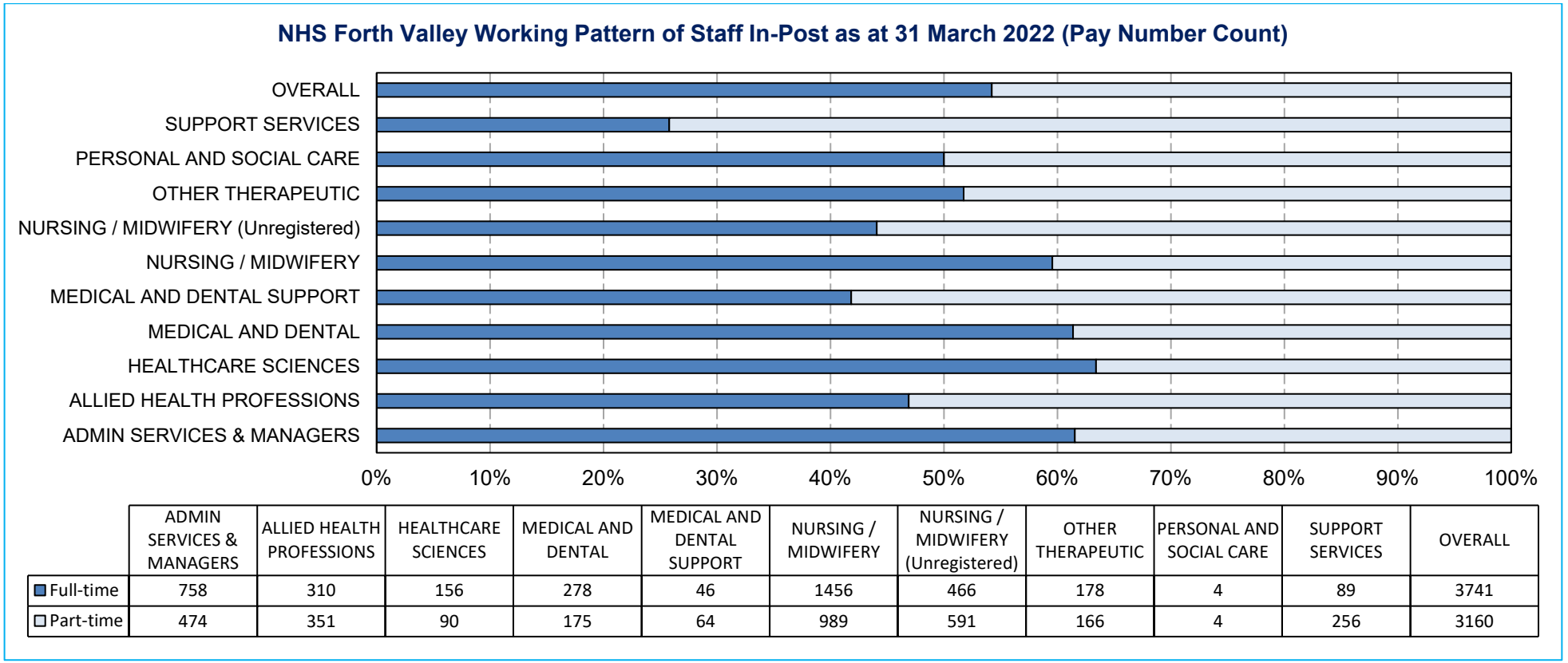
The following table shows the ethnicity of staff in post as of 31st March 2022 as recorded in eESS and demonstrates a positive picture of the workforce demographic of NHSFV compared to the local demographic based on the latest available census data.

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.



	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.

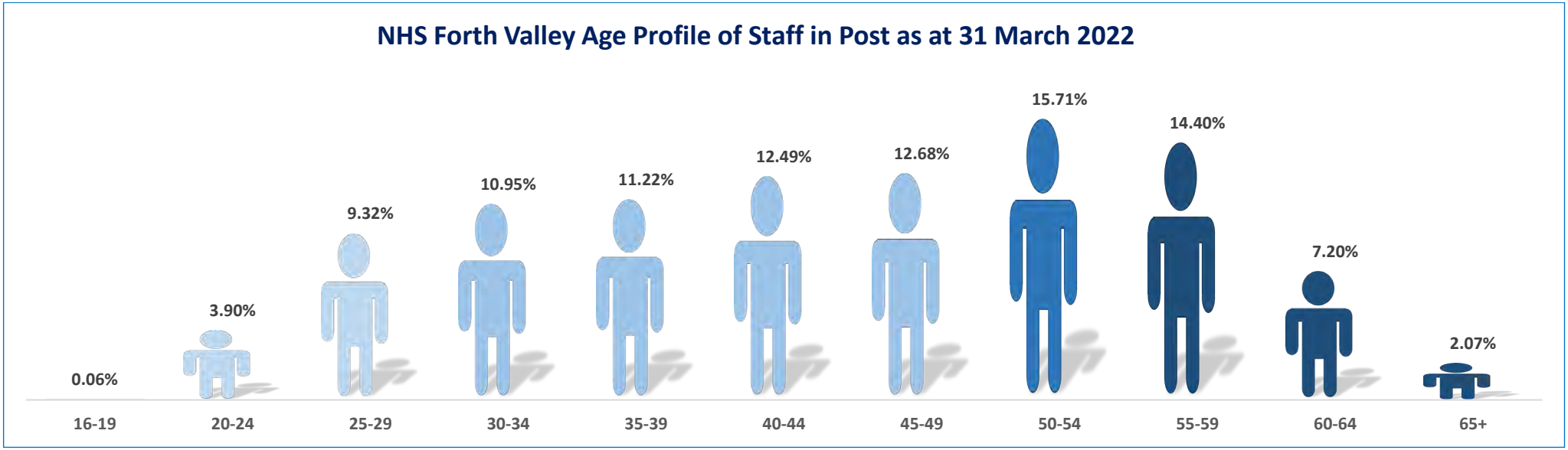
Job Family	Fixed Term	Permanent	Permanent Secondment	Total
ADMINISTRATIVE SERVICES	95	1034	69	1198
ALLIED HEALTH PROFESSION	7	636	18	661
HEALTHCARE SCIENCES	7	231	8	246
MEDICAL AND DENTAL	75	377	1	453
MEDICAL AND DENTAL SUPPORT	6	101	3	110
NURSING / MIDWIFERY	17	2366	62	2445
NURSING / MIDWIFERY (Unregistered)	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.

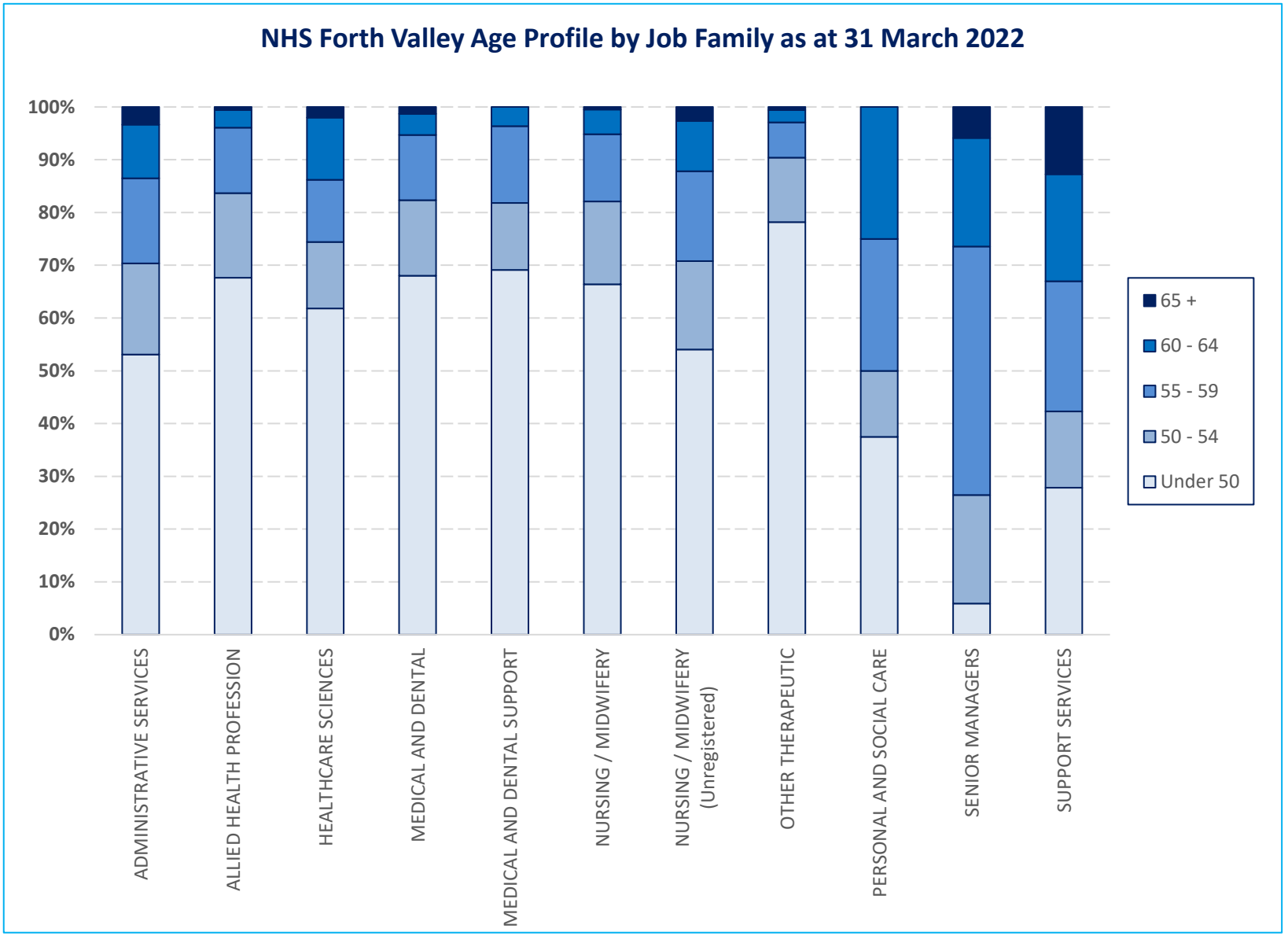
Comparison of nationally published workforce information for NHS Forth Valley with that of NHS Scotland overall shows that 22.5% of NHS Forth Valley's workforce is aged 55+ which compares favourably with the national figure of 24.2% aged 55+ (figures are slightly different to local figures as training 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+ presenting potential risks to these services where recruitment and/or retention have been identified as problematic in earlier sections.

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

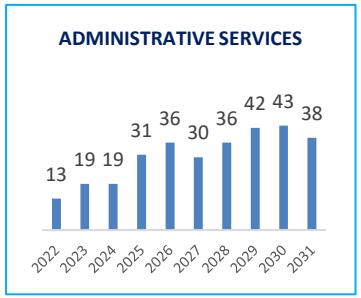
Looking to the future, we have reached the stage when all staff who remained in the 2008 NHS pension scheme have reached the end of their tapered protection and can no longer contribute to a scheme where the normal pension age is 60.

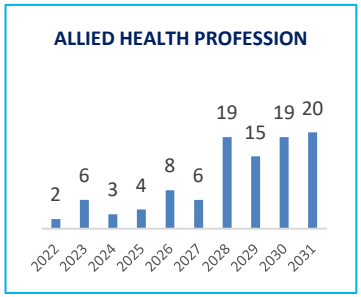
However, some may still have sufficient years in this scheme to make retirement around age 60 a viable option, especially if the offer to return on reduced hours is a possibility.

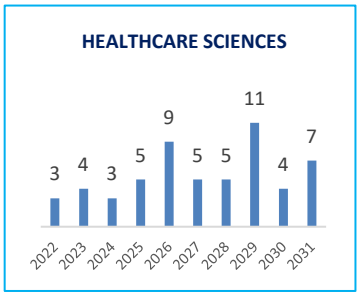
Just under 10% of the overall workforce on 31st March 2022 is currently aged 60+.

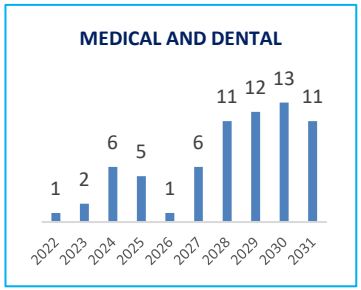
Over the next 10 years between 2.4%-3.4% of the current workforce will reach the age of 60 each year.

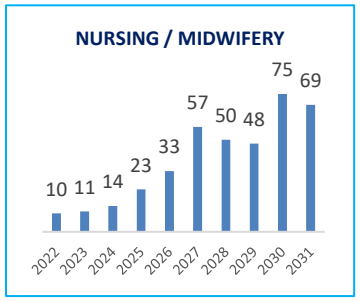
The charts show the numbers of current staff who will reach age 60 over the next 10 years by job family (excluding those who were already aged 60 by 31st March 2022).

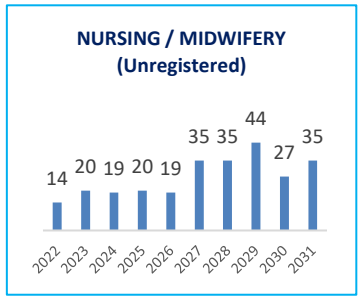


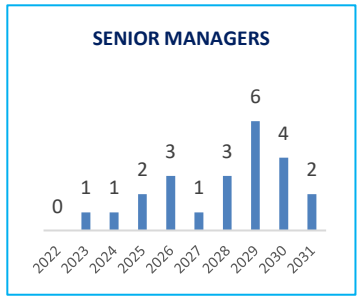


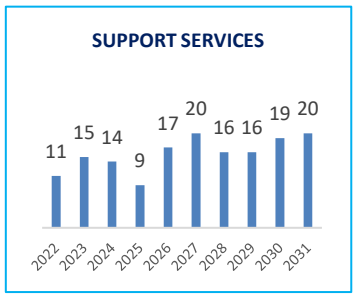




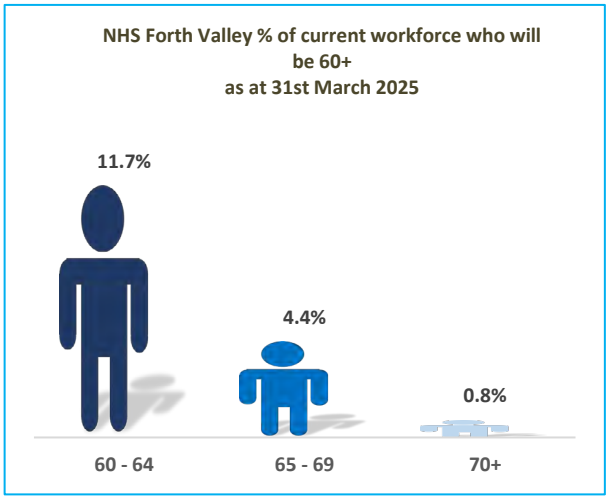








At as 31st March 2025, 17% of the current workforce will be aged 60+.

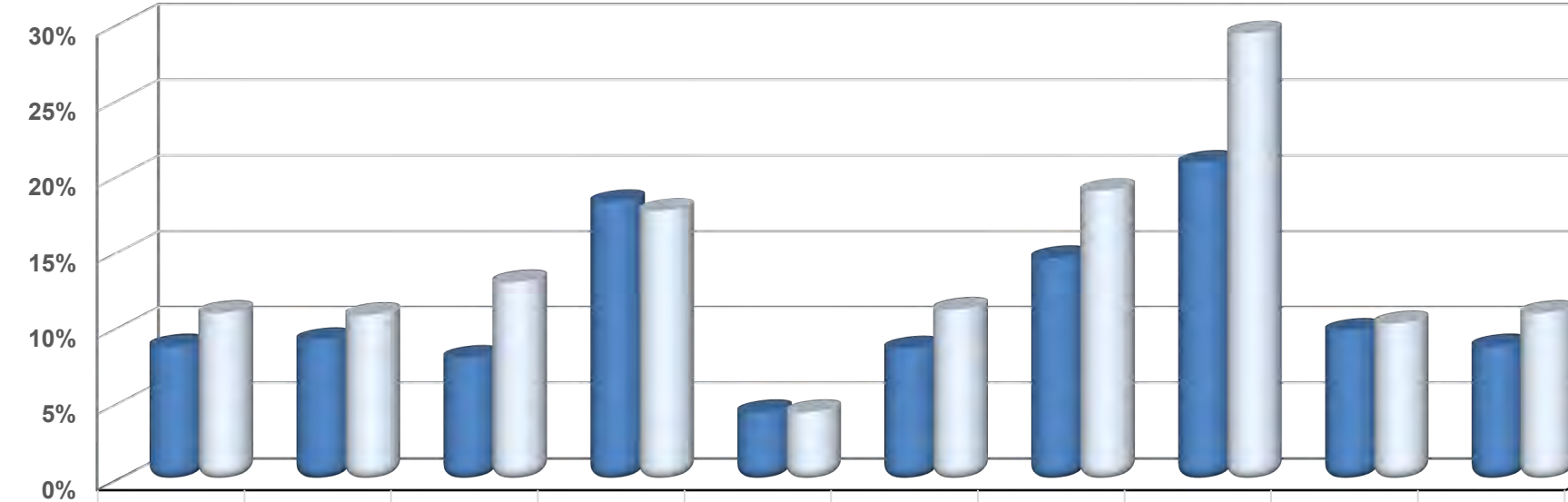


Source: eESS

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.

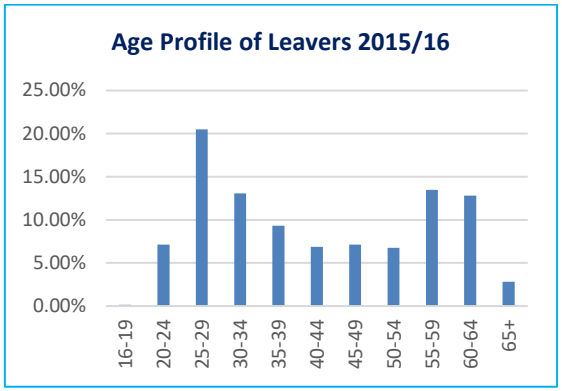
However, in general, approximately 25 – 35% of those who leave our employment each year are aged 55 or over (2020/21 figures are skewed by the temporary employment of approximately 300 student nurses on fixed term contracts during the height of the pandemic) and around 20 – 25% of all leavers (excluding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

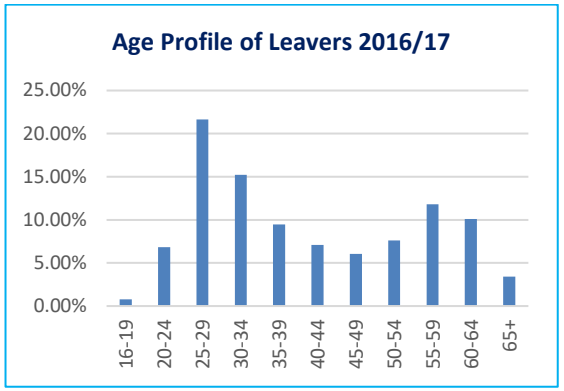
Year	Total Leavers	% Aged 50+	% Aged 55+	% Aged 60+
2015/16	742	35.85%	29.11%	15.63%
2016/17	762	32.94%	25.33%	13.52%
2017/18	807	36.31%	30.98%	14.87%
2018/19	830	34.34%	28.31%	13.73%
2019/20	705	46.10%	36.31%	19.43%
2020/21	1019	33.37%	26.01%	15.31%
2021/22	916	45.74%	36.90%	19.65%

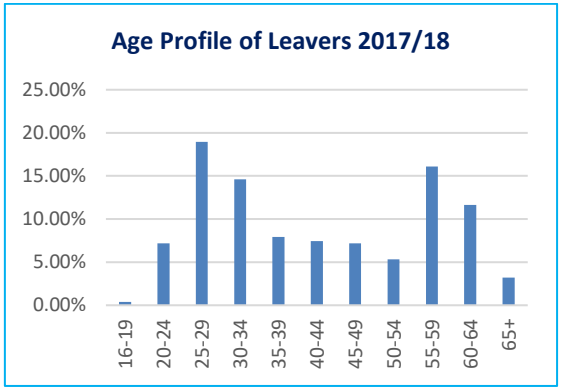
Source: SWISS

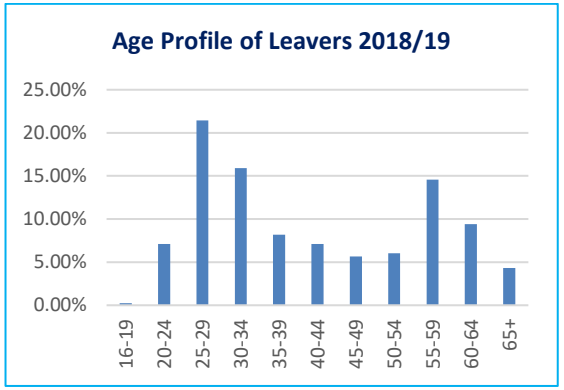
Within those leavers recorded as “Age Retirement” around 40% on average overall each year are aged 55 – 59 but for registered Nurses & Midwives that increases to around 66% of all age retirements, far higher than any other occupational group but this is likely to be due, at least in part, to these staff 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.

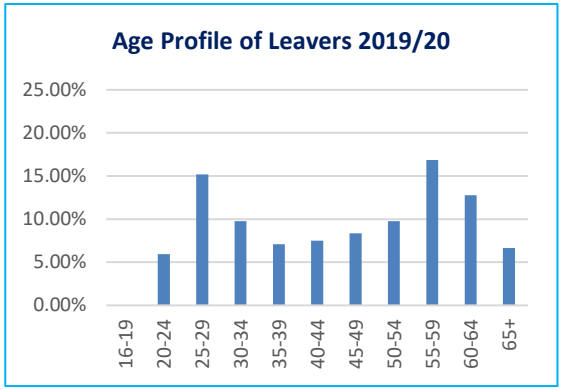
A number of those who retire subsequently return to work in a variety of roles. Of the 424 staff aged 55+ who were recorded as having left employment on the ground of age or “other” retirement during the years 2020/21 and 2021/2022, 20 had identifiably returned to work within the following 12 months, 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 remained on or joined the Staff Bank only.

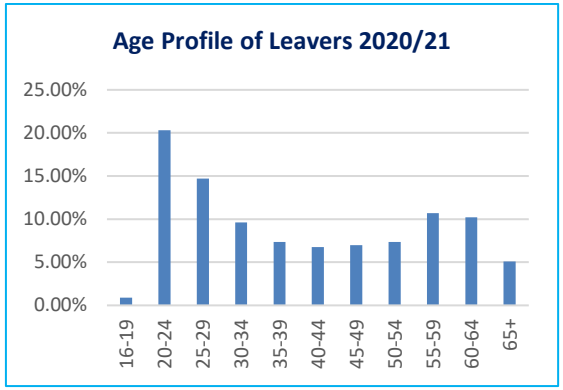


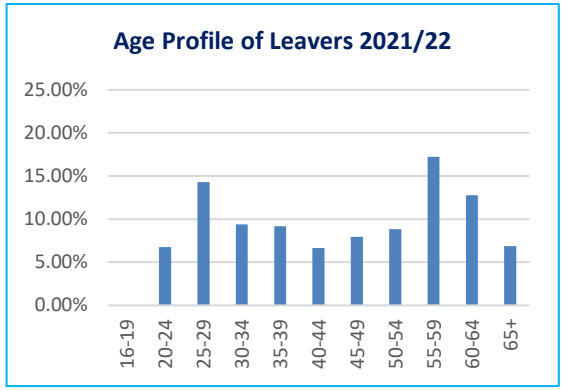












Source: SWISS

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

FORTH VALLEY NHS BOARD
TUESDAY 29 NOVEMBER 2022

6.2 Strategic Risk Review Quarter 1 2022/23
For Approval

Executive Sponsor: Mrs Cathie Cowan, Chief Executive

Author: Mrs Sara MacKenzie, Corporate Risk Manager

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

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

The enclosed report presents an update to the Strategic Risk Register for Quarter 1, 2022/23.

Recommendation
The Forth Valley NHS Board is asked to: -

- **consider** the assurance provided regarding the effective management and escalation of Strategic Risks
- **approve** the proposed changes to the Strategic Risk Register for Quarter 1 2022/23

Key Issues to be Considered
Since the previous review of the Strategic Risk Register presented to the NHS Board in July 2022, one new risk is proposed:

- **SRR.017 Environmental Sustainability and Climate Change – current score 20**

If this risk is approved, the Strategic Risk Register will comprise a total of 12 risks, 7 Very High, 5 High.

The enclosed review report provides detailed analysis on the Quarter 1 Strategic Risk Profile.

It should be noted that the strategic risks continue to be frequently reviewed and updated, and while there are no indicative changes to score in Quarter 2, there has been positive progress with implementation of controls. SRR.002 Unscheduled Care has undergone significant revisions to ensure that both long-term controls are reflected, as well as the controls required to address the immediate pressures and upcoming winter pressures. The revised risk will be reported to the NHS Board in January.

Appendix 1 contains a copy of the full Strategic Risk Register.

Implications

Financial Implications
There are no financial implications associated with this paper, however effective risk management should reduce uncertainties around capital and revenue budgets. The NHS Forth Valley Risk Assessment matrix includes a category describing Financial impacts.

Workforce Implications
There are no workforce implications associated with this paper, however effective risk management should support staff resources, health and wellbeing, with the NHS Forth Valley Risk Assessment matrix including a category considering impacts to staffing, competence and wellbeing, and injury/illness to staff.

Infrastructure Implications including Digital
There are no infrastructure/digital implications associated with this paper.

Sustainability Implications
There is a new risk proposed within this paper in relation to Environmental Sustainability and Climate Change. Effective management of this risk will support the Board to meet its obligations in relation to Environmental Sustainability and Climate Change.

Sustainability Declaration
Further to consideration the author can confirm that due regard has been given to compliance with the key aims of the NHS Scotland Climate Emergency & Sustainable Development Policy (DL (2021) 38) as part of the decision-making process A policy for NHS Scotland on the climate emergency and sustainable development*. (please tick relevant box)*
□ *Yes*
✓ *N/A*

Where applicable, the climate change, environmental and sustainability impacts and any mitigating measures are noted above/contained in the supporting papers.

Quality / Patient Care Implications
There are no quality/patient care implications associated with this paper, however effective risk management supports the provision of quality patient care, with the NHS Forth Valley Risk Assessment matrix containing impact categories relating to Patient Experience and Injury/Illness to Patients.

Information Governance Implications
There are no Information Governance implications associated with this paper.

Risk Assessment / Management
Risk is the subject of the paper.

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

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

Further to an evaluation it is noted that:

- Paper is not relevant to Equality and Diversity

Communication, involvement, engagement and consultation
Risk reviews were conducted with Risk Owners and/or Risk Leads.

Risks were endorsed at:

Audit and Risk Committee 21 October 2022

Staff Governance Committee 16 September 2022

Clinical Governance Committee 23 August 2022

Performance and Resources Committee 30 August 2022

Additional Information
N/A

Appendices

- **Appendix 1**: Strategic Risk Register Q1 2022/23

Strategic Risk Review

Forth Valley NHS Board November 2022

Reporting Period: Q1 2022/23

Contents

1. Summary and Key Messages

Summary of changes:

One new risk has been added:

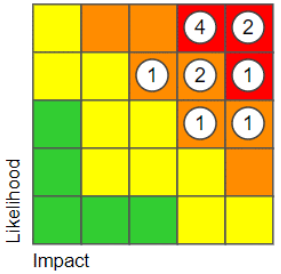
- SRR017 – Environmental Sustainability & Climate Change, current score 20

Emerging Risks/Hotspots:

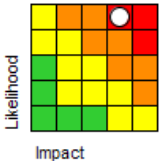
- As part of the Q2 review activity, SRR002 – Unscheduled Care has undergone significant revision, with the title changing to “Urgent and Unscheduled Care”, and the risk description changing to “If NHS FV does not take immediate steps to create capacity, and address whole system pressures through delivery of the Urgent and Unscheduled Care programme in the longer term, there is a risk that we will be unable to deliver safe levels of unscheduled care, resulting in potential for patient harm”. Long-term controls are reflected, as well as the controls required to address the immediate pressures and upcoming winter pressures. The revised version will be presented to the NHS Board in January as part of the Q2 Risk Review update.

2. Strategic Risks in Focus - Dashboard

Ref	Risk Title	Q3 Risk Score	Q4 Risk Score	Current Risk Score (Q1)	Risk Trend	Target Risk Risk Score	Heat Map - Current Risk Scores
NEW RISK							
SRR.017	Environmental Sustainability and Climate Change (proposed - for approval)			20	NEW	9	
CURRENT RISKS							
SRR.002	Unscheduled Care	25	25	25		9	
SRR.005	Financial Sustainability	20	25	25		9	
SRR.016	Out of Hours Service	20	20	20		9	
SRR.004	Scheduled Care	20	20	20		9	
SRR.015	Cyber Resilience	20	20	20		16	
SRR.010	Estates and Supporting Infrastructure	20	20	20		9	
SRR.003	Information Governance	16	16	16		9	
SRR.009	Workforce Plans	16	16	16		6	
SRR.014	Healthcare Strategy	15	15	15		3	
SRR.001	Primary Care	12	12	12		6	
SRR.011	IT Infrastructure	12	12	12		6	



2. Strategic Risk in Focus – New Risk

SRR.017 Environmental Sustainability and Climate Change	Risk Description	Risk Owner	Risk Lead	Reason for Change
	If NHS Forth Valley does not receive funding and resources, there is a risk that we will be unable to comply with DL38 and delivery actions/meet requirements of the Scottish Government Climate Emergency & Sustainability Strategy, and will not operate in an environmentally sustainable way, resulting in failure to meet objectives and damaging stakeholder/public confidence.	Jonathan Procter	Derek Jarvie	New risk proposed for the Strategic Risk Register, to reflect the impact on our strategic objectives, and also our responsibilities in terms of the the Scottish Government Policy/Strategy. Recruitment is underway to appoint a Head of Climate Change and Sustainability. Governance arrangements have been put in place, with first sitting of the Climate Emergency and Sustainability Board on 25th August. Response team have had two meetings. At NHS Scotland level, discussions are underway in relation to regional working opportunities.
Constant				

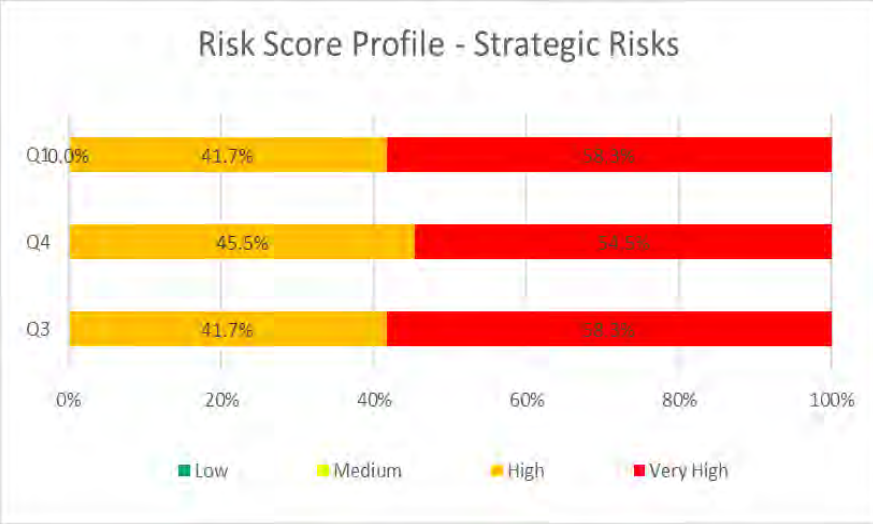
Current Controls in Place
1.Climate Emergency and Sustainability Board - Maintains oversight and reports into P&R, and to Scottish Government Climate Emergency Board. 2.Establishment of Working Groups including: Energy Carbon and FM Group, Waste Group, Transport Working Group - Fleet and Active Travel, Green Space/Biodiversity, Sustainable Care, Procurement/Circular Economy, Sustainable Communities. These are staffed by existing resource which has the consequence of pulling them away from other activities (so not sustainable long term). Support provided by the CPMO. 3.Climate Emergency Response and Sustainability Team - acting as Operational/delivery aspect, staffed by project leads from the working groups and input from relevant other parties including unions, organisational development, Innovation team.
Further Controls Required
1. Explore Opportunities to Share Resources - Governance arrangements have been put in place, with first sitting of the Climate Emergency and Sustainability Board on 25th August. Response team have had two meetings. At NHS Scotland level, discussions are underway in relation to regional working opportunities. 2. Continue to Seek Capital / Revenue Funding - Continue to seek funding for both staff and projects. 3. Board Paper Considerations - Sustainability Implications - A new board paper template has been developed which contains a section on Sustainability Implications, and requires the author to make a sustainability declaration confirming that due regard has been given to the key aims of the NHS Scotland Climate Emergency & Sustainable Development Policy (DL (2021) 38) as part of the decision making process. The template is to be discussed by the Board Chair and the Chairs and Executives of the Assurance Committees before formal approval and implementation 4. Addition of Environmental Sustainability/Climate Change as an Impact Category to Risk Assessment Matrix - to support identification of environmental sustainability and climate change implications whenever any risk is assessed. 5. Addition of section to allow Climate Emergency/Sustainability considerations to be added as part of Business Cases/Strategies 6. Successful Implementation of the Environmental Management System - To reduce environmental impacts and ensure legal compliance. E.g. are we storing oil properly, maintaining boilers properly, etc, waste management, transport. Currently trying to implement. Currently live in Estates and looking to roll out further (phase 1). 7. Communications Strategy to be Developed - Both public facing and internal for staff. 8. Recruitment of a Head of Climate Emergency and Sustainability - Funding has been approved by the board, and the recruitment process is now underway.

3. Risk Controls Progress Update

Commentary:

- 13 actions completed this quarter
- 36 actions completed in the last 12 months
- 5 actions due across 5 risks in Q2 2022-23, with 4 already in progress, 3 with completion rates of between 75-90%
- 18 actions are due in the next 12 months, with 8 already in progress with completion rates of between 05-95%
- 15 actions are overdue, with notes added to detail progress made

4. Risk Trend Analysis



Commentary:

If the new risk SRR.017 Environmental Sustainability and Climate Change is accepted by the Board, the total number of strategic risks will be 12.

Commentary:

With the addition of a new strategic risk, the profile will change, with a slightly higher proportion of Very High risks at this quarter.

4. Risk Trend Analysis

Commentary:

Due to the addition of a new risk, Service Interruption now represents 42% of the strategic risk profile, Patient Experience and Finance each represent 25% and Objectives/Project 8% of the profile.

Appendix 1 - Strategic Risk Register

Audit and Risk Committee October 2022

NHS Forth Valley

Ref	Risk Title	Risk Description	Untreated Score	Current Controls In Place	Current Likelihood	Current Impact	Current Score	Current Risk Trend	Further Controls Required	Further Controls Owner	Further Controls Target Date	Progress	Target Score	Last Review Date	Review Notes	Risk Owner	Risk Lead
SRR.002	Urgent and Unscheduled Care	If NHS FV fails to deliver on the 6 Essential Actions Improvement Programme there is a risk we will be unable to deliver and maintain appropriate levels of unscheduled care, resulting in service sustainability issues and poor patient experience (including the 4 hour access standard). **(UNDER REVIEW)**	25	Programme Monitoring Arrangements - Unscheduled Care Programme Board co-chaired by Medical Director and Chief officers from both HSCPs to provide whole system governance of unscheduled care developments.	5	5	25		Implementation of transformational opportunities in unscheduled care	Sankara Langley	31-Dec-22	0%	9	09-Sep-22	Current and Further Controls Under Review	Andrew Murray; Phyllis Wilkieson	Judith Rooney; Phyllis Wilkieson
									"Whole System" Urgent and Unscheduled Care Collaborative Programme (UUCC) - 2 year programme to deliver the first tranche focusing on Re-Design of Urgent Care, Urgent and Emergency Assessment, Virtual Capacity, and Discharge Without Delay (whole system flow). Existing workstreams have been subsumed into this programme.		31-Jul-24	20%					
				Unscheduled Care Delivery Groups established, reporting to UCPD and in line with new Scottish Government Unscheduled Care programme - 3 workstreams established: Access; Optimise; Transfer					Flow 3 Workstream with Scottish Government	Marie Gardiner	31-Mar-22	50%					
				Implementation of 7 day working for AHPs to support flow and address admission / discharge imbalance at FVRH at weekends (commenced 25/04/2022).													
				Gold Command Structure for unscheduled care has been established - to co-ordinate the system/partnership response, and consider all possibilities to ensure flow and capacity.													
				Recruitment Drive for Newly Qualified Nurses - as of 9th August, 137 posts have been offered, including 106 to go to Acute Services.													
				UUCP- programme has been agreed with SG which focuses on Re-design of Urgent Care, Urgent and Emergency Assessment, Virtual Capacity and Discharge Without Delay (whole system flow). Previous unscheduled care workstreams and projects have been subsumed into new HIC plan.													
SRR.005	Financial Sustainability	If NHS FV financial plans are not aligned to strategic plans and external drivers of change, there is a risk that our recurring cost base for our services over the medium to long term could exceed our future funding allocation, resulting in an inability to achieve and maintain financial sustainability, and a detrimental impact on current/future service provision	25	Directorate budgets are set in advance of each new financial year in line with best practice. Regular financial performance review meetings with the Director of Finance, Directorate Leads and Finance Business Partners to review current financial performance, including forecast outturn projections and new/emerging risks.	5	5	25		Delivery of a range of transformation programmes and projects to achieve savings targets		31-Dec-21	25%	9	22-Aug-22	After review by Jillian Thomson, there are no changes to the scoring of this risk. Financial break-even was achieved for 2021/22 (however it is recognised that this was on a non-recurring basis). Further work on cost improvement plans, supported by ELT colleagues and aligned to COVID recovery plans, is underway ongoing for 2022/23. The recurring savings requirement identified for 2022/23 is £29.4m and this brings a significant level of challenge to maintain financial break even on a recurring and sustainable basis. Following an in-depth review of the quarter 1 financial results, it is clear that the scale of the financial challenge has increased and a potential overspend in the region of £7m to £10m is currently being forecast for the year. It is acknowledged that delivery of the savings target is unlikely to be achieved on a recurring basis in year. As such alternative savings and/or non-recurring efficiency initiatives are currently being pursued. The medium term financial outlook also remains high risk. The Scottish Government published the Resource Spending Review and Medium Term Financial Plan on 31 May, this which indicated that financial pressures are likely to continue across the public sector in the next 3 to 5 years, reflecting non-pay inflationary pressures and workforce sustainability. In addition, the Scottish Government has advised that limited Covid-19 funding will be available for 2022/23 and any ongoing costs beyond 2022/23 (such as the national Covid-19 vaccination programme) must be met from existing baselines. Given current year cost trends and the potential forecast overspend, alongside the impact of the spending review together with the and magnitude of the ongoing Covid-19 costs, the untreated score has been revised upwards remains at 25. The untreated and current impact has been increased to 5, giving an overall increased untreated score of 25. It is recognised that We are experiencing a period of extreme and unprecedented uncertainty around the financial position and this increases the inherent risk score, as well as the current score while additional controls are added and existing controls are recalibrated and strengthened.	Scott Urquhart	Jillian Thomson
				Integration Authority budgets are set in advance of each new financial year in line with best practice, and as per the business case process outlined in the Integration Scheme.					Conclude arrangements in respect of the baseline set aside budget and develop a future capacity and financial model in line with statutory guidance and the requirements of the Public Bodies Joint Working (Scotland) Act.	Patricia Cassidy; Cathie Cowan	01-Oct-22	75%					
				Five Year Financial Planning process is in place (linked to annual delivery plan informed by service plans, workforce plans and budget setting process) to enable future financial pressures to be identified at an early stage.					Work to create capacity for Finance team to better support business decisions and priorities for senior service managers through structured improvement workstreams.	Scott Urquhart	30-Jun-22	50%					
				Infrastructure Programme Board in place and being led by DOF					Further roll out of value management collaborative approach in line with plans		01-Aug-22	0%					
				Fortnightly senior finance meetings, including attendance from IJB Chief Finance Officers to ensure regular communication, planning and review of existing and emerging financial issues/risks.					Develop of Decision Matrix to inform decision making and the appropriate governance process for business case/service development approvals (incorporating both capital and revenue investment/dis-investment proposals). This will reflect the recently revised terms of reference for the ELT and previously agreed integration governance principles via the IJBs.		30-Jun-22	0%					
				National monthly Finance Directors meetings in place to update on strategic financial issues as well as COVID-19 related costs and issues.					Review and strengthening of the system of internal control. This will include financial controls (in terms of Financial Operating Procedures, Standing Financial Instructions, Scheme of Delegation etc) and other controls in relation to procurement regulation and workforce (eg vacancy management process, use of agency staff).		30-Jun-23	0%					
				National monthly Corporate Finance Network and FHS Execs group meetings are in place to lead on implementation of operational finance financial management and current issues. Both groups report in to National Finance Directors meetings.					Comission internal audit review of financial sustainability. This will be undertaken in 2 phases with a focus on core financial and budgetary controls and how these controls link to cost improvement plans being developed and implemented. Planned start date of 1 September 2022.	Scott Urquhart	28-Feb-23	0%					
				CPMO established to support transformation and delivery of savings targets in a structured manner, with overarching Cost Improvement Board established to meet quarterly. Cost improvement proposals from each Directorate are being collated.													
				Standing Financial Instructions are in place underpinned by Financial Operating Procedures and a scheme of delegation which are subject to annual review.													
				Process in place for Senior HR and Finance teams to review and discuss significant workforce/finance related issues on a routine basis													
				Cost Improvement Oversight Group established to raise profile of financial performance and cost and value improvement with Director colleagues.													
				Finance Business Partnering - ARCUS training completed during 21/22													
				Establishment of national cost improvement workstreams via CEOs and DOFs.													
				Engagement at Director level to secure buy in and leadership as part of the cost improvement programme.													
				Audit and Risk Committee and Performance and Resources Committee are well established to scrutitinse and challenge all aspects of performance and risk management.													

				• Financial performance and projections are routinely reported at all NHS Board and the Performance and Resources Committee meetings as a standing agenda item. • Standardised local monthly financial performance reporting arrangements are in place for each service area/Directorate. • National financial reporting to the Scottish Government on a quarterly basis.													
				Virtual round table events led by Scottish Government to inform financial planning.														
SRR.004	Scheduled Care	If there are delays in delivery of scheduled care there is a risk that NHS FV will be unable to meet its obligations to deliver the National Waiting Times Plan targets, resulting in poor patient experience and outcomes with the potential for harm.	20	Acute Service Directorate has, as part of the recovery process, reorganised scheduled care. Clinical leadership has been incorporated into the delivery structure. A local Scheduled Care Delivery Group has been established which is chaired by the Associate Medical Director for Scheduled Care. Clinical Directors and Clinical Leads attend along with operational managers.	5	4	20	Implement a performance management framework and align with the risk management strategy to report how risks are being managed. Escalation policies for adverse performance are required with key triggers of when to escalate and to whom.	Juliette Murray	29-Apr-22	90%	9	08-Sep-22	Risk reviewed by Marie Gardiner. Risk score remains static as we are still not meeting the Scottish Government target of 12 weeks for waiting times. However, we are still within the top 4 high performing boards in Scotland in relation to Scheduled Care waiting times. The additional capacity created by the introduction of the National Treatment Centre in Forth Valley will be going to NHS Greater Glasgow & Clyde patients initially, which will not have a positive impact upon NHS FV hips & knees patient waiting times. Instead, this will have a negative impact on NHS FV these waiting times as the core capacity for this will be reduced to 50% by April 2023. The service are looking at a model change in order to cope with this change in demand. A new action has been added to reflect this.	Phyllis Wilkieson	Marie Gardiner; Stephanie McNairney
				Strategic Deployment Matrix to agree priorities and align resources prepared annually in line with Annual Delivery Plan guidance to meet National Waiting Times Plan trajectories				Implement a Scheduled Care Dashboard to show live performance against standards and train all staff in its use.	Chris Bernthal; Vivienne Meldrum	31-Mar-22	70%					
				Scheduled Care Performance Management process in place				Develop a non consultant model of care delivery for OPD.	Juliette Murray	30-Mar-22	70%					
				FVRH Weekly site and monthly meetings in place to review trajectories and identify relevant mitigating actions. Onward reporting to P&R Committee.				Comprehensive Job Plan Review to free up scheduled care capacity.	Juliette Murray	30-Sep-21	60%					
				All urgent and suspected cancer pathways are maintained via tracking and reporting carried out by Cancer Service Manager				Ongoing recruitment as per Investing in Sustainability programme schedule for Scheduled Care	Juliette Murray	31-Mar-24	70%					
				A flexible capacity mobilisation plan has been developed to maximise scheduled care services including adoption of virtual clinics and implementation of Advanced Referral Clinical Triage (ARCT) across scheduled care services.				Work ongoing to establish local clinical and management ownership of waiting times		30-Sep-22	95%					
				Recurrent and non recurrent capacity deficits within scheduled care service identified and sustainability plan created to match requirements.				Service model of scheduled care is being reviewed to increase core capacity in the orthopaedic pathway to free surgeons up to do surgery's due to the implementation of the National Treatment Centre at Forth Valley.		30-Apr-23	0%					
				Approval given by NHS Board to invest NRAC monies recurrently on a sustainable solution														
				NHS Forth Valley, in line with the rest of NHS Scotland, continues to prioritise and treat those patients most in need of surgery with the application of clinical prioritisation to support appropriate, timely and safe care - Priority level 1a - Procedure (for surgical patients) or admission (medical patients) needed within 24 hours; Priority level 1b - Procedure (for surgical patients) or admission (medical patients) needed within 72; Priority level 2 - Clinical assessment determines procedure (for surgical patients) or admission (medical patients) required within 4 weeks; Priority level 3 - Clinical assessment determines procedure (for surgical patients) or admission (medical patients) required within 12 weeks; Priority level 4 - Clinical assessment determines procedure (for surgical patients) or admission (medical patients) may be safely scheduled after 12 weeks.														
				Apply Realistic Medicine principles to Scheduled Care														
				Seek assurances and evidence each month that services are closing their capacity gaps. Escalate to Director of Acute Services.														
				Enhanced 3 stage validation exercise to be undertaken around urgent and routine prioritisation, and completed by the end of April 2022: Stage 1 Administrative Validation, Stage 2 Patient Validation, Stage 3 Clinical Validation.														
SRR.010	Estates and Supporting Infrastructure	If there is insufficient Capital funding to develop and improve the property portfolio there is a risk the Estate and supporting infrastructure will not be maintained in line with national and local requirements.	20	Infrastructure developments prioritised and funded through the NHS Board capital plan.	5	4	20	Outline Business Case for Locality Project 1 - estimated completion June 2023.		30-Jun-23	0%	9	23-Aug-22	The completed Strategic Assessment for Falkirk Community Hospital has been approved by the NHS Board for submission to the Scottish Government (chair of CIG). The completed Initial Agreement for Primary Care premises has been approved by NHS Board and submitted to CIG.	Jonathan Procter	Morag Farquhar
				Regular Property and Asset Management Strategy (PAMS) report submitted to Government.				Outline Business Case for Locality Project 2 - estimated completion December 2023.		31-Dec-23	0%					
				Operational condition of estate regularly assessed and monitored through the Estates Asset Management System.				Outline Business Case for Locality Project 3 - estimated completion March 2024		31-Mar-24	0%					
				Annual review of the estate performance and condition monitored through the Performance and Resources Committee (PAMS reporting)				Outline Business Case for Locality Project 4 - estimated completion September 2024.		30-Sep-24	0%					
				GP and Community Premises current condition and planning review completed to support capital priorities (rolling review).				Initial Agreement for FCH to be completed (including Falkirk Central Primary Care).		30-Jun-23	0%					
				Longer term planning for future accommodation requirements (linked to PAMS and GP premises review, FCH review).				PAMS Refresh Timeline - Baseline information gathering : May/June '22 Review of Healthcare Strategy/other service information : July/September '22 Consultation/Drafting : October/December '22 Governance/P&R Committee : January/February 2023		28-Feb-23	0%					
				Accommodation Options for Health Records drawn up in consultation with Health Records and other partners														
				Regular reviews with PPP partners for FVRH, SHCV, CCHC and planned preventative maintenance programmes in force including 'Blackstart'.														
				Compliance group established which reports to Infrastructure Programme Board, Health & Safety Committee, Area Prevention & Control of Infection														
				Revenue and Capital budget planning process in place for Estates														
				Horizon scanning national publications / positions for areas for improvement across the Estate.														
				Established Programme governance structure for FCH and GP premises review via CPMO.														
				Completed Strategic Assessment for Falkirk Community Hospital approved by NHS Board for submission to Scottish Government (Chair of CIG) .														
				Completed Initial Agreement for Primary Care premises approved by NHS Board and submitted to CIG.														

SRR.015	Cyber Resilience	If NHS Forth Valley does not build and maintain effective cyber resilience, there is a risk that the cyber security of the organisation may be compromised, resulting in disruption to our ICT systems and service delivery. Increased Cyber risk as reported by National Cyber Competent authorities (NCSC, SG Cyber Unit)	25	Digital and eHealth Strategy outlining resilience and cyber security plans approved by Health Board	4	5	20	Improvement of supplier management procedures relevant to cyber security. Supplier management process to be improved in relation to cyber security 31st March 2023 and progress updated and reviewed in July 2022, report received in November 2022 once quality assurance check is completed by SG.		31-Mar-23	15%	16	22-Aug-22	The National Cyber Security Centre issued communications regarding increased threat in relation to cyber attacks, with an assessment that there is an increased likelihood of a cyber attack on UK infrastructure. The risk has been reviewed and at this stage not considered that the score is increased due to the other compensating controls. This will continue to be monitored for any changes to the environment which would indicate risk increase.	Andrew Murray; Jonathan Procter	Scott Jaffray; Phil Penman
				Cyber security objectives and initiatives included in the annual programme of work														
				Patching activity is ongoing on hardware and software, approximately 80% is planned, 20% unplanned. Planned patching takes place monthly.														
				Infrastructure PB supported CISCO software and security system rolled out 2021														
				Resources required to discharge NIS audit recommendations scoped and paper supported by SLT and year 1 and 2 funding agreed as part of HB financial plan in March 2021														
				Cyber Security Group Re-established and focusing on rolling out control environments and training														
				Annual NIS Audit recommendations further progressed in 2021 - Year 2 of a 3 year activity plan														
				Improvements made and actions implemented to enhance ICT infrastructure. Funding for cyber resilience solutions granted and funding awaiting implementation. This protects us from business resilience and enhances continuity/disaster recovery.														
				Respond to Actions as notified by competent authorities (NCSC, SG Cyber Unit etc). Cyber Resilience BC approved by CMT in FEB 22. Procurement commenced and implementation of key controls and systems are planned as part of the 22/23 Digital Delivery Plan.														
				Cyber security awareness communications strategy implemented during cyber Scotland week 6March22.														
				Cyber Security Awareness raising and communications strategy has been implemented, and a new national Cyber training module is available on Turas as part of mandatory training.														
SRR.016	Out of Hours Service (OOHS)	If NHS Forth Valley is unable to provide a fully staffed OOHS taking an integrated, multidisciplinary approach, there is a risk that the service will not have the resilience and capacity to flex to meet demand, negatively impacting on the patient experience and journey, and ability to deliver care at the right time, right place to the right person.	20	Reviewing the rota on a weekly basis and highlighting key shifts where gaps are evident, implementing coverage in all areas where the availability of staff is low.	5	4	20	Working with the Scottish Ambulance service to implement a routine regular feature of support at weekends which would diminish the overhaul of late or missed home visits as ambulance resources are available.		31-Oct-22	80%	9	11-Aug-22	A multi-agency working group has been set up to link in with other health boards regarding their OOH delivery models, especially around recruitment/retention. This would help us assess what, if any, of those other initiatives would be fit for purpose for the people of Forth Valley. The Head of Information has also linked with national team re access to data from Adastra. Adastra is currently unsupported by our IT, limiting the information we are able to access and utilise, so the Head of Information is working to see if we can improve our access to the data from that system to understand demand and redesign OOH services to fit. Additional current and further controls have been added to the risk at this review. The score of the risk has been considered; however at this time it is recommended that it remains static.	Phyllis Wilkieson	Judith Rooney; Karyn Webster
				Development of Clinical Nurse Advisors - Clinical Nurse Advisor roles are being developed within the Urgent Care Department to work with the OOHs team and provide further support, e.g. Nurse prescribers.				Staff Recruitment Planning / GP / ANP. The opportunity for recruiting - Advertising for the recruitment of GP's and advanced practitioners to come into the out of hours service.		31-Oct-22	20%					
				Co-ordinating with partner teams such as the clinical nurse advisors in urgent care, the Scottish Ambulance services who support OHHS at weekends with clinicians to improve the timely services.				Hybrid Roles / Rotational Posts - Linking with Advanced Nurse Practitioners and Emergency Nurse Practitioners to create hybrid roles and create a more sustainable workforce.		31-Oct-22	40%					
				Integrating the SAS with the OOH - SAS practitioners are currently supporting, with advanced practitioners to come on board shortly (wic 29th August). Weekly meetings are held with ambulance service. Now covering Sat/Sun 12-12 (if sufficient staff available).				Organisational Change - Drivers, reception staff, hub operators - getting them all under same T&C - Briefing sessions and one to ones for organisational change underway, with support from HR and Operational Manager.		10-Oct-22	80%					
				Safety for lone working - Lone Working Policy is in place where required. Lone Working assessment may need to be completed for individual roles, e.g. for drivers.				OOH Fleet - Liaising with fleet management regarding transfer of vehicles. Linking with Hospital at Home to see if they can swap cars from OOHs with a people carrier.		31-Oct-22	80%					
				Urgent Care Centre - OOH team have space within the Urgent Care Centre to deliver service.														
				Commenced meetings with Finance Business Partners and looking to arrange monthly Finance meetings, and looking at combining the OOH and Urgent Care budgets.														
				Professional to professional flyer to be sent to nursing homes, pharmacies etc - recruitment drive, and also how to refer people in to the service														
				Staff and patient questionnaire completed relating to organisational change through OOHS - plan to have a meeting with staff and share feedback from questionnaires in September, repeat in 3 months and then in 6 months.														
				Completed benchmarking exercise of GP T&Cs with other Boards - Confirmation received from HR that we are in line with national pay rates.														
SRR.017	Environmental Sustainability and Climate Change	If NHS Forth Valley does not receive funding and resources, there is a risk that we will be unable to comply with DL38 and delivery actions/meet requirements of the Scottish Government Climate Emergency & Sustainability Strategy, and will not operate in an environmentally sustainable way, resulting in failure to meet objectives and damaging stakeholder/public confidence.	25	Climate Emergency and Sustainability Board - Maintains oversight and reports into P&R, and to Scottish Government Climate Emergency Board.	5	4	20	Explore Opportunities to Share Resources - Governance arrangements have been put in place, with first sitting of the Climate Emergency and Sustainability Board on 25th August. Response team have had two meetings. At NHS Scotland level, discussions are underway in relation to regional working opportunities.	Derek Jarvie	31-Jan-23	0%	9	05-Aug-22	New risk proposed for the Strategic Risk Register, to reflect the impact on our strategic objectives, and also our responsibilities in terms of the the Scottish Government Policy/Strategy. Recruitment is underway to appoint a Head of Climate Change and Sustainability. Governance arrangements have been put in place, with first sitting of the Climate Emergency and Sustainability Board on 25th August. Response team have had two meetings. At NHS Scotland level, discussions are underway in relation to regional working opportunities.	Jonathan Procter	Derek Jarvie
				Establishment of Working Groups including: Energy Carbon and FM Group, Waste Group, Transport Working Group - Fleet and Active Travel, Green Space/Biodiversity, Sustainable Care, Procurement/Circular Economy, Sustainable Communities. These are staffed by existing resource which has the consequence of pulling them away from other activities (so not sustainable long term). Support provided by the CPMO.				Continue to Seek Capital / Revenue Funding - Continue to seek funding for both staff and projects.	Morag Farquhar	31-Mar-23	0%					
				Climate Emergency Response and Sustainability Team - acting as Operational/delivery aspect, staffed by project leads from the working groups and input from relevant other parties including unions, organisational development, Innovation team.				Board Paper Considerations - Sustainability Implications - A new board paper template has been developed which contains a section on Sustainability Implications, and requires the author to make a sustainability declaration confirming that due regard has been given to the key aims of the NHS Scotland Climate Emergency & Sustainable Development Policy (DL (2021) 38) as part of the decision making process. The template is to be discussed by the Board Chair and the Chairs and Executives of the Assurance Committees before formal approval and implementation	Sara Mackenzie	30-Dec-22	0%					

									Addition of Environmental Sustainability/Climate Change as an Impact Category to Risk Assessment Matrix - to support identification of environmental sustainability and climate change implications whenever any risk is assessed.	Sara Mackenzie	31-Jan-23	0%					
									Addition of section to allow Climate Emergency/Sustainability considerations to be added as part of Business Cases/Strategies	Derek Jarvie	30-Dec-22	0%					
									Successful Implementation of the Environmental Management System - To reduce environmental impacts and ensure legal compliance. E.g. are we storing oil properly, maintaining boilers properly, etc, waste management, transport. Currently trying to implement. Currently live in Estates and looking to roll out further (phase 1).	Derek Jarvie	29-Mar-24	0%					
									Communications Strategy to be Developed - Both public facing and internal for staff.	Derek Jarvie	31-Mar-23	0%					
									Recruitment of a Head of Climate Emergency and Sustainability - Funding has been approved by the board, and the recruitment process is now underway.	Morag Farquhar	31-Mar-23	0%					
SRR.009	Workforce Plans	If NHS FV does not implement effective strategic workforce planning (including aligning funding requirements) there is a risk that we will not have a workforce in future that is the right size, with the right skills and competencies, organised appropriately within a budget we can afford, resulting in sub-optimal service delivery to the public.	16	Submission of costed overarching workforce plan in line with annual plan to Scottish Government	4	4	16		3 year workforce plan to be established	Linda Donaldson	31-Jul-22	75%	6	09-Sep-22	Risk reviewed by Elaine Bell. Progress has been made on the further controls and both are aiming to be completed by 31-Oct-2022. The 3 year work plan has been submitted to Scottish Government and feedback has been received. This will be presented to Staff Governance Committee on 16-Sep-2022 will a publication date of 31-Oct-2022. The Finance team have been included in these discussions to ensure the affordability of the three year plan is taken into account. Once the plan has been published, both of these actions will be complete, at which point the score will be considered and any new actions will be added to the risk.	Linda Donaldson	Elaine Bell; Linda Robertson
				Detailed demographic profiling completed due to age range of medical workforce in particular to inform recruitment plans					Joint HR / Finance service planning meetings to ensure affordability of 3 year workforce plan is taken into account throughout planning phase	Linda Donaldson	31-Jul-22	75%					
				Developing service passed workforce plans in line with strategy and integration requirements														
				Regular workforce monitoring reports against WFP and Our People Strategy - Workforce Plan and People Strategy reviewed and reported to SGC quarterly														
SRR.003	Information Governance	If NHS Forth Valley fails to implement effective Information Governance arrangements there is a risk we will not comply with a range of requirements relating to GDPR and the Network and Information System Regulation (NIS), resulting in reputational damage and potential legal breaches leading to financial penalties	20	Mandatory Information Governance training in place for all staff	4	4	16		Implementation of OneTrust - DPIA management		30-Sep-22	10%	9	22-Aug-22	Update from Phil Penman 16th August 2022 - there is no significant change to the risk, although the risk position is expected to improve as the year goes on. One new further control added regarding the establishment of the Information Assurance Group. This will replace the Information Security Group within the governance structure. IAG will report into the Information Governance Group which then reports into the Performance & Resources Committee. The internal control around the Information Security Group has been removed due to the reason listed above.	Andrew Murray	~~Deirdre Coyle~~, Phil Penman
				GDPR compliance workplan monitored through IGG							31-Mar-23	0%						
				NIS and DPA / GDPR supporting policies in place					Information Assurance Group to be established, this replaces the Information Security Group for a broader co-ordinated approach between disciplines.	Sarah Hughes-Jones	30-Nov-22	0%					
				Privacy Notices developed/agreed and displayed in public areas and web site														
				Incident reporting process in place														
				Privacy Breach detection system in place and being audited														
				Web filtering system partially in place to monitor internet usage														
				Business continuity plans in place and tested														
				Data Protection Officer in post.														
				Information Asset Register in place and utilised.														
				NIS Audit recommendations are key part of Cyber Security Team work plan annually														
				Work completed on identifying new and reviewing existing Information Sharing Agreements														
SRR.014	Healthcare Strategy	If the planned review of the NHS Forth Valley Healthcare Strategy (2016-2021) does not incorporate learning from the COVID-19 pandemic and does not align with government policy and / or Integration Authorities Strategic Commissioning Plans there is a risk the Board's vision, corporate objectives and key priorities will be incorrect, resulting in services that are not sustainable in the long term and an inability to deliver transformation	20	Current Healthcare Strategy in place for 2016-2021 linked to national strategy / policy	3	5	15		National Elective Centre development providing additional capacity alongside local initiatives	Gillian Morton	31-Dec-22	0%	3	22-Aug-22	Paper on Healthcare Strategy submitted to first meeting in July 2021, verbal updates and papers issued to subsequent meetings. Culture and values events for staff scheduled in March had to be postponed due to COVID-19, and has been rescheduled for 23 and 24 June 2022. The outputs from the events will inform the healthcare strategy refresh. Stocktake complete and key findings presented to SLT. Further work on alignment to other local and national policy, plans and strategies undertaken and strategy map prepared. A small working group is in place to progress activity. CMT event focussed on strategic vision and on 1 year strategic deployment matrices (4 August). Further stategy event planned. Programme Boards will also inform healthcare strategy development.	Cathie Cowan; Janette Fraser	Janette Fraser
				COVID Remobilisation plans (4th iteration) in place for Directorates / services and the Board as a whole. Planning guidance received from Scottish Government for a one-year operational plan building upon the 4th iteration of the remobilisation plans and the work currently underway.					Review requirements and use of Strategic Deployment Matrices aligned to Healthcare Strategy	Cathie Cowan	31-Dec-22	0%					
				Partnership Strategic Plans in place which run to 2022					Work with Partnerships in collaboration to ensure alignment of strategies and plans	Cathie Cowan	30-Sep-22	0%					
				Regional partnership mutual aid arrangements in place in response to COVID in order to continue delivering strategic priorities. These arrangements will be built on within future plans to ensure sustainability of services.					Culture and values events for staff scheduled for 24th and 25th March 2022. The outputs from the events will inform the healthcare strategy refresh.		30-Jun-22	90%					
				Cancer service plans responding to COVID to ensure ongoing delivery of strategic priorities. National and regional cancer delivery plans and mutual aid arrangements in place					Needs assessment to support the healthcare strategy being updated with relevant metrics, august 2022. Needs assessment for the 2 HSCP strategic plans being prepared.		31-Dec-22	0%					
				NHS Forth Valley Strategic Programme Boards in place responsible for delivery of key elements of the Healthcare Strategy (including strategic deployment matrices) - following a pause as a result of COVID-19, work is ongoing to resurrect the programme boards, linking in with planning for 22/23.														
				Mechanisms in place for performance reporting against key strategic priorities via Performance & Resources Committee and Board in order to provide assurance and/or escalation of issues														
				Primary Care Improvement Plan delivering significant improvement and resilience in GP services														
				Forward plan and timeline for Healthcare Strategy refresh complete. This includes scale and scope requirements of the strategy refresh. Stocktake of existing strategy complete, and staff conference in June will look at compassionate leadership and launch of refresh of healthcare strategy. Agreed with internal audit that this will be completed at end of October, to go to November NHS Board.														
				National stakeholder engagement takes place with Scottish Government and other Board Chief Executives to inform and influence strategy at a national level.														
				Regional Planning Meetings - Chief Executives meet on a monthly basis to inform Healthcare Strategy.														
SRR.001	Primary Care	If there is insufficient funding and recruitment, there is a risk that NHS FV will not implement the Primary Care Improvement Plan, resulting in an inability to fulfil the Scottish Government Memorandum of Understanding as part of the GP contract, jeopardising GP practice sustainability and potential financial penalty for non-implementation	20	Primary Care Improvement Plan (iteration 3) agreed and endorsed by partners which delivers significant proportion of requirement.	4	3	12		Explore opportunities for resource sharing where there is clear whole system benefit (e.g. MSK physio; phlebotomy, MH)	Cathie Cowan; Scott Williams	31-Mar-22	0%	6	09-Sep-22	This risk focuses on implementation of the Primary Care Improvement Plan, with Iteration 3 substantively delivered in March 2022 and circa 180 of 200 posts now recruited. However, there is a wider risk around Primary Care Sustainability, and following a recommendation from Internal Audit to review the Primary Care risk, it is proposed that the risk is revised and split into two separate risks, Primary Care Sustainability and Non-delivery of the Scottish GMS Contract. Once the revised risk is approved, this original iteration of the risk will be	Kathy O'Neill	Louise McCallum; Lesley Middlemiss
				Tripartite statement (as part of PCIP) outlines constraints / risks / challenges re full delivery of the plan.														
				Transfer of vaccination risk to Board														
				Governance structure for delivery in place - Implementation group; leadership group; workstreams. Reporting against progress etc (90 day reporting tool).														

				Investment in quality clusters and leads to ensure GPs and multidisciplinary teams (MDT) are informed and involved in primary/community care developments, quality improvement resources to support PCIP and patient safety implementation											proposed for closure.		
				Support focus on infrastructure, e.g Primary Care IT, premises													
				Targeted recruitment to build GP and MDT capacity and capability - promoted NHS FV as an employer of choice for Primary Care roles – e.g. ongoing investment in investors in people, promote i-matter, work to achieve gold healthy working lives rating, support CPD.													
				Strong working relationships between partners, PCIP steering group team, committees. Alternative / complementary sources of funding have been prioritised to support gaps in plan (e.g. Action 15 Mental health funding)													
				Accelerated implementation of elements of the plan that can be resourced sustainably in line with FV tripartite MOU workstream priorities (High impact to GP sustainability). This way forward was Informed by options appraisal.													
				Slippage funding in place to fund the remaining plan this financial year (21/22) with agreement in place to underwrite the recurring gap in the PCIP plan													
				Strong and regular engagement with SG and BMA in place regarding national MOU funding allocations / requirements													
				Primary Care Premises Group established													
SRR.011	IT Infrastructure	If there are significant technical vulnerabilities there is a risk the NHS FV IT Infrastructure could fail, resulting in potential major incidents or impact to service delivery	16	Annual Digital and eHealth delivery plan prioritised, approved and monitored by the Programme Board and Senior Leadership Team	3	4	12		Implementation of ICT owned actions from NIS audit	Scott Jaffray	31-Oct-22	60%	6	22-Aug-22	Infrastructure maintenance and support is being progressed in line with plans. Increased requirement for patching of hardware and software -- 80% planned, 20% unplanned. The planned patching activity takes place monthly. Score reviewed and remains static at this time. A review of the National Delay in the GPIT Programme was carried out by the General Manager for Primary Care through the PCIP IT Project Team. This was further considered by the ELT in May 22 and a review of the impacts and mitigating plans presented. This area will continue to be monitored through the Digital & EHRB and other key stakeholders as the project progresses.	Jonathan Procter	Scott Jaffray
				Lifecycle System matrix reviewed annually by the Digital and eHealth Programme Board to shape future investment plans					Review WAN Bandwidth to reflect significantly increased use of VC/Teams/NearMe		31-Dec-22	0%					
				Cyber security objectives and initiatives included in the annual programme of work					As per update on the 28/01/22.		31-Dec-22	20%					
				Windows/Office Programme team in place.													
				Patching activity is ongoing on hardware and software, approximately 80% is planned, 20% unplanned. Planned patching takes place monthly.													
				Programme of work to upgrade ICT infrastructure at FVRH as part of 20/21 delivery commenced and on track for completion this FY													
				Infrastructure PB supported CISCO software and security system rolled out 2021													
				Resources required to discharge NIS audit recommendations scoped and paper supported by SLT and year 1 and 2 funding agreed as part of HB financial plan in March 2021													
				Cyber Security Group Re-established and focusing on rolling out control environments and training													

FORTH VALLEY NHS BOARD
TUESDAY 29 NOVEMBER 2022

6.3 Schedule of Meetings 2023/2024
For Approval

Executive Sponsor: Mrs Cathie Cowan, Chief Executive

Author: Miss Sinead Hamill, Board Secretary

Forth Valley NHS Board

1. Tuesday 30 May 2023
2. Tuesday 13 June 2023 (Special Board)
3. Tuesday 25 July 2023
4. Tuesday 26 September 2023
5. Tuesday 28 November 2023
6. Tuesday 30 January 2024
7. Tuesday 26 March 2024

Forth Valley NHS Board Seminars

1. Tuesday 11 April 2023
2. Tuesday 13 June 2023
3. Tuesday 8 August 2023
4. Tuesday 10 October 2023
5. Tuesday 5 December 2023
6. Tuesday 13 February 2024

Governance Committees

NHS Forth Valley Performance & Resources Committee

1. Tuesday 25 April 2023
2. Tuesday 27 June 2023
3. Tuesday 29 August 2023
4. Tuesday 31 October 2023
5. Tuesday 19 December 2023
6. Tuesday 27 February 2024

NHS Forth Valley Clinical Governance Committee

1. Tuesday 23 May 2023
2. Tuesday 5 September 2023
3. Tuesday 14 November 2023
4. Tuesday 20 February 2024

NHS Forth Valley Staff Governance Committee

1. Friday 12 May 2023
2. Friday 15 September 2023
3. Friday 15 December 2023
4. Friday 15 March 2024

NHS Forth Valley Audit and Risk Committee; NHS Forth Valley Endowment Committee

1. Friday 9 June 2023
2. Friday 20 October 2023
3. Friday 26 January 2024
4. Friday 22 March 2024

NHS Forth Valley Remuneration Committee

To be agreed

FORTH VALLEY NHS BOARD
TUESDAY, 29 NOVEMBER 2022

7.1 Preparing for Winter, Developing Future Sustainable Services
For Assurance

Executive Sponsor: Cathie Cowan, Chief Executive

Author: Executive Leadership Team

Executive Summary

This paper builds on the actions taken to acknowledge and address pressures in primary care, challenges within our Health & Social Care Partnerships (HSCPs) and capacity issues at Forth Valley Royal Hospital. The paper, whilst adopting a whole system response to improve the 4-hour system wide Emergency Access Standard (EAS), also takes account of a number of additional factors in the run up to winter (including those relating to primary care, unscheduled and scheduled hospital care, workforce, estates and supporting infrastructure) our ongoing response to Covid-19 and our commitment to develop sustainable services for the future.

In response, the paper outlines a number of actions underway to prepare for winter and to minimise service disruption whilst supporting the wellbeing of our staff. The paper also updates on investment and actions approved by the Board, including:

- progressing the roll out of the Covid-19 and flu vaccination programmes
- responding to increased demands in primary care
- increasing community bed / community based care e.g., care home beds and care at home placements
- expanding the Hospital at Home service to increase the number of places available to facilitate early supported discharge
- implementing the 'Discharge without Delay' improvement programme
- improving Flow 1 (Minors Workstream) performance and also providing alternatives to Emergency Department (ED) attendance and to support
  ringfencing up to 10 beds on the acute hospital site to respond to surges in demand
- opening additional community beds - 20 beds (Falkirk Community Hospital and Stirling Community Hospital)
- investing in additional workforce - clinical and healthcare support workers
- continuing to progress feasibility studies to explore increasing the overall bed capacity in the longer term across the NHS estate

In addition, the NHS Board will target investment of just under £530K across the health and care system to prepare for winter, for example:

- 4x4 vehicles
- additional equipment
- discharge to community pharmacy for medicines supply, reconciliation, and review
- GP capacity over the festive holiday
- carer support
- initiatives to support discharge
- establishing Point of Care Testing in ED

See details set out in Appendix 1.

Overview

The NHS Board recognises and acknowledges the achievements of the health and care sectors response to the pandemic, including major transformation delivered at pace and scale. Partnership working made this possible. This paper provides an update on actions being taken in preparedness for winter.

Recommendations

The Forth Valley NHS Board is asked to:

- **consider** the Preparing for Winter, Developing Future Sustainable Services update
- **seek assurance** from the updates provided within the paper

Key Issues to be considered

This paper focuses on three-time periods:

- preparing for winter in the immediate to short term (0-4 months)
- investing in service, workforce, and financial sustainability in the short to medium term (0-6 months)
- investing in infrastructure priorities/developments e.g., ED Observation Unit (AAU3) including capacity in the medium to longer term (0-12 months)

Preparing for Winter (short term)

NHS Forth Valley has submitted its Health and Social Care Winter 2022/23 update to the Scottish Government. The update takes account of operational winter plans for each of the Directorates and HSCPs. Winter planning and winter preparations are closely linked to the existing comprehensive programme of transformational work across the whole system to increase capacity and improve day-to-day operational management of patient flow.

A key priority for the NHS Board is to identify additional bed and community based capacity to reduce the requirement to use contingency beds (additional beds in a 4 bedded bay and treatment rooms)This is in line with the Health Improvement Scotland (HIS) recommendations highlighted in recent inspection reports. In addition, the winter plan addresses the anticipated additional pressures associated with the winter period, which includes the following:

- managing the additional demand, including those linked to increased prevalence of respiratory conditions, in the winter period
- preparing for the potential impacts of Covid-19, flu, RSV and also norovirus
- delivering the Autumn/Winter vaccination programme to the eligible residents of Forth Valley and to health and social care staff
- preparing for the impact of winter weather
- ensuring availability and continuity of services during the festive fortnight and the two weeks following this
- maintaining planned care capacity throughout the winter period building on the existing progress made in reducing waiting times for outpatient appointments, day treatments and planned operations

Investing in Services, Workforce and Financial Sustainability (short to medium term)

NHS Forth Valley is committed to continuing to invest in services, workforce, and financial sustainability in line with Scottish Government national policy, local Integration Joint Board Directions and NHS Board priorities, informed by clinical, staff and financial governance guidance and requirements (see Appendix 2).

The sections that follow are intended to set out work underway to support improvements and increase capacity in the short to medium term - i.e., preparing for winter and beyond.

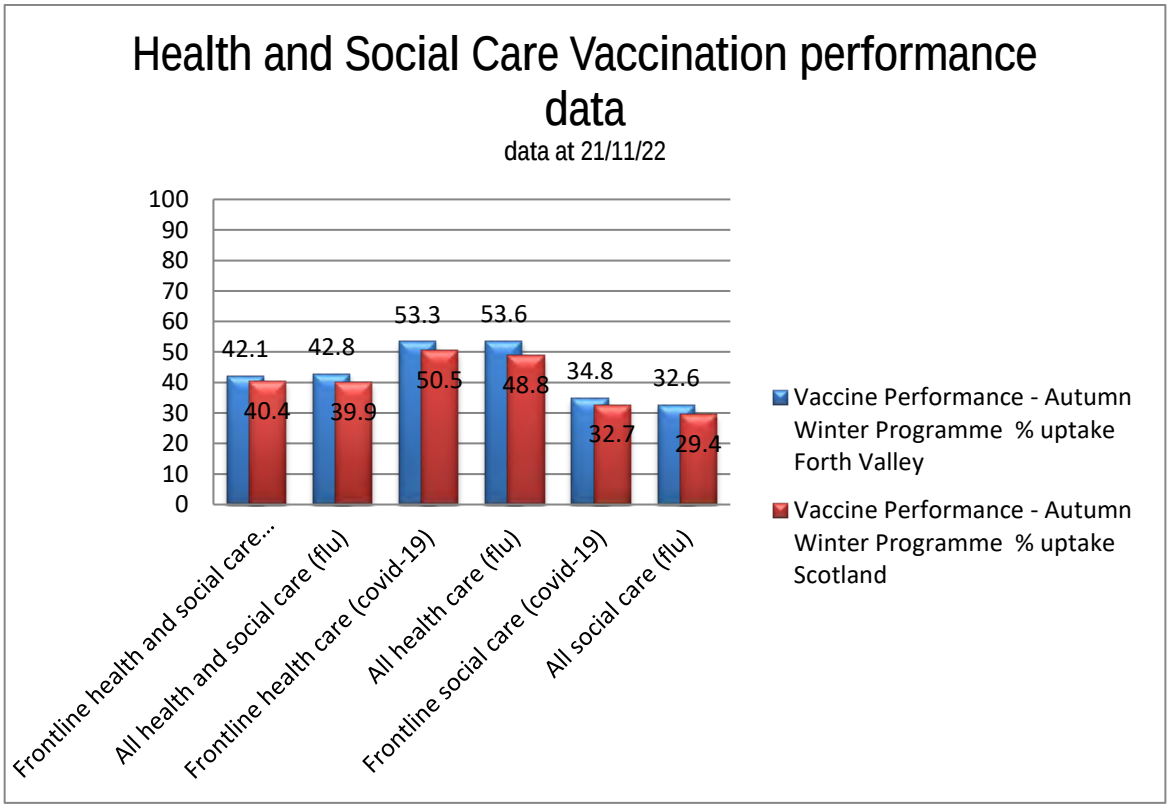
Vaccination Performance – Autumn Winter Programme Update 2022/23

In preparing for winter and since commencement of the vaccination programme on the 5th of September 2022, 194,793 vaccines have been administered in NHS Forth Valley, 97, 827 Covid-29 booster doses and 96,966 flu vaccinations with 91.1% of these being co-administered.

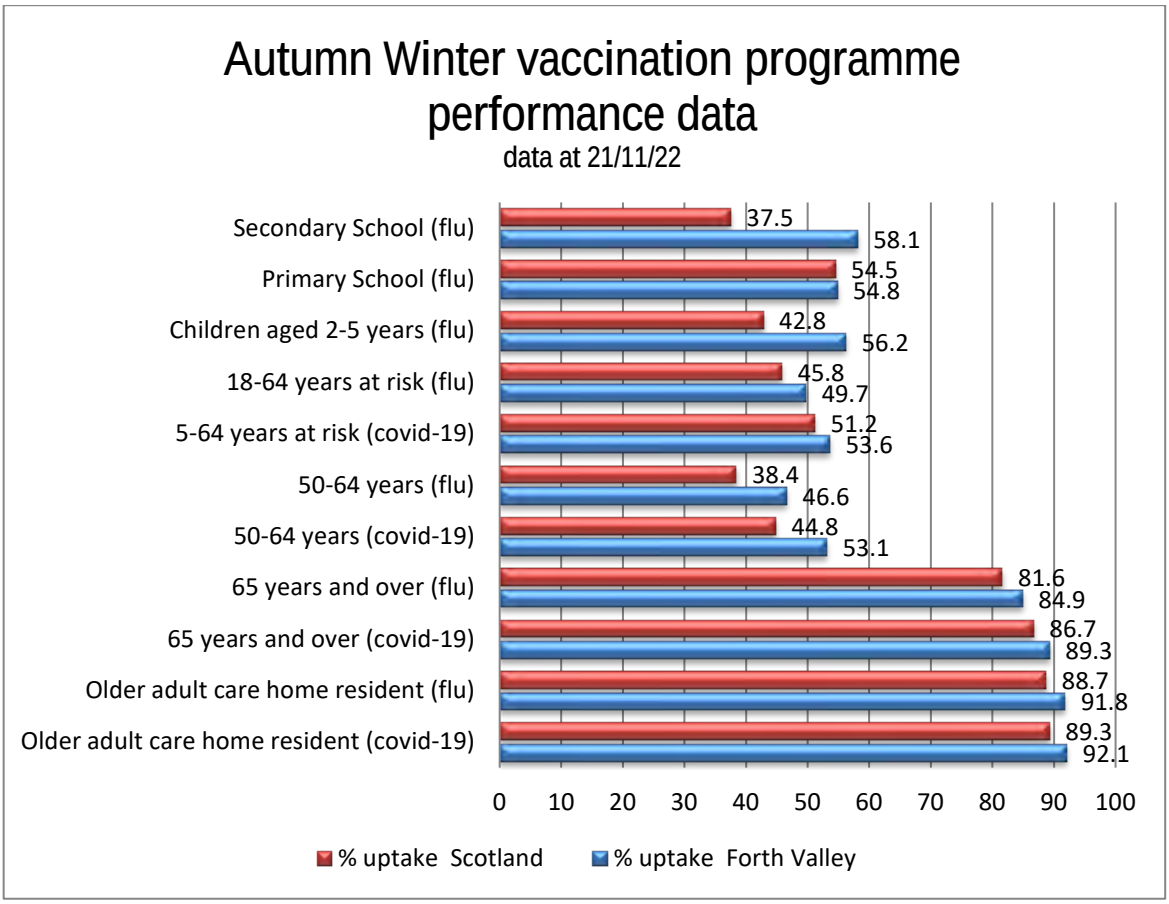
NHS Forth Valley has so far exceeded national modelling expectations but as was expected, this has slowed down as the programme has changed its focus to those under 65 years at risk and those aged 50-64 years. This position is mirrored nationally across all NHS Scotland Health Boards.

At these latter stages of the Autumn Winter programme, the vaccination team are concentrating their efforts on analysing uptake rates at a community level to target areas of poorer uptake. Responding to this has involved the flexible adaptation of delivery models to meet the needs of specific cohorts which has included moving to drop-in opportunities in the main vaccination centres and the increasing use of mobile community sites and 'roving' vaccination teams in staff areas. In previous programmes these have been known to enhance uptake for those who find static, centralised vaccination sites difficult to access. Graphs 1 and 2 show staff and population uptake rates for both Covid and Flu vaccination rates.

Graph 1



Graph 2



Primary Care

The reform of Primary Care (GMS) has continued at pace predominantly through the delivery of the Primary Care Improvement Plan (PCIP) but also through the modernisation of GP Premises with the completion of an Initial Agreement for a Forth Valley wide programme of capital investment. This programme of reform has been progressed through a collaborative tri-partite decision-making process (GP Sub Committee; Integration Joint Boards and NHS Forth Valley).

Despite the challenges of the past two years, implementation of the 2018 GMS Contract, including Memorandum of Understanding (MOU) 2, has been largely delivered in line with NHS Forth Valley's Primary Care Improvement Plan (PCIP) (Iteration 3). Although MOU2 asked Health Boards to focus their delivery on 3 key areas (Vaccination Transformation, Pharmacotherapy and Community Treatment and Care), Forth Valley continued to press on with delivery on all 6 PCIP workstreams (additional professional roles, Urgent Care and Treatment and introduction of Community Link workers). The PCIP End of Programme Report sets out the detail of what is being delivered against each workstream, the benefits to GP Practice sustainability, particularly during the pandemic, and the ongoing challenges which relate predominantly to the resilience of the workforce models which arise from the ongoing recruitment and retention challenges. This includes 200,000 non Covid vaccinations; more than 12,000 prescriptions generated each month and 10,000 phlebotomy appointments delivered by PCIP staff.

As previously reported, there remains a recurring shortfall of £1.299m in order to fully implement current plans (based on full recruitment at top of salary scale). This does not represent an in year

operational pressure but a medium-term risk if no further investment in GMS is received by the Scottish Government to enable Forth Valley partners to fully implement the contract.

Despite the significant progress made with recruiting around 200 additional health care professionals to support GP Practices, GP sustainability remains a high risk. here remains a need to continue to focus on GP recruitment and retention, for example, by developing new and innovative portfolio roles and career pathways and to continue to focus on ways of supporting practice workload. This may require further additional investment in PCIP and other roles, including those roles which have proved to be of most value to GPs and local patients (e.g. additional professional roles including mental health nurses, advanced physiotherapists, and advanced nurse practitioners).

In preparing for winter a Public Holiday Local Enhanced Service has been agreed and discussed with the GP Sub Committee with a view to offering Practices the opportunity to provide time limited support during 27th of December and 3rd of January public holidays.

Primary Care are also working on a proposal to improve and implement Practice sustainability through a sustainability survey tool. Practices will be supported to participate in this through use of short term non-recurring funding.

In going forward there will be an ongoing commitment to interface work between primary and secondary care with an initial focus on supporting improvements in communications at times of transfer of patient care and development of patient pathways to ensure access to the right care first time. IT will be a key role in this regard and despite a delay in the national GPIT system, the NHS Board remains committed to developing the IT infrastructure in parallel with the primary care premises improvement programme – there is a Group taking this forward. IT will be required to support current models of delivering primary care and to capitalise on developing digital solutions for supporting delivery of healthcare.

Out of Hours

After raising significant concerns regarding the resilience of OOH services in NHS Forth Valley a number of follow up meetings took place to address these concerns with limited progress. A meeting was then scheduled that involved the NHS Board Chief Executive, and Scottish Government Officials.

This meeting took place in June 2022 and a number of immediate actions were agreed, including the appointment of a dedicated senior manager to oversee improvements and the development of an OOH Service Redesign & Sustainability Plan Project which was shared with Scottish Government Officials Professor Sir Lewis Ritchie then visited the service on the 5th of October 2022 to meet with staff working in the three OOH service bases/centres at the Forth Valley Royal Hospital. Stirling Health and Care Village Hospital and Clackmannanshire Community Healthcare Centre.

Findings and Feedback from the 5th of October 2022 Visit

- Constructive and positive discussions were held with staff throughout the visit
- The dedication of all NHS Forth Valley colleagues both clinical and non-clinical support staff and the leadership team working in the OOH service was commended
- NHS Forth Valley's Chair and CEO reaffirmed their commitment to improving the OOH service, including requisite resourcing
- The provision of a dedicated senior manager has resulted in significant and welcome progress over the four-month period to end September 2022, to develop and implement a substantive redesign and sustainability plan
- The service infrastructure at all three OOH Urgent Care Centres and service administration was assessed as of good quality, including staff amenities
- Specific successes identified included: buttressing of administrative staff to protect wellbeing and to add resilience; enhanced workforce planning to bolster the multidisciplinary team MDT (advanced nurse practitioner (ANPs) roles, in particular; increasing flexibility of driver support staff and vehicle usage, including telematic tracking; health care support workers (HSCWs) are engaged to provide support to clinicians; staff T&Cs have been reviewed, addressing historical anomalies; development of hybrid models of delivery including remote working; promoting OOH services as a learning as well as a delivery

environment, including deployment and supervision of GPs in training (GPST3s); greater visibility of senior managerial leadership

- Further areas requiring improvement include: ongoing sustainability of three OOH centres and CCHC in particular; ongoing workforce planning, recruitment and retention of an enhanced OOH MDT team – challenges include loss of ANPs to A&E services or daytime primary care services; improved flexibility and responsiveness of HR support; sufficient supervision support of staff in training, particularly GPST3s; permanency of senior OOH manager role (currently interim to end December 2022); insufficient clinical leadership capacity/resilience - individuals in post provide excellent leadership, but are hard pressed; better synergy with other urgent care services/Flow Navigation Centre and further co-location opportunities; better joined up working with other community services; 24/7 community psychiatric nursing (CPN) services are available but mental health detention certification requires further review and support; better understanding of the public about optimal use of the OOH service, including NHS 24 111, NHS Inform and Pharmacy first.
- NHS Forth Valley has made welcome and beneficial changes to the redesign and sustainability of their OOH services from June 2022 to date. The appointment of a dedicated senior manager has been pivotal to this, as is the ongoing exemplary commitment of clinical and non-clinical service leadership, clinicians working in the service and support staff. In a relatively short space of time, a number of successes have been achieved although there remains much more to do, particularly in continuing to build up and retain a valued OOH MDT, of sufficient capacity and capability.

Key recommendations

1. NHS Forth Valley should continue to shore up, value and support, at Board level, their OOH service. Ongoing support from the Board Corporate Programme Management Office (PMO) approach should be reinforced and clearly evidenced in Board agendas, its Corporate Risk Register and Board Assurance Committees
2. The senior OOH service manager role is essential for ongoing leadership and forward momentum. This post, presently interim, should become permanent
3. The dedicated OOH clinical leadership team should be expanded, in order to reinforce required resilience
4. The Redesign & Sustainability Quality Improvement plan should continue to be developed, implemented, and scrutinised regularly, using appropriate NHS FV Board governance mechanisms
5. Enhanced MDT workforce planning should continue to be developed to support both recruitment and retention of staff, including T&Cs, regular staff communications, surveys, and educational events – currently underway. The emerging role of HSCWs should be expanded and evaluated further – which may also bolster resilience of OOH services in other Boards, for public benefit, if adopted well
6. Synergies with other urgent care and community services in NHS FV should be further exploited, including their Flow Navigation Centre and other hybrid models of working together, taking an integrated approach
7. NHS Forth Valley should look to opportunities for partnership working and shared learning with other territorial Board(s)
8. Accessibility of OOH services in NHS FV, should be reviewed and agreed, to ensure optimal patient care, including contingencies/escalation and best use of staff resource.
9. Further development of the OOH service as a learning environment for all MDT team members should be exploited, recognising supervision constraints
10. Building on the previous and helpful intermittent short-term support given by the Scottish Ambulance Service, NHS FV should continue to engage in more strategic discussions with SAS to explore future synergies, co-location, and co-working opportunities, going forward
11. NHS FV should continue to promote optimal use of OOH and other 24/7 urgent care services by the public, with clear communications on a continuous basis, making best use of both traditional mechanisms and social media platforms
12. Scottish Government officials should ensure that these recommendations are pursued rapidly, with resolve, taking account of other pressing service issues in NHS FV, at this

time. The accountability and regular reporting mechanisms for these recommendations need to be fully understood and delivered by NHS FV, to agreed timescales, with robust reporting mechanisms in place.

Future plans and priorities

There have been many changes in the way we are delivering NHS Forth Valley Out of Hours Services to reflect the changing needs of local patients and improvements in technology. An increasing proportion of referrals to the service are managed effectively by telephone consultations (continuing the trend seen prior to the pandemic) and there has been an ongoing decrease in the requirement for home visits and attendances into the service at local centres.

This change in demand profile has led enabled us to redesign our support infrastructure to deliver new ways of clinical working - e.g., we are at present trialling a hub model, where health care support workers are going out to patients' homes and linking back into the clinicians within the 'hub' with the patient observations. This is proving to be beneficial and supporting our clinicians with their decision making, whilst also reducing clinical time travelling across Forth Valley. We are also integrating all services within the Flow Navigation Hub (FNH) to increase the availability of staff to support the service, including utilising the clinical nurse advisers in the FNH who support all NHS 111 calls in and out of hours. Additionally, we are also trialling a clinical decision support tool which is supporting the national strategy of 'getting patients to right place at the right time to be seen by the right person' and have improved access through a network of drivers who are able to bring people to a local centre, where required, if transport is an issue.

In going forward, the operational management of the service, staff and budget responsibilities will transfer from the Acute Services Directorate to the Falkirk HSCP and this will provide greater opportunities to integrate services with e.g., Social Work and Social Care. The NHS Board will continue to remain committed to supporting both transformation and sustainability including raising the profile and benefits of working with the service. To date we have held two open evenings where we invited potential clinicians in to meet the team and see the facilities. Clinicians have approached us, including Advanced Nurse Practitioners, to arrange shadow shifts in our service. We are also working with our Scottish Ambulance Service (SAS) colleagues who are working alongside the NHS Board and supporting with OOH home visits at the weekend. In addition, we are currently developing a joint venture to have regular OOH support from Advanced Paramedic Practitioners.

Health & Social Care Partnerships (HSCP)

- **Clackmannanshire/Stirling HSCP**

The Clackmannanshire/Stirling IJB has invested in a number of HSCP led significant developments, including:

External Care Homes - Capacity

- Care Home vacancies reviewed daily to consider sideways moves if there are no people waiting on a permanent bed
- Robust Moving on Policy and escalation process with the acute Medical Director should a patient refuse to consider an interim bed
- New Care Home (Stirling) joining the National Care Home Contract in October 2022. Fifty bed capacity however, due to Care Inspectorate requirements the provider will only accept 2/3 admissions per week. Additionally, the provider will only accept a minimal number of Council-funded placements. The provider has confirmed that they will not accept any block booking (such as interim beds) at this time.

Care at Home - Increasing Capacity

- Commissioning Team continue to secure an average of 75 new packages of care monthly across the partnership which includes hospital discharges, Intermediate Care Discharges, Re-ablement discharges and supporting those at greatest need in the community
- Meetings in place with external providers to develop geographical patch-based working, which will provide some efficiency gains and release capacity back into the system.

- As of 20 September 2022, we are supporting 1,890 people across Clackmannanshire and Stirling. These people are assessed as requiring 30,480 hours of care per week.
- The capacity for care and support dropped until 15 March 2022. Since then, the number of people, receiving care each week has increased by 8.6% from 1,041 to 1,131. The number of planned hours has also increased by 6.2% from 17,817 to 18,921 hours of care per week.

Development of a HSCP Rural Care At Home Team

- A business case was developed for the IJB, seeking investment to develop an in-house rural team to complement our existing external providers.
- A robust recruitment campaign is underway with staff recruitment videos and posters within the local communities, as we would like to encourage local people in the rural communities to apply.
- In the interim whilst we recruit to the team, we are working closely with external providers to create additional capacity
- The rural team will be able to support an estimated 320 hours

Maximising capacity to meet demand and maintaining integrated health and social care services throughout autumn and winter - RAPID Response Service Development, Discharge to Assess and Falls Lead Post

- Business case presented to IJB in 2022.
- Community Reablement Teams redesigned moving to a Rapid Response Service, which provides greater flexibility to support people to stay at home longer and facilitate faster discharge home. The breadth of support within the multi-disciplinary team will include reablement, crisis care, Step-up/prevention of admission, step down and early pick up of packages prior to framework providers as well as discharge to assess.

- **Falkirk**

The Falkirk IJB has invested in a number of HSCP led significant developments, including:

Interim care beds Tender went live on the Public Contracts Scotland from 31 October 2022 to 14 November 2022. Tenders being reviewed w/beginning 14 November 2022, there were expressions of interest from 3 care homes. Medical cover to be explored and confirmed. Current contracts end 30/11/22, with 1 contract ending 16/11/22. New contracts are due to commence from 1 December 2022. This will support 20 block beds plus spot beds

£1.407m has been invested in 2 remaining community hospital wards to permanently increase the bed base by 10 beds and to provide a more robust level of staffing to support patient care, rehabilitation, and discharge. A further £0.226m investment supports increased staffing in Bo'ness community hospital ward 2.

£1.840m is earmarked to support the development of a slow-stream (longer term) rehab facility in Grangemouth, to address a capacity gap in slow stream rehab. This investment includes additional staffing, gym equipment and £0.781m earmarked for alternative long term care provision of 18 beds. This investment will not be immediate, requiring an incremental increase in rehab beds and further work with external care providers to increase long term care bed capacity.

The contract for the Home from Hospital Discharge initiative was renewed in July 2022 at an annual cost of £1m, to facilitate hospital discharges. Similarly, the Home from Hospital Partnership initiative has been extended in conjunction with Clacks & Stirling IJB at a cost of £0.219m for Falkirk IJB.

Winter pressure Care at Home funding will also be used to support a temporary increase in care at home hourly rates (above contract baseline capacity), additional social work assessment staff, recruitment and HSCP promotion – set out in Appendix 1.

Healthcare Support Worker winter funding (£0.850m) is being used to support Macmillan end of life care initiative, community nursing and complex care. Additional HCSWs will be recruited in line with IJB developments but this is contingent on the recruitment market and staff availability.

Winter pressure funding of £1.132m for Multi-Disciplinary Teams is presently over-subscribed and the IJB is undertaking a prioritisation exercise. Currently funding for AHP community models of care, complex care nursing, GP Adult With Incapacity assessments and treatment room nurses has been released. Other considerations include district nursing, care home liaison, career start GPs and practice development.

Acute Services - Reducing Pressure on ED and Front Door Services

Being treated timely in Accident & Emergency (A&E) is important for both 'clinical outcomes and the experience of patients: A&E waiting times are often used as a barometer for overall performance of the NHS and social care system.'[i]

Evidence to date locally of increasing capacity including from opening additional beds (e.g., 5th bed in 4 bedded bay and/or treatment room, temporary relocation of rehabilitation beds on the Bellfield site and increased levels of boarding) on the Forth Valley Royal Hospital site has not supported flow as reflected in the 4-hour Emergency Access Standard (EAS), it is therefore critical that we adopt a 7-day admission and discharge management process to support flow and to have daily multidisciplinary team meetings to review performance.

This paper whilst acknowledging the challenges intends to focus on the NHS Board options to increase capacity to support improvements in Urgent & Unscheduled Care. The paper considers the productive or high impact gains (% improvement measure) agreed on a whole system basis with Scottish Government. The productive gains/high impact changes set out in Appendix 3 and are intended to improve our 4-hour EAS.

Increasing Bed Capacity and Alternatives to Hospital Admission

The traditional core acute bed capacity at Forth Valley Royal Hospital (FVRH) is 438 beds (as per the original hospital design which increased to 477 in January 2021). Additional to the 447 bases is 67 temporary inpatient beds. This temporary additional capacity i.e., 67 beds was created by using ward treatment rooms and by placing a 5th bed in bays designed for 4 inpatients (44) and by increasing beds in the surgical and clinical assessment units. Work to inform bed capacity/modelling highlights a need for up to 86 beds - 44 to replace the contingency beds and a further 42 to meet March 2023 projected demand. This increase in capacity will include a range of community based initiatives to reduce the need for additional beds. These include:

- increasing bed capacity in community hospitals (additional 10 beds)
- significant investment in community based services (as described within the paper)

NHS Forth Valley has increased their overall bed capacity by 67 however the additional temporary beds at FVRH do not offer a good experience of care for patients as highlighted in a recent unannounced Healthcare Improvement Scotland (HIS) inspection. HIS raised concerns regarding the use of contingency areas within wards, particularly the widespread practice of having a fifth patient in a four-bedded bay. ELT has agreed closing these beds are a priority in two fronts to improve patient/staff experiences, create flow and improve unscheduled care performance.

In addition, bed capacity at FVRH when compared with other NHS Board peer groups highlights a less core acute beds per 100,000. Whilst not providing immediate capacity, but supporting planning ahead, a review of other available bed capacity has been undertaken at Falkirk Community Hospital and Stirling Health & Care Village (SHCV). There is some potential additional bed space (10 beds) identified within the former Ward 6 at SHCV. This will require significant cost to refurbish and will require further consideration. Further feasibility studies are also underway at FVRH and are expected to be concluded by the end of December. The outcome of the FVRH study is expected to be reported to the ELT in early January prior to consideration at the Board's Performance & Resources Committee. These are expected to augment community based capacity solutions as led by our Health & Social Care Partnerships in response to the Integration Joint Boards' Strategic Plans. .

Financial Implications

Investment is required to underpin plans to support better and more equal outcomes and whole system reform, whilst keeping people including staff at the centre of what we do. NHS Forth Valley is committed to maximising outcomes for our available resources on an integrated whole system basis to deliver sustainability and value and to improve quality and safety. The NHS Board is facing an exceptionally challenging financial position and therefore all investments must be affordable and represent improved value.

A package of funding investments to deliver additional staffing, infrastructure, expanded community and bed-based care, and resilience measures has been put in place to support winter and capacity plans across the NHS Board and both Health and Social Care Partnerships as set out below.

NHS Board

- £2.8m recurring investment in substantive nurse staffing across ED/AAU and Mental Health inpatient areas to stabilise and sustain workforce levels and to deliver improvements in patient care and safety. As part of this investment there must be a corresponding reduction in temporary bank and agency workforce and appropriate controls will be put in place to ensure this is delivered.
- £0.24m recurring investment in expansion of Hospital at Home support from 25 to 30 places, on a full year basis.
- Additional funding to support the financial impact of re-grading Agenda for Change Band 2 nursing support staff who have matched into the new Band 3 Nursing Clinical Support Worker job profile.
- A non-recurring bridging investment of £0.7m for prison healthcare staffing requirements
- Additional resources in place to support the roll out of the Covid Booster and Flu immunisation programme,

Scottish Government funding of £1.930m to support including redesign of Urgent Care, Discharge without Delay improvements and annual funding for winter pressures, has been confirmed on a non-recurring basis and will be used to support ongoing investment in these areas.

Falkirk HSCP

- Interim care beds Tender live on Public Contracts Scotland from 31/10/22 – 14/11/22. Tenders being reviewed w/beginning 14/11 – expressions of interest from 3 care homes. Medical cover to be explored and confirmed. Current contracts end 30/11/22, with 1 contract ending 16/11/22.
- New contracts due to commence 1/12/22 – 20 block beds plus spot beds
- £1.407m has been invested in 2 remaining community hospital wards to permanently increase the bed base by 10 beds and to provide a more robust level of staffing to support patient care, rehabilitation, and discharge. A further £0.226m investment supports increased staffing in Bo'ness community hospital ward 2.
- £1.840m is earmarked to support the development of a slow-stream (longer term) rehab facility in Grangemouth, to address a capacity gap in slow stream rehab. This investment includes additional staffing, gym equipment and £0.781m earmarked for alternative long term care provision of 18 beds. This investment will not be immediate, requiring an incremental increase in rehab beds and further work with external care providers to increase long term care bed capacity.
- The contract for the Home from Hospital Discharge initiative was renewed in July 2022 at an annual cost of £1m, to facilitate hospital discharges. Similarly, the Home from Hospital Partnership initiative has been extended in conjunction with Clacks & Stirling IJB at a cost of £0.219m for Falkirk IJB. Winter pressure Care at Home funding will also be used to support

a temporary increase in care at home hourly rates (above contract baseline capacity), additional social work assessment staff, recruitment and HSCP promotion.

- Healthcare Support Worker winter funding (£0.850m) is being used to support Macmillan end of life care initiative, community nursing and complex care. Additional HCSWs will be recruited in line with IJB developments but this is contingent on the recruitment market and staff availability.
- Winter pressure funding of £1.132m for Multi-Disciplinary Teams is presently over-subscribed and the IJB is undertaking a prioritisation exercise. Currently funding for AHP community models of care, complex care nursing, GP Adult With Incapacity assessments and treatment room nurses has been released. Other considerations include district nursing, care home liaison, career start GPs and practice development.

Clackmannanshire/Stirling HSCP

- £1.949m investment in Redesign of current Reablement and MECS Teams into an Enhanced Rapid Response Service
- £0.407m net investment in Rural Care at Home Team
- Up to £0.5m additional investment to support the 22/23 HSCP Winter Plan presented to the IJB on 23 November 2022
- £0.786m investment in Multi-Disciplinary Teams including AHP Community Models of care, GP Adults with Incapacity Assessments, and a range of other measures to increase support to service users in their own homes.
- Healthcare support worker (HSCW) funding investment of £0.792m to support MacMillan end of life care and recruitment of additional HSCW capacity.
- Additional Interim Care from Care Homes and additional Care at Home capacity within overall available resources and market capacity.

Workforce Implications

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
- Implementing our approved Strategic Workforce Wellbeing Plan 2022-2025 including launching our new Wellbeing Website and Management Toolkit from August 2022
- Developing Our Culture and Compassionate Staff Programme in Autumn 2022
- Enhancing the Employee Voice through 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

One of the most important priorities is the ability to attract and retain our workforce, ensuring that it is sustainable for the future. Our current temporary workforce spend is significant, especially within nursing. It is anticipated that with the conversion of temporary workforce spend into permanent workforce that the agency requirements will be by exception only and that bank activity will reduce. Table 1 below describes a number of critical actions currently being taken

Table 1: Actions being taken by NHS Forth Valley to improve the workforce pipeline and provide sustainable workforce solutions	
Investment and appointment of newly qualified nurses across	Within the Workforce Plan, NHS Forth Valley has committed to appointing a significant number of Newly Qualified Nurses to all Band 5 Nursing vacancies, taking account of turnover; temporary Bank and Agency workforce spend and attrition rates.

NHS Forth Valley from September 2022	Newly qualified nurses were interviewed as part of a generic recruitment process in addition to parallel recruitment processes. 169 new staff nurses and 4.4 wte midwives will be appointed to posts across NHS Forth Valley. As of 24th November 22 – 117 newly qualified staff have started work in NHS Forth Valley – Mental health have 23 of the 29 in post – a number are completing their training and awaiting their registration.
Investment in NHS Forth Valley Healthcare Support Worker (HCSW) workforce Band 2 to 3 review	A Partnership working group, in collaboration with Senior Charge Nurses, is currently concluding the review of 830 Healthcare Support Workers (HCSW) across NHS Forth Valley. It is anticipated that the majority of these staff will review against the Band 3 Clinical Support Worker job description. As of 24th November 2022, 632 proformas have been processed equating to 76% of the total number of Band 2, HCSWs within the scope of the review. **586 HCSWs have now transferred to the Clinical Support Worker Band 3 job description** and uplifts have been applied. 46 HSCWs remain at Band 2, these proformas are currently being audited as part of the governance process. It is anticipated this number will reduce as a result of the audit.
Ethical International Recruitment	13 new nurses from overseas have been successfully appointed, and supported through their OSCE and NMC registration process, to Staff Nurse positions within Forth Valley Royal Hospital. In October 2022, the Cabinet Secretary for Health and Social Care announced that £7.98m will be made available to Scotland's Health Boards in 2022/23 to support the recruitment of up to 750 registered nurses, midwives, and allied health professionals (AHP) from overseas by April 2023. NHS Forth Valley has identified over 30 posts, including nurses, midwives and AHPs, that it will endeavour to recruit to in 2022 – 2023. Interviews for the next cohort of adult nurses will begin week beginning 28th November 2022 with offers anticipated to be confirmed shortly after. Planning for AHP international recruitment is underway with vacancies and interview dates anticipated to be confirmed during early December 2022.
Retention of Staff: Retire and Return and Flying Programme implementation	National (Interim) Retire and Return Policy was implemented on 30th August 2022, and was developed in partnership with NHSScotland employers, trade unions and the Scottish Government by the Once for Scotland Workforce Policy Programme and supports retiring employees return to work. A short life working group was established in NHS Forth Valley to ensure a robust process was implemented which would also facilitate appropriate monitoring and reporting. HR Managers are currently providing awareness raising by way of a presentation at Directorate/HSCP/Departmental monthly Workforce Performance meetings. To date three applications have been received, considered, and agreed.

Risk Assessment

This paper has been developed at the request of NHS Forth Valley Board Members following a Board Seminar held on the 9 August 2022, led by Mr Murray, Medical Director and informed by ongoing Board member discussions during August, early September, and October 2022. The Executive Leadership Team has focused on developing and agreeing this whole system response. The paper is also intended to deliver improvements to meet nationally agreed standards/targets in both Urgent & Unscheduled Care and Scheduled Care.

Relevance to Strategic Priorities

The NHS Board recognises and acknowledges the achievements of the health and care sectors response to the pandemic, including major transformation delivered at pace and scale. This paper takes account of the Board's Strategic Objectives (set out below) and commitment to service, workforce, and financial sustainability.

- Plan for the future

- Protect and improve population health and wellbeing whilst reducing health inequalities
- Improve our focus on quality, safety, and sustainability
- Valuing and developing our workforce
- Spending well by making the best use of our resources

Equality Declaration

The author of the proposals 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.

Consultation Process

This paper takes account of engagement including staff side involvement and ongoing work directed by the Executive Leadership Team. The paper also highlights the need to seek Integration Authorities involvement to inform and support investment decisions to support additional capacity in NHS Forth Valley and the Local Authorities.

Appendix 1

Winter Funding Proposals 2022-2023

ELT considered the draft winter funding proposals on 31 October, and these gave been updated as below. There is expected slippage in the actual costs compared to the anticipated costs. The anticipated costs are a maximum of £680K compared to the winter allocation of £528K.

In addition, options to fund some of the proposals from alternative sources are being explored, as indicated below. As discussed at ELT and CMT, the plan is to allocate any slippage within the £528K allocation towards the costs of the winter contingency ward at Stirling Health can Care Village.

Proposal Title		Description	Indicative cost	Resources	Benefits	Comment
Hire of 4x4 vehicles for winter preparedness (Alan Brown)	NHS FV	The availability of the 4x4 vehicles proved a particularly useful resource to have should adverse weather be an issue in the FV area. We had immunisation teams and porter/drivers available should we require assistance in our rural areas that do not necessarily have the same infrastructure as the larger towns.	£15,912	The cost is £195 per vehicle for a period of 17 weeks, totalling £15,912 including VAT.	Continuity of health care in communities particularly in rural areas	Approved DoF
Hospital Discharge (Phil MacDonald)	FV Wide	Earlier discharge from acute and community hospital sites on daily basis. Proposal is trial of service aligned to Hospital Discharge Team where a car suitable for patient transfer and support worker who can drive, is available 7 days a week to take patients out of either the acute site or community sites each day, returning them to their own home.	£81,126	Support workers x 7 days £40563 x 2 staff = £81126	Pre-noon discharge. More efficient, effective & sustainable discharge. No reliance on SAS for transport. Support flow in acute and community hospitals	Approved
Accelerate PPC rollout (Gordon MacKenzie/Shiona Hogg/Hazel Webb)	Falkirk HSCP NHS FV AHP C&S HSCP	The proposal is to purchase equipment to facilitate the rollout of the PPC (Prescribing Proportionate Care) programme. PPC is a development in	£90,000	Package of equipment for each site at £18K	More efficient use of care hours available therefore enabling homecare to deliver more packages. Better outcomes for people - less restricted in care	Consider capital funding (J Thomson / G Bowden)

Proposal Title		Description	Indicative cost	Resources	Benefits	Comment
		patient/service user moving and handling techniques which reduces the number of carers required to deliver care at home (and on the ward).			choices and less dependent on formal care. Reduce patients in hospital waiting for care package	
JLES secure additional stock (Dorian Gray)	FV wide	The benefit of this request is that the residents of Forth Valley have an uninterrupted service due to JLES having robust stock of key equipment over the winter months and can cope with an expected demand.	£52,130	Secure additional stock	Residents of Forth Valley have an uninterrupted service due to JLES having robust stock of key equipment over the winter months and can cope with an expected demand	Consider capital funding (J Thomson / G Bowden)
Accelerating PPC assessments and training (Gordon MacKenzie)	Falkirk HSCP	Constraints slowing down the rollout of the PPC approach to moving and handling; • the lack of assessment capacity within the HSCPs and NHS FV, • the small pool of trained carers Proposal to use external providers to expand assessment capacity (undertaking those assessments themselves) and to accelerate carer training.	£17,000	100 assessments being conducted by external providers at £100 per assessment (£10k) and a 'pot' of £7k for providers to deliver staff training on the PPC techniques	An increase in the number of care packages available.	Approved but also consider alternative funding (J Thomson / S Kirkwood)
Home from Hospital (Lesley McArthur)	Falkirk HSCP	1. Extend community based provision to include day events for people who continue to receive support from partners, post discharge. Mainly target older people and their carers - opportunity for social interaction, a hot meal and support from partner agencies. Partners will take turns at hosting the events, using accessible local venues. Partners will 'bring' service users to the events. Transport will be provided, where necessary. Community based support currently relies on volunteer	£45,000	£10,000 for costs of events and transport / 1WTE Band 5 £35,000 (inc. oncosts)	Prevention of Readmission, reduce loneliness and isolation, increase carer involvement, decrease carer stress, reduce people delayed in their discharge	Approved but also consider alternative funding (J Thomson / S Kirkwood)

Proposal Title		Description	Indicative cost	Resources	Benefits	Comment
		support. There is currently a significant shortage of volunteers and therefore regular events would ensure continuity of support through co-ordinated effort. 2. Support 1 WTE Band 5 discharge liaison post to work with ward staff as part of the Discharge team to focus on liaison and support for families and carers and also to be a formal NHS operational link point to the Home from Hospital Service				
Establish a safe pathway for the supply of discharge medicines by community pharmacies. (Kirstin Cassells)	Community Pharmacy (Acute & Thistle at SCV).	Build on successful pilot in NHS GGC to safely discharge patients to community pharmacy for medicines supply, reconciliation, and review. Establish safe pathway to supply of discharge medicines by community pharmacies. Recruit to the project team. Develop patient group direction to ensure governance over process. Identify and engage with early adopter wards in FVRH and community hospitals - 2 initial wards in Medicine at FVRH and Thistle at SCV.	£17,250	Development of the service	Increase in number of patients discharged before 12 noon and reduce number of cumulative bed days through earlier discharge	Approved
Pharmacy HePMA Team (Suzanne Smith)	Acute	Bank administrative staff member Full Time Monday – Friday 8.30am-5pm to increase the capacity of the HePMA team to support ward teams to optimise the use of HePMA at the point of discharge and indirectly improve the quality of immediate	£12,000	1wte Band 3 Administrator	Improve IDL quality at front door & other targeted areas. Education to prescribing users in front door areas to improve quality. Education to all users RE unscheduled HePMA downtime. Improvement in prescription quality & IDL	Approved

Proposal Title		Description	Indicative cost	Resources	Benefits	Comment
		discharge letters and their processing time.			quality. Ward staff would be competent in dealing with unscheduled HePMA downtime, resulting in enhanced patient care during these episodes	
REACH Develop and implement a training plan, building on previous work in Rehab at Home (Hazel Webb)	Falkirk HSCP	To work alongside reablement and home care to develop and implement a training plan, building on previous work in Rehab at Home. To provide training to care staff on rehab ethos and skills, small equipment provision and awareness of mobility issues using a Mastery of Learning approach.	£6,106	AHP Reablement Training Coordinator. Proposal would be led by a Highly Specialist B7 Occupational Therapist or Physiotherapist with experience of working within the community alongside care providers.	Train 100 care staff in rehab ethos. Staff are confident to practically support reablement care	Approved
Alinity m analyser contract extension	Acute	Extend current lease and maintenance contract for March 2023. Used for rapid analysis of covid-19 and flu	£20,000	lease and maintenance contract cost from Dec22 to March 23. Reagents tests supplied by NSS until March 23.	Rapid turnaround time for analysis for Covid, flu an RSV. Improved performance & time to result over existing batch analyser. Prepare for expected additional covid & flu presentations from Nov22. Enable mobilisation of asymptomatic testing required as per request to all NHS Scotland Labs.	Approved
GP practice additional urgent appointments	Primary Care and OOH	Provide additional urgent GP practice appointments during the 2x4 day weekend breaks on 27 Dec and 3 Jan to reduce impact on OOH service	£71,400	Additional urgent GP appointments made available. Practice would be offered £400 plus £0.05 per registered patient for each session contracted to.	Reduce pressure on OOH and ED services by increasing GP practice urgent care capacity. Calls would be triaged by NHS24 as usual and passed to the OOH/Flow navigation hub. Where the practice had contracted to the enhanced service then calls requiring a telephone or face to face appointment would be passed to the patient's registered practice.	Maximum cost assuming all practices participate Approved

Proposal Title		Description	Indicative cost	Resources	Benefits	Comment
					House Calls would still be managed by the OOH Centre.	
Eliminate 12 hr Transport waits in ED	Acute	Provide ambulance at FVRH for non-emergency transfers & transport for patients between the hours of 8pm and 2am. Additional support during the out of hours period, help reduce transport waits within the ED. Base appliance at FVRH, workload to be directed by Duty Manager & front door teams, supporting tertiary and local transfers during out of hours period.	87,381	X1 Patient transport vehicle + x2 technicians Weekly cost - £4,854.50 December - March (18 weeks) - £87,381	Eliminate 12 Hr transport waits in the Emergency Department (ED) Reduce overcrowding in ED Reduce nursing workload in ED Improve staff wellbeing Improve patient experience	Approved
Point of Care Testing in Emergency Department	Acute	There will be 5.2 WTE band 3 posts to support the roll out of POCT within our Emergency Department (ED). Having POCT within the ED will allow for the department to continue rapid patient testing 7 days a week, throughout the day and night to mitigate the risk of having no POCT testing out with core hours	164,469	Total cost for equipment: £12,254.84 Staffing cost: 5.2 WTE Band 3 Approx £29,272 per 1WTE 5.2 WTE Band 3 - £152,214 Equipment - £12,254.84 TOTAL - £164,469	Reduce overcrowding in ED Reduce nursing workload in ED Improve patient safety in ED Improve patient experience Improve response time for patients being allocated beds in the correct location	Approved but asked to consider if this requires staffing 24/7 or can this be focussed on peak times
TOTAL			**£679,744**	Assumes maximum costs and no slippage		

Appendix 2

2021/2022 NHS Board Investments

2021/2022 - NHS Board Investments

- Hospital at Home

The £1.24 million investment has funded a 'hospital at home' service. The consultant led service provides clinical support for frail older people living at home or in a homely setting equivalent to that delivered in an acute hospital setting. The multidisciplinary team currently support 25 people within the virtual Hospital at Home ward.

Evidence shows that those benefitting from the service are more likely to avoid hospital or care home stays for up to six months after a period of acute illness. For older patients, it means being able to stay at home longer without losing their independence and this has contributed to overall improvements in patient satisfaction. More than 1000 patients have now benefitted from the Hospital at Home Service since it was established in May 2021.

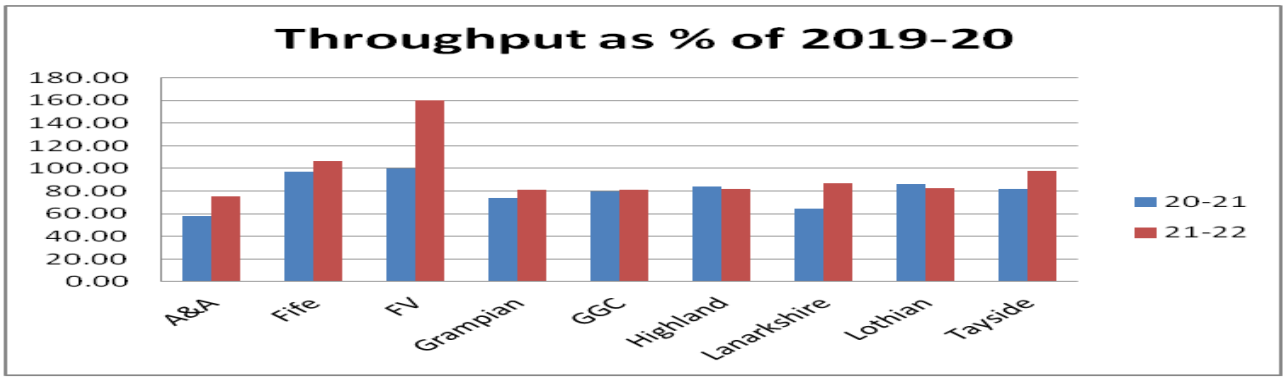
Through the unscheduled care programme's virtual capacity workstream there are plans to further increase the capacity of the Hospital at Home service by growing the portfolio of work it is currently able to support. Plans to expand include outpatient antimicrobial therapy delivery at home through work with colleagues in the OPAT service along with work with both heart failure and respiratory teams to further evolve their community service delivery. The paper proposes increasing the capacity of the service from 25 to 30 places by March 2023 and thereafter to 50 as staff develop the necessary competencies to support this model of care. Funding to support this increase is yet to be identified.

- Stroke Services

The £1.37 million investment has funded a stroke service for patients presenting with a stroke or Transient Ischaemic Attack (TIA - warning of an imminent stroke). The service supports timely access to diagnostics to assess, investigate and manage patients presenting with TIA, and supports the delivery of thrombolysis therapy, including thrombectomy, a hyper-acute stroke unit to receive acute stroke presentations 24/7 and access to rehabilitation and early supported discharge. In April 2022, the Stroke Transition and Rehabilitation Team (START) was established and already is making a difference in terms of how long people need to stay in hospital.

- Scheduled Care (SC) - Reducing our Waiting Times

The investment of £3.47 million in 2021/2022 was in support of the NHS Board's commitment to shift from a non-recurring to recurring investment approach in years 2022/2023 and 2023/2024. The investment supports the NHS Board's 'Valuing and Developing our Workforce' and 'Spending Well' commitment to improve waiting times caused by the pandemic backlog. NHS Forth Valley SC services have made significant progress with the delivery of planned interventions in both outpatient waiting times, e.g., minor procedures work and in the delivery of the Treatment Time Guarantee. The investment has supported a workforce in developing extended knowledge and skills whilst delivering SC service. The 'Hospital within a Hospital' model established in our expanded NHS Forth Valley Day Surgery Unit illustrates how the site bed base is working effectively to support NTC planned care improvements. Table 1 shows the elective care (day case and inpatient) activity from 2020/2021 vs. activity from 2021/2022.



- eRostering

The investment of £100,000 recurringly to support the roll out of eRostering is now supporting improvements in how we manage job planning and workforce rostering. The two-year project covering all Agenda for Change (AfC) staff and medical staff was paused on two occasion due to Covid and was recommenced in March/April 2022.The investment is intended to improve our rostering decisions and reduce supplementary spend by having 'right people, right place, right time.' The roll out of the eRoster is making good progress.

- Immunisation Team

The NHS Board having invested £7.2 million to date in an Immunisation Team, is equipped to support a population wide vaccination programme, notably the timely roll out of the Covid-19 Booster and Flu 2022 Programme. The Autumn/Winter vaccination programme commenced on 5th September and will run until December 2022, starting with Care Homes and those aged 65 and over. NHS and Social Care staff were given early access to the online booking portal for priority appointments and can also attend local drop-in clinics, receive their vaccinations at local pharmacies. Peer Immunisers and outreach clinics are also helping to improve access to vaccination for staff at work.

Gold Command (NHS Forth Valley) also prioritised and invested in 7- day AHP working at the 'front door', an expansion of Day Surgery, interim relocation of specialist rehabilitation service to create additional acute hospital capacity and contributed to the 'single handed practice' development. The NHS Board during 2021/2022 also committed to investing in creating more Clinical Support Worker roles (upgrading up to 831 staff from Band 2 to Band 3) to create greater capability capacity. This paper sets out a recommendation to invest in 'valuing and developing our workforce' and spending well.'

Appendix 3

Improving System Wide Performance

This Plan recognises the need for:

- **Robust responsive operational management:** ensuring all sites have 7 day whole-system oversight of all activity in and out of hours including establishing basic good practice such as data for performance; effective process focussed daily hospital safety huddles and safety pauses; robust whole system escalation procedures are in place and visible Quadrumvirate leadership.

- **Improve pre-noon and weekend discharge**, including implementation and monitoring of predicted date of discharge, robust bed management processes, proactive discharge planning, implementation of daily board rounds, use of discharge lounge and weekend discharges at same rate as weekday.

- **Rapid assessment and streaming out of ED** to appropriate pathways such as surgical assessment units, Frailty and a dedicated and protected minors stream performing at 95-100% within 4 hours.

This Plan in support of the above have agreed a number of high impact changes for improvement identified with the Scottish Government, all of which are inter-linked.

- Ensuring 'responsive operational management' on the Acute Site – work is underway to review and strengthen duty management arrangements supported by Human Resources
- Redesign of Urgent Care as set out below
- Increasing Virtual Capacity – Hospital at Home Service
- Discharge without Delay (DwD)

Redesign of Urgent Care/Urgent & Emergency Assessment

NHS Forth Valley Urgent and Unscheduled Care Collaborate have identified 'Redesign of Urgent Care (RUC) as a High Impact Change (HIC) along with elements of Urgent & Emergency Assessment relating to management of the low acuity/high volume presentations to the Emergency Department. Focused work was undertaken at pace on the following key priorities:

- Triage Redesign
- Patient Announcement System
- Digital Decision Support Tool

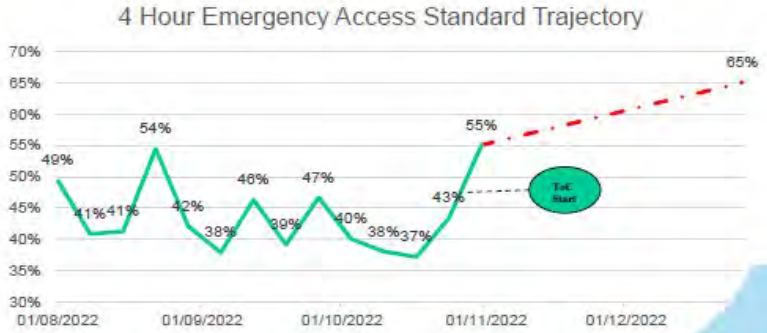
Redesign of Urgent Care

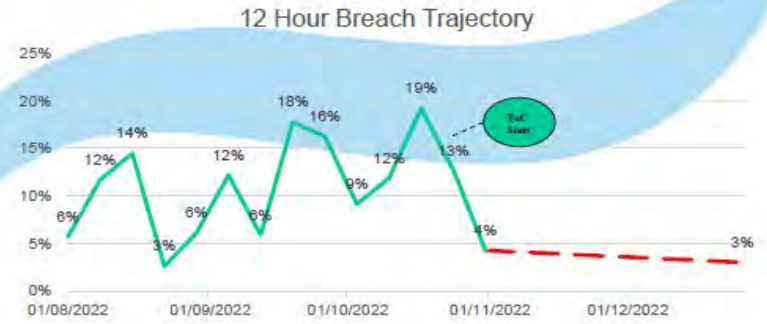
HIC 2 - Redesign of Urgent Care

NHS Forth Valley

Actions & Impact

- **Triage Redesign –** Improved processes, safer patient journey and improved department performance.
- **Digital Decision Tool in FNC** – Digital tool to aid call handlers and support decision making, aiming to get patients to right place, first time.
- **New Patient announcement system** - System being installed in ED, RACU, AAU waiting areas to improve public communication and patient experience.
- **Increase RACU pathways** – Transformational pathway development continues to promote an alternative to ED and provide a streamlined safe service, currently testing SAS direct to RACU for low risk chest pain.





Virtual Capacity

HIC 3 – Virtual Capacity

NHS Forth Valley

- TOC - Hospital at Home and Forth Valley Interim Care Team have now adopted a blended model to support H@H patients. Revised criteria will allow patients who require a care component to be treated by the service. FVICT staff are accessing additional training and shadowing opportunities to support this. H@H have currently supported 8 patients jointly with FV ICT.
- Expected expansion, currently operating at 30 beds.
- Near Me – project planned.

METRIC	Baseline	July	August	September	October
Hospital @ Home - Admissions	67	59	91	92	83
Hospital @ Home - Discharges	66	60	87	87	84
Hospital @ Home - Av LoS	7.3	9.2	6.1	6.6	6.2
Hospital @ Home - Median LoS	6.3	7	5	5	6
Hospital @ Home - No of readmissions < 7 days	3	2	5	7	7.1
Hospital @ Home - No of readmissions < 28 days	6.7	9	13	22	21.4
Hospital @ Home - Patient and carer feedback					1

- Respiratory Services Dynamic Scot /In heathcare pathway - COPD Monitoring Service - need to establish which app is appropriate for FVRH. Arranging meeting and demo of Dynamic Scott App with Jim Mc Nair W/B 7/11/22.
- Asthma InHealth Pathway (Remote Monitoring) - meeting 26/10/22 on teams to discuss implementation readiness and further TOC of app
- SAS Pathway - only 1 referral. Arrange awareness session with FNC around pathway and role of respiratory nurses. Liase with SAS re similar session with crews date TBA. Look at a means of measuring patient satisfaction
- Pulmonary Rehabilitation Service- Continue mixture of F2F and Virtual sessions,
- 7 day Service - DATA for September for COPD Mean LOS - 5 days and average LOS - 6 days

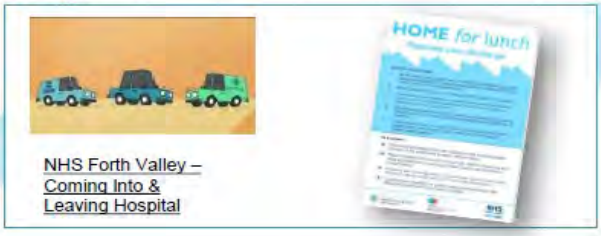
Discharge without Delay

HIC 7 - Discharge without Delay

DDD – focus on improving pre-noon and weekend discharge

- Weekend Planner re-introduced
- Pre-noon discharges incorporated into huddles
- Public comms – PDD
- Staff comms – Home for Lunch
- Discharge Lounge & breakfast club initiative
- Education plan for PDD (TURAS)
- Day of Care to include PDD
- DDD & PDD audits undertaken - action plans being implemented.
- Weekly ward discharge data shared with all staff (in addition to ward dashboards.)

METRIC	Baseline	Target (Dec. '22)	Jul	Aug	Sept	Oct
Discharges by 12:00	16.4%	25%	16.1%	14.6%	13.3%	17.0%
Discharges by 16:00	57.9%	80%	57.2%	53.0%	51.7%	55.8%
Discharges by 20:00	91.6%	92%	91.5%	92.5%	90.8%	92.0%
Increase in Saturday/Sunday discharges	15.6%	25%	16.0%	14.0%	13.8%	21.6%



NHS Forth Valley – Coming Into & Leaving Hospital

[i] What's going on with A&E waiting times? | The King's Fund (kingsfund.org.uk)

FORTH VALLEY NHS BOARD
TUESDAY 29 NOVEMBER 2022

8.1 Healthcare Associated Infection Reporting Template
For Assurance

Executive Sponsor: Prof Frances Dodd, HAI Executive Lead

Author: Mr Jonathan Horwood, Area Infection Control Manager

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

Recommendation:
The NHS Board is asked to:

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

Key Issues to be Considered:

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

Implications

Financial Implications
None

Workforce Implications
None

Infrastructure Implications including Digital
None

Sustainability Implications
None

Sustainability Declaration
Further to consideration the author can confirm that due regard has been given to compliance with the key aims of the NHS Scotland Climate Emergency & Sustainable Development Policy (DL (2021) 38) as part of the decision-making process A policy for NHS Scotland on the climate emergency and sustainable development.

□ *Yes*
√ *N/A*

Quality / Patient Care Implications
Healthcare associated infections (HAI) can result in poor outcomes for patients in terms of morbidity and mortality, increased length of stay and necessitate additional diagnostic and therapeutic interventions

Information Governance Implications
None

Risk Assessment / Management
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 4 SABs this month.
- *Clostridioides difficile* infection (CDIs)
  There were 7 CDIs this month.
- *Escherichia coli* bacteraemias (ECBs)
  There were 18 ECBs this month.
- Device associated bacteraemias
  There were 9 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

Communication, involvement, engagement and consultation
Infection Prevention & Control Team

Additional Information
None

Appendices

- None

Healthcare Associated Infection Reporting Template (HAIRT)

October 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 slightly increased this month. Most patients confirmed are asymptomatic or have mild illness.
- Recent communication for Health Improvement Scotland have informed Boards that mental health units are due to commence by the end of the year. Work is underway to prepare areas for the coming inspections.
- There was one reported outbreak of Covid this month, Ward A22 FVRH.

Performance at a glance

	Total No of Cases	Month RAG status
Staphylococcus aureus bacteraemia (SABs)	**4**	
Clostridioides difficile infection (CDIs)	**7**	
Escherichia coli Bacteraemia (ECB)	**18**	
Device associated bacteraemia (DABs)	**9**	
Hand Hygiene (SPSP)	**99%**	
National Cleaning compliance (Board wide)	**95%**	
National Estates compliance (Board wide)	**94%**	
Surgical Site Infection Surveillance (SSIS)	**0**	

Key infection control challenges (relating to performance)

<u>*Staph aureus* bacteraemia</u>

- There were no hospital acquired SABs this month.
- There were four healthcare acquired SAB this month.
- Total SAB case numbers remained within control limits this month.

<u>Device associated bacteraemia</u>

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

<u>*E coli* bacteraemia</u>

- There were six hospital acquired ECBs this month.
- There were nine healthcare acquired ECBs this month.
- There were three nursing home acquired ECBs this month.
- Total ECB case numbers exceeded control limits this month.

<u>*Clostridioides difficile* infection</u>

- There were two hospital acquired CDIs this month.
- There were five healthcare acquired CDIs this month
- Healthcare CDI case numbers exceeded control limits this month.

<u>Surgical site infection surveillance</u>

- There were no surgical site infections reported this month.

Key HAI related activities

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

Glossary of abbreviations

Following feedback from stakeholders below is a list of abbreviations used within this report:
HAI - Healthcare Acquired Infection
SAB – *Staphylococcus aureus* bacteraemia
DAB – Device Associated Bacteraemia
CDI – *Clostridioides* Infection
AOP – Annual Operational Plan
NES – National Education for Scotland
IPCT – Infection Prevention & Control Team
HEI – Healthcare Environment Inspectorate
SSI – Surgical Site Infection
SICPs – Standard Infection Control Precautions
PVC - Peripheral Vascular Catheter

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

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

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

Cause definitions for *Staph aureus* and device associated bacteraemia

Hospital acquired

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

Healthcare acquired

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

Nursing home acquired

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

HAI Surveillance

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

Staph aureus bacteraemias (SABs)

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

NHS Forth Valley's approach to SAB prevention and reduction

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

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

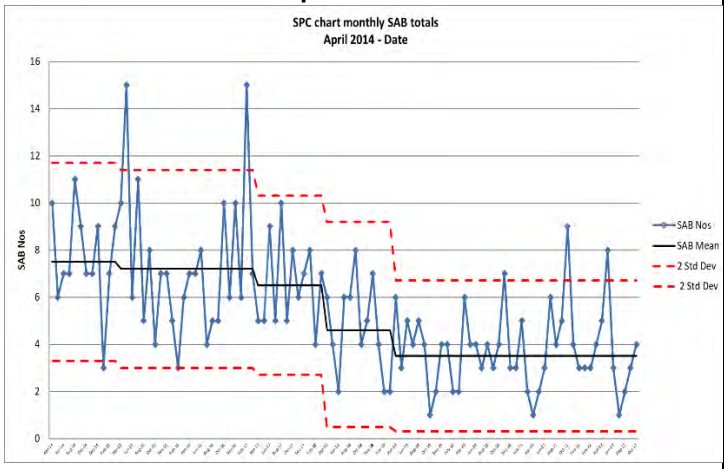
October 2022

Monthly Total	4
Hospital	0
Healthcare	4
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.*

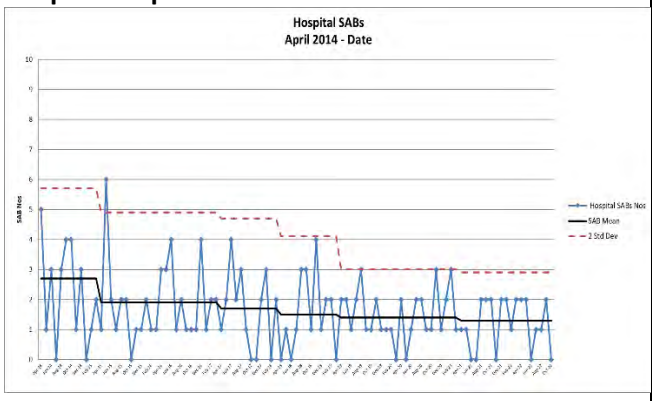
Staph aureus bacteraemia total – April 22 to date – 26

Total number of SABs reported this month



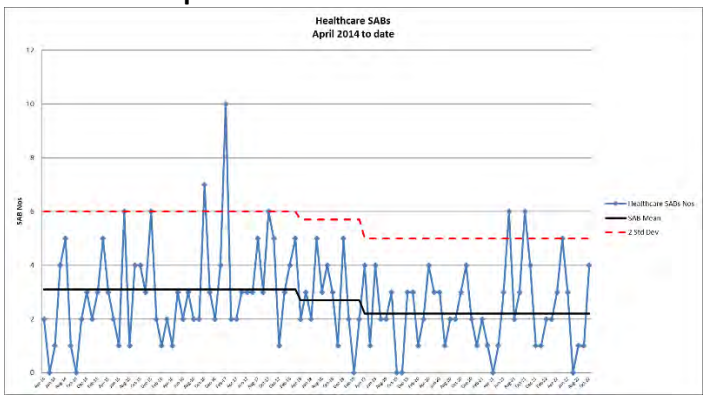
Comments: Case numbers remain within control limits this month. No concerns to raise.

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	**4**
Unknown	2
Implantable device	1
Permacath	1
Grand Total	**4**

There were 590 blood cultures taken this month, of those there were in total 4 blood cultures that grew *Staph aureus*. This accounts for 0.7% of all blood cultures taken this month. There were no hospital acquired SABs this month.

Directorate reports and graphs can be accessed using the following link:
https://staffnet.fv.scot.nhs.uk/infection-control/monthly-ward-reports/

Device Associated Bacteraemias (DABs)

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

NHS Forth Valley's approach to DAB prevention and reduction

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

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

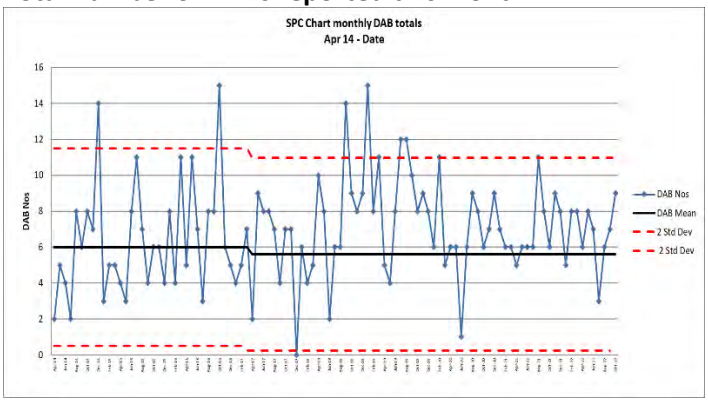
October 2022

Monthly Total	9
Hospital	3
Healthcare	4
Nursing Home	2

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.*

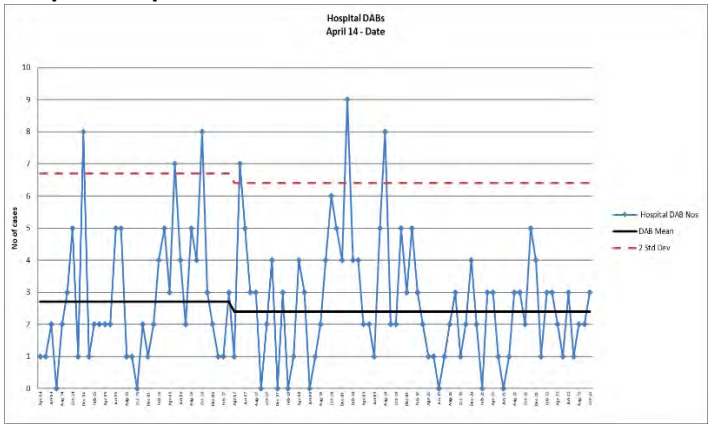
Device associated bacteraemia total – April 22 to date – 46

Total number of DABs reported this month



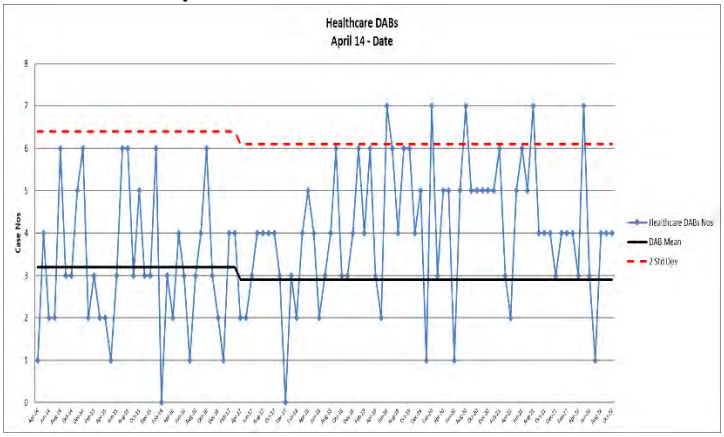
Comments:
Case numbers remain within control limits, no concerns to raise.

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**
Urinary Catheter long term	1
Intermittent Catheter	1
Implantable device	1
Permacath	1
Hospital	**3**
Urinary Catheter long term	
No attributed ward	1
Urinary Catheter short term	
A12	1
Drain	
No attributed ward	1
Nursing home	**2**
Urinary Catheter long term	**2**
Grand Total	**9**

There were 590 blood cultures taken this month, of those there were in total 9 blood cultures that were associated with devices. This accounts for 1.5% of all blood cultures taken this month. There were three hospital acquired DABs this month, this accounts for 0.5% of all blood cultures taken this month.

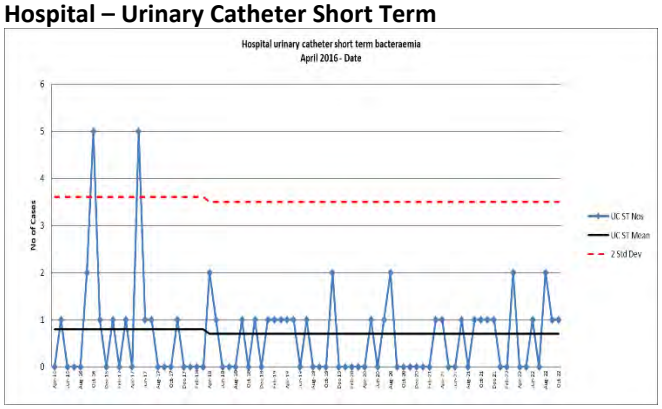
Hospital DABs

- UCST – Managed as urinary sepsis related to the short term urinary catheter. Attributed to ward A12 as bundle documentation incomplete.
- UCLT – patient developed infection during stay in hospital. No ward attributed due to documentation complete prior to infection.
- Drain – Patient admitted with blocked hepatic drain. Not ward attributed due to issue presenting on admission.

Directorate reports and graphs can be accessed using the following link:
https://staffnet.fv.scot.nhs.uk/infection-control/monthly-ward-reports/

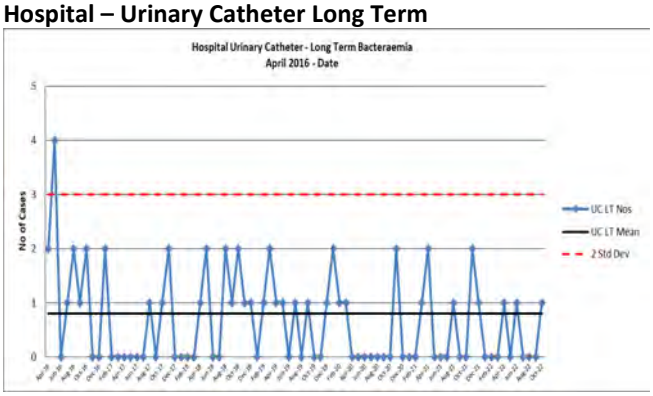
The graphs below provide an overview of the number of device associated bacteraemias, however, it doesn't provide sufficient detail of the individual device and whether the number of infections have exceeded control limits. Below are graphs relevant to the identified devices for this month.

Hospital – Urinary Catheter Short Term



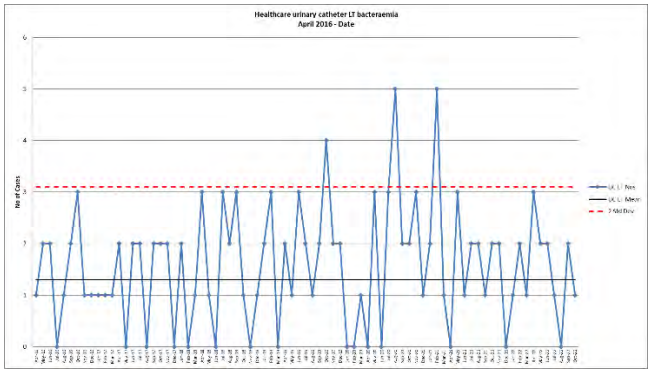
Comments: case numbers remain within control limits, no concerns to raise.

Hospital – Urinary Catheter Long Term



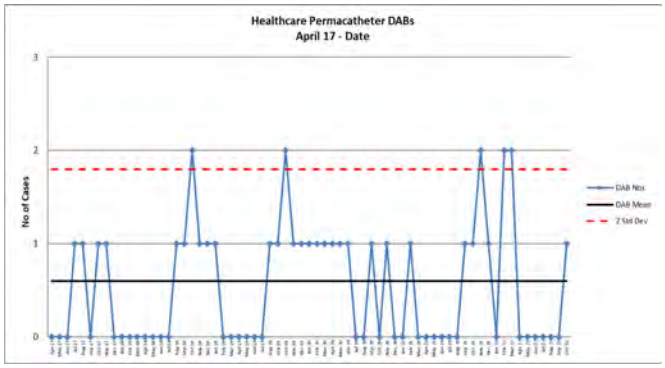
Comments: case numbers remain within control limits, no concerns to raise.

Healthcare – Urinary Catheter long term



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

Healthcare – Permacatheter



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

Escherichia coli Bacteraemia (ECB)

NHS Forth Valley's approach to ECB prevention and reduction

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

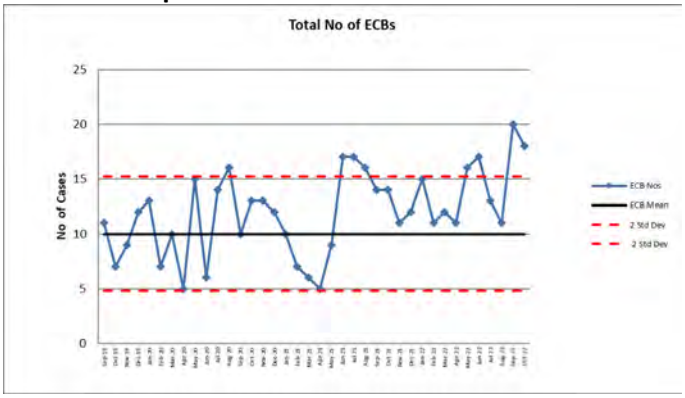
In NHS FV, device associated bacteraemias (DABs) surveillance has been ongoing since 2014 and have seen a reduction in urinary catheter bacteraemias over the years including E. coli associated infections and will hope to reduce so to achieve our target for 2023.

October 2022

Monthly Total	18
Hospital	6
Healthcare	9
Nursing Home	3

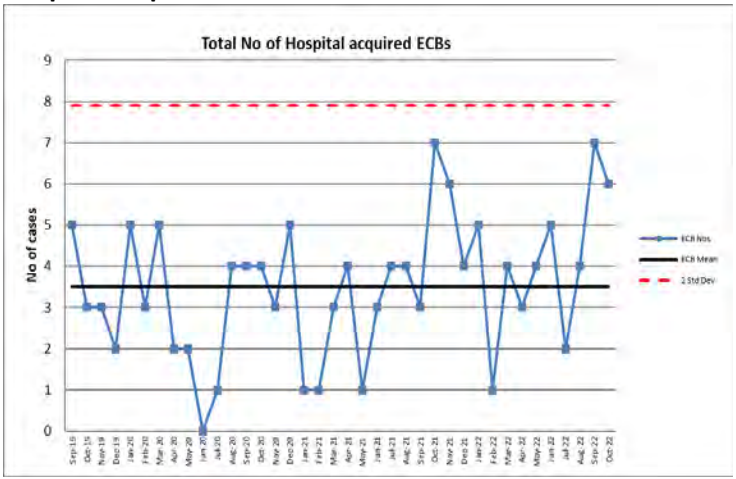
E coli bacteraemia infection total – April 22 to date – 106

Total ECBs reported this month



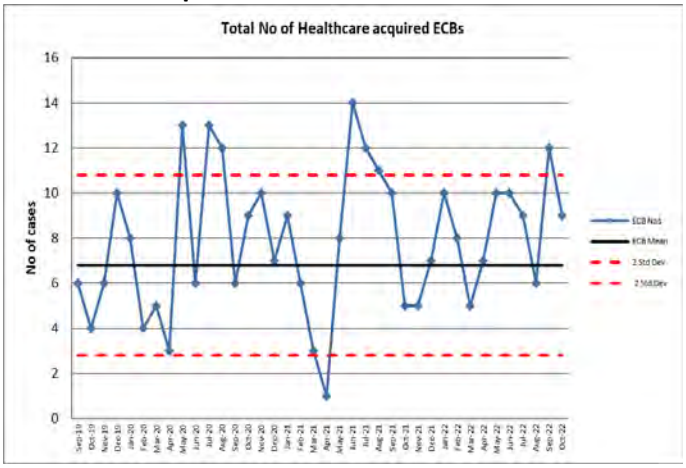
Comments: case numbers exceeded control limits, see narrative below.

Hospital Acquired ECBs



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

Healthcare Acquired ECBs



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

Breakdown

Source	No. of infections
Healthcare	**9**
Biliary tract	1
Respiratory tract	1
Unknown	3
Urinary Catheter long term	1
Renal	1
Intermittent Catheter	1
Peritonitis	1
Hospital	**6**
Biliary tract	
No attributed ward	1
Urinary Catheter long term	
No attributed ward	1
UTI	
No attributed ward	1
Pyelonephritis	
No attributed ward	1
Urinary Catheter short term	
A12	1
Drain	
No attributed ward	1
Nursing home	**3**
Urinary Catheter long term	2
UTI	1
Grand Total	**18**

Breakdown

There were 590 blood cultures taken this month, of those there were in total 18 blood cultures that grew *E. coli*. This accounts for 3.0% of all blood cultures taken this month. There were six hospital ECBs this month, this accounted for 1.0% of all blood cultures taken.

Hospital ECBs

- **Biliary tract –** Patient admitted with constipation and abdominal pain with suspected cholecystitis. Confirmed biliary source following CT. Ward not attributed as condition present on admission
- **UCST** – refer to DAB table above.
- **Drain** – refer to DAB table above.
- **Pyelonephritis** – patient admitted with aspiration requiring ICU care. Renal calculus identified from CT following sudden onset of abdominal pain. No ward attributed due to no practice issues and condition present prior to admission.
- **UTI** – Patient known for recurrent UTIs developed infection following admission. No ward attributed as no practice issues identified and known PMH of recurrent UTIs.
- **UCLT** – refer to DAB table above.

Infection Reduction of ECBs

Hospital acquired ECBs

Reported case number remain very consistent and relatively low. Predominantly, infections are associated with urinary catheters and urinary tract infections. Numbers remain relatively low and where issues are identified following investigations, such as poor documentation, the IPCT provide training and support to the area.

Healthcare acquired ECBs

Healthcare ECBs remain the greatest challenge for Forth Valley and the most difficult to address due to the infections develop out with the hospital setting. Predominantly associated infections included biliary sourced, urinary catheter infections and urinary tract infections. The IPCT have investigated biliary sourced infections to identify any opportunities of infection reduction, however, no potential opportunity in relation to IPC for infection reduction was identified. Work is ongoing to look at improving turnaround times for patients to receive surgical intervention for the removal of gallstones etc to prevent recurrent and repeat infections. In addition specific surgical instruments are being procured to enable immediate surgical intervention. It is hoped that this will reduce infection rates going forward.

Investigations into urinary catheter infections developing in the community did not identify any potential ways of reducing infection and good practice and rapid identification of infection by the District Nurses was identified. Other sources such as UTI associated infections in the community is recognised nationally that it is out with the remit of the IPCTs and actions are being consideration to look at other NHS departments such as health promotion to look at ways of reducing these infections through public campaigns etc.

As ECBs is reported nationally, details of our efforts into reducing infection have been shared with ARHAI Scotland and are satisfied with the efforts undertaken to reduce our ECB infections.

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.

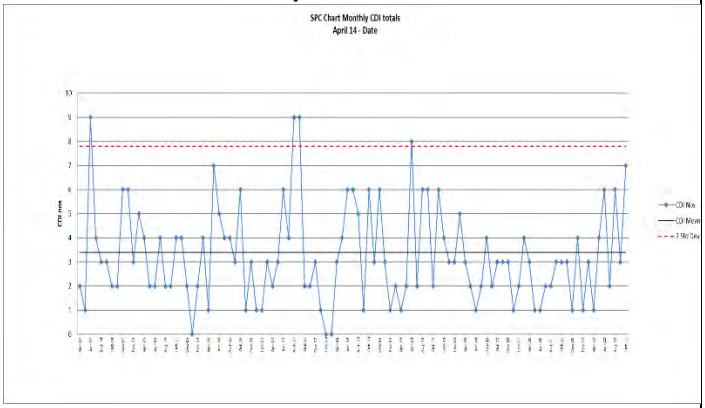
October 2022

Monthly Total	**7**
Hospital	2
Healthcare	5
Nursing Home	0

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

Clostridioides difficile **infection total – April 22 to date – 29**

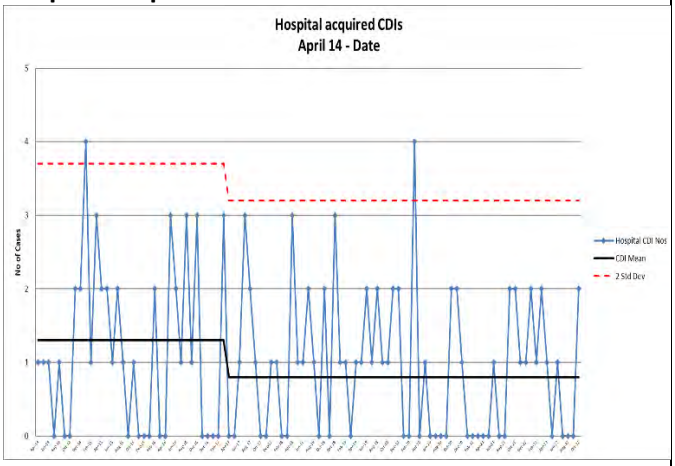
Total number of CDIs reported this month



Comments:

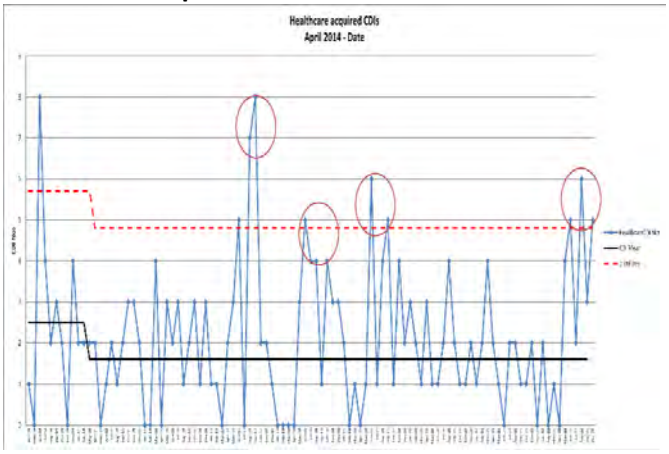
Case numbers remain within control limits, no concerns to raise.

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. The highlighted peaks in the graph above suggest seasonal variation. See narrative below

Breakdown

Source	No. of infections
Healthcare	**5**
Hospital	**2**
No attributed ward	2
Grand Total	**7**

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 two hospital acquired CDIs this month:

- No ward attributed due to antibiotics prescribed prior to symptom onset.
- No ward attributed as patient been on multiple antibiotics and symptoms resolved following treatment.

Directorate reports and graphs can be accessed using the following link:
https://staffnet.fv.scot.nhs.uk/infection-control/monthly-ward-reports/

Healthcare CDIs:
This month case numbers exceeded control limits. Some healthcare reported infections were recurrent infections however numbers over the last few months have increased. Looking back on historical data would suggest as indicated in the graph above, that increases have been previously seen in similar months in previous years suggesting the potential of CDI infections being seasonal. Published studies have suggested a correlation with respiratory viruses (influenza) and the use of antibiotics for respiratory infections leading to increases in CDIs. Further analysis of the data will be required to confirm this hypothesis in this instance, however, going forward the IPCT when investigating each infection will record whether previous treatment for respiratory infections has occurred.

Antibiotic prescribing has not increased this quarter, however work is ongoing to geographically map the CDIs reported from the community to identify any links or areas of commonality.

AOP TARGETS

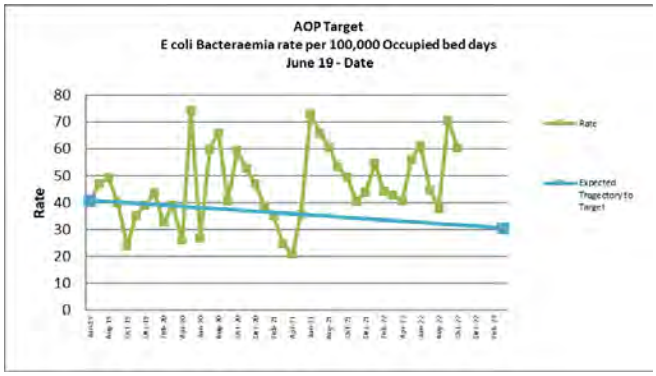
HAI AOP targets for 2019-2023

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.

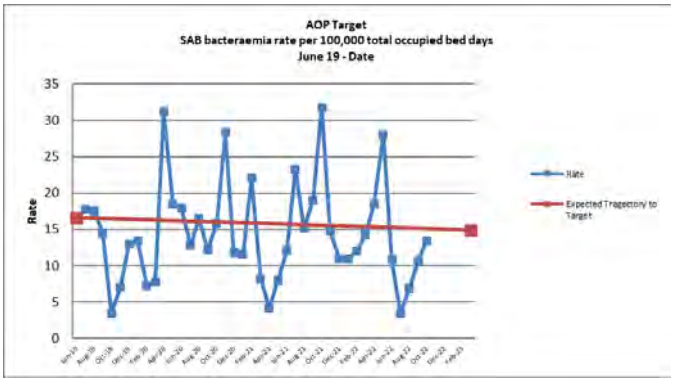
The table below highlights the targets for 2023 and the graphs below highlight progress towards these targets:

	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

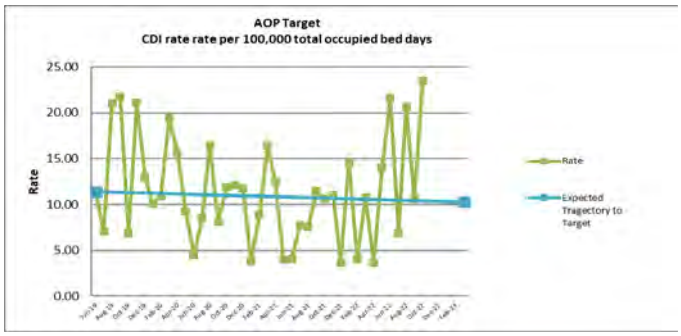
AOP target progress to date



Comments: Infection rate has decreased this month but remain off trajectory. Please refer to the ECB section of the report.



Comments: Infection rate has increased this month but remain on trajectory.



Comments: Infection rates have increased this month due to healthcare acquired CDIs and is currently above trajectory. See CDI section of the report for further details.

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	53.1	Above trajectory
SAB	14.9	13.1	On trajectory
CDI	10.3	14.4	Above 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.

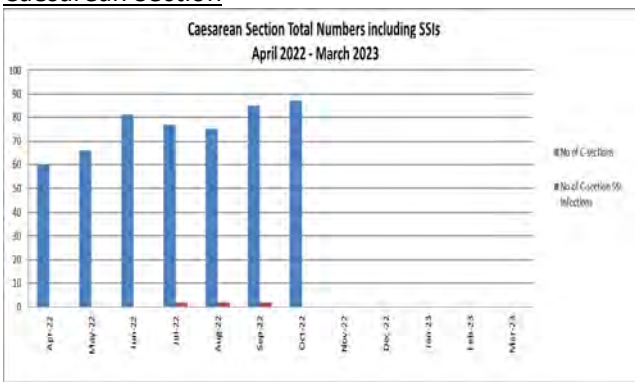
NHS Forth Valley's approach to SSI prevention and reduction

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

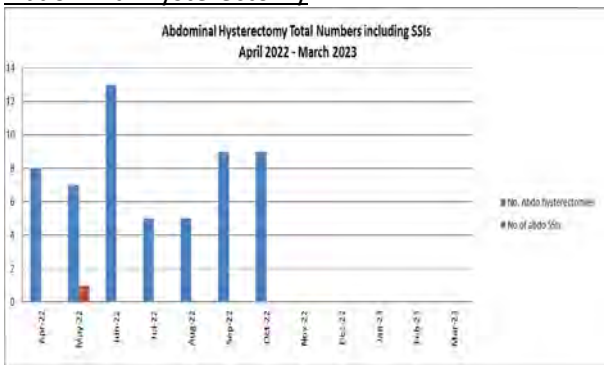
Procedure	Confirmed SSI
Abdominal Hysterectomy (v)	0
Breast Surgery (v)	0
Caesarean Section (m)	0
Knee Arthroplasty (v)	0
Hip Arthroplasty (m)	0
Major Vascular Surgery (m)	0
Large Bowel Surgery (m)	0

Caesarean Section



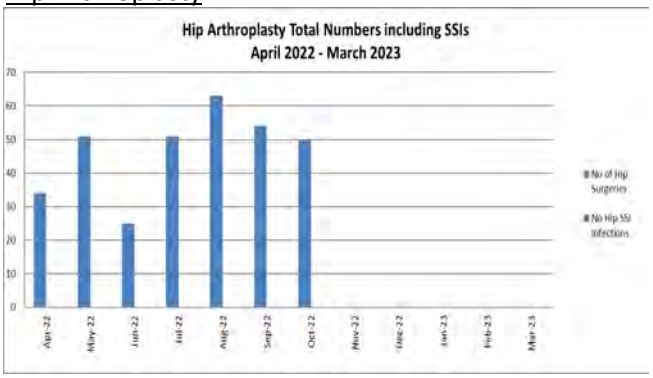
Comments: case numbers remain within control limits, no concerns to raise.

Abdominal Hysterectomy



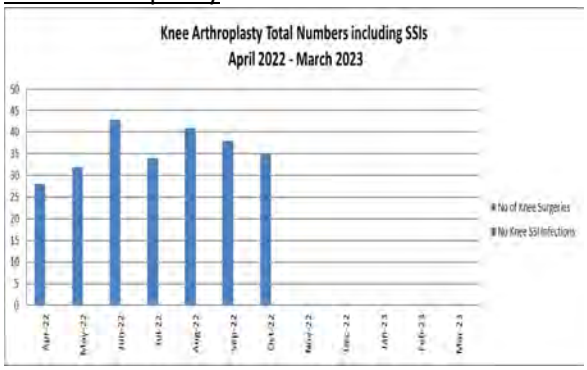
Comments: case numbers remain within control limits, no concerns to raise.

Hip Arthroplasty



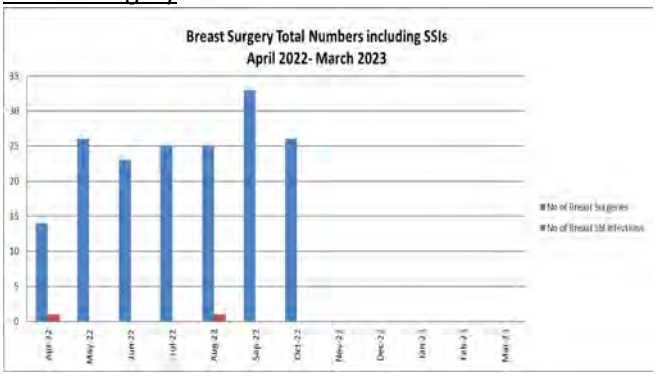
Comments: case numbers remain within control limits, no concerns to raise.

Knee Arthroplasty



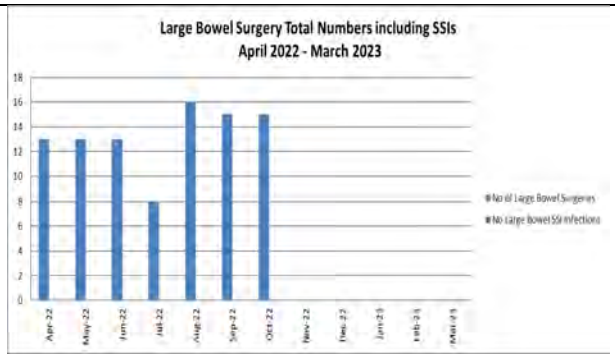
Comments: case numbers remain within control limits, no concerns to raise.

Breast Surgery



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

Large Bowel Surgery

 **Comments:** case numbers remain within control limits, no concerns to raise.	National surveillance reporting has been suspended due to the pandemic and is currently under review. It is anticipated surveillance reporting will recommence in April 2023

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

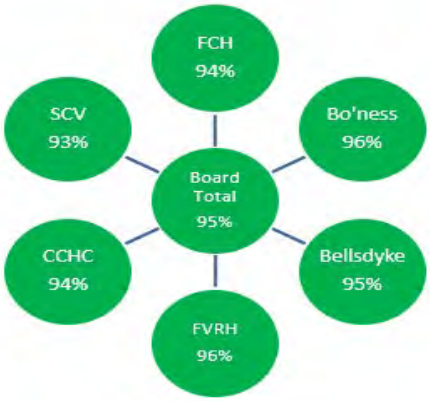
Data taken from TCAB (self reported by ward staff)

	Oct 2021	Nov 2021	Dec 2021	Jan 2022	Feb 2022	Mar 2022	Apr 2022	May 2022	June 2022	July 2022	Aug 2022	Sept 2022
Board Total	98	98	98	99	98	98	99	99	99	99	99	99

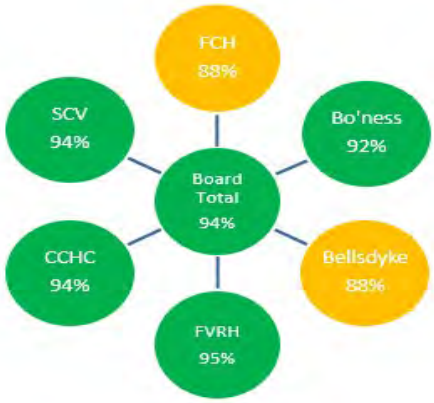
Estate and Cleaning Compliance (per hospital)

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.

Estates & Cleaning Scores July – September 2022 (next published report January 2023)



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 87%). Bellsdyke Hospital also continues to be in amber with a compliance score of 88% compared to 87% 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	6	15	22	52	46	27	39	207
Primary Care & Mental Health Services	0	0	1	2	4	0	0	7
WC&SH Directorate	0	0	0	6	7	2	10	25
Totals	6	15	23	60	57	29	49	**239**

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.

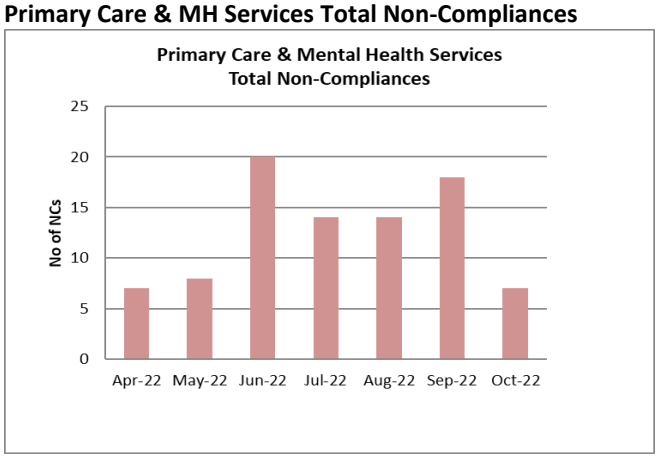
The predominant non-compliance categories reported were **Control of the Environment**, non-compliances included, area is not free from clutter, area is not well maintained and inappropriate items in clinical area (i.e. staff belongings / coffee cups). The other category with predominant non compliances reported was **Managing Patient Care Equipment** category; non-compliances included items stored inappropriately, indicator tape/label missing, equipment dusty and equipment visibly dirty. This month seen a rise in **Safe Disposal of Waste** category; non-compliances included -sharps containers are not assembled and/or labelled correctly, temporary closure not in place and staff do not comply with waste segregation. The IPCT will continue to monitor this over the coming weeks

All non-compliances were highlighted to the nurse in charge at the time of audit and any equipment with cleanliness issues was rectified immediately. The Infection Control Team will continue to work with staff to reinforce the messages around SICPs within all clinical areas.

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.

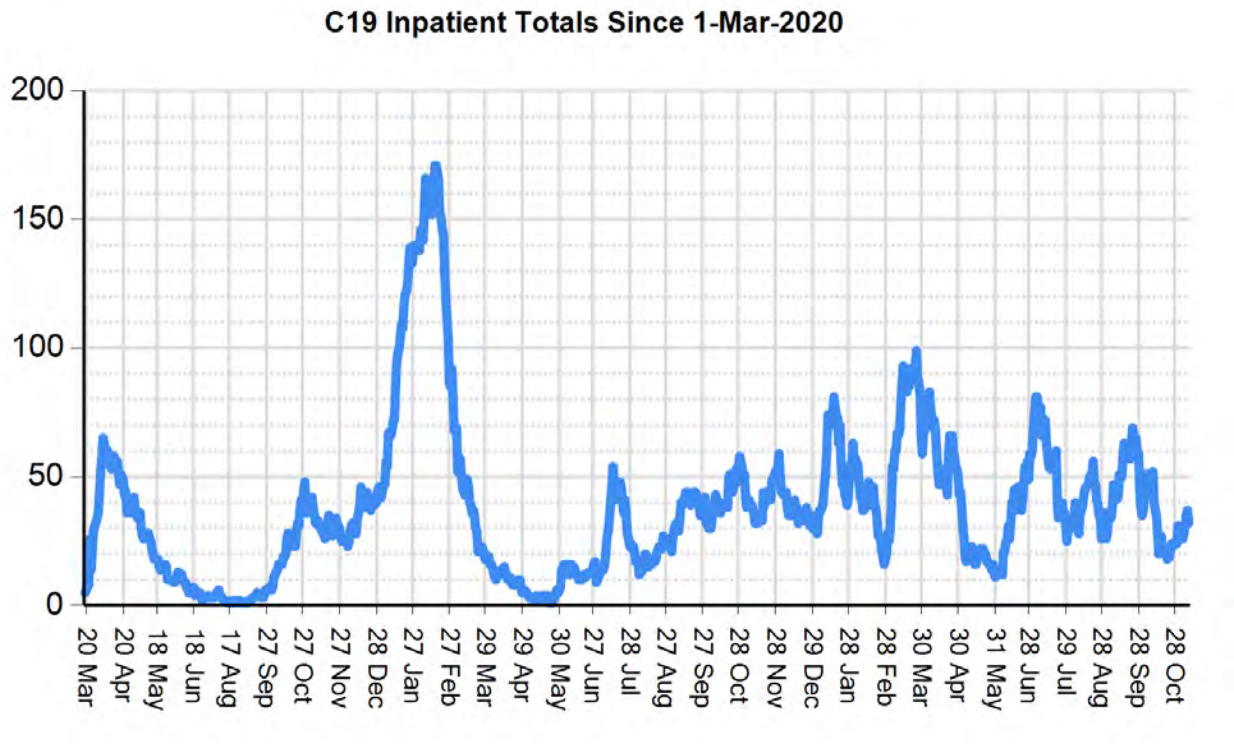
There was one COVID-19 outbreaks reported this month:

Ward	No of patients affected
Ward A22 FVRH	16

COVID -19 & Influenza

Covid-19 admissions and overall inpatient numbers in October have increased slightly throughout the month with approximately 40 inpatients at its highest.

See graph below of the inpatient case numbers.



The new amended COVID-19 guidance was implemented in September with no issues or concerns identified.

Influenza

Inpatient activity of influenza has been consistent throughout the month with between one and three inpatients per day. The IPCT is routinely monitoring influenza rates both nationally and internationally in preparation for potential indication of the start of the season. Currently the national picture suggests influenza is at baseline or at low levels across Scotland.

HEI Inspections to Mental Health Units

Recent communication from Health Improvement Scotland has stated that inspections to mental health facilities will be commencing by the end of the year across NHS Scotland. A SLWG has been convened to oversee preparations for these inspections.

FORTH VALLEY NHS BOARD
TUESDAY 29 NOVEMBER 2022

8.2 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 Performance & Resources Committee 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 key metrics in relation to system-wide performance. Following a period of remobilisation there is a focus on establishing a 'norm' focussing on monthly key performance measures.

The scorecard format provides a comprehensive 'at a glance' view of measures. Work is reviewed on an on-going to ensure accuracy of data, that all the definitions and reporting periods remain appropriate and meaningful, and that suggested additions or amendments are included where possible.

The scorecard is circulated to the Executive Leadership Team (ELT) 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 or poor performance within a specialty will be highlighted in the narrative
- Measures, Graphs and Key Performance Issues narrative are linked and should be viewed collectively
- 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 October 2022 was 55.5%; Minor Injuries Unit 99.9%, Emergency Department 40.3%. A total of 2,936 patients waited longer than the 4 hour target across both the ED and Minor Injuries Unit (MIU); with 1,405 waits longer than eight hours and 647 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 1,489 patients, noting this is a reduction from 1,556 in September. Issues in respect of capacity continue to impact on performance.

- ***Scheduled Care***

At the end of October 2022, 58.6% of patients were waiting less than 12 weeks for a first outpatient appointment; this is a slight reduction from the previous month. Activity against the agreed Remobilisation Plan trajectory highlights the cumulative position for April to October 2022 as 87% compliance.

In October 2022, the number of inpatients/daycases waiting reduced to 4,115 from 4,152 however an increase in those waiting beyond 12 weeks was noted. Activity against the agreed Remobilisation Plan trajectory highlights the cumulative position from April 2022 to October 2022 as 84% compliance against plan.

At the end of October 2022: 644 patients were waiting beyond 6 weeks for imaging with 83.7% compliance; 263 patients were waiting beyond 6 weeks for endoscopy with compliance against the 6-week standard, 53.9%. Activity against the remobilisation plan April to October 2022 is noted as 118% and 111% respectively.

Cancer target compliance in September 2022:

- 62-day target – 78.3% which is an improvement in performance from the August position of 72.5%.
- 31-day target – 98.0%

- ***DNA***

The new outpatient DNA rate across acute services in October 2022 is noted as 8.7% which is an increase from the position in September of 7.3%.
The return outpatient DNA rate across acute services increased in October 2022 to 8.4% from 7.1% the previous month.

- ***Psychological Therapies***

In October 2022, 62.1% of patients started treatment within 18 weeks of referral. This is a slight increase or improvement from the previous month position of 62.0% however a reduction from 69.8% in October 2021.

- ***Child & Adolescent Mental Health Services (CAMHS)***

In October 2022, 27.0% of patients started treatment within 18 weeks of referral. This is a reduction from 32.4% in September 2022 and from 51.0% in October 2021. The CAMHS waiting list decreased in 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 7.11% in September 2022, which is a deterioration from the August 2022 position of 6.89% and from 6.52% in September 2021.

The absence for Coronavirus reasons is noted as 0.38% in September 2022. Total absence for August 2022 is 7.62%, a slight improvement from a total of 7.90% in August 2022.

- ***Delayed Discharges***

The October 2022 census position in relation to standard delays (excluding Code 9 and guardianship) is 62 delays; a decrease from 74 in September. There was a total of 38 code 9 and guardianship delays and no infection codes, with the total number of delayed discharges noted as 100.

The number of bed days occupied by delayed discharges (excluding code 9 and 100) at the October 2022 census was 2,448, this is an increase or deterioration from 2,378 in September.

Implications

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

The NHS Forth Valley Workforce Plan 2022 – 2025 has been developed and submitted to Scottish Government. The plan is aligned to the Five Pillars of Workforce Planning outlined within the National Workforce Strategy - Plan, Attract, Train, Employ, Nurture.

Infrastructure Implications including Digital

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

Sustainability Implications
There are no specific sustainability implications in respect of this paper.

Sustainability Declaration
Further to consideration the author can confirm that due regard has been given to compliance with the key aims of the NHS Scotland Climate Emergency & Sustainable Development Policy (DL (2021) 38) as part of the decision-making process A policy for NHS Scotland on the climate emergency and sustainable development*. (please tick relevant box)*

□ *Yes*
✓ *N/A*

Where applicable, the climate change, environmental and sustainability impacts and any mitigating measures are noted above/contained in the supporting papers.

Quality / Patient Care Implications
There are no specific quality or patient care implications in respect of this paper.

Information Governance Implications
There are no specific information governance implications in respect of this paper.

Risk Assessment / Management
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, Covid-19 considerations are included in 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 does not take immediate steps to create capacity and address whole system pressures through delivery of the Urgent and Unscheduled Care programme in the longer term, there is a risk that we will be unable to deliver safe levels of unscheduled care, resulting in potential for patient harm.

- 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 achieve the National targets to address the impact of the pandemic on long waiting times for planned care, resulting in poor patient experience and outcomes with the potential for harm.

The Strategic Risk Register Update is a regular item on Board Assurance Committee and the NHS Board agendas.

Relevance to Strategic Priorities
Annual Delivery Plan Guidance was 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.

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 2 update to the end of September 2022 submitted. This will be presented to the Performance & Resources Committee as an appendix to this report at the December 2022 meeting.

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

Communication, involvement, engagement and consultation
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.

A further review of the Recovery & Performance Scorecard is currently being undertaken recognising the need to stabilise and move to business as usual following the pandemic.

Additional Information
There is no additional relevant information in respect of this paper

Appendices

- Appendix 1: Performance & Recovery 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 October 2022 was 55.5%; Minor Injuries Unit 99.9%, Emergency Department 40.3%. A total of 2,936 patients waited longer than the 4 hour target across both the ED and Minor Injuries Unit (MIU); with 1,405 waits longer than eight hours and 647 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 1,489 patients, noting this is a reduction from 1,556 in September. 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 765 patients waiting beyond 4 hours with ED Space Wait accounting for 217 breaches and Clinical Reasons accounting for 166 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 from the beginning of the pandemic. It is noted that attendances in October 2022 were less than October 2021, with 4,911 and 5,039 attendances respectively. Recovery Graph U3 details the weekly position in terms of the number of patients seen outwith 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 47.6% and the overall Health Board position 61.1%.

In October there were 563 new attendances to Rapid Assessment and Care Unit (RACU), 182 of which were via ED. This is compared to 228 new attendances in October 2021, 79 of which presented via ED. There were 104 scheduled returns in October 2022 an increase from 88 in October 2021. For the most recent full week 72 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 6.6% of all ED attendances in that week.

The position within ED remains challenging with a continued pressure across the system impacting on compliance with the 4 hour access standard. Factors in relation to bed occupancy, length of stay, delayed discharges, and time of discharge continue to have an impact on flow with issues in respect of capacity significant.

Daily meetings are in place with senior clinical decision makers and service leads from across the system to highlight any safety and capacity issues to enable review of the immediate actions that require be taken to support patient and staff safety. Priority is being given to the identification of capacity to relieve pressure within the system. Focussed work is underway to support decompression of the acute site and sustained recovery.

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.

As the NHS in Scotland recovers from the pandemic Health Boards are being asked to concurrently treat patients that require urgent clinical care as well as those waiting for long periods.

At the end of October 2022, the number of patients on the waiting list for a first outpatient appointment increased to 18,853 from 18,363 in September; 7,802 were waiting beyond 12 weeks. Note 58.6% of patients were waiting less than 12 weeks for a first appointment; a slight reduction from 59.5% the previous month. Activity against the agreed Remobilisation Plan trajectory highlights the cumulative position from April 2022 to October 2022 as 87% compliance. Compliance against the plan for the month of October is 82%.

In October 2022, the number of inpatients/daycases waiting reduced to 4,115 from 4,152. However, an increase in those waiting beyond 12 weeks was noted from 1,949 in September to 1,972 patients in October. Activity against the agreed Remobilisation Plan trajectory highlights the cumulative position from April 2022 to October 2022 as 84% compliance. Compliance against the plan for the month of October is 81%.

Diagnostics

Imaging

At the end of October 2022, 644 patients were waiting beyond the 6 week standard for imaging which is 83.7% compliance, a slight increase or improvement from the previous month. Activity against the agreed Remobilisation Plan trajectory highlights the cumulative position from April 2022 to October 2022 as 118% compliance, with the position for October 2022, 106%. 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 in October 2022 was 3,941 patients. This highlights a month on month reduction from a high of 6,419 in March 2022.

Endoscopy

At the end of October 2022, 263 patients were waiting beyond 6 weeks for endoscopy with 53.9% compliance against the 6-week standard. This is noted to be a reduction in compliance from the previous month. However, as with imaging services, activity against the agreed Remobilisation Plan trajectory is better than plan. The cumulative position from April 2022 to October 2022 is noted as 111% compliance with October compliance against plan, 92%. The total number of patients waiting for endoscopy has increased in October 2022 to 570 patients from 533 in September 2022 however is an improvement from 588 in September 2021.

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 1,300 of which 12% are confirmed cancer patients.

The September 2022 position is noted as:
- 62-day target – 78.3% which is an improved performance from the August position of 72.5%. The highest number of breaches are within Urology with 13 out of 23 patients meeting the standard. Note there continues to be challenges in within the pathway in terms of tertiary services.

The Scotland position is noted as 72.1%
- 31-day target – 98.0%.

The position for the June to September 2022 quarter is that 74.9% of patients were treated within 62 days of referral with a suspicion of cancer. This is noted to be an improvement from the previous quarter. During the same period, 98.3% 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 October 2022 was 0.5% of the total waiting list
- Inpatient/daycase unavailability in October 2022 reduced to 6.7% from 7.5% in September 2022. The unavailability rate is less than 9% for all specialties except for Oral and Maxillofacial Surgery 11.7% and Orthopaedics 9.3%. This position is monitored on an ongoing basis.

Did Not Attend (DNA)

The new outpatient DNA rate across acute services in October 2022 is noted as 8.7% which is an increase from the position in September of 7.3%. Variation across specialties continues with rates ranging from 28.6% (18 patients in Pain Management) to 0%. The biggest impact in terms of the number of DNAs can be seen in Dermatology 11.0% (82 patients), Ophthalmology 9.3% (58 patients) and Orthopaedics 5.7% (45 patients).

The return outpatient DNA rate across acute services in October 2022 was 8.4%. There continues to be a high number of DNAs in Ophthalmology with 262 patients (9.6%), Orthopaedics 146 patients (8.9%), Dermatology 137 patients (7.4%) and Diabetes 129 patients (12.3%).

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 - October 2022

New Acute OP DNA's

Code & Title	Value
DNA.NEW.C31 New outpatient appointment DNA - Pain Management	28.57%
DNA.NEW.A82 New outpatient appointment DNA - Diabetes	16.88%
DNA.NEW.J4 New outpatient appointment DNA - Haematology	14.89%
DNA.NEW.D5 New outpatient appointment DNA - Orthodontist	14.67%
DNA.NEW.AG New outpatient appointment DNA - Renal Medicine	14.29%
DNA.NEW.A81 New outpatient appointment DNA - Endocrinology	12.77%
DNA.NEW.A9 New outpatient appointment DNA - Gastroenterology	11.35%
DNA.NEW.C5 New outpatient appointment DNA - Ear, Nose and Throat (ENT)	11.27%
DNA.NEW.A7 New outpatient appointment DNA - Dermatology	10.95%
DNA.NEW.AH New outpatient appointment DNA - Neurology	10.59%
DNA.NEW.AQ New outpatient appointment DNA - Respiratory Medicine	10.12%
DNA.NEW.C7 New outpatient appointment DNA - Ophthalmology	9.29%
DNA.NEW.ACU New outpatient appointment DNA - Forth Valley (Acute OPD Servic...	8.72%
DNA.NEW.A1 New outpatient appointment DNA - General Medicine	8.46%
DNA.NEW.AB New outpatient appointment DNA - Geriatric Medicine	8.45%
DNA.NEW.CB New outpatient appointment DNA - Urology	7.98%
DNA.NEW.AR New outpatient appointment DNA - Rheumatology	6.83%
DNA.NEW.A2 New outpatient appointment DNA - Cardiology	6.14%
DNA.NEW.C8 New outpatient appointment DNA - Orthopaedics	5.67%
DNA.NEW.C12 New outpatient appointment DNA - Vascular Surgery	5.26%
DNA.NEW.C1 New outpatient appointment DNA - General Surgery	4.42%
DNA.NEW.A6 New outpatient appointment DNA - Infectious Diseases	0%
DNA.NEW.AP New outpatient appointment DNA - Rehabilitation Medicine	0%
DNA.NEW.H2 New outpatient appointment DNA - Clinical Oncology	0%
DNA.NEW.PO New outpatient appointment DNA - PRE-OP	n/a

Psychological Therapies

In October 2022, 62.1% of patients started treatment within 18 weeks of referral. This is a slight increase or improvement from the previous month position of 62.0% however a reduction from 69.8% in October 2021. The Scotland position for the quarter ending June 2022 was 81.4% with Forth Valley 66.4%.

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. Work is underway to revise the modelled trajectory to take into account several factors including current staffing levels and the reduction in waiting list size. 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. 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.

A comprehensive Psychological Therapies Update was presented to the Performance & Resources Committee in October 2022 detailing the performance against waiting times standards, improvement plan actions (reducing the queue and increasing capacity), data issues, trajectory modelling and next steps.

Child and Adolescent Mental Health Services (CAMHS)

In October 2022, 27.0% of patients started treatment within 18 weeks of referral. This is a reduction from 32.4% in September 2022 and from 51.0% in October 2021. The Scotland position for the quarter ending June 2022 was 68.4% with Forth Valley 35.8%.

The CAMHS waiting list has decreased from 426 in September 2022 to 386 in October 2022.

CAMHS are progressing a combined Quality Improvement and Waiting Times Improvement Plan. This is multi-factorial and includes the implementation of the Choice and Partnership Approach (CAPA), the redesign of the service to meet the CAMHS Service Specification as well as improvements to ensure that performance is sustainable. The Service is now seeing positive impacts on this wider improvement work, in particular the volume, and shape, of the wating list is changing with a noticeable decrease in those with the longest waits.

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. The Service has also had some recent success in identifying 7 preferred candidates for recent child psychology posts. These staff will join the Service between January and March 2023 and the additional capacity will help support improvement in access to the service

A detailed Child and Adolescent Mental Health Services Update was presented to the Performance & Resources Committee in October 2022. The presentation focussed on performance against waiting times standards, planned improvement trajectory and impact of current actions, referrals, service wide issues, improvement actions underway and progress.

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 7.24% in September 2022, which is a deterioration from the August 2022 position of 6.47% and from 6.52% in September 2021. The 12 month rolling average October 2021 to September 2022 is noted as, NHS Forth Valley 6.44%; Scotland 5.85%.

From 1st September 2022 coronavirus absences are included within the sickness absence totals however there are some still instances recorded as Special Leave and are not included within the sickness absences. The Special Leave absence for Coronavirus reasons is noted as 0.38% in September 2022. This is a reduction from 1.43% in August 2022 reflecting the change in recording.

Total absence for September 2022 is 7.62%, a slight improvement from a total of 7.90% in August 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 October 2022 census position in relation to standard delays (excluding Code 9 and guardianship) is 62 delays; a decrease from 74 in September. There was a total of 38 code 9 and guardianship delays and no infection codes, with the total number of delayed discharges noted as 100.

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 October 2022 census was 2,448, this is an increase from 2,378 in September. Local authority breakdown is noted as Clackmannanshire 195, Falkirk 1,805, and Stirling 222. There were a further 226 bed days occupied by delayed discharges for local authorities' out with Forth Valley.

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

Clackmannanshire
5 – awaiting care packages for home (1 patient under two weeks and 4 over two weeks)
1 – Family dispute (1 patient over two weeks)

Stirling
5 – allocated and assessment commenced (5 patients over two weeks)
1 - await move to Care Home (1 patient over two weeks)
4 - awaiting care packages for home (4 patients under two weeks)
3 – awaiting social work allocation (3 patients under two weeks)

Falkirk
15 - awaiting move to care homes (15 patients are over two weeks)
7 - awaiting care packages for home (2 patients over two weeks and 5 under two weeks)
14 - allocated and assessment commenced (7 patients over two weeks and 7 under two weeks)
4 – await housing provision (4 patients over two weeks)

The figures above are as reported to the Scottish Government at the Census date. These may differ slightly to the standard delay totals due to updates between census date and when the local report is produced.

Significant focus continues in respect of the delayed discharge position to support capacity and 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 Winter Planning. Included are actions 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
URGENT & UNSCHEDULED CARE				Week commencing					
U1	SG_R	Weekly	ED percentage compliance against 4 hour access target	14-Nov-22	95%	47.0%	52.6%	✓	▼
U2	SG_R	Weekly	Number of ED Attendances	14-Nov-22	Reduction	1094	1153	✓	▲
U3	SG_R	Weekly	Number that waited >4 hours in ED	14-Nov-22	Reduction	580	546	✓	▼
	SG_R	Weekly	Number that waited >8 hours in ED	14-Nov-22	Reduction	207	169		▼
	SG_R	Weekly	Number that waited >12 hours in ED	14-Nov-22	Reduction	52	48		▼
U4	SG_R	Weekly	Minor Injuries Unit percentage compliance against 4 hour target	14-Nov-22	98%	100.0%	99.7%	✓	▲
U5	SG_R	Weekly	Number of Minor Injuries Unit Attendances	14-Nov-22	-	380	388	✓	-
	FV	Weekly	Number of Re-directions from ED	14-Nov-22	-	72	85		-
	FV	Weekly	Number of Re-directions from ED %	14-Nov-22	-	6.6%	7.4%		-
	FV	Weekly	Number of Rapid Assessment and Care Unit New Attendances	14-Nov-22	-	99	129		-
	FV	Weekly	Number of Rapid Assessment and Care Unit Scheduled Return Attendances	14-Nov-22	-	27	16		-
U6	SG_R	Weekly	Number of Emergency Admissions	14-Nov-22	707	639	687	✓	▲
SCHEDULED CARE									
Outpatients									
S1	SG_R	Weekly	New Outpatient Referrals Received	14-Nov-22	-	1447	1728	✓	▲
S2	SG_R	Weekly	New Outpatient Activity (number of patients)	14-Nov-22	1164	1536	1437	✓	▲
Diagnostics									
S3	SG_R	Weekly	Elective Colonoscopy Activity (number of patients)	14-Nov-22	61	33	38	✓	▼
S4	SG_R	Weekly	Elective Sigmoidoscopy Activity (number of patients)	14-Nov-22	**2**	9	8	✓	▲
S5	SG_R	Weekly	Elective Upper Endoscopy Activity (number of patients)	14-Nov-22	34	42	40	✓	▲
S6	SG_R	Weekly	Elective Cystoscopy Activity (number of patients)	14-Nov-22	2	4	4	✓	◄►
Inpatients & Day cases									
S7	SG_R	Weekly	Inpatient/Daycase Activity (number of patients)	14-Nov-22	181	175	183	✓	▼
S8	SG_R	Monthly	Inpatient/Daycase Activity (number of patients)	31-Oct-22	-	740	894	-	▼
TTG Clinical Prioritisation									
	SG_R	Monthly	Clinical Priority 1a - surgery or admission within 24 hours/ 1b - within 72 hours	31-Oct-22	-	3	0	-	-
	SG_R	Monthly	Clinical Priority 2 - surgery or admission within 4 weeks)		-	62	60	-	-
	SG_R	Monthly	Clinical Priority 3 - surgery or admission within 12 weeks		-	211	242	-	-
	SG_R	Monthly	Clinical Priority 4 - surgery or admission may safely be scheduled after 12 weeks)		-	464	592	-	-

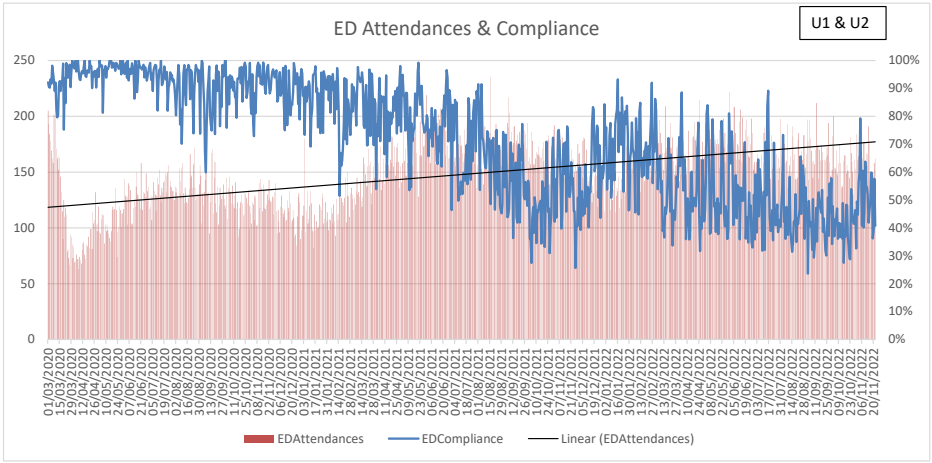
BETTER VALUE									
REF		FREQUENCY	MEASURE	DATE	TARGET	CURRENT POSITION	PREVIOUS POSITION	RUN CHART	DIRECTION OF TRAVEL
V1	FV	Weekly	Number of Delayed Discharges at FVRH	14-Nov-22	Reduction	62	58	✓	▼
V2	FV	Weekly	Number of Delayed Discharges at Community Units	14-Nov-22	Reduction	107	107	✓	◄►
	FV	Daily	Number waiting for a Community Bed	24-Nov-22	Reduction	71	58		▼
V3	SG	Weekly	Total Delayed Discharges at census - Standard, Code 9 & Guardianship	24-Nov-22	Reduction	116	118	✓	▲
			Falkirk	24-Nov-22	Reduction	71	73	✓	▲
			Clackmannanshire	24-Nov-22	Reduction	22	22	✓	◄►
			Stirling	24-Nov-22	Reduction	23	23	✓	◄►
V4	FV	Weekly	% Bed Occupancy - FVRH	14-Nov-22	85%	109.9%	113.6%	✓	▲
V5	FV	Weekly	% Bed Occupancy - Assessment Units	14-Nov-22	85%	100.7%	108.6%		▲
V6	FV	Weekly	% Bed Occupancy - ICU	14-Nov-22	85%	78.9%	71.4%	✓	▼

FINANCE
Regular and comprehensive updates provided by Director of Finance at System Leadership Team, Performance & Resources Committee and the NHS Board

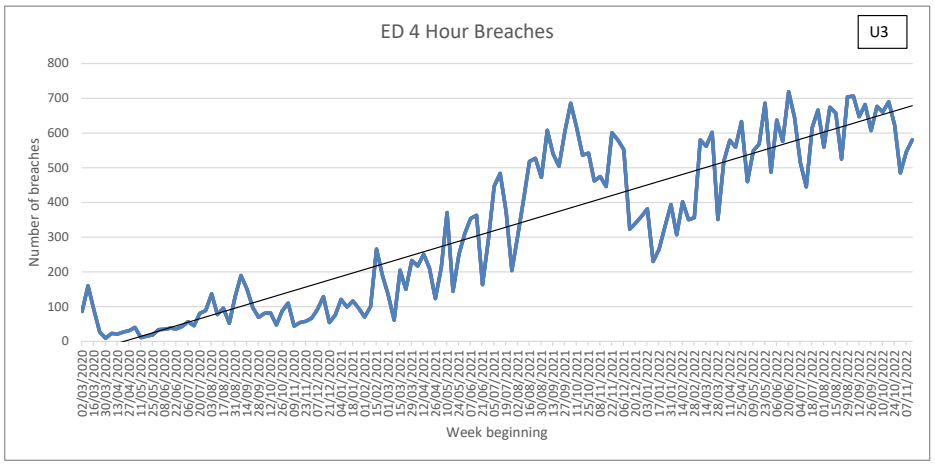
RECOVERY GRAPHS

Better Care

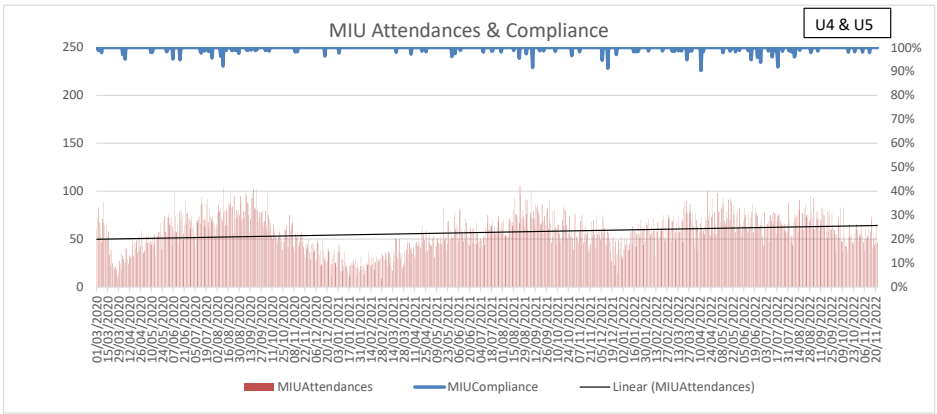
U1 & U2



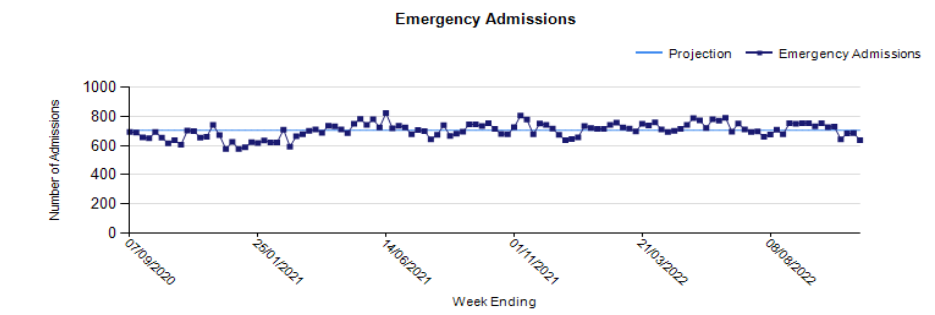
U3



U4 & U5



U6



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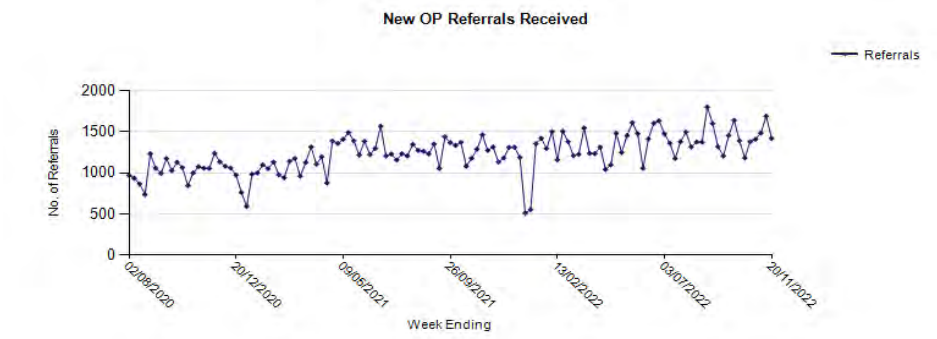

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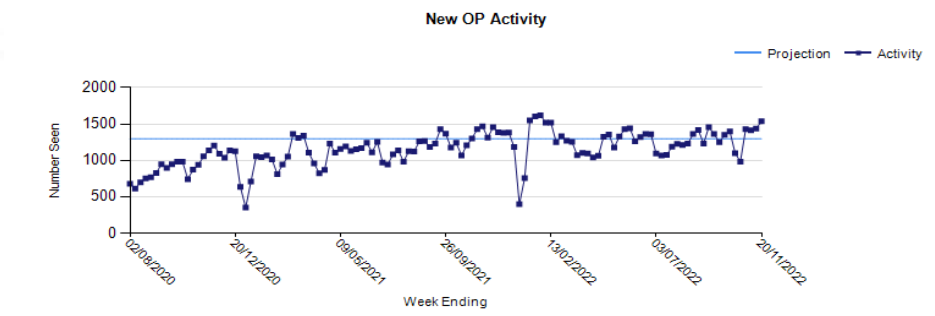

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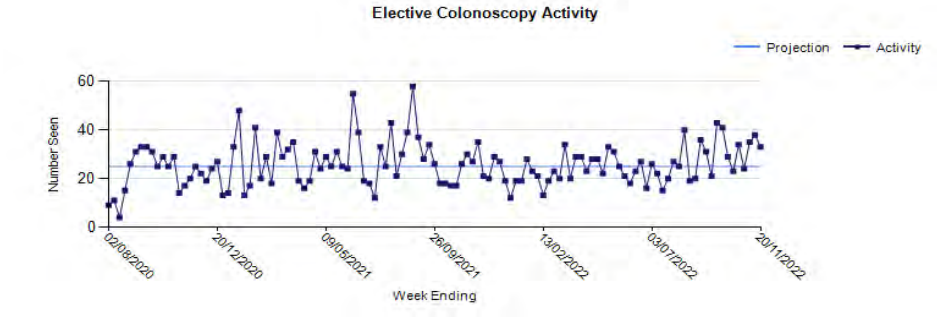

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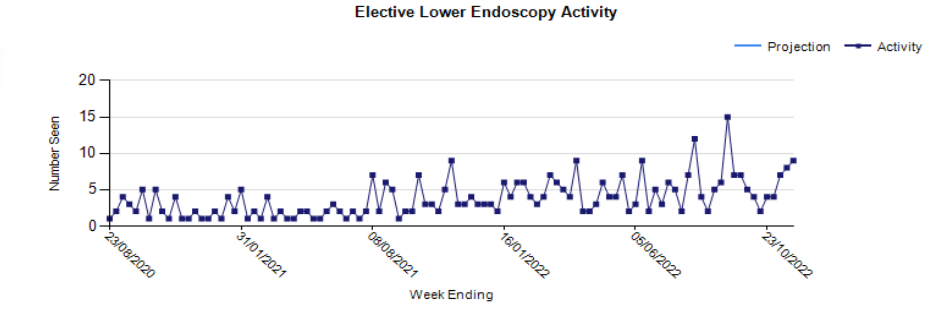
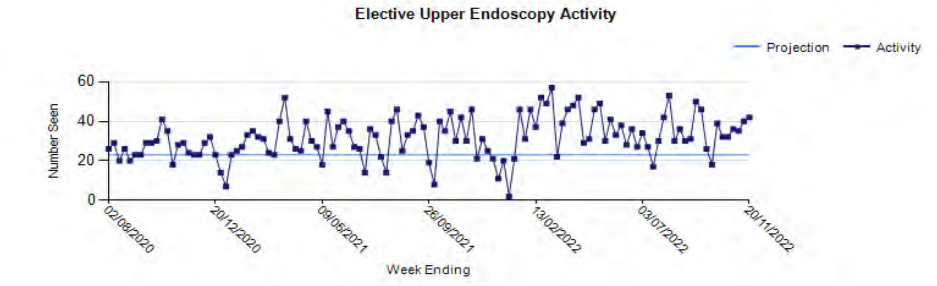
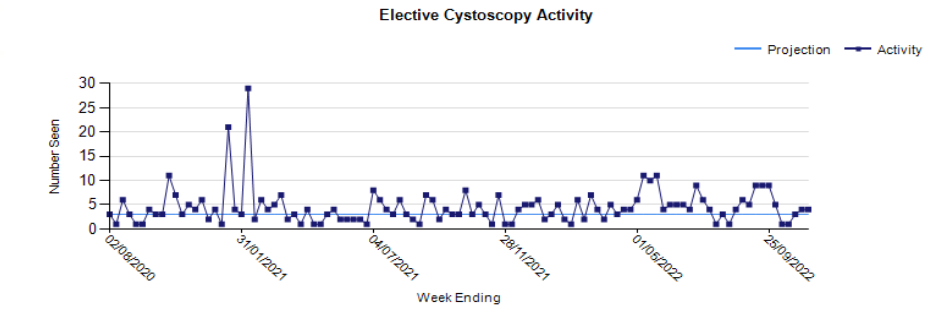


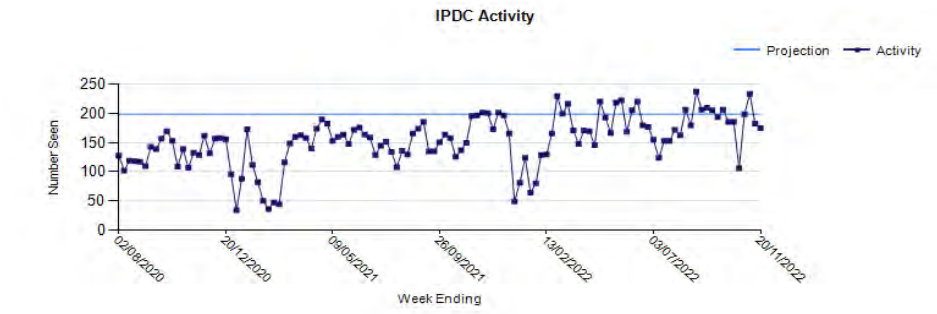
S5



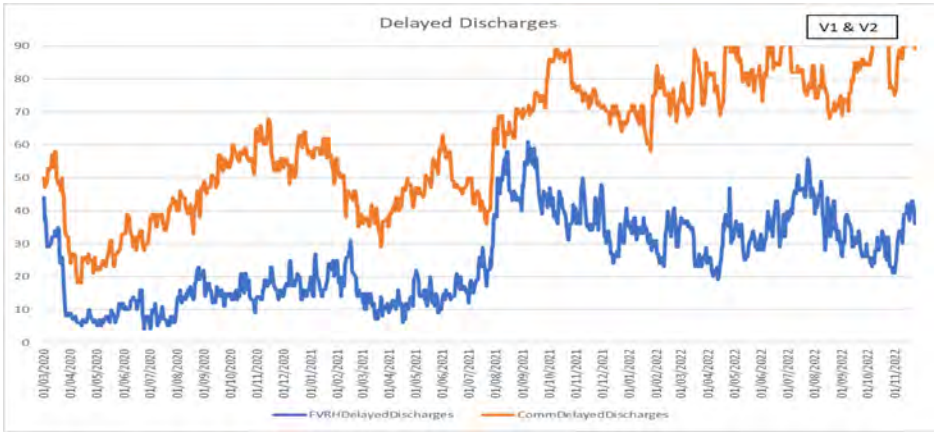
S6



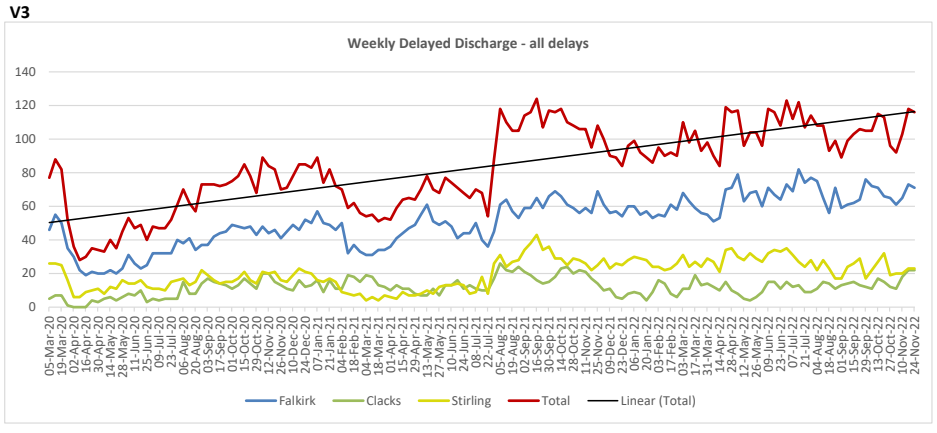
S7

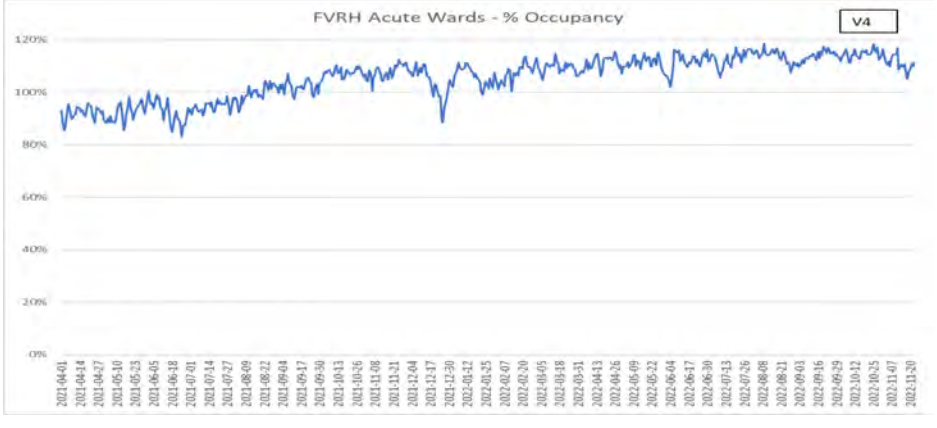


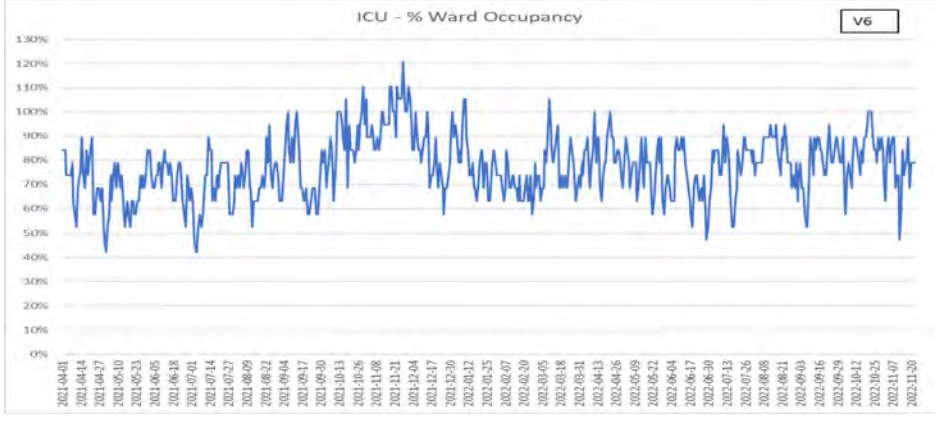
Better Value



V3







KEY PERFORMANCE MEASURES COVID-19

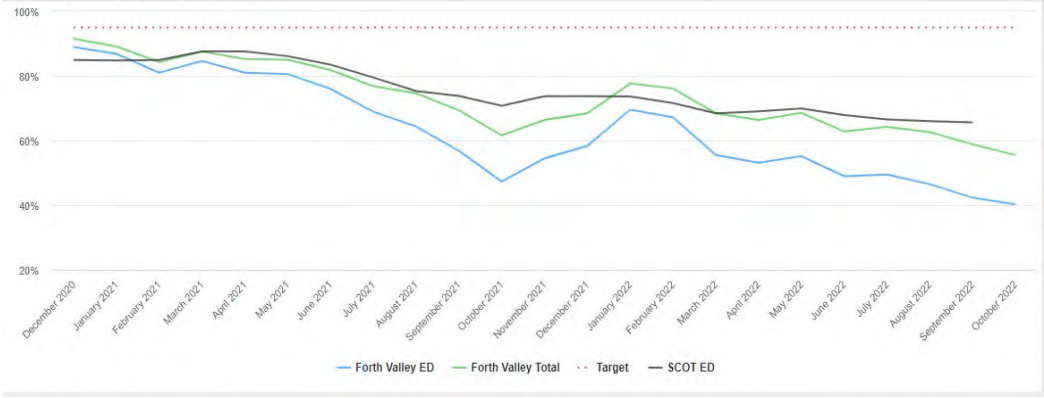
BETTER CARE									
REF	Target Type	FREQUENCY	MEASURE	DATE	TARGET	CURRENT POSITION	PREVIOUS POSITION	RUN CHART	DIRECTION OF TRAVEL
UNSCHEDULED CARE									
US1	FV	Monthly	Number of ED attendances - Mental Health	31-Oct-22	-	64	78	-	-
US2	FV	Monthly	Emergency Department % compliance against 4 hour access target - Mental Health	31-Oct-22	95%	18.8%	19.2%	-	▼
US3	SG	Monthly	Emergency Department % compliance against 4 hour access target	31-Oct-22	95%	40.3%	42.3%	✓	▼
US4	SG	Monthly	NHS Forth Valley Overall % compliance against 4 hour target	31-Oct-22	95%	55.5%	58.8%	✓	▼
US5	SG	Monthly	Minor Injuries Unit % compliance against 4 hour target	31-Oct-22	95%	99.9%	100.0%	-	▼
US6	FV	Monthly	Number of Rapid Assessment and Care Unit New Attendances	31-Oct-22	-	563	548		-
	FV	Monthly	Number of Rapid Assessment and Care Unit Scheduled Return Attendances	31-Oct-22	-	104	121		-
SCHEDULED CARE									
Outpatients									
SC1	SG	Monthly	Total Number of New Outpatients Waiting	31-Oct-22	Reduction	18,853	18,363	✓	▼
SC2	SG	Monthly	Number of New Outpatients waiting over 12 weeks	31-Oct-22	Reduction	7,802	7,431	✓	▼
SC4	Audit	Monthly	Outpatient Unavailability	31-Oct-22	Monitor	0.5%	0.7%	✓	▲
SC5	FV	Monthly	New Acute Services Outpatient % DNA	31-Oct-22	5%	8.7%	7.3%	-	▼
	FV	Monthly	Return Acute Services Outpatient % DNA	31-Oct-22	5%	8.4%	7.7%	-	▼
Diagnostics									
SC6	SG	Monthly	Percentage waiting less than 42 days - Imaging	31-Oct-22	100%	83.7%	83.6%	✓	▲
		Monthly	Number waiting beyond 42 days - Imaging	31-Oct-22	0	644	654	-	▲
SC7	SG	Monthly	Percentage waiting less than 42 days - Endoscopy	31-Oct-22	100%	53.9%	56.1%	✓	▼
		Monthly	Number waiting beyond 42 days - Endoscopy	31-Oct-22	0	263	248	-	▼
Cancer									
SC8	SG	Monthly	62 Day Cancer Target - Percentage compliance against target	30-Sep-22	95%	78.3%	72.5%	✓	▲
	SG	Monthly	62 Day Cancer - Number seen within target against total	30-Sep-22	-	65/83	74/102	-	-
SC9	SG	Monthly	31 Day Cancer Target - Percentage compliance against target	30-Sep-22	95%	98.0%	99.1%	✓	▼
	SG	Monthly	31 Day Cancer Target - Number seen within target against total	30-Sep-22	-	99/101	113/114	-	-
SC10	SG	Quarterly	62 Day Cancer Target - Percentage compliance against target	30-Sep-22	95%	74.9%	73.8%	✓	▲
SC11	SG	Quarterly	31 Day Cancer Target - Percentage compliance against target	30-Sep-22	95%	98.3%	98.9%	✓	▼
Inpatients & Day cases									
SC12	SG	Quarterly	Number of patients that waited >12 weeks - Completed Wait	30-Sep-22	0	1217	992	-	-
	SG	Quarterly	% Compliance with 12 week TTG Standard	30-Sep-22	100%	49.8%	59.5%	-	▼
SC13	SG	Monthly	Total Number of Inpatients/Day cases Waiting	31-Oct-22	Reduction	4,115	4,152	✓	▲
SC14	SG	Monthly	Number of Inpatients/Day cases waiting over 12 weeks	31-Oct-22	Reduction	1,972	1,949	✓	▼
SC15	Audit	Monthly	Inpatient/Day case Unavailability	31-Oct-22	Monitor	6.7%	7.5%	✓	▲
Readmissions									
R1	FV	Monthly	Readmissions - Surgical 7 day	31-Oct-22	-	2.5%	2.6%	-	▲
	FV	Monthly	Readmissions - Surgical 28 day	31-Oct-22	-	4.8%	6.0%	-	▲
	FV	Monthly	Readmissions - Medical 7 day	31-Oct-22	-	1.2%	1.7%	-	▲
	FV	Monthly	Readmissions - Medical 28 day	31-Oct-22	-	3.6%	4.4%	-	▲
MENTAL HEALTH									
MH1	SG	Monthly	Psychological Therapies - 18 week RTT compliance	31-Oct-22	90%	62.1%	62.0%	✓	▲
MH2	SG	Monthly	Child & Adolescent Mental Health Services - 18 week RTT compliance	31-Oct-22	90%	27.0%	32.4%	✓	▼
BETTER WORKFORCE									
REF		FREQUENCY	MEASURE	DATE	TARGET	CURRENT POSITION	PREVIOUS POSITION	RUN CHART	DIRECTION OF TRAVEL
WF1	SG	Monthly	Overall Absence	30-Sep-22	4.5%	7.24%	6.49%	✓	▼
WF2	SG_R	Monthly	COVID-19 related absence - number of employees	30-Sep-22	-	126	281	-	▲
WF3	FV	Monthly	Absence for Covid-19 reasons	30-Sep-22	-	0.38%	1.43%	✓	▲
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-Oct-22	Reduction	62	74	✓	▲
			Falkirk	31-Oct-22	Reduction	40	57	✓	▲
			Clackmannanshire	31-Oct-22	Reduction	6	5	✓	▼
			Stirling	31-Oct-22	Reduction	13	9	✓	▼
			Outwith Forth Valley	31-Oct-22	Reduction	3	3	✓	◄►
VA2	FV		Code 9 & Guardianship Delays	31-Oct-22	Reduction	38	28	✓	▼
			Falkirk	31-Oct-22	Reduction	24	13	✓	▼
			Clackmannanshire	31-Oct-22	Reduction	6	6	✓	◄►
			Stirling	31-Oct-22	Reduction	6	7	✓	▲
			Outwith Forth Valley	31-Oct-22	Reduction	2	2	✓	◄►
VA3	FV		Total Bed Days Occupied by Delayed Discharges	31-Oct-22	Reduction	2448	2378	✓	▼
			Falkirk	31-Oct-22	Reduction	1805	1826	✓	▲
			Clackmannanshire	31-Oct-22	Reduction	195	112	✓	▼
			Stirling	31-Oct-22	Reduction	222	221	✓	▼
			Outwith Forth Valley	31-Oct-22	Reduction	226	219	✓	▼
VA4	FV	Monthly	FVRH Acute Wards Average Length of Stay (Days)	31-Oct-22	Reduction	7.48	7.63	-	▲
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

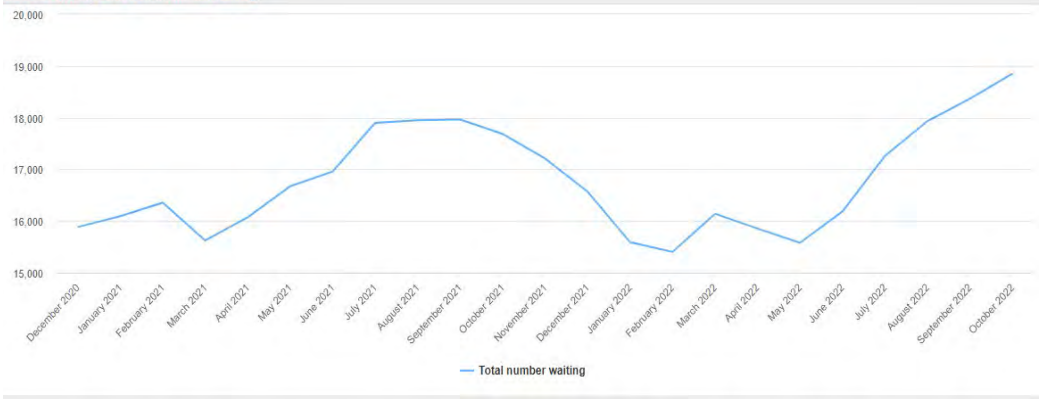
UNSCHEDULED CARE

US3 & 4 - Unscheduled Care: 4hr access Target

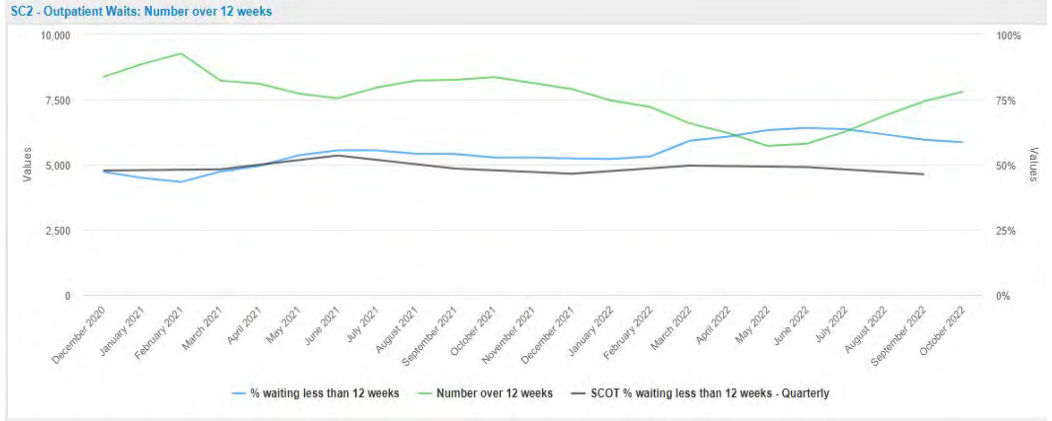


SCHEDULED CARE

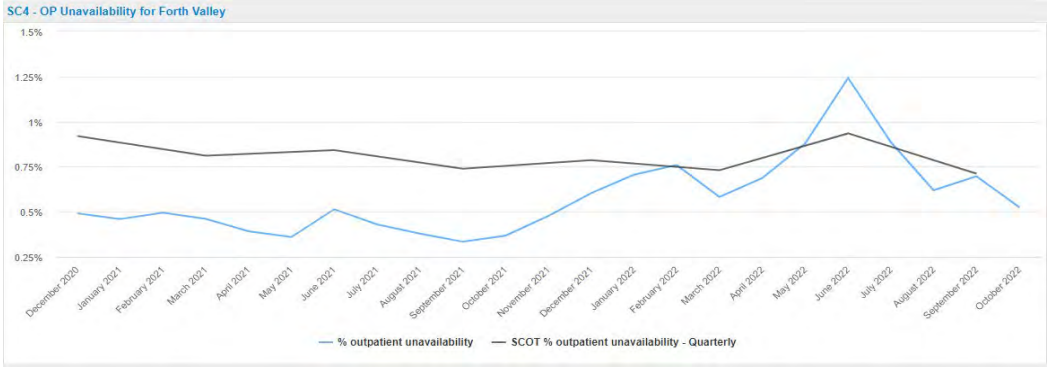
SC1 - Outpatient Waits: Total number waiting



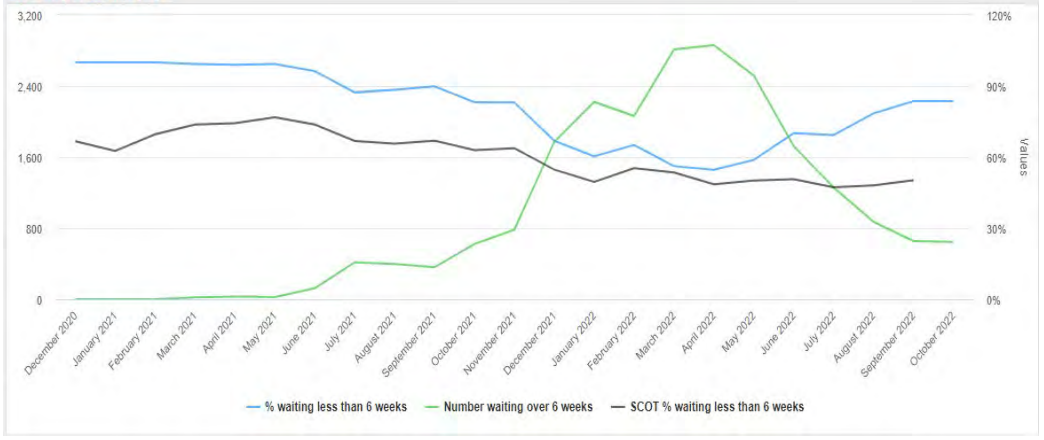
SC2 - Outpatient Waits: Number over 12 weeks



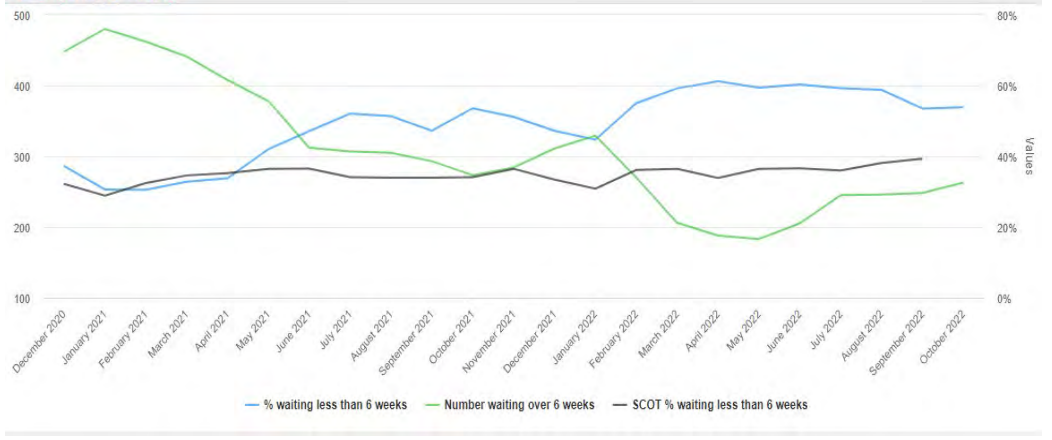
SC4 - OP Unavailability for Forth Valley



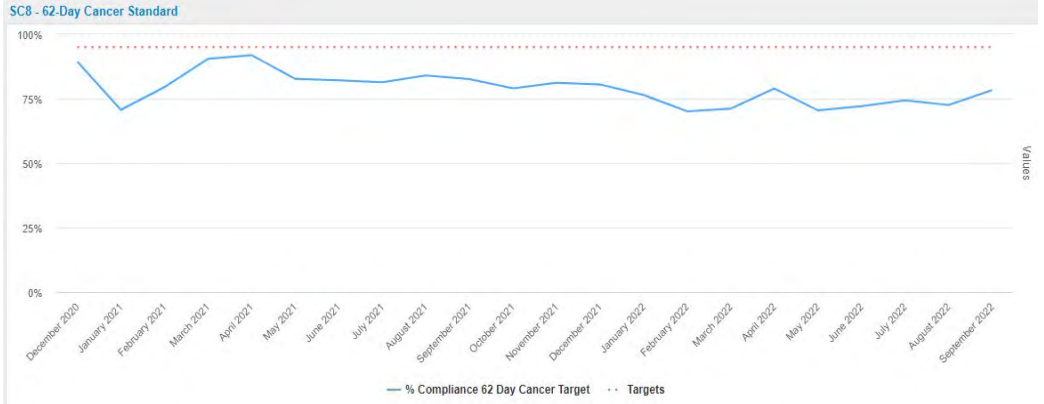
SC6 - Diagnostics: Imaging



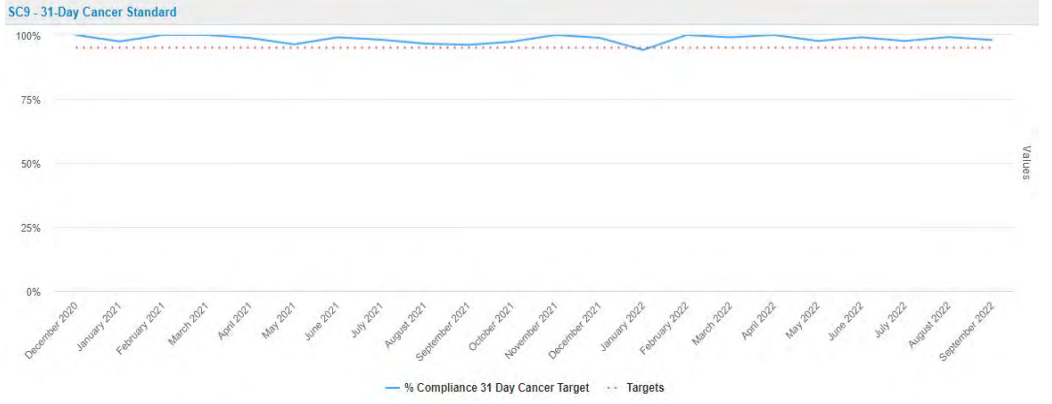
SC7 - Diagnostics: Endoscopy



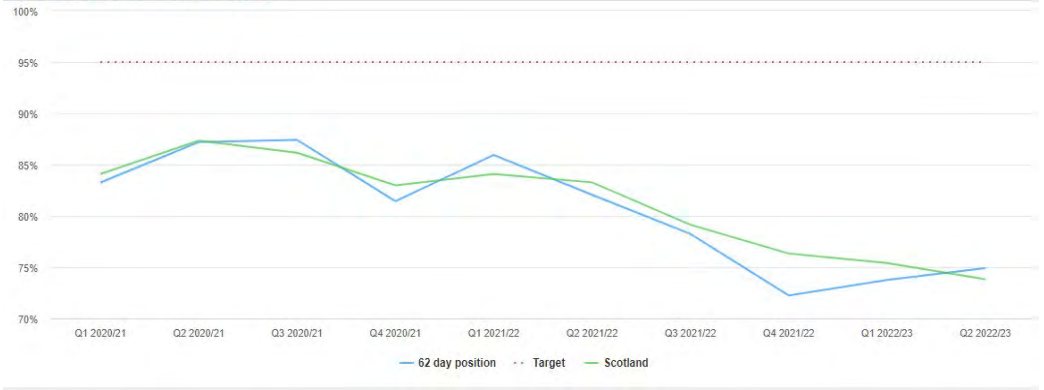
SC8 - 62-Day Cancer Standard



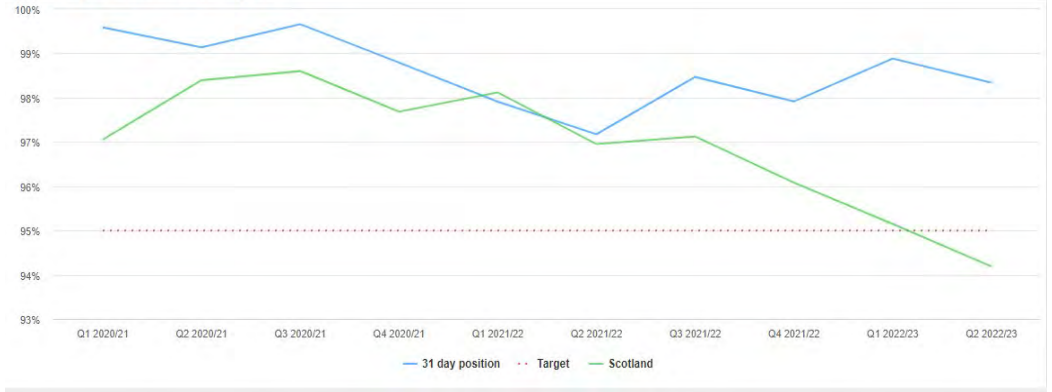
SC9 - 31-Day Cancer Standard



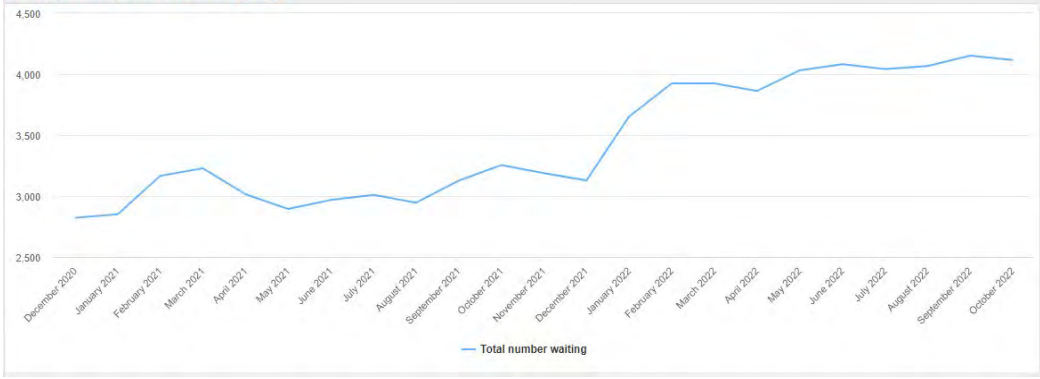
SC10 - 62-Day Cancer Standard - Quarterly total



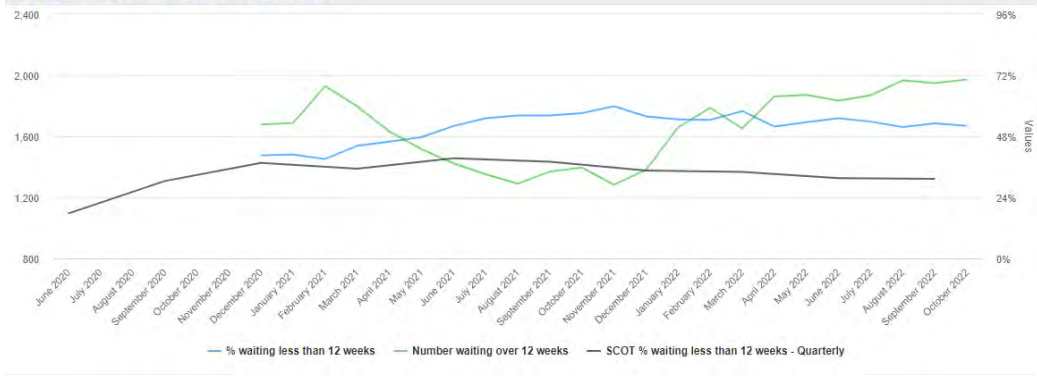
SC11 - 31-Day Cancer Standard - Quarterly total



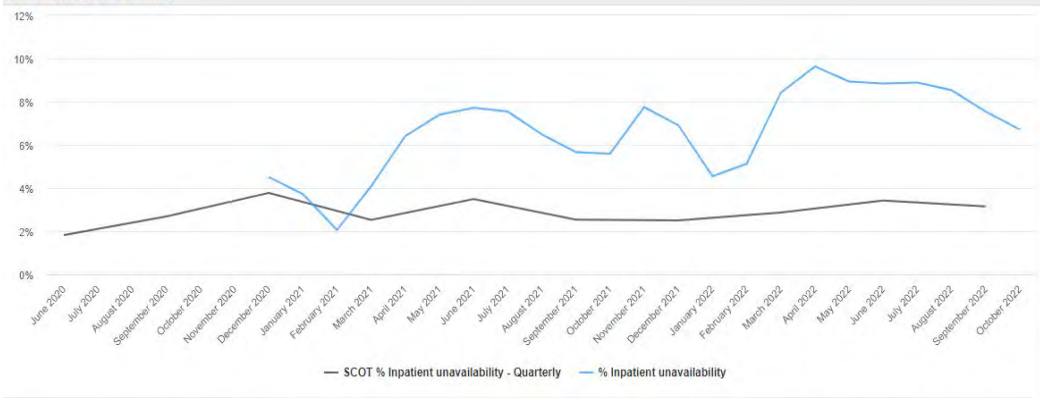
SC13 - Inpatient/Daycases: Total number waiting



SC14 - Inpatients/Daycases: Number waiting over 12 weeks

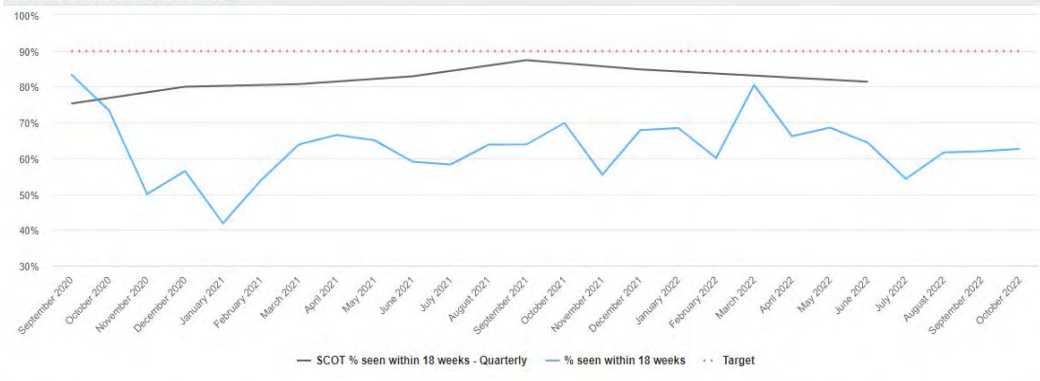


SC15 - Inpatient Unavailability

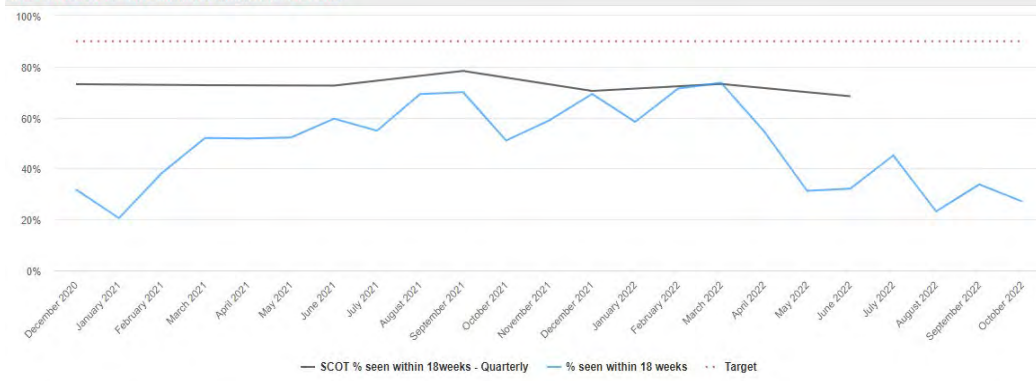


MENTAL HEALTH

MH1 - Access to Psychological Therapies



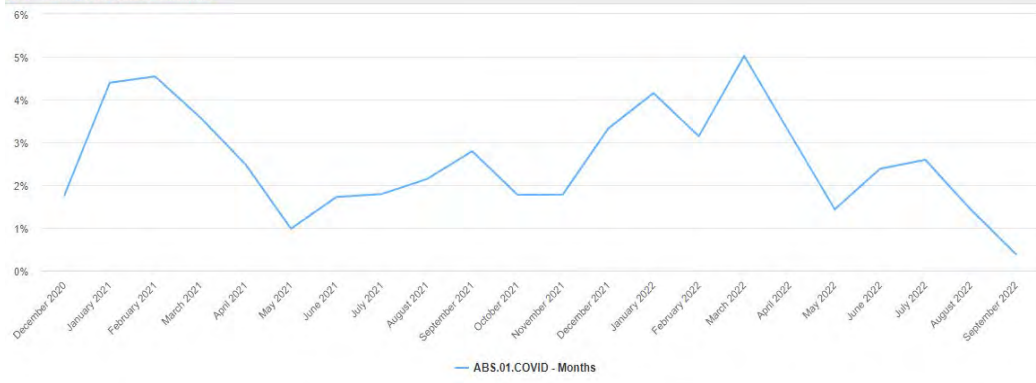
MH2 - Access to Child & Adolescent Mental Health Services



BETTER WORKFORCE

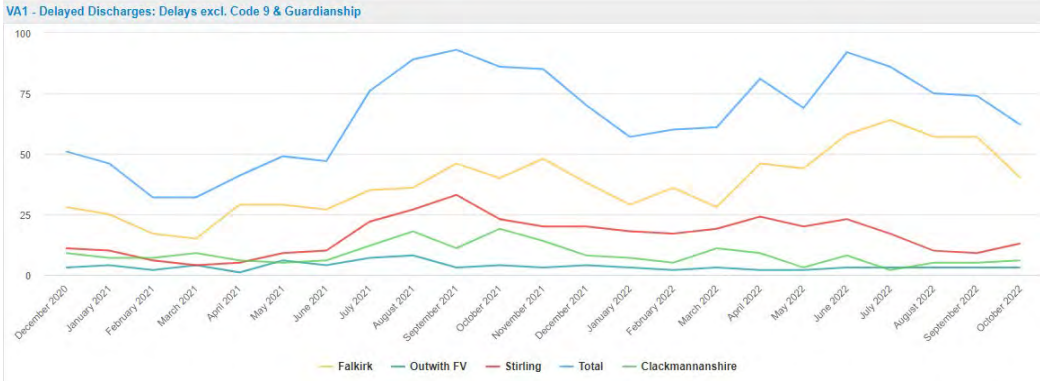
WF1 - Sickness Absence

WF3 - Coronavirus Related Absence

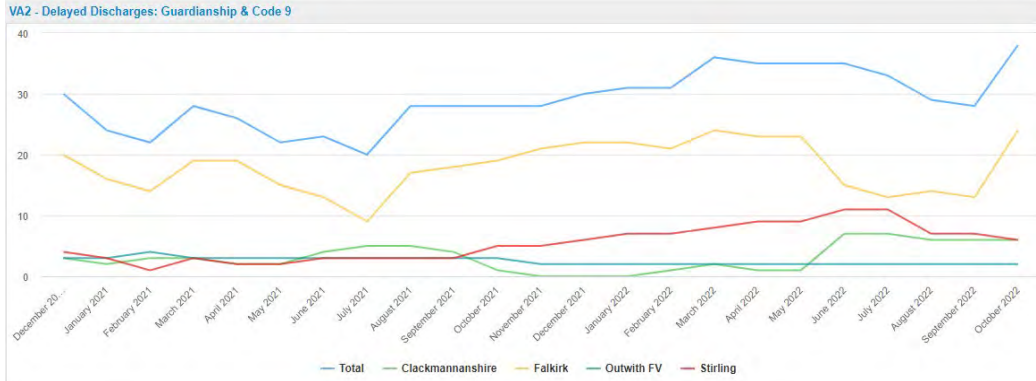


BETTER VALUE

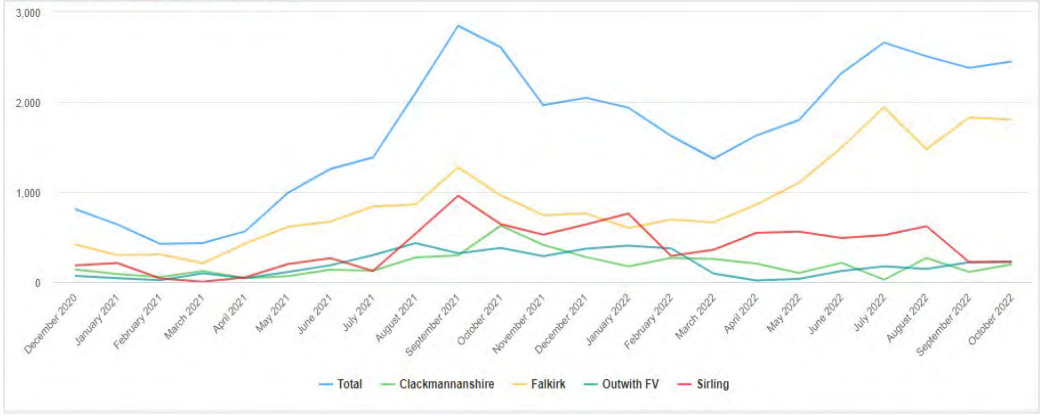
VA1 - Delayed Discharges: Delays excl. Code 9 & Guardianship



VA2 - Delayed Discharges: Guardianship & Code 9



VA3 - Delayed Discharges: Total Occupied Bed Days



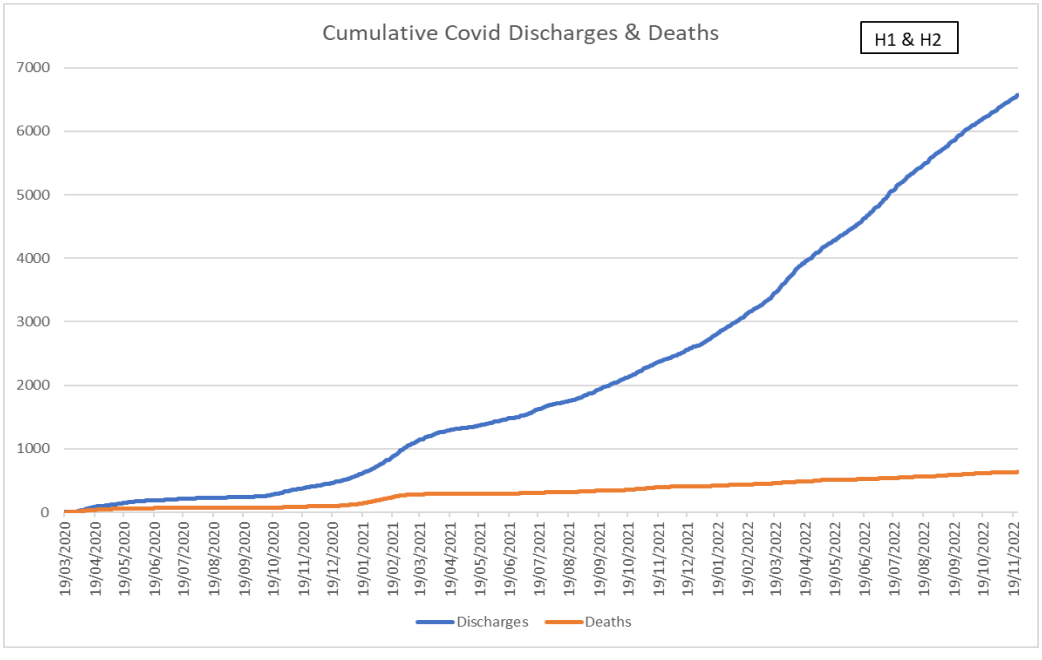
KEY RESPONSE MEASURES COVID-19

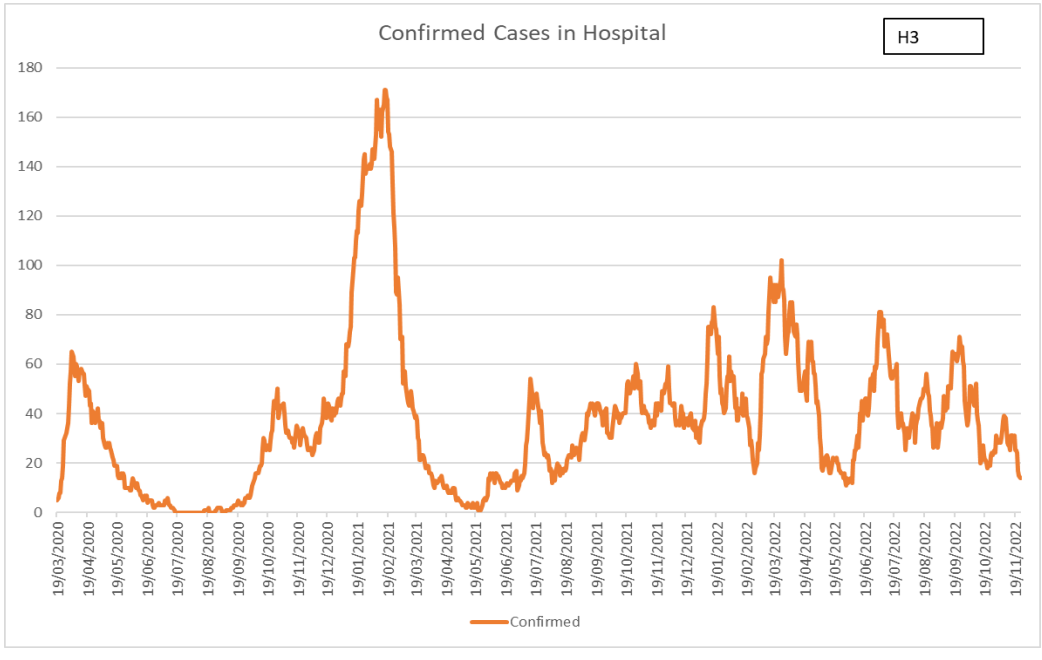
BETTER HEALTH									
REF	**Target Type**	**FREQUENCY**	**MEASURE**	**DATE**	**TARGET**	**CURRENT POSITION**	**PREVIOUS POSITION**	**RUN CHART**	**DIRECTION OF TRAVEL**
H1	FV	Daily	Number of deaths in hospital since start of outbreak	24-Nov-22	-	636	632	✓	-
H2	FV	Weekly	Number of deaths since start of outbreak by local authority - total	14-Nov-22	-	1008	1006	-	-
			Number of deaths since start of outbreak by local authority						
		Weekly	Falkirk	14-Nov-22	-	550	549	-	-
		Weekly	Clackmannanshire	14-Nov-22	-	184	183	-	-
		Weekly	Stirling	14-Nov-22	-	274	274	-	-
H3	FV	Weekly	Number of new confirmed COVID-19 patients in hospital	14-Nov-22	Decrease	25	35	✓	▲
H4	FV	Weekly	Number of confirmed COVID-19 cases in hospital over the 7 day period	14-Nov-22	Decrease	29	56	-	▲
H5	FV	Weekly	Number of confirmed COVID-19 cases ICU over the 7 day period	14-Nov-22	Decrease	6	4	-	▼
H6	FV	Weekly	Number of COVID-19 positive patients ventilated over the 7 day period	14-Nov-22	Decrease	1	1	-	◄►
H7	FV	Weekly	Total number of patients ventilated over the 7 day period	14-Nov-22	-	3	6	-	▲

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 29 NOVEMBER 2022

9.1 Finance Report
For Assurance

Executive Sponsor: Mrs Cathie Cowan, Chief Executive

Author: Mr Scott Urquhart, Director of Finance

Executive Summary

This report provides a summary of the financial results reported for the 7-month period ended 31 October 2022 together with an updated forecast outturn for the year.

Recommendations

The NHS Board is asked to:

- **note** the year-to-date revenue overspend of £2.3m and balanced capital position as at 31 October 2022
- **note** the year-end revenue projection has been updated following further focused work to improve the position and is now estimated at £4m overspend.
- **note** further work on cost improvement is underway aligned to the national Sustainability and Value framework.

Key Issues to be Considered

The forecast year-end overspend is currently estimated at £4m which represents an improvement against the position previously reported to the NHS Board in September 2022. This is due to revised phasing of planned investments, identification of non-recurring balance sheet opportunities, additional income and funding allocations beyond planned values, and progress on delivery of efficiency savings. The position is subject to risks on expenditure profiles over winter and assumptions on anticipated funding not yet received.

We will continue to progress a number of other potential workstreams over the final quarter of the financial year aiming towards a balanced outturn, including a review of slippage on developments, confirmation of several key outstanding funding allocations and identification of additional savings schemes. However, as previously reported, the vast majority of these actions are likely to be non-recurring which increases the financial challenge and recurring savings requirement for future years. This will be reflected in the 2023/24 to 2025/26 3-year financial plan which is currently being prepared. Further detail on the 3-year financial plan will be presented to the Performance & Resources committee on 20th December.

Implications

Financial Implications

Financial implications are considered in the main body of the report.

Workforce Implications

Given the scale of the financial challenge, vacancy management/workforce controls are being developed in conjunction with HR colleagues as requested by the Scottish Government.

Infrastructure Implications including Digital
There are no immediate infrastructure or digital implications associated with this report. However, it is clear that digital opportunities are key element of the cost improvement programme.

Sustainability Implications
There are no direct sustainability implications arising from this report. Climate Change and Sustainability initiatives across the five priority areas for NHS Scotland (ie Sustainable Buildings & Land; Sustainable Travel; Sustainable Goods & Services; Sustainable Care; and Sustainable Communities) will contribute to efficiency savings, reducing waste, cost avoidance and productivity gains. A range of sustainability initiatives are already included in our cost improvement programme.

Sustainability Declaration
Further to consideration the author can confirm that due regard has been given to compliance with the key aims of the NHS Scotland Climate Emergency & Sustainable Development Policy (DL (2021) 38) as part of the decision-making process A policy for NHS Scotland on the climate emergency and sustainable development*. (please tick relevant box)*
□ *Yes*
✓ *N/A*

Where applicable, the climate change, environmental and sustainability impacts and any mitigating measures are noted above/contained in the supporting papers.

Quality / Patient Care Implications
It is imperative that quality of care and overall service provision is underpinned by a sustainable financial strategy. This is supported by the concept of "spending well" and making the most of our resources in terms of cost effectiveness and best value which is a key strand of our cost improvement programme.

Information Governance Implications
There are no direct information governance implications arising from this report.

Risk Assessment / Management
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
This 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

Communication, involvement, engagement and consultation
This report was prepared in consultation with Directorate Management Teams and Senior Finance colleagues.

Additional Information
N/A

Appendices

- Appendix 1: Summary Revenue Financial Position as at 31 October 2022
- Appendix 2: Non-core staffing expenditure as at 31 October 2022

1.0 OVERVIEW OF MONTH 6 FINANCIAL RESULTS

1.1 Revenue position 2022/23

The total annual net revenue budget for 2022/23 is currently estimated at £780.0m as summarised in Table 1 below. This reflects the opening baseline Revenue Resource Limit (RRL), confirmed in-year allocations plus anticipated funding sources. The level of outstanding anticipated allocations at this stage in the financial year remains a concern in terms of the potential impact on service planning and the uncertainty this introduces to the forecast outturn. There are two high value outstanding allocations which have a material impact on our forecast outturn, namely: Planned Care (£4.9m) and the National Treatment Centre (£8.7m).

The Emergency Budget Review published on 2 November 2022 reinforced the scale of financial challenge facing NHS in Scotland and confirmed the reprioritisation of £400m from the Health and Social Care portfolio across a range of services to support spending priorities. The 2023/24 Scottish Budget will be published on 15th December which will set the budget and spending plans for the forthcoming year.

TABLE 1: NHS Forth Valley 2022/23 Finanical performance	Annual Budget £m	Apr - Oct Budget £m	Apr - Oct Expenditure £m	Underspend/ (Overspend) £m
Clinical Directorates	339.662	177.319	181.260	(3.941)
Clackmannanshire & Stirling HSCP	144.970	81.040	81.556	(0.516)
Falkirk HSCP	154.095	86.285	84.493	1.792
Facilities and Infrastructure	106.955	61.583	61.448	0.135
Corporate Functions	34.360	18.224	17.998	0.226
Total	**780.042**	**424.451**	**426.755**	**(2.304)**

As summarised in Table 1, an overspend of £2.3m is reported as at 31 Oct (this compares to an overspend of £0.025m in the same period during 2021/22). As previously reported, this reflects ongoing capacity and staffing pressures (including temporary workforce costs to cover additional supplementary beds on the acute hospital site), increases in drug costs across both hospital and primary care settings, ongoing covid related expenditure and inflationary pressures affecting energy costs and a range of contracts which are linked to RPI. An element of the adverse year to date position also reflects unachieved recurring savings targets. Further detail on specific year to date issues are presented in Section 2 and appendix 1 of this report.

In terms of the year end forecast outturn, an overspend of £4m is currently forecast for 2022/23 (0.5% of annual budget). This represents an improvement of £1m compared to the position reported to the Performance and Resources Committee in the previous month due to the identification of further one-off balance-sheet opportunities and non-recurring efficiency savings arising from VAT recovery.

Further concentrated work is required if we are to deliver breakeven by 31 March 2023. This will include development of additional savings plans (proposals are currently being considered in relation to acute prescribing), identification of areas of expenditure and planned service developments that can be paused, delayed or stopped between now and the end of the year, targeted reductions in staff bank and agency costs and implementation of Covid-19 exit plans.

Total Covid-19 costs for 2022/23 are forecast at £18.3m. This is comprised of £1.5m in respect of test and protect, £5.1m in respect of set aside services, £6.8m relating to vaccinations and £4.9m across other core NHS service areas. The Scottish Government have confirmed that Test and Protect costs will be funded by a separate allocation up to a maximum of £1.5m.

However, the remaining balance of £16.8m is expected to be contained within a resource limit of £12.3m (resulting in an unfunded pressure of £4.5m – this is reflected in the forecast overspend). A range of ongoing covid measures will therefore require to be stood down now (where clinically appropriate) to reduce the risk exposure of cost over run against budget,

With respect to bank and agency workforce costs, the year to date cost of temporary staffing equates to £18.9m (up £2.6m or 16% on the same period in the previous year). Around £13.8m (72%) of this total relates to nurse bank and agency staffing (with the Acute Services Directorate responsible for c90% of the nurse agency usage to date). Further detail is provided in appendix 2. A national task and finish group has been established to review nurse bank and agency usage across Scotland with a view to agreeing targeted cost reductions and trajectories under the direction of the Scottish Government's newly established Sustainability and Value Board. Our Executive Nurse Director is a member of the task and finish group.

In addition to nurse bank and agency, the Scottish Government's Sustainability and Value Board will also focus specific financial improvement work on medical locums, procurement and prescribing/medicines. Our Director of Finance and Deputy Director of Finance are members of the prescribing group. Regular updates will be provided.

In the meantime, we will align our cost improvement programme with the work of the national Sustainability and Value Board and will continue to closely monitor the forecast outturn position to mitigate financial risk as far as possible.

1.2 Capital position 2022/23

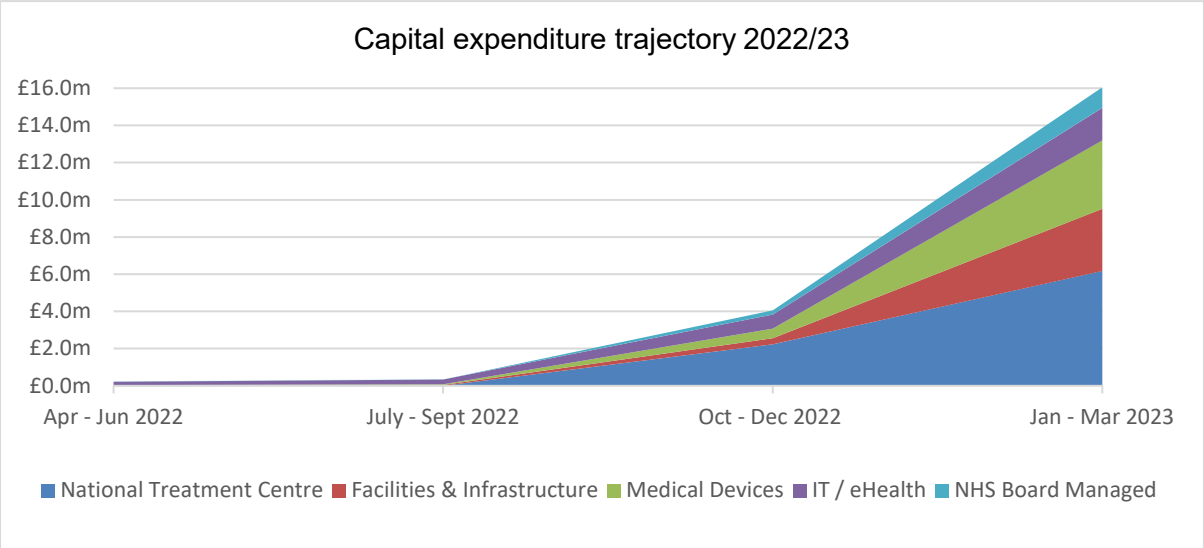
The total annual net capital budget for 2022/23 is currently estimated at £18.6m as summarised in table 2 below. This reflects the core Capital Resource Limit (CRL) of £6.4m as advised by the Scottish Government, together with £13.2m of anticipated allocations and other adjustments which are expected to be applied to the CRL during the course of the year.

Note that total anticipated allocations have reduced by £1.6m compared to the position reported last month. This reflects the output of a mid year review which identified £1.0m of slippage in a number of projects within Estates and Facilities which will now be deferred to 2023/24. In addition, the value of deductions referred to as "Indirect Capital Charged to Revenue" has risen by £0.6m due to further Capital Grant payments and expected non-added value expenditure. There is no change to the funding assumptions relating to the National Treatment Centre, National Infrastructure Board funding, backlog maintenance support and energy efficiency projects (including procurement of electric vehicles and charging points).

TABLE 2: 2022/23 NHS Forth Valley Capital position	**Annual Budget £m**	**Apr - Oct Budget £m**	**Apr - Oct Expenditure £m**	**Underspend/ (Overspend) £m**
Core Capital Resource Limit	6.389	2.894	2.894	0.000
Anticipated allocations	13.134	0.467	0.467	0.000
Indirect Capital Charged to Revenue	(2.100)	0.000	0.000	0.000
Property sales	1.139	0.185	0.185	0.000
Total	**18.562**	**3.546**	**3.546**	**0.000**

As reported in table 2, a balanced position is reported for the 7-month period ending 31 October 2022, with expenditure of £3.5m incurred to date. This leaves a balance of £15.0m to be spent over the remaining 5 months of the financial year.

Whilst a relatively low level of capital expenditure is reported at end October, it is recognised that the vast majority of planned expenditure is expected to be incurred in quarter 3 and 4 of the financial year as summarised in the graph below.



2.0 YEAR TO DATE FINANICAL PERFORMANCE

2.1 CLINICAL DIRECTORATES

Clinical Directorates reported a combined overspend of £3.9m as at 31 October 2022 as summarised in table 3 below.

TABLE 3: Clinical Directorates*	Annual Budget £m	Apr - Oct Budget £m	Apr - Oct Expenditure £m	Underspend/ (Overspend) £m
Acute Services	207.275	123.390	124.881	(1.491)
Cross Boundary Flow	58.996	34.699	34.631	0.068
Community Services incl Prisons	14.831	8.526	8.645	(0.119)
Women & Children	50.586	30.330	30.465	(0.135)
Specialist Mental Health	17.964	10.112	10.751	(0.639)
Ringfenced and Contingency Budgets	29.509	(1.900)	0.000	(1.900)
Income	(39.499)	(27.838)	(28.113)	0.275
Total	**339.662**	**177.319**	**181.260**	**(3.941)**

* 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 £339.662m above is £67.313m

Acute Services – an overspend of £1.5m is reported for the first 7 months of the financial year. This is an improvement on the position reported last month, due to the receipt of additional funding for NTC non-pay related costs during the month of October. As previously reported, the overall adverse position continues to reflect ongoing service pressures within A&E and various inpatient specialties due to increased demand and length of stay, together with additional workforce costs to staff additional contingency beds, cover vacancies and sickness absence and to maintain separate covid/non-covid patient pathways. £10.4m of additional temporary staffing costs have been incurred during the first 7 months of the year within the Acute Services Directorate. Of this total, £8.2m (79%) relates to nurse bank and agency use, with the Acute Services Directorate being responsible for c90% of the total nurse

agency usage across NHS Forth Valley. Key service areas where bank and agency staff are being deployed include Acute Assessment, Wards A11, A21 and A32, Ward B11 and B23, the Emergency Department and ICU.

The adverse year to date position is also exacerbated by ongoing short staffing challenges across other parts of the health and care 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).

Ongoing Covid measures require to be reviewed in a bid to reduce costs in line with Covid exit planning. This will include the review and step down of a range of covid change controls implemented by Forth Health (e.g. manning entrances at FVRH which is averaging £20k per month).

Cross Boundary Flow – expenditure for the first 7 months of the year is broadly in line with the budgeted position. This will continue to be kept under review in the remaining 5 months of the financial year.

Community Services, including prisons – an overspend of £0.1m is reported for the first 7 months of the year. Similar to the position reported last month, this reflects the release of bridging funding for Prisons pending a formal response from the Scottish Government to the Prison developments business case and offset by bank/agency use due to ongoing vacancies and staff turnover.

Women and Children – an overspend of £0.1m is reported for the first 7 months of the financial year. This is broadly in line with the position reported in the previous month and is expected to improve as we approach year end due to receipt of additional funding in respect of high-cost drugs (namely Eculizumab and Palivuzimab) together with non-recurring underspends due to vacancies within Health Visiting and CAMHS.

Specialist Mental Health – there is no change in the position reported for specialist mental health services compared to last month with the year to date overspend remaining at £0.6m. This reflects the benefit of additional funding provided from month 6 onwards in line with the recently approved business case to address historic staffing issues and capacity. This is expected to lead to a corresponding reduction in staff bank and agency expenditure. Note that Nurse bank and agency expenditure during the month of October was lower than the previous month and the year to date average. The position will continue to be monitored during the remainder of the year.

Ringfenced and contingency budgets – the balance of ringfenced budgets will be released once pay awards and other outstanding budget adjustments/anticipated allocations are confirmed.

Income – an over recovery of £0.3m is reported against income budgets for the first 7 months of the year in respect of Externals and Junior Doctors (via NHS National Education Scotland).

2.2 CORPORATE SERVICES AND FACILITIES

A combined underspend of £0.4m is reported for Corporate Services and Facilities as at 31 October 2022 as summarised in table 4 below.

TABLE 4: Corporate Functions and Facilities & Infrastructure	Annual Budget £m	Apr - Oct Budget £m	Apr - Oct Expenditure £m	Underspend/ (Overspend) £m
Facilities & Infrastructure	106.955	61.583	61.448	0.135
Corporate Functions				
Director of Finance	3.761	2.194	2.152	0.042
Area Wide Services	3.687	1.579	1.733	(0.154)
Medical Director	9.922	5.279	4.871	0.408
Director of Public Health	4.172	2.165	2.413	(0.248)
Director of HR	5.025	2.679	2.488	0.191
Director of Nursing	3.450	1.793	1.883	(0.090)
Chief Executive	2.246	1.311	1.175	0.136
Portfolio Management Office	0.507	0.296	0.193	0.103
Immunisation / Other	1.590	0.928	1.090	(0.162)
Corporate Functions sub total	34.360	18.224	17.998	0.226
Total	**141.315**	**79.807**	**79.446**	**0.361**

Facilitates and Infrastructure - an underspend of £0.1m is reported for the first 7 months of the financial year. This reflects receipt of funding to fully offset £0.5m of covid costs that are reported in the year-to-date position. This includes marquee hire at Forth Valley Royal Hospital, excess patients transfer costs (due to restrictions in number of patients per vehicle in line with social distancing) and hire of vehicles/fuel/drivers to transport lab samples to Glasgow. These items require to be reviewed as part of Covid exit planning. Whilst a favourable position is reported to date, note that this masks pressures within support services specifically relating to waste, patient transport and postage and franking.

Corporate Functions - a combined underspend of £0.2m is reported for the first 7 months of the financial year. This reflects a number of non-recurring benefits arising from vacancies within the Medical Director and Corporate Portfolio Management Office areas, together with release of Covid funding to meet year to date costs incurred within Public Health (although there are significant pay budget pressures within Public Health due to a number of unfunded posts which requires further investigation).

2.3 HEALTH AND SOCIAL CARE PARTNERSHIPS

Delegated health services reported under the Health and Social Care Partnerships (HSCPs) returned a combined underspend of £1.3m as at 31 October 2022 as summarised in table 5 below.

TABLE 5: Health & Social Care Partnerships	Annual Budget £m	Apr - Oct Budget £m	Apr - Oct Expenditure £m	Underspend/ (Overspend) £m
Clackmannanshire and Stirling HSCP				
Operational Services	55.772	31.416	30.745	0.671
Universal Services	85.585	49.624	50.811	(1.187)
Ringfenced and Contingency Budgets	3.613	0.000	0.000	0.000
Subtotal	144.970	81.040	81.556	(0.516)
Falkirk HSCP				
Operational Services	68.499	38.992	36.487	2.505
Universal Services	81.395	47.293	48.006	(0.713)
Ringfenced and Contingency Budgets	4.201	0.000	0.000	0.000
Subtotal	154.095	86.285	84.493	1.792
TOTAL	**299.065**	**167.325**	**166.049**	**1.276**

The HSCP budgets summarised in table 5 *exclude* budgets in respect of large hospital services, also referred to as set aside, which amount to £67.3m. 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. Note that financial risk share arrangements with IJBs have not been formally confirmed for 2022/23 as yet. Work is underway to progress this and an update will be provided at the next meeting.

The key financial challenge experienced by both HSCPs relates to primary care prescribing which is reported under universal services. Both volume growth in the number of items prescribed and the average cost per item remain higher than original planning assumptions (up 3.6% and 2.6% respectively compared to the same period last year). This reflects ongoing demand and short supply issues. Delays in achieving prescribing efficiency savings also contribute to the adverse position.

A significant underspend continues to be reported in respect of Community Healthcare Services under Falkirk HSCP primarily due to wards 1 to 4 at Falkirk Community Hospital remaining closed. These wards were closed as a result of fire related Health and Safety risks associated with the building, with associated HSCP revenue budgets including staffing, remaining in place. This will form part of discussions on risk share arrangements in conjunction with Falkirk IJB colleagues.

2.4 CAPITAL

Capital reported a balanced position as at 31 October 2022 as summarised in table 6 below.

TABLE 6: 2022/23 NHS Forth Valley Capital position	Annual Budget £m	Apr - Oct Budget £m	Apr - Oct Expenditure £m	Underspend/ (Overspend) £m
Elective Care	8.412	0.231	0.231	0.000
Information Management & Technology	2.932	0.929	0.929	0.000
Medical Equipment	4.242	1.568	1.568	0.000
Facilities & Infrastructure	3.741	0.703	0.703	0.000
NHS Board corporate projects	1.335	0.115	0.115	0.000
Indirect Capital Charged to Revenue	(2.100)	0.000	0.000	0.000
Total	**18.562**	**3.546**	**3.546**	**0.000**

Elective Care – ground and preparatory works continue on the Forth Valley Royal Hospital site to create a National Treatment Centre for outpatient procedures. The modular units

provided by Portakabin have now been delivered on site to allow the wards to be created with estimated completion scheduled for early March 2023, with the centre expected to be operational by April 2023.

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 £0.9m predominantly on ongoing Desktop/Devices and Infrastructure refreshes (including GP IT refresh). In addition, local priority projects continue in relation to Digital Management and Theatre System support and enhancing Cyber Security arrangements.

Medical Equipment – as at 31 October expenditure committed to date on Medical Equipment items totalled £1.6m. During the month of October new orders raised included ICU Monitors to the value of £0.484m, a CO2 Laser to the value of £0.120m and replacement Diathermy machines to the value of £0.061m. We are experiencing some supply chain issues which is resulting in prolonged delivery timescales.

Facilities & Infrastructure – Year to date expenditure to date within Facilities and Infrastructure amounts to £0.703m. During October further expenditure was committed at Dollar Health Centre on double glazing to the value of £0.031m, roofing and car park works at Lochview and Carronshore Dental practice to the value of £0.048m and also a further £0.074m on compliance requirements on various sites within NHS Forth Valley. As reported under section 1 of this report, following an in-depth review of all projects, the faculties and infrastructure capital budget has been reduced by £1m for projects now anticipated to be complete in the next financial year. This funding has been returned to the Scottish Government in the expectation it will be reprovided in 2023/24.

NHS Board Corporate Projects – Work is underway on the Denny Cross Medical Practice upgrades and the first Capital Grant instalment was paid to the Practice for £0.115m. Longer terms funding has still to be identified to cover professional fees and in-house staff costs for the Falkirk Community Hospital Master planning and Primary Care Improvement Plan developments and we await a formal response from the Scottish Government as to whether this is likely to be approved in year. In the meantime, the anticipated funding requirement removed from the capital plan.

3.0 EFFICIENCY SAVINGS

As previously reported, delivery of the 2022/23 savings target of £29.3m is unlikely to be fully achieved in year due to the lead in time necessary to develop and implement the associated project plans, coupled with the limited availability of key staff to drive progress as they continue to be required to focus on immediate service pressures. A detailed review of the savings plan is currently underway in order to accelerate delivery of recurring targets as far as possible in year and to ensure that all schemes and associated local governance arrangements are in line with the four aims of the Scottish Government's new Sustainability and Value Board, namely:

- To deliver better value care within available resources;
- To make effective use of resources;
- To Optimise capacity within available resources;
- To be environmentally and socially sustainable.

To date savings of £12.3m (42% of the total target) have been achieved as at 31 October 2022 as summarised in table 7 below.

TABLE 7: NHS Forth Valley - 22/23 savings plan progress at October	Target £m	Achieved £m	Balance remaining £m	RAG status
Service Redesign				
Patient flow & demand management	3.0	0.0	(3.0)	Red
Other	0.2	0.5	0.3	Green
Sub total	3.2	0.5	(2.7)	
Drugs & Prescribing (Acute Services Division)				
Reducing waste & unwarranted variation	3.4	0.0	(3.4)	Red
Technical Switches/Biosimilars	0.7	0.0	(0.7)	Amber
Patent expiry	0.0	0.0	0.0	Red
Sub total	4.1	0.0	(4.1)	
Workforce				
Consultant job planning process	1.7	0.0	(1.7)	Red
eRostering programme	0.0	0.0	0.0	Red
Reductions in non-core staffing	1.7	0.0	(1.7)	Amber
MS teams productivity savings	0.0	0.0	0.0	Red
Sub total	3.3	0.0	(3.3)	
Infrastructure, Innovation & Digital Developments				
M365, Near Me, Community System, Unified Comms	0.3	0.0	(0.3)	Red
Energy Efficiency, Theatre System	1.0	0.0	(1.0)	Green
Bookwise, Telematics, Vehicle Leases	0.4	0.0	(0.4)	Red
PFI Contract efficiencies, Teams based approach	0.1	0.1	0.0	Green
Miscellaneous	0.2	0.2	0.0	Green
Sub total	2.0	0.3	(1.7)	
Primary Care Prescribing (Integration Joint Boards)				
Full year effect impact of Prescribing Improvement Scheme	0.1	0.1	0.0	Green
National tariff reductions/Margin sharing	0.0	0.8	0.8	Green
Reducing waste & unwarranted variation in Primary Care Prescribing	1.4	0.0	(1.4)	Red
Care Home Prescribing	0.5	0.0	(0.5)	Amber
Non-medical Prescribing	0.5	0.0	(0.5)	Amber
Formulary review respiratory	0.5	0.0	(0.5)	Green
Sub total	3.0	0.9	(2.1)	
Financial Management & Controls				
Overseas Visitors income EHIC	0.1	0.0	(0.1)	Red
Balance sheet opportunities	3.2	6.2	3.0	Green
Slippage on planned investments	1.9	4.0	2.1	Green
Review of Annual Leave Policy	0.7	0.0	(0.7)	Amber
Reversal of employer NICs w/e/f 1 Nov	0.0	0.0	0.0	Green
Miscellaneous	1.6	0.4	(1.2)	Amber
Sub total	7.5	10.6	3.1	
Unidentified savings	6.2	0.0	(6.2)	Red
Total	**29.3**	**12.3**	**(17.0)**	**Red**

A number of the schemes listed in table 7 have been delayed to due to external recruitment issues and a lack of available internal capacity across a number of key teams to take forward certain initiatives due to the need to continue to focus on ongoing service pressures. A number of the schemes will therefore be carried forward to 2023/24.

New savings schemes are also currently being considered following a positive response from staff to our "Spending Well" message as part of our Cost Improvement Programme. 101 staff suggestions have been received to date since “Spending Well” launched on 3 October 2022, key themes relate to climate change initiatives, reducing waste and innovative working practices.

In addition, new proposals have been received from Clinical and Pharmacy colleagues to progress efficiency savings relating to generic oncology drugs. These proposals are expected to generate a £1.1m gross cash releasing saving. However additional pharmacy resource will be required to implement the necessary changes which introduces a potential 3 month lead in time before savings will be realised.

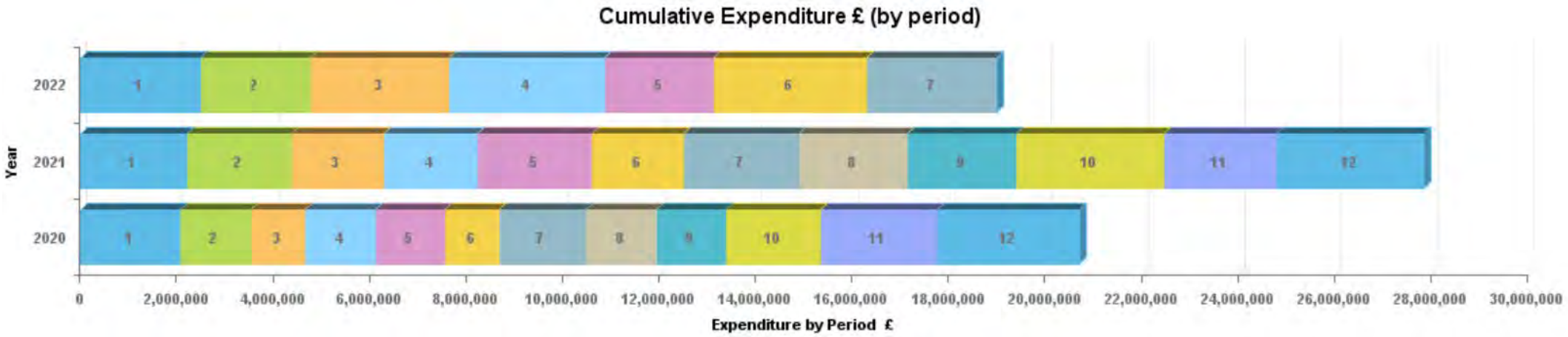
A detailed update on efficiency savings and the wider medium term cost improvement programme will be presented at the next P&R Committee.

Appendix 1: Summary Revenue Financial Position as at 31 October 2022

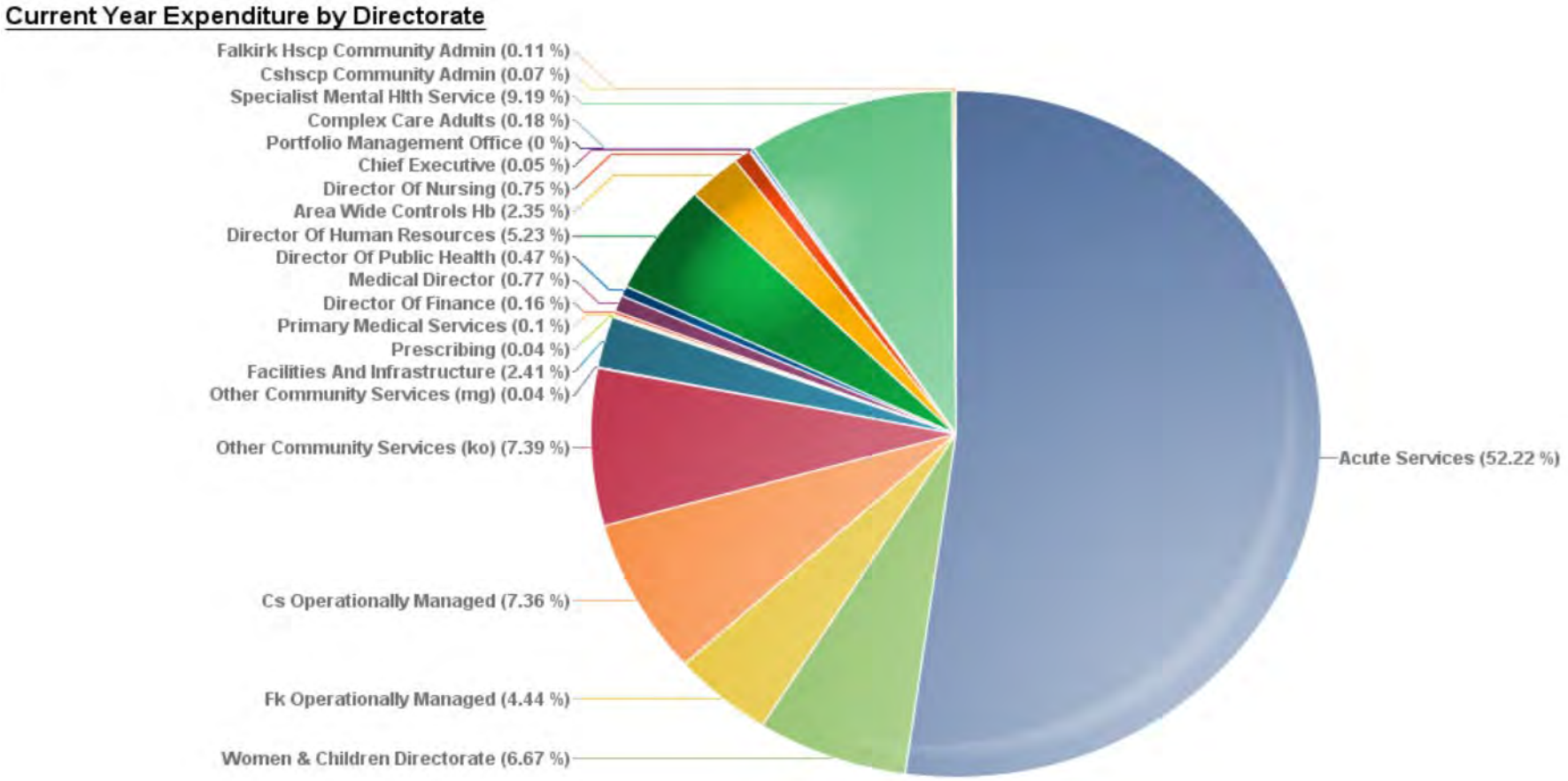
TABLE 1: NHS Forth Valley 2022/23 Finanical performance	Annual Budget £m	Apr - Oct Budget £m	Apr - Oct Expenditure £m	Underspend/ (Overspend) £m
NHS Services (incl Set Aside)				
Clinical Services				
Acute Services	207.275	123.390	124.881	(1.491)
Cross Boundary Flow	58.996	34.699	34.631	0.068
Community Services incl Prisons	14.831	8.526	8.645	(0.119)
Women and Children	50.586	30.330	30.465	(0.135)
Specialist Mental Health	17.964	10.112	10.751	(0.639)
Income	(39.499)	(27.838)	(28.113)	0.275
Non- Clinical Services				
Facilities and Infrastructure	106.955	61.583	61.448	0.135
Corporate Services	34.360	18.224	17.998	0.226
Other				
Ringfenced and Contingency Budgets	29.509	(1.900)	0.000	(1.900)
NHS Services sub-total	**480.977**	**257.126**	**260.706**	**(3.580)**
Health & Social Care Partnerships				
Clacks/Stirling HSCP	144.970	81.040	81.556	(0.516)
Falkirk HSCP	154.095	86.285	84.493	1.792
HSCP sub-total	**299.065**	**167.325**	**166.049**	**1.276**
Total	**780.042**	**424.451**	**426.755**	**(2.304)**

Appendix 2: non-core staffing expenditure as at 31 October 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	3,177,961	2,696,991	0	0	0	0	0	18,996,996



Appendix 4: non-core staffing expenditure as at 31 October 2022 (continued)



FORTH VALLEY NHS BOARD
TUESDAY 29 NOVEMBER 2022

10.1 Integration Improvement Action Plan - Update
For Assurance

Executive Sponsor: Mrs Cathie Cowan, Chief Executive

Authors: Annemargaret Black, Director of Health & Social Care (Clackmannanshire/Stirling), Patricia Cassidy, Director of Health & Social Care (Falkirk) & Cathie Cowan, Chief Executive

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Executive Summary

Functions are delegated to the Integration Joint Board (IJB) that match Local Authority areas for the purposes of strategic planning, issuing Directions with respect to operational delivery to the Council (s) and Health Board for the provision of services and allocating budgets to support service delivery. (Appendix 1 - Scottish Government 'Integration of Health & Social Care Governance and Operational Arrangements', 2018)

The transfer of pan Forth Valley (i.e., Specialist Mental Health and Learning Disability Services and Primary Care including contract management) operational management of services, staff. and budget management responsibilities to a single or Lead HSCP was approved by both Integration Joint Boards.

This paper has been developed at the request of the Chair of the Board and provides an update on actions set out in the agreed Integration Action Plan.

Recommendation

The Forth Valley NHS Board is asked to:

- **consider and seek assurance** on progress being made in regard to implementation of the Integration Action Plan attached at Appendix 2

Key Issues to be Considered

The Public Bodies Act (Joint Working) (Scotland) Act 2014 sets out the statutory requirements for the integration of health and social care in Scotland. The Act sets out the governance and financial arrangements to support the way health and social care will be planned and delivered.

The Act is directive on the governance arrangements. Functions are delegated to Integration Joint Boards who in turn as independent and autonomous bodies are responsible for their local population and the strategic planning and commissioning for services to support population wellbeing and best value for their use of resources.

Integration Joint Boards cannot delegate functions and whilst coordination of operational service delivery, staff and budget management responsibilities can be transferred for operational purposes to a single or Lead HSCP the oversight role of the IJB is maintained.
Terms of Agreement for Lead HSCP or co-ordination of pan NHS Forth Valley services. Meetings with key staff in primary care was approved by the Falkirk IJB on 18 November 2022 and by Clackmannanshire/Stirling IJB on 23 November 2022.

In Forth Valley, transfer of operational responsibilities for IJB delegated functions in the main can be managed by each of the HSCPs. However, there are some operational management arrangements that operate on a pan Forth Valley wide basis and in clinical governance terms should not be split, these include Specialist Mental Health & Learning Disability Services (transfer of community mental health and learning disability operational service, staff and budget management responsibilities transferred to both HSCPs in 2017). This paper confirms that these specialist services for operational management purposes transfer to the Clackmannanshire & Stirling HSCP as the Lead HSCP. Staff are aware of this direction of travel however we would now wish to formally notify them of a change in line management arrangements. There are no organisational change requirements in regard to this decision.

Additional management capacity to support the Director of Health & Social Care has been agreed previously and despite three rounds of recruitment no Head of Service was appointed. A proposal from both Directors of Health & Social Care to appoint to a strategic planning role has been agreed and the actions to progress this are being led by the Clackmannanshire/Stirling Director of Health & Social Care supported by the HR Team, a recruitment process is underway and recruitment will be completed in early 2023.

Primary Care e.g., General Practice including the Out of Hours Service, Community Pharmacy, Public and General Dental Services and Optometry operational management of service, staff and budget responsibilities will also transfer to a single HSCP. Falkirk HSCP will be the Lead HSCP. In addition, the Falkirk Director of Health & Social Care through the NHS Board will be responsible for management of the General Medical Services (GMS) contract. In April operational management of service, staff and budget responsibilities was transferred to each of the HSCPs, this decision as part of due diligence is being reviewed, and the transfer will be completed by end of January 2023. Meetings are being scheduled with key staff and information to inform this arrangement is being gathered from other HSCPs.

The HSCP responsible for the operational management of services, staff and budget will report to the Health Board in the normal way for overall performance. In addition, this HSCP will provide clinical, staff and performance assurance to both IJBs, the Health Board will continue to provide corporate support to enable this reporting.

Health Promotion/Improvement operational management of services, staff, and budget responsibilities (currently managed by the Falkirk Head of Integration) will now be managed in each of the HSCPs. The Keep Well Team for strategic purposes will be managed by the Falkirk HSCP. Staff are aware of these changes and reports will be submitted to HSCP Senior Leadership Teams to support the work underway with staff teams.

In addition, the authors of the paper have had meetings with Government colleagues to agree a number of actions some of which are already picked up in the Action Plan attached at appendix 2.

The additional actions not included in the Action Plan include supporting a cultural shift with a shared vision/narrative that expressed the ambition for integration of health and care services and clarity of messaging to provide direction for the leadership teams whilst supporting the delivery of change. The review of governance and decision making architecture would also recognise, respect, and give clarity to the roles of all organisations operating in the ‘integration space’. This paper is part of a joint approach whereby a joint paper was presented to both IJBs from the Chief Officers and NHS Chief Executive - this marks significant progress and a joint approach to appropriate governance processes.

Financial Implications

NHS Forth Valley will undertake due diligence work in collaboration with the Directors of Health & Social Care/Chief Officers and IJB Chief Financial Officers for those operational services set out above. Additional management capacity has been previously approved to support Specialist Mental Health & Learning Disability Services. Similarly, discussions will take place between the Directors of Health & Social Care to identify and agree support for primary care.

Workforce Implications

A meeting to consider the outcome of due diligence work led by the Directors of Finance and HR and their Deputies will take place in early December and will include the Directors of Health & Social Care/Chief Officers and IJB Chief Financial Officers. The meeting will focus on the operational transfer of management of NHS services, staff, and budget responsibilities to a Director of Health & Social Care /single HSCP. This Group will also develop and agree Director of Health & Social Care staff communications including (as before) welcome letters to the HSCP.

Infrastructure Implications including Digital

N/A

Sustainability Implications

N/A

Sustainability Declaration

Further to consideration the author can confirm that due regard has been given to compliance with the key aims of the NHS Scotland Climate Emergency & Sustainable Development Policy (DL (2021) 38) as part of the decision-making process A policy for NHS Scotland on the climate emergency and sustainable development.

□ *Yes*
X *N/A*

Where applicable, the climate change, environmental and sustainability impacts and any mitigating measures are noted above/contained in the supporting papers.

Quality / Patient Care Implications

These arrangements will further support integrated arrangements which are known to provide a more person centred approach.

Information Governance Implications

N/A

Risk Assessment / Management

Both IJBs have outstanding audit actions regarding the transfer of operational management of service delivery, staff, and budget responsibilities to the IJB. The approval by both IJBs will complete the required actions.

Relevance to Strategic Priorities

This paper is line with the Health Board's commitment to integration and the delivery of its approved strategic objectives notably: 'promote and build integrated services locally and regionally.'

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

Communication, involvement, engagement, and consultation

The agreed Integration Action Plan which includes the services set out in this paper is regularly discussed at the Executive Leadership Team. In addition, this paper has been developed and agreed with the IJB Chief Officers/Directors of Health & Social Care and Health Board Executive Directors.

Appendices

Appendix 1: Scottish Government 'Integration of Health & Social Care Governance and Operational Arrangements 2018
Appendix 2: Integration Action Plan

Appendix 1

INTEGRATION OF HEALTH AND SOCIAL CARE: GOVERNANCE AND OPERATIONAL ARRANGEMENTS

Governance

The Public Bodies (Joint Working) (Scotland) Act 2014 sets out the statutory framework for integration of health and social care in Scotland. It deliberately establishes new governance and financial arrangements that are intended to change the way health and social care services are planned and delivered.

The Act is directive on the governance arrangements for planning and paying for services. It creates IJBs as new governance bodies, which are autonomous and independent decision-making bodies that bring together non-executive members of Health Boards and elected members of Councils to take responsibility to the wellbeing of their local population and to assure best value from their use of resources.

Functions are delegated to IJBs that match local authority boundaries for the purposes of strategic planning, giving directions with respect to operational delivery to the NHS Board and Council for provision of services and allocating budgets to service delivery. These are the legal duties of the IJB. The IJB does not deliver the services because it does not employ the staff to do so.

An IJB cannot delegate a function to any other body - not to another IJB, nor to an NHS Board or Council. Every IJB in Scotland is, now and since 1 April 2016, responsible for its legal duties for all of the functions that are delegated to it, whether these are the minimum functions laid out in legislation (adult social care, adult primary care and most adult unscheduled inpatient care) or go beyond the minimum requirements.

Operational management and delivery of services

The Act is not directive about operational arrangements.

Delivery of services, via directions issued by the IJB, is for the Health Board, Local Authority. and IJB to organise themselves to best suit local circumstances, assets, geographies, staffing and priorities. It may for instance make sense for neighbouring IJBs in partnership with a single Health Board to share some operational delivery teams and management arrangements.

In most places Chief Officers have a dual role as the accountable officer of the IJB (a statutory role and requirement) and as a joint Director of health and social care spanning the management structures of the Health Board and Local Authority.

Links to statutory guidance

Roles, responsibilities, and membership of the IJB:
https://www2.gov.scot/Publications/2015/09/8i 74

Strategic Commissioning Plans: https://www2.gov.sco t/Publications/2015/12/7436

Functions for integration: https://www2.gov.scot/Topics/Health/Policy/Health-Social-Care-Integration/Statutory-Guidance-Advice/HSCFuncNote

Full suite of statutory guidance; https://www2.gov.scot/Topics/archive/Adult-Health- SocialCare-Integration/Implementation/ImplementationGuidance

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Integration Action Plan - standing item at weekly ELT meetings

Issue	Action	Leads	Timescale
Risk Register	Nov 2022 Board Update: Review of NHS Board de-escalated Public Bodies (Scotland) (Act) 2014 risk is in line with NHS Risk Management Policy and procedural arrangements. CEO and Chief Officers to review.	Scott Urquhart, Annemargaret Black, Patricia Cassidy, and Linda Donaldson	Dec 2022
Specialist Mental Health (MH) Services/Learning Disability (LD) Service including in service beds	Nov 2022 Board Update: IJBs approved Lead HSCP arrangements, transfer of operational management of service, staff, and budget responsibilities to a Lead HSCP (Clackmannanshire/Stirling), due diligence work underway to support transfer. Recruitment of Strategic Planner led by Director of Health & Social Care (Clackmannanshire/Stirling) supported by NHS HR is underway.	Elaine Bell, Annemargaret Black, and Patricia Cassidy	End of 2022
Out of Hours (OOH)	Nov 2022 Board Update: Out of Hours Visit led by Sir Lewis Ritchie completed and findings/recommendation included in Winter preparedness Board report. Transfer of operational management of service, staff, and budget responsibilities to a Lead HSCP (Falkirk), due diligence work underway to support transfer.	Patricia Cassidy and Cathie Cowan	Jan 2023
Primary Care	Nov 2022 Board Update: Transfer of operational management of service, staff, and budget responsibilities to a Lead HSCP (Falkirk), due diligence work underway to support transfer. Director of Health & Social Care will through the NHS Board managed GMS contract.	Patricia Cassidy and Cathie Cowan	Jan 2023

Health Improvement	Nov 2022 Board Update: Options appraisal work recommended a realignment of HI resource across both HSCPs and paper to be presented to HSCP Senior Leadership Teams. Services, staff, and budgets aligned currently to HSCPs - due diligence work underway to support transfer.	Annemargaret Black and Patricia Cassidy	End of 2022
Decision-making matrix	Nov 2022 Board Update: Meeting planned for 29 Nov led by NHS Associate DOF to progress this decision making architecture.	Jillian Thomson, Associate DOF and IJBs CFOs	Jan 2023
Corporate Support	Service Map (Plan on a Page) and Corporate Services Agreement to be developed. **Update: ELT approved action completed. (22/08)**		Complete
Financial Allocations	Revisit the work that had begun to support the 'six steps for establishing hospital budgets' as set out in statutory - work progressing.	Scott Urquhart, and IJB Chief Finance Officers	Jan 2023

FORTH VALLEY NHS BOARD
TUESDAY 29 NOVEMBER 2022

10.2 Clackmannanshire & Stirling HSCP Annual Performance Report
For Assurance

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

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

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

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

Recommendation
The Forth Valley NHS Board is asked to: -

- **note** the activity outlined within the Draft Annual Performance Report 2021 / 2022

Key Issues to be Considered
Under the Public Bodies (Joint Working) (Scotland) Act 2014 Section 42 the Integration Authority must produce an Annual Performance Report (APR) for the reporting period, in this case 1 April 2021 to 31 March 2022. The report must be published by 31 July. However, the Scottish Government extended the Coronavirus Scotland Act (2020) through to the 30th of September 2022.

This meant that IJBs were able to extend the date of publication of Annual Performance Reviews through to November 2022, using the same mechanisms as last year, which is laid out in the Coronavirus Scotland Act (2020), Schedule 6, and Part 3. Deadlines around the Annual Performance Report have therefore been extended.

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

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

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

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

Whilst the Health and Social Care Partnership observed a negative impact on some key performance indicators during last year. Also supported people, families and carers have been impacted especially where the demands on care at home services from framework providers as well as those awaiting care in a care home. As Scotland progresses through the phases of emerging from the pandemic, increased pressures and therefore costs were experienced. The full impact of this continues to be difficult to forecast at this point.

The Annual Performance Report (Appendix 1) reflects on our progress together as a Health and Social Care Partnership from 1 April 2021 to 31 March 2022.

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

It must also be noted that public behaviours have changed during the period of lockdown and then the easing of restrictions over the period, which at times and without precedent, has continued to put serious strain on already pressured care and support services. These behaviours have had an impact on data trends and performance. As restrictions eased and once the public felt safer then demand on health and social care was returned with even greater levels of demand.

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

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

There are a number of aspects within the APR which are set out below as they demonstrate progress achieved over 2021/ 2022:

- There has been some improvement around the number of patients waiting in hospital for over 2 weeks to be discharged with the appropriate care and support, and the number of those readmitted to hospital within 28 days.
- More visits and treatments were undertaken by District Nurses over the period, creating a shift in the delivery to care closer to home.
- The number of adults with intensive care needs receiving care at home increased. And over 79% of adults supported at home agree that their services and support had an impact on improving or maintaining their quality of life.
- The HSCP is taking forward an ambitious programme of Transforming Care work. The review of adult social care proposed a number of recommendations to improve

performance and meet the requirements of statutory social work; to support unpaid carers across communities and have an outcome focused approach to the delivery of the principles of Self Directed Support. A programme of medicines optimization with pharmacy and primary care has been underway and is beginning to see results against systems pressures.

- A programme of work to deliver on the one HSCP wide commissioning approach within the Commissioning Consortium is underway and will ensure commissioned services are aligned with priorities and services are commissioned to meet community needs. This work stream will continue to transform over the next 12 months.

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

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

Implications

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

Workforce Implications
Any workforce implications are highlighted within the Annual Performance Report.

Infrastructure Implications including Digital
As an HSCP, there is a reliance on the constituent organisations for infrastructure including ICT. There is an ambition however to deliver a more TEC focused care and support model with digital solutions for supported people which is referenced within the APR.

Sustainability Implications
As an HSCP, there is a reliance on the constituent organisations for wider infrastructure relating to sustainable transport, buildings etc.

Sustainability Declaration
Further to consideration the author can confirm that due regard has been given to compliance with the key aims of the NHS Scotland Climate Emergency & Sustainable Development Policy (DL (2021) 38) as part of the decision-making process A policy for NHS Scotland on the climate emergency and sustainable development.

□ *Yes*
✓ *N/A*

Where applicable, the climate change, environmental and sustainability impacts and any mitigating measures are noted above/contained in the supporting papers.

Quality / Patient Care Implications
The APR is the formal reporting document for the IJB Strategic Plan priorities, quality and patient care implications would be considered as part of the delivery of care and support as described within the APR.

Information Governance Implications
There are no implications for information governance, this is a public facing document which uses anonymised information and trend analysis.

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

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

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

- Paper is not relevant to Equality and Diversity

Communication, involvement, engagement, and consultation
The APR is the public facing reporting document for the IJB, there is a requirement for the APR to be published. The APR is reviewed at Strategic Planning Group, IJB Finance and Performance Committee and agreed by IJB. The expectation is that the APR includes NHS, Local authority data and information to reflect the requirements of the Public Bodies Joint Working Act.

Additional Information
No other information

Appendices

- Appendix 1: Annual Performance Report 2021 – 2022

Annual Performance Report

2021 – 2022

Contents

Our Sixth Year

Message from the Chair

Welcome to our sixth annual performance report, which reflects our progress as Clackmannanshire and Stirling Health and Social Care partnership over a challenging year.

We faced the multi-faceted fall-out of the pandemic, national issues in recruiting care staff and the biggest cost of living crisis in a generation.

However, the vision remains the same - **to enable people in Clackmannanshire and Stirling to live full and supportive lives within the community.**

A key focus remains on prevention and protection. We strive to support people to remain independent and safe in their own homes, so they can keep their connections with friends and family and maintain quality of life.

Allan Rennie
Chair Clackmannanshire & Stirling

The report illustrates that, despite the challenges, we made a difference to thousands of lives in 2021-2022 and that is down to the resilience and dedication of health and social care staff and third sector colleagues and partners.

I would also acknowledge the debt we all owe to the army of unpaid carers in Clackmannanshire and Stirling and to thank my predecessor Les Sharp for his leadership.

Going forward, we will face difficult choices as public finances are squeezed and needs become more complex. That is why it is important that we keep listening to the communities we serve. To ensure that we prioritise what is important to you.

Message from the Chief Officer

Annemargaret Black
Chief Officer

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

I want to express my sincere thanks to HSCP staff alongside colleagues in our third and independent sector who have worked tirelessly to ensure the safe and effective provision of community health and social care and support across our communities.

This report reflects some of the significant work and efforts of all people who worked alongside the communities of Clackmannanshire & Stirling throughout the last year of the pandemic.

This 6th Annual Report evidences that there is much to be proud of but it also shows that the HSCP continues to meet the challenge of the growing older people's population and increasing levels of need in our population against a backdrop of financial challenge.

31st March 2022

Activity On This Day

Care

Personal Care

1,603 clients received help with personal care. This can include things like hygiene, mobility, health and well being.

Health Care

284 visits to patients in their own home by District Nurses who provide direct care and support self care or by others. As well as vaccinations to vulnerable patients, they also cared for 7 patients at end of life and 5 deaths from the previous day.

Health

Support

Learning Disability

555 clients were living at home and them as well as their unpaid carers were receiving a range of support from the HSCP. For example, day care, respite, personal/non personal care at home.

Unpaid Carers

2,898 carers were registered and active with local Carers Centres. Receiving advice and support which will include promoting health and wellbeing, training, information and completion of Adult Carer Support Plan. As well as referral to Adult Social Care where appropriate.

Support

Section 1 - Introduction

Introduction to the 6th Annual Performance Report

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

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

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

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

The HSCP covers a large mixed urban and rural geographical area with some of the most stunning scenery in Scotland. The HSCP has a population of approximately 145,370 across three Localities: Rural Stirling (25,235); Stirling City (68,845) and Clackmannanshire (51,290)[1], with 65% of the population residing in Stirling and 35% in Clackmannanshire.

There are close working relationships with supported people, unpaid carers, local communities, staff & professionals and key delivery partners in the third and independent sectors. The HSCP has an ambitious programme of transforming care and strategic improvement.

For more than twenty four months the HSCP has been responding to the COVID-19 pandemic, and has continued to be in an emergency response phase.

For most of 2021/2022 all non-essential activity was stood down in line with Government restrictions, however mobilisation and recovery planning was put in place across community health and social care services to reflect a community first approach and an outcomes based service model within communities. Our service delivery partners in third and independent sectors have worked in partnership with us to ensure this approach is applied consistently.

Our performance is compared with previous years affected by COVID which skews the trends but it is important to reflect the impact of COVID and new trends which will arise as part of the ongoing recovery.

Based on the current Strategic Needs Assessment (SNA), it is projected that more people living in Clackmannanshire and Stirling will have long term conditions, multiple conditions and complex needs. As such we need to transform our services to be able to respond to these needs.

[1] Based on 2020 Population from, statistics.gov.scot

Information and data we use to measure our performance

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

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

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

To provide a wider context, Appendix 1 lays out how the current Strategic Plan 2019-2022 priorities link with the National Health and Wellbeing Outcomes and the National Health and Care Standards. In Appendix 2 we also map our progress against these outcomes using national core indicators.

Our Strategic Commissioning Plan and Partnership Priorities 2019-2022

HSCP PRIORITIES:

- Care Closer To Home
- Primary Care Transformation
- Caring, Connected Communities
- Mental Health
- Supporting People Living With Dementia
- Alcohol And Drugs

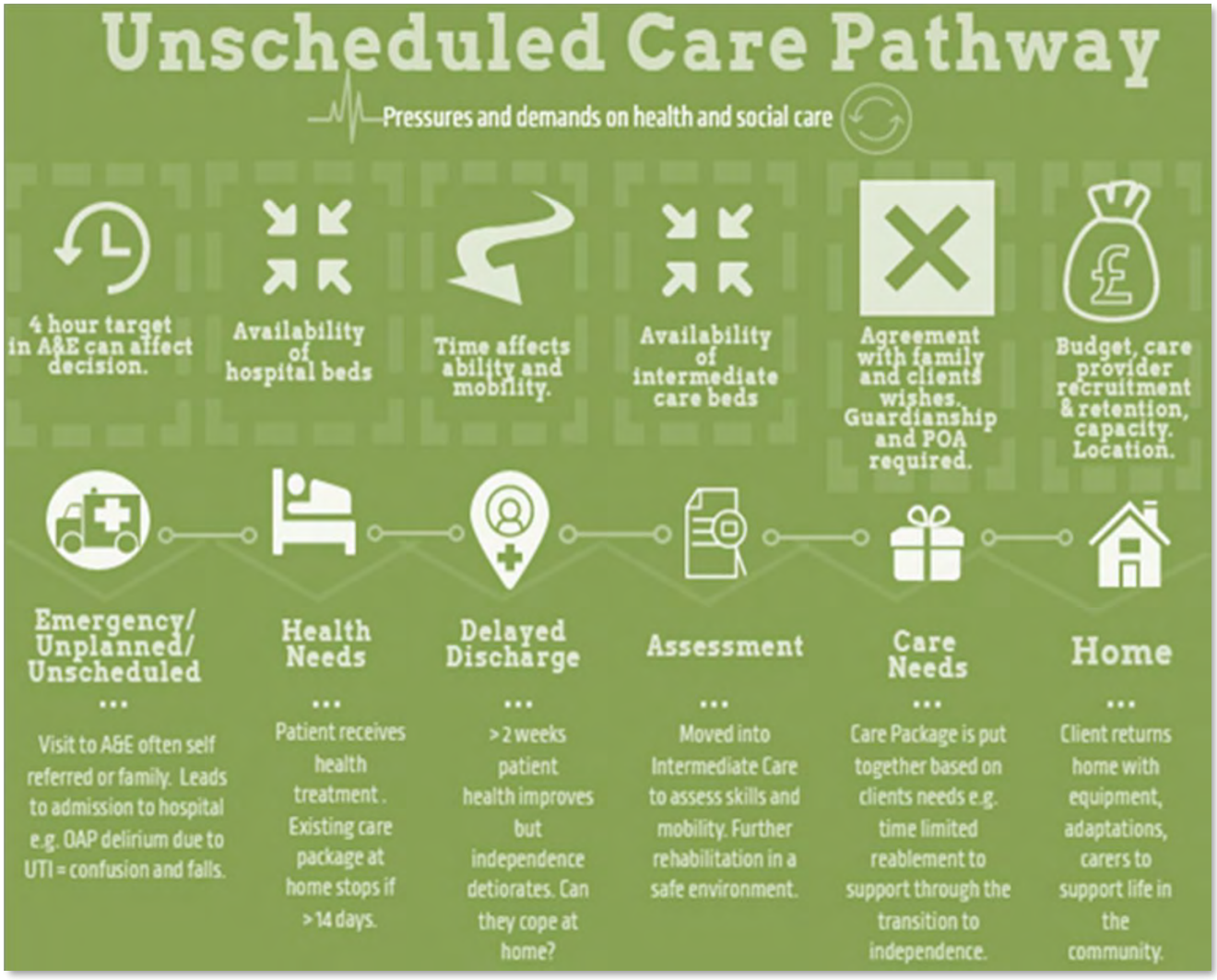
Section 2 - Care Closer To Home

Throughout local consultation, as well as being documented nationally, it is clear that people wish to stay at home and independent for as long as possible.

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

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

It is also well documented that people also have the right and also may wish to make **personal choices at the end of life, to** be supported in their home or within the community in a care home or community hospice.



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

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

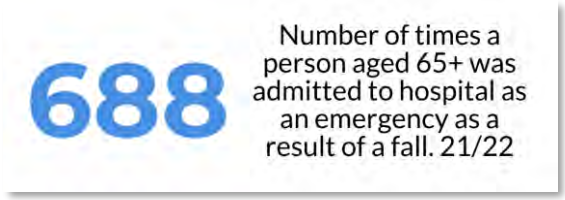
Operational services are working with individuals and their carers to ensure people are attending the right service at the right time. There is ongoing work with those who frequently attend hospital to be supported with community based interventions.

'Emergency Admission Rate'
Rank 11/33
More than Scottish average
13,921 emergency admissions over 21/22
National Indicator 12 - 2021/2022
Source: PHS Source

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

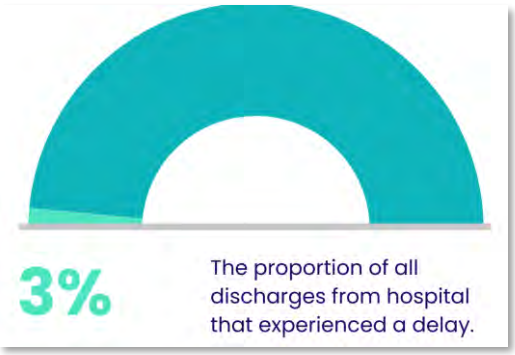
An emergency admission is when a patient is admitted to hospital which is unpredictable and at short notice.

Unintentional injury due to a fall is the main cause (67%) of emergency admissions to hospital in Scotland 2021/22. Falls are the cause of such a higher proportion of hospital admissions, especially in the older age groups. Those aged 65 and over are almost 7 times more likely to have an emergency admission compared to those aged under 65.

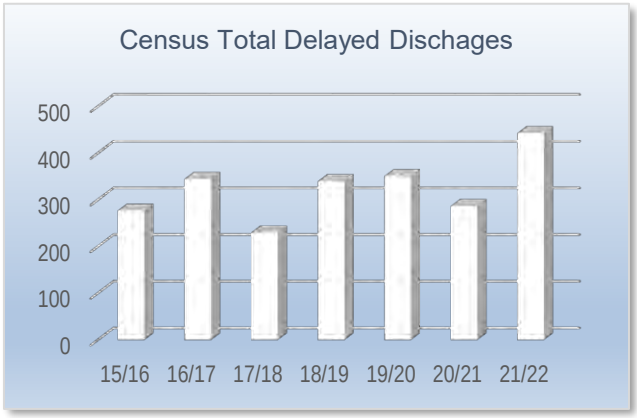


Source: National Core Data

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



A delayed discharge occurs when a patient, clinically ready for discharge, cannot leave hospital because the other necessary care, support or accommodation for them is not readily accessible and/or funding is not available, for example to purchase a care home place.



Source: National data PHS [2]

The graph above shows a rise in patients who were delayed in their discharge from hospital, compared to the previous year. The COVID-19 pandemic had an impact on behaviours in 20/21, with many people not attending hospital especially during lockdowns restrictions.

[2] A delayed discharge occurs when a patient, clinically ready for discharge, cannot leave hospital because the other necessary care, support or accommodation for them is not readily accessible and/or funding is not available, for example to purchase a care home place.

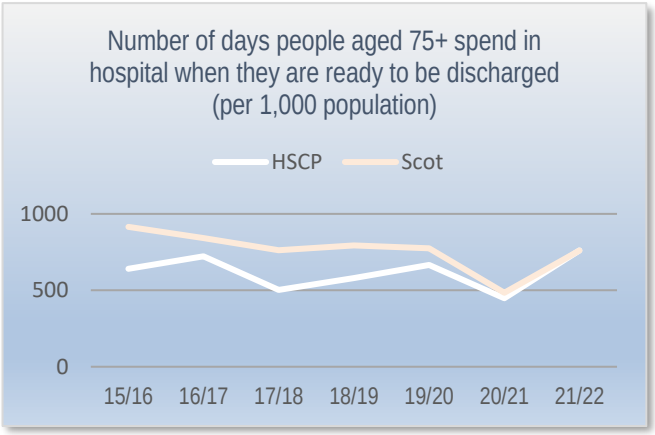
There were many new challenges in the community, sourcing packages of care and placements in care homes last year as a result of the Covid pandemic. However, our delivery partners worked together with HSCP colleagues to meet as much demand as possible based on their work.

Source: National data PHS

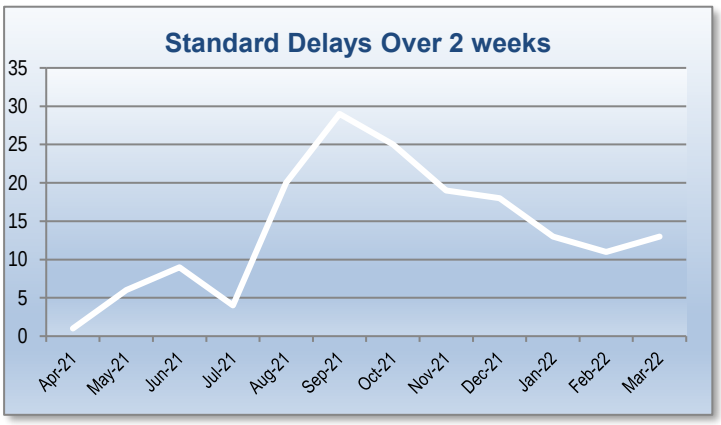
In line with other HSCPs and Health Board areas, managing pathways between community and the hospital over the past year has proved challenging. In addition, capacity within care homes fluctuated due to sporadic COVID-19 outbreaks and staff sickness. Care at home services were also challenged by cyclical outbreaks and workers self-isolating.

Source: National data PHS

Source: Local NHS FV



Source: National data PHS

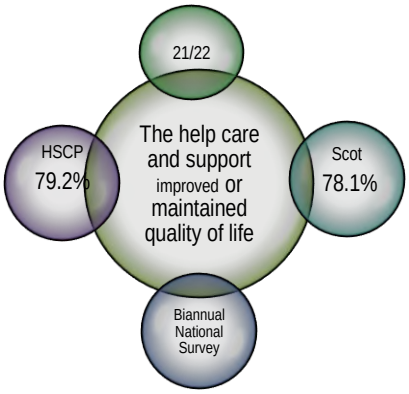


Source: Local NHS FV

Our performance for those patients waiting two weeks or more to go home shows a variable trend for 21/22 with the second lockdown ending just before April 2021. The trend reflects the sharp increase in demand on assessment, care at home and care home provision as a result of the end of lockdown restrictions, followed by the response of our service delivery partners in the third and independent sectors to rise to the challenge.

Source: National data PHS

Source: Local NHS FV



Source: National Core Indicators

Alternatives To Admission And Supported Discharge

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

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

District Nursing

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

Activity over 21/22 included:

	20/21	21/22
Home Visits	77,066	86,034
Treatment Room	14,424	22,573
Telephone Calls	1,362	912

Source: Local Data – NHS FV

Source: Local NHS data

'Emergency readmissions to hospital within 28 days of discharge (rate per 1,000).'

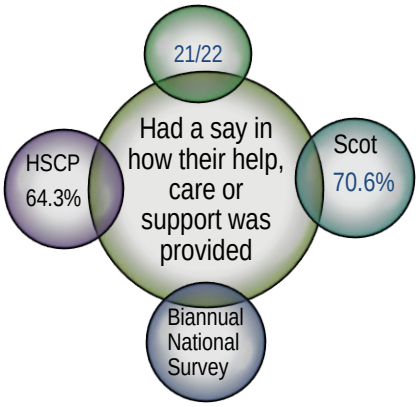
Rank 4/33 Value 134

More than Scottish average 106

National Indicator 14 - 21/22

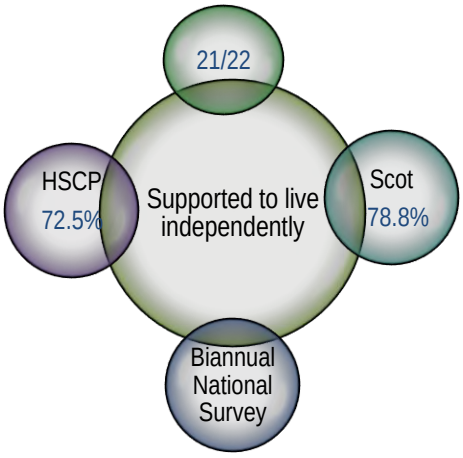
Source: PHS Source

A readmission occurs when a patient is admitted as an inpatient to any specialty in any hospital within a specified time period following discharge from a continuous inpatient stay.



Source: National Core Indicators

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



Source: National Core Indicators

Adult

Social Care services such as; Intermediate Care, Reablement Services, and Care at Home, support people to achieve their agreed personal outcomes, based on assessment of need. People who are eligible for social care support can get services 'personalised' to individual needs and wishes through Self Directed Support.

There has been a focus, as a HSCP to ensure that Self-Directed Support (SDS) is fully implemented and that the principles of SDS are embedded in practice. SDS is about giving all supported people and unpaid carers choice, control and flexibility over their assessed needs for care and support.

Source: Local Data – Adult Social Care

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

Source: Local Data – Adult Social Care

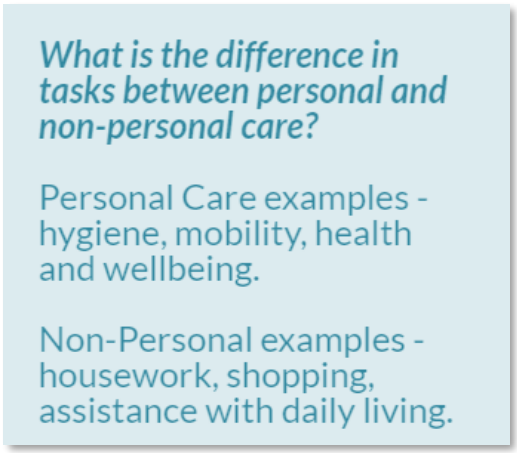
Source: Local Data – Adult Social Care

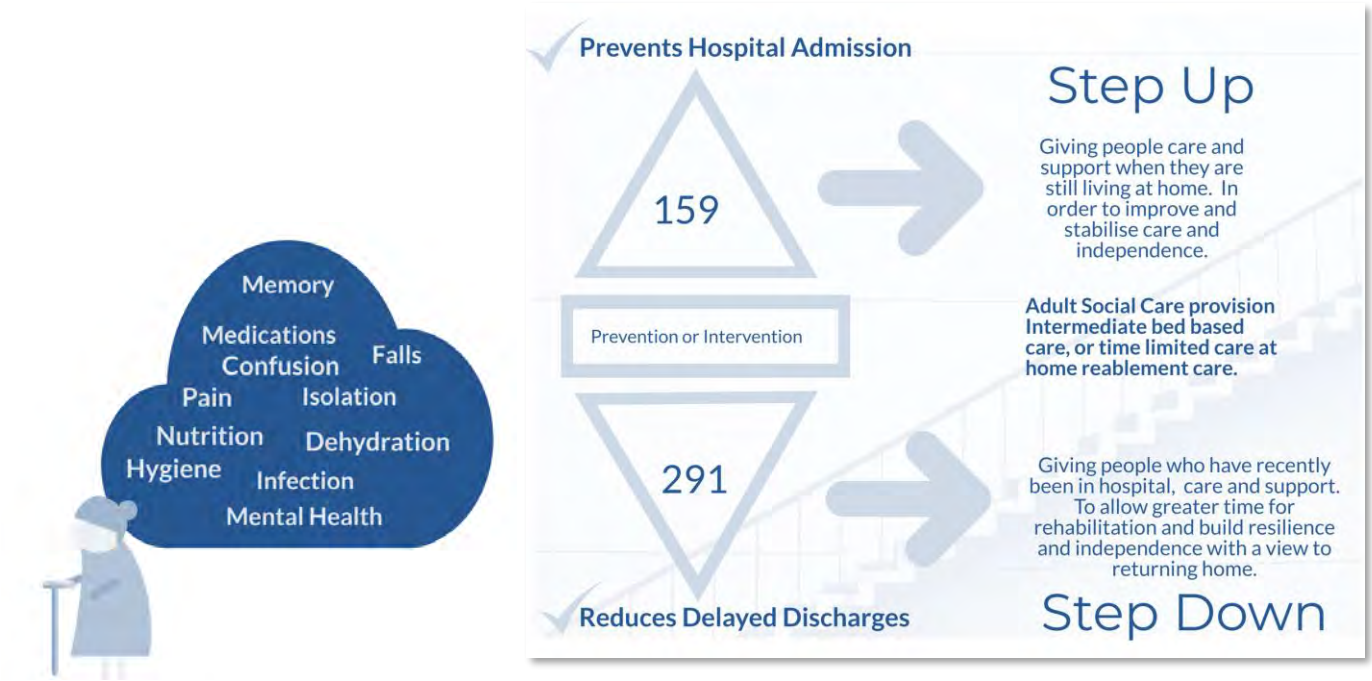
However demand to remain at home with support is much greater than supply, this is a national problem that HSCP's face, which has worsened over the pandemic.

Source: Local Data – Adult Social Care

Review of adult social care

As part of the HSCP transformation programme, is the implementation of the Social Work Review. This work includes service modernisation across adult social work, a refresh of how we are implementing Self-directed Support, investment in our workforce and the delivery of Adult Support and Protection.





Services Provided By Adult Social Care To Support Independent Living In The Community

Source: Local Data – Adult Social Care

Care Homes

When people are assessed as no longer able to live at home independently, they can move to a care home.
The 2022 care home census tells us that the number of care homes within the HSCP area reduced from 34 to 31 in 2021/2022. However, the number of long-term residents increased from 875 to 902. 78% of these residents were mainly or fully funded by HSCP in Clackmannanshire and 45% in the Stirling area. Nationally, it is estimated that 40% of new residents are admitted from hospital, and 36% from their own home.

Care Home Census	Average length of stay 1-2 years	Average length of stay - 5 or more years
Clackmannanshire	35%	20%
Stirling	32%	10%
Scotland	31%	12%

Source: National data

The average age of all residents at admission to a care home in Clackmannanshire is 66, and 70 in Stirling. In Scotland 10% of residents in a care home are aged 18-64, it is 35% in Clackmannanshire and 28% in Stirling. The health characteristics of long stay residents tell us that in Scotland 6% have learning disabilities, in Clackmannanshire it is 25%, and 21% in Stirling.

Care Home Assessment and Review Team (CHART)

As part of the ongoing community health and care response to COVID-19, the Care Home Assessment and Response Team (CHART) continued to support in statutory and independent sector.

This innovative approach has been mainstreamed across the whole care home sector to support consistency and provide assurance of quality of care, as well as access to clinical care and support for local care homes across Forth Valley.

'Proportion of care services graded** good or better in care inspectorate **inspections'
Rank 6/33 Value 87%
More than Scottish average 75.8%
National Indicator 17- 21/22 Source: PHS Source

Section 3 – Primary Care Transformation

> ***"Work together and take a multi-disciplinary approach to improving primary care. Scale up the support to all GP practices."***
>
> *Strategic Plan 2019-2022*

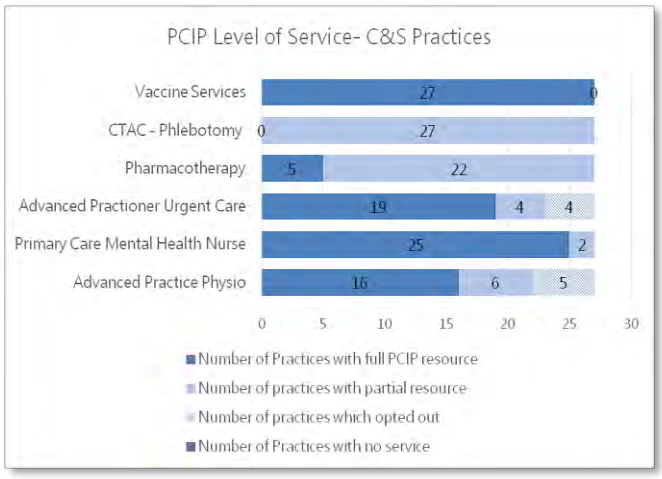
The Primary Care Improvement Plan 2018-2021 has been implemented and encourages General Practices (GP) to work together and take a multi-disciplinary approach to improving primary care including working on a Locality based model.

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

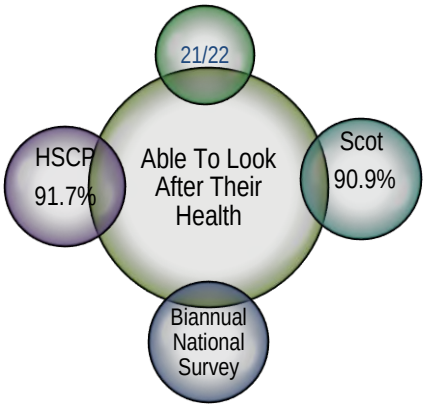
All practices now have a level of multidisciplinary support in place, and the model of care is now well embedded.

Nationally, the pace of service redesign has been impacted by the COVID-19 pandemic across all areas. This included the reduction of appointment times, reduction to programme management capacity, restrictions to patient capacity and workforce reallocation. Many appointments shifted to telephone or Near Me video consultations, with face-to-face appointments offered following telephone triage where necessary.

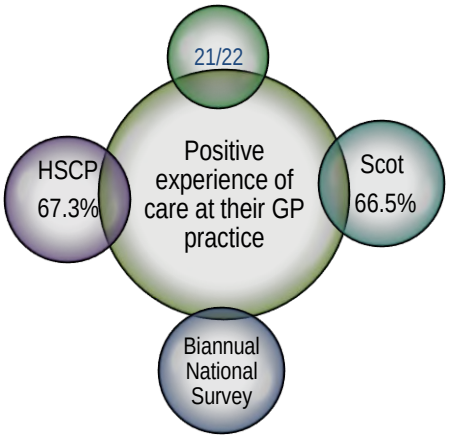
All areas are now working on remobilisation of services.



Source: Local NHS Data



Source: National Core Indicators



Source: National Core Indicators

Section 4 – Caring Connected Communities

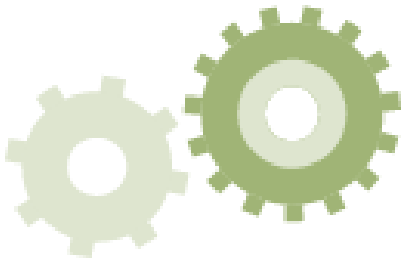
> ***"Work with unpaid carers to support*** *them in their role. Work with the Third Sector to reduce isolation and loneliness of older adults. Expand the neighbourhood care model to other localities. Expand housing with care opportunities across all* ***localities. "***

The HSCP strives to support people to remain independent and safe within their own home or a homely setting for as long as they are able to, as well as maintaining their connections with their communities and their quality of life.

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

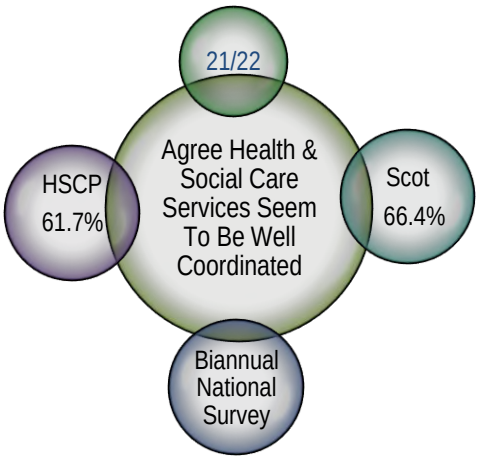
It is well documented that population changes mean a changing demand and use of services, particularly for older people and people with multiple and complex health conditions.

However there are some significant variances in terms of socio economic opportunity across the three Locality areas. This has an impact on health and wellbeing outcomes within our communities, as demonstrated within the locality profiles which are published on our website.



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

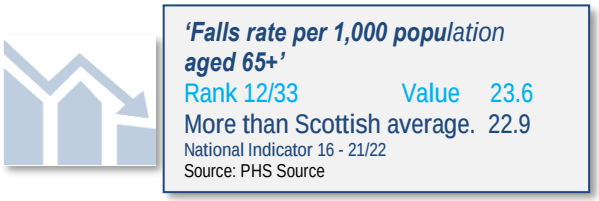
During 2021/2022 this work will recommence, with the development of an approach to supporting Localities which is inclusive and addresses disparity.



Source: National Core Indicators

Moving forward we will seek to re-organise community care delivery, including care at home and district nurses etc into geographical patches which will bring a range of benefits including strengthening multi-disciplinary delivery.

Source: National Data – Core Indicator



Following investment from the IJB, the HSCP invested in Locality focussed multi-disciplinary teams within Stirling Rural, Stirling Urban and Clackmannanshire. These integrated teams focus on individual outcomes with the right professional / practitioner at the right time.

Ongoing development of the model of care ensures the delivery of outcomes focused practice in line with national policy; the continuation of the shift away from institutional bed based care where possible towards person centred community care.

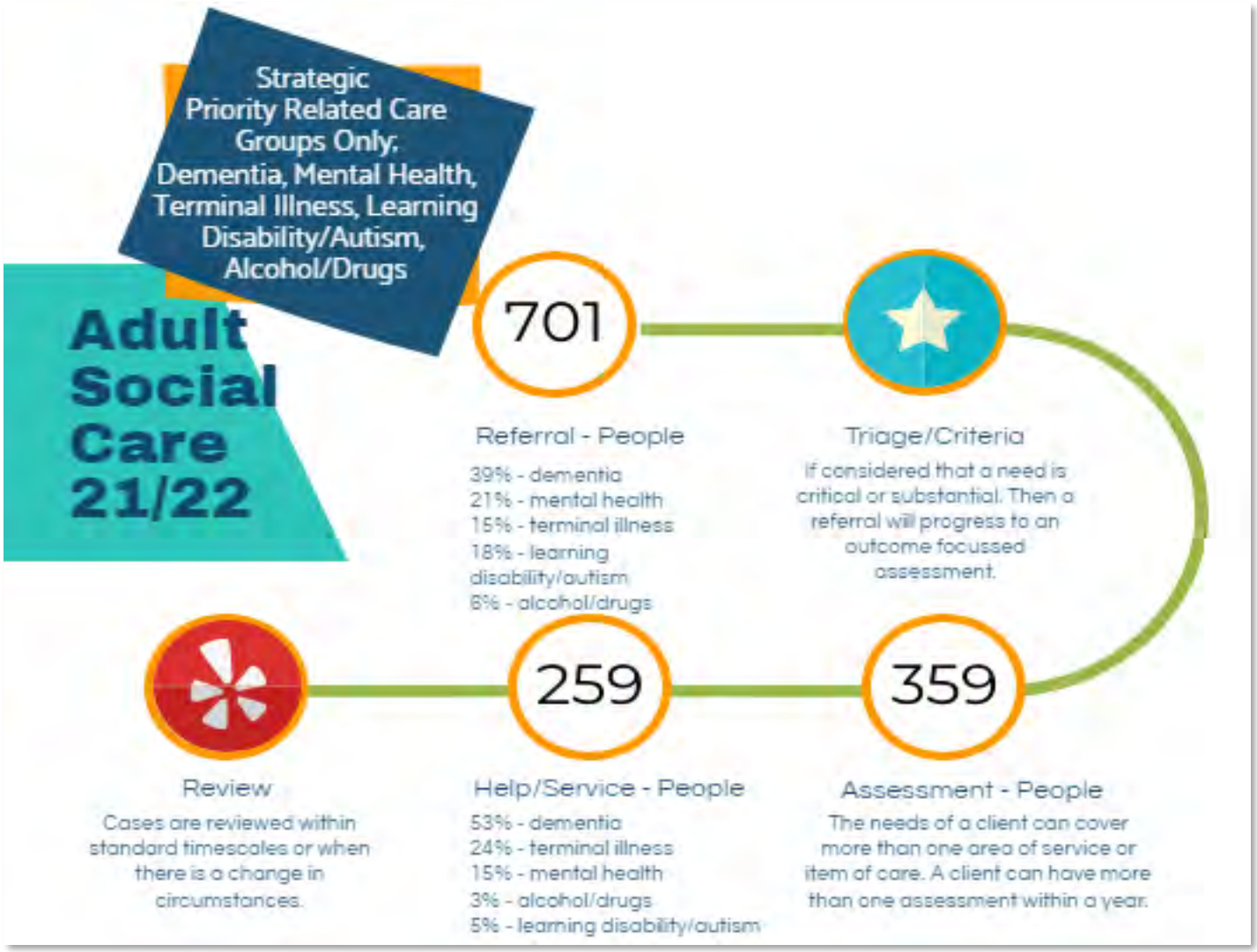
These commitments align to the priorities of the current HSCP Strategic Plan which describes the move towards more outcomes focused care and support; access to technology enabled car and choices and control over care and support.

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

The IJB has invested additional resources to support people in our communities who have been identified as requiring community reablement; personal care at home or appropriate long term nursing care. In addition, also developing the offer to increase technology enabled care in the rural area.

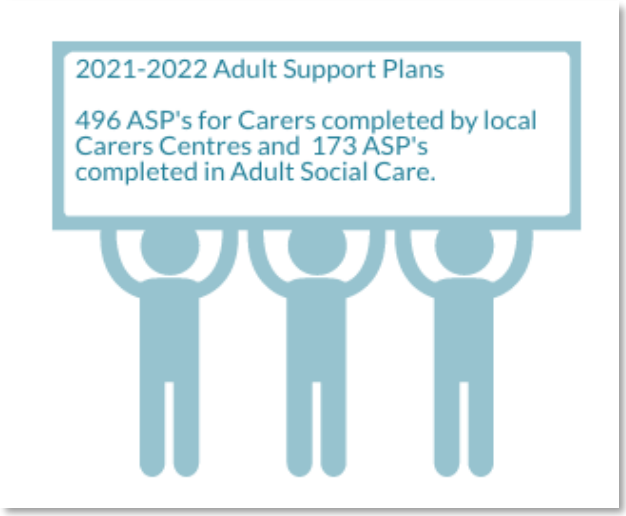
The HSCP continues to focus on the delivery of care and support which will enable individuals, their families and carers more choice and control over their care and support.

Adult Social Care – All clients - 2021/22

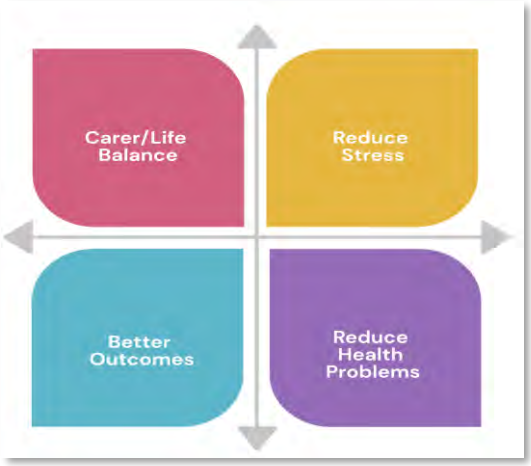


The graphic above shows a process timeline for clients who contacted the service throughout 2021/2022, for the care groups we are focussing on in this report.

The two local carers centres continue to be funded to support carers in their caring role and undertake Adult Carer Assessments. They offer carers information and advice as well as provide training to carers and workers across the HSCP. Carers organisations locally are key partners of the HSCP as representing the voice of carers and offering carers locally focused care and support.



Source: Local Data – Adult Social Care/Carers Centres



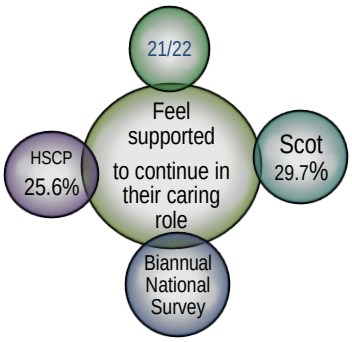
National implementation plan

The HSCP continues to be committed to supporting carers who have been more significantly impacted by the ongoing pandemic

There have been ongoing challenges in the delivery of short breaks and respite as a result of the pandemic. Due to ongoing staffing pressures and fluctuating infection rates, the re-opening of respite has focused on the most vulnerable.

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

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

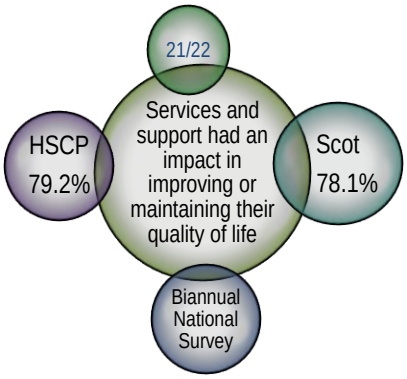


Source: National Core Indicators

Support more people at end of life

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

The number of people with complex long term conditions and palliative care needs are increasing based on the current HSCP Strategic Needs Assessment. The HSCP works to offer choice of care and support for individuals at end of life.



Source: National Core Indicators

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

'Proportion of last 6 months of life spent at home or a community setting.'

Rank 18/33 Value 89.6%

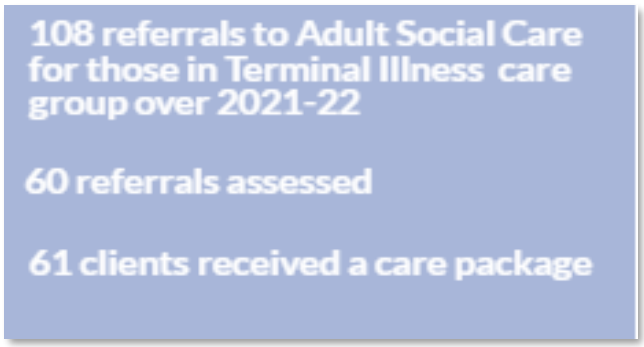
Less than Scottish average 89.8%

National Indicator 15 - 21/22 Source: PHS Source

Learning Disabilities

Our commitment to improving outcomes for people with learning disabilities reflects the national strategy. Staff are integrated to ensure a consistency of service.

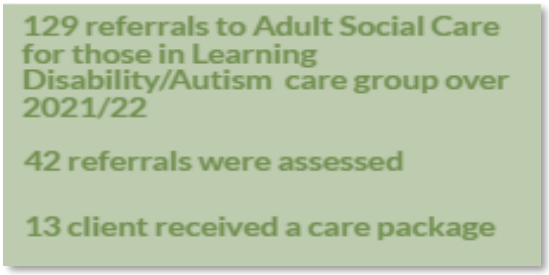
The HSCP continues to be committed to the delivery of the Coming Home Report which was about improving care for people with complex needs and learning disabilities and asked HSCPs to look at any out of area placements they had. The aim was to reduce people who are delayed in their discharge and provide care closer to home for people with learning disabilities and complex needs.



Source: Local Data – Adult Social Care

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

Source: Local Adult Social Care data



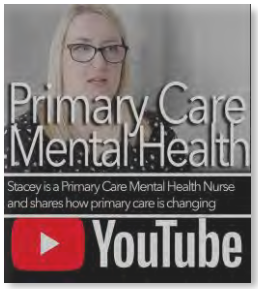
Section 5 - Mental Health

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

Community Support

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

The mental health nurse team are now embedded in the majority of GP practices offering around 500 weekly appointments across the area. The service is redirecting consultations which would otherwise be with a GP.



Community Support – Outpatients

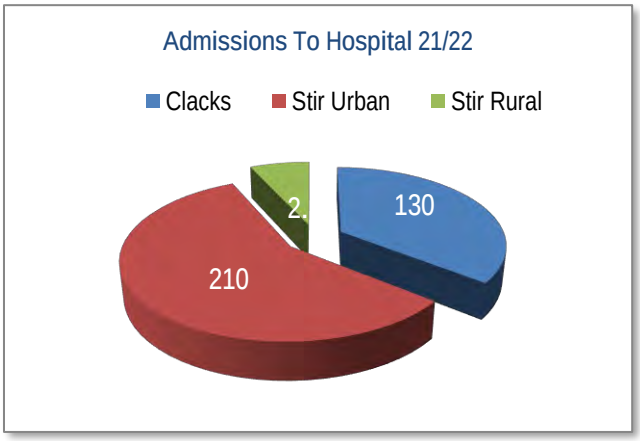
Patients who require the medical opinion of a specialist clinician may be referred to an outpatient clinic for treatment or investigation. Outpatients are not admitted to a hospital and do not use a hospital bed.

Community Mental Health Teams (CMHTs) support people with severe and enduring mental health in the community. They saw 2,200 new referrals in the period, and 19,441 return appointments over 21/22.

Acute Support

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

There were 374 admissions to hospital over 21/22, and the chart below shows the proportion by locality area.



Source: Local Data – NHS FV

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

Social Care

47.5% of people with mental health problems who were referred in 21/22, went on to receive a care package from Adult Social Care that provided them with practical support in the form of personal or non-personal care. Many of the other referrals may already be known to the servce and who may already be in receipt of a service.

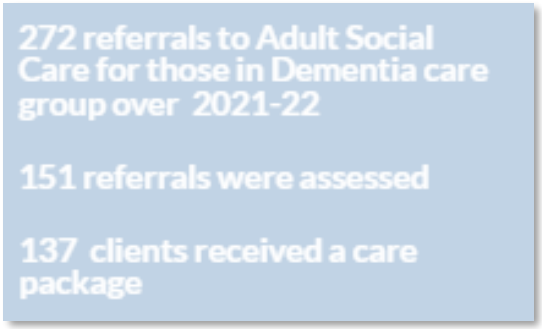
Source: Local Data – Adult Social Care

Section 6 - Supporting People With Dementia

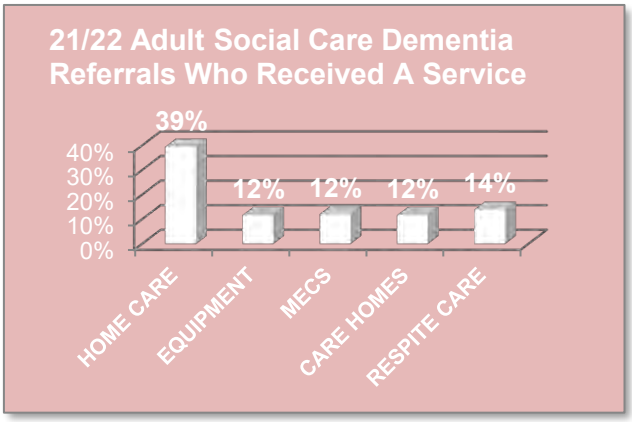
"Progress the redesign of services in order to provide support to people with a diagnosis of dementia in a multi-professional way which meets the individual needs of the person and their carers. Spread dementia friendly community work to all areas within the partnership with the Third Sector."

Every person with a new diagnosis of dementia in Scotland is entitled to a minimum of one year of Post Diagnostic Support (PDS).

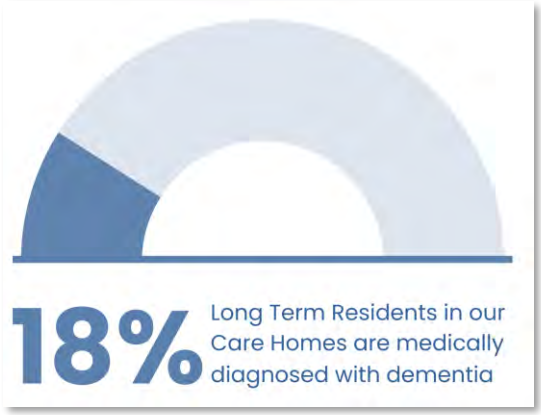
Integrated community health and social care services also work to ensure those with dementia and their unpaid carers are supported to remain living at home and with their family for as long as possible.



Source: Local Data – Adult Social Care

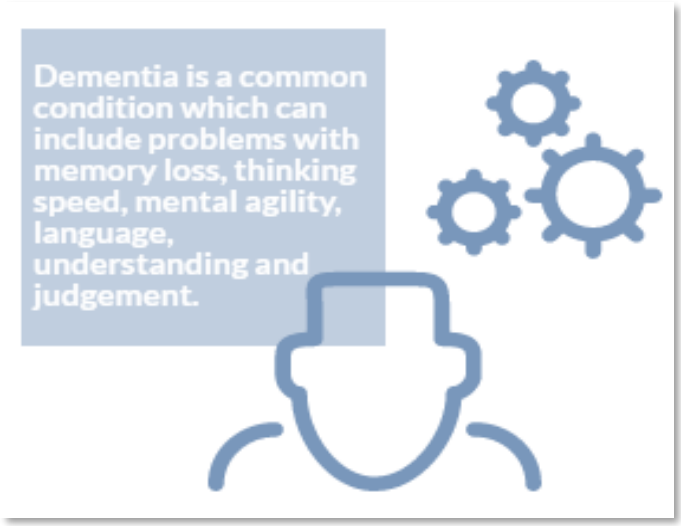


Source: Local Data – Adult Social Care



Source: National Data

The national Care Home census tells us that the prevalence of dementia locally is lower than the national average of 26%.



Section 7 - Alcohol & Drugs

> ***"Work jointly with the** Clackmannanshire and Stirling ADP to deliver outcomes for our community and relieve the burden of alcohol and drugs related harm, together, **across the partnership."***
>
> *Strategic Plan 2019-2022*

The Clackmannanshire and Stirling Alcohol and Drug Partnership (ADP) consists of statutory, third and independent sector organisations. It works to prevent and reduce harm from substance use. We have identified numerous areas of good practice across our partnership, which we will grow using our commissioning consortium approach in 2022/23.

Waiting Times 2021/2022

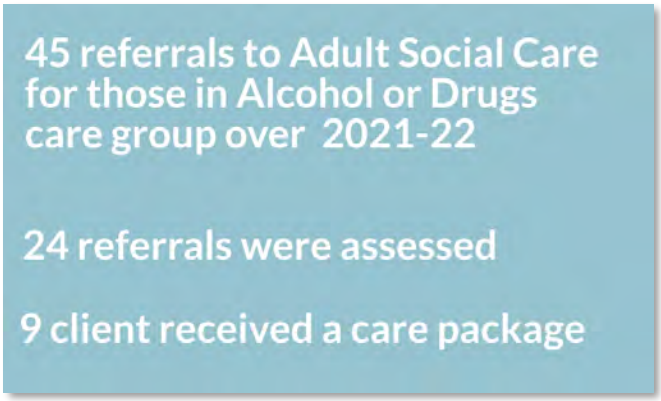
The national target - 90% of people should wait no longer than 3 weeks to access Drug and Alcohol treatment. Has been met consistently, and we are working to reduce other barriers to treatment, for example people also seeking mental health support.

As at 31st March 2022 Source: National data.

Recovery Activity 2021/22

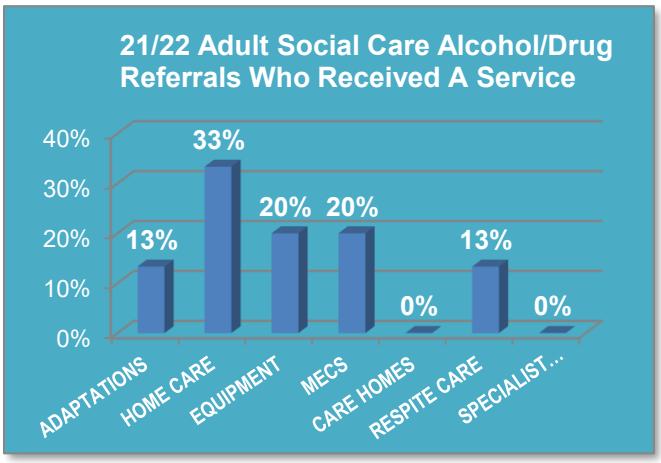
The Clackmannanshire and Stirling ADP funds Recovery Scotland to deliver recovery-oriented activity across our communities. This includes recovery cafes in every locality, women's spaces and organised walks for people in recovery. The continued delivery of our peer recovery worker programme sees people with lived experience supporting others in housing, psychology and justice settings.

Source: Local Data



Source: Local Data – Adult Social Care

As the strategic planning partnership with responsibility for substance use harm reduction, the ADP has reflected on the numbers of people receiving social work support. We now intend to invest in specialist social work support, targeted for people with substance use issues who might not otherwise be assessed as meeting the threshold for statutory social work intervention.

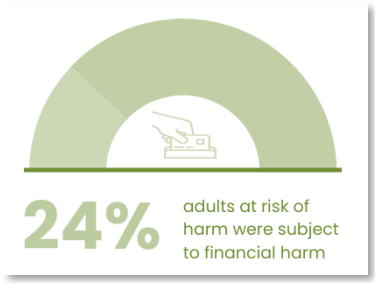


Source: Local Data – Adult Social Care

Section 8 - Adult Protection

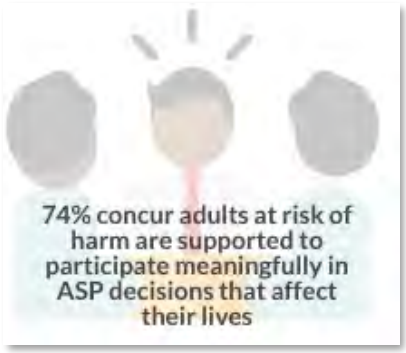
Adult Protection (ASP) offers support and protection to adults who may be at risk of harm or neglect. It aims to balance people's rights and taking action, where necessary, to support and protect them.

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



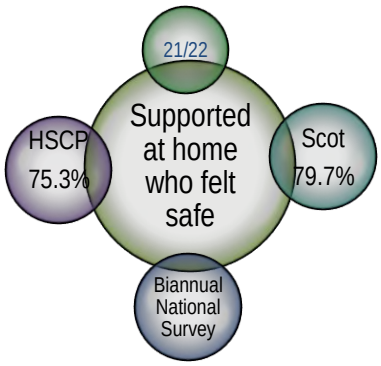
Source: Care Inspectorate

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



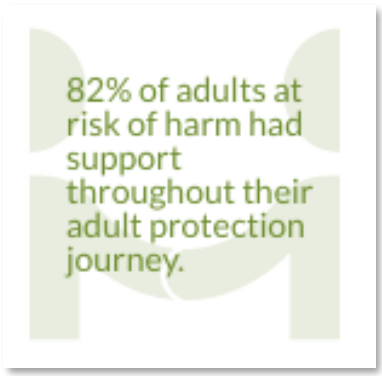
Source: Care Inspectorate

When a concern is reported (called a referral), initial inquiries/discussions are made before taking action. This information helps make the best decision with the involvement of the adult concerned. It may lead to immediate action or a more planned response.



Source: National Core Indicators

In 2021/2022 there were two separate ASP inspections across the Clackmannanshire and Stirling areas. A programme of improvement has been implemented and continues to redesign and refresh the ASP arrangement.



Source: Care Inspectorate

Source: Care Inspectorate

Section 9 - Finance & Governance

Annual Financial Statement

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

Financial Performance

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

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

For the financial year ended 31 March 2022 the IJB achieved a breakeven position on the Integrated Budget after a contribution from further covid funding utilised in line with Scottish Government guidance.

The expenditure of the IJB for year ended 31 March 2022 is detailed in the table below. These figures are subject to statutory audit and it is useful to read the content of the IJBs Annual Accounts alongside this report. The 2021/22 IJB Annual Accounts and accounts relating to previous financial years are published here:

https://clacksandstirlinghscp.org/about-us/finance/

Service Area	2017/18	2018/19	2019/20	2020/21	2021/22
	£'000	£'000	£'000	£'000	£'000
Set Aside Budget for Large Hospital Services	19,985	20,633	22,006	23,588	24,736
Adult Social Care: Clackmannanshire Locality	16,539	17,136	16,130	17,326	21,583
Adult Social Care: Urban and Rural Stirling Localities	32,383	34,889	37,733	36,895	42,447
Health Services under Operational Responsibility of IJB	33,543	36,039	36,129	37,623	39,774
Universal Family Health Services including Primary Care Prescribing	67,034	70,365	76,594	82,090	83,691
Integration (Social Care) Funding *	8,860	8,808	8,838	23,072	13,168
Shared Partnership Posts & Statutory Costs of IJB	262	292	284	301	317
Transformation	3,086	2,734	2,202	2,454	2,521
TOTAL EXPENDITURE	**181,692**	**190,897**	**199,916**	**223,349**	**228,237**

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

Best Value

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

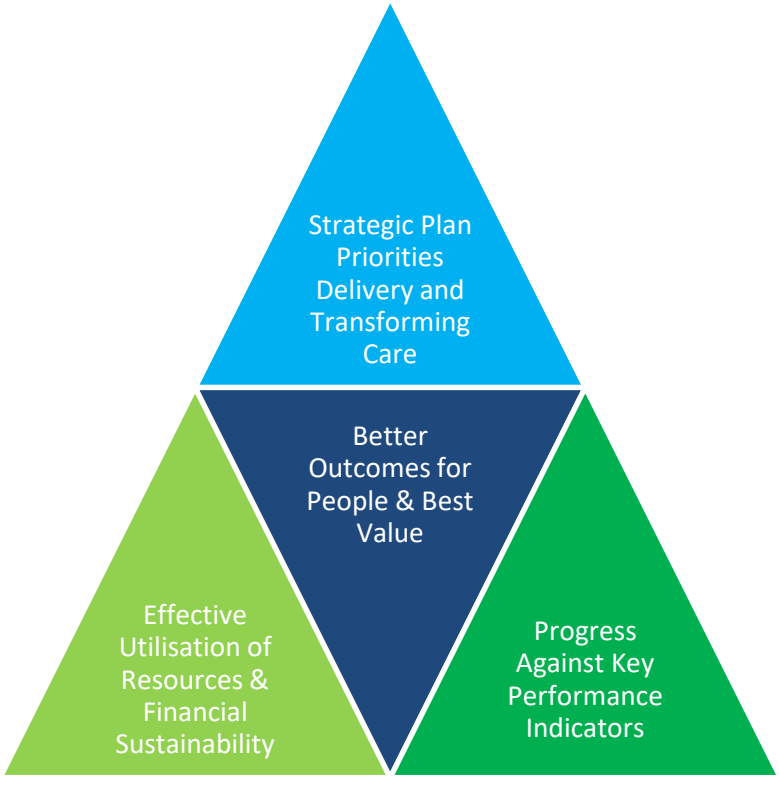
The governance framework is the rules, policies and procedures by which the IJB ensures that decision making is accountable, transparent and carried out with integrity. The IJB has legal responsibilities and obligations to its stakeholders, staff and residents of Clackmannanshire and Stirling Council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

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

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

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

'% Health Care Resources spent** on hospital stays where patient **was admitted in an emergency'
Rank 18/33 Value 23.2%
Less than Scottish average 24.2%
National Indicator 20- 19/20
Source: PHS Source



Therefore the evidence of best value can be observed through:

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

Good Governance

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

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

Appendix 1 – Strategy Map

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

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

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

Appendix 2 - Core Indicators

	Indicator	Title	15/16	17/18	19/20	21/22
Outcome indicators	NI - 1	Percentage of adults able to look after their health very well or quite well	95%	94%	93.6%	91.7%
	NI - 2	Percentage of adults supported at home who agreed that they are supported to live as independently as possible.	82%	82% Not comparable with 19/20	76.1%	72.5%
	NI - 3	Percentage of adults supported at home who agreed that they had a say in how their help, care, or support was provided.	76%	74%	74.4%	64.3%
	NI - 4	Percentage of adults supported at home who agreed that their health and social care services seemed to be well co-ordinated.	73%	76% Not comparable with 19/20	68.8%	61.7%
	NI - 5	Total % of adults receiving any care or support who rated it as excellent or good	78%	78% Not comparable with 19/20	75.2%	67.8%
	NI - 6	Percentage of people with positive experience of the care provided by their GP practice	87%	87% Not comparable with 19/20	78.8%	67.3%
	NI - 7	Percentage of adults supported at home who agree that their services and support had an impact on improving or maintaining their quality of life	77%	79%	79.1%	79.2%
	NI - 8	Total combined % carers who feel supported to continue in their caring role	32%0	38% Not comparable with 19/20	29.6%	25.6%
	NI - 9	Percentage of adults supported at home who agreed they felt safe	82%	86% Not comparable with 19/20	83.5%	75.3%
	NI - 10	Percentage of staff who say they would recommend their workplace as a good place to work	No data	No data	No Data	No Data

The 'outcome' indicators above are normally reported every 2 years from the Scottish Health and Care Experience Survey commissioned by the Scottish Government. Please also note that 2021/22 results for some indicators are only comparable to 2019/20 and not to results in earlier years.
The Health and Care Experience survey for 2021/2022 was published by the Scottish Government on 10 May 2022 with local-level results available via interactive dashboards on the PHS website. Please note that the figures presented in the Core Suite Integration Indicators may differ from those published.

	Indicator	Title	Partnership						
			Baseline	Current					
			15/16	16/17	17/18	18/19	19/20	20/21	21/22
Data indicators	NI - 11	Premature mortality rate per 100,000 persons aged under 75 years	425	389	379	371	429	459	440
	NI - 12	Emergency admission rate (per 100,000 adult population)	9,985	10,703	10,467	12,660	11,940	12,605	12,758
	NI - 13	Emergency bed day rate (per 100,000 population)	116,465	113,592	110,147	113,022	106,429	93,593	97,710
	NI - 14	Readmission to hospital within 28 days (per 1,000 population)	104	107	107	104	133	146	134
	NI - 15	Proportion of last 6 months of life spent at home or in a community setting	86.3%	86.0%	87.2%	87.4%	87.6%	90.9%	89.6%
	NI - 16	Falls rate per 1,000 population aged 65+	14.2	16.3	18.5	20.7	22.3	20.9	23.6
	NI - 17	Proportion of care services graded 'good' (4) or better in Care Inspectorate inspections	82.0%	88.3%	96.2%	93.4%	91.0%	91.1%	87.0%
	NI - 18	Percentage of adults with intensive care needs receiving care at home	69.7%	70.0%	66.7%	66.7%	69.8%	69.2%	71.2%
	NI - 19	Number of days people aged 75+ spend in hospital when they are ready to be discharged (per 1,000 population)	640	723	503	579	665	448	761
	NI - 20	Percentage of health and care resource spent on hospital stays where the patient was admitted in an emergency	20.9%	20.9%	22.7%	23.7%	23.2%	No Data	No Data
	NI - 21	Percentage of people admitted to hospital from home during the year, who are discharged to a care home	No Data	No Data	No Data	No Data	No Data	No Data	No Data
	NI - 22	Percentage of people who are discharged from hospital within 72 hours of being ready	No Data	No Data	No Data	No Data	No Data	No Data	No Data
	NI - 23	Expenditure on end of life care, cost in last 6 months per death	No Data	No Data	No Data	No Data	No Data	No Data	No Data

Indicators 12, 13, 14, 15, 16, and 20 are based on patient level hospital activity information called Scottish Morbidity Records (SMRs) which are submitted to PHS by NHS Boards.

Indicator 20 - Health costs used within this indicator are calculated during the patient level costing (PLICS) process: https://www.isdscotland.org/Health-Topics/Health-and-Social-Community-Care/Health-and-Social-Care-Integration/Analytical-Outputs/Method-Sources.asp

June 2022 update - data not presented beyond financial year 2019/20. Indicator 20 presents the cost of emergency admissions as a proportion of total health and social care expenditure. Information for this indicator was previously released up to calendar year 2020 but is now presented to financial year 2019/20 only. PHS have recommended that Integration Authorities do not report information for this indicator beyond 2019/20 within their Annual Performance Reports.
Indicator 20 relies on the Patient Level Information Costing System (PLICS) which requires cost information at hospital/specialty level. Due to changes in service delivery during the COVID-19 pandemic, NHS Boards were not able to provide information at this level for financial year 2020/21. As a result, PHS are not able to produce cost information for that year. The latest year for which costs are available in the required format is financial year 2019/20. Normally costs from the previous year could be used as a proxy for costs in future years but, given the impact of the COVID-19 pandemic on activity and expenditure, PHS no longer consider this appropriate due to the potential impact on interpretation of the data.

Appendix 3 - Inspections

The Partnership underwent two strategic inspections in the period. Scottish Ministers requested that the Care Inspectorate lead these joint inspections of adult support and protection in collaboration with Healthcare Improvement Scotland and Her Majesty's Inspectorate of Constabulary in Scotland. The aim of these inspections is to provide timely national assurance about individual local partnership areas effective operations of adult support and protection key processes, and leadership for adult support and protection.

- The joint inspection of the Clackmannanshire area took place between October 2021 and February 2022. **They concluded the partnership's key processes** for adult support and protection were effective with areas for improvement. There were clear strengths supporting positive experiences and outcomes for adults at risk of harm, which collectively outweighed the areas for improvement.
- The joint inspection of the Stirling area took place between September 2021 and January 2022. They **concluded the partnership's key processes for adult** support and protection were effective with areas for improvement. There were clear strengths supporting positive experiences and outcomes for adults at risk of harm, which collectively outweighed the areas for improvement.

Strengths	Clackmannanshire	Stirling
	Adults at risk of harm experienced improved safety outcomes because of multi-agency collaboration and intervention	Adults at risk of harm and unpaid carers' views were sought throughout adult support and protection processes.
	The partnership consistently carried out all adult support and protection processes in a timely manner. This was in keeping with local procedure and the adult at risk of harm's needs.	Partners worked collaboratively with staff and the community to raise awareness of financial harm. This had a positive impact on reducing risks associated with financial harm.
	Screening and initial inquiries upheld the principles of the Adult Support and Protection (Scotland) Act 2007 for adults at risk of harm. The three-point test was routinely clearly recorded in the adult at risk of harms' records.	Community health services and acute hospital services helped to improve outcomes for adults at risk of harm through effective information sharing and recording.
	Early intervention initiatives, such as 'safeguarding through rapid intervention; and the early intervention to welfare concerns initiative' (STRIVE), effectively supported vulnerable individuals.	The partnership worked collaboratively with care home providers to raise awareness of adult support and protection and referral processes.
	Leadership for adult support and protection was effective throughout the Covid-19 pandemic. The partnership maintained critical services to adults at risk of harm.	The partnership continued to operate effectively during the pandemic, maintaining ongoing support for adults at risk of harm.
Priority areas for improvement	The partnership should remove the 'police only' investigations procedure from its adult support and protection work as a priority.	The partnership should fully embed quality assurance and self-evaluation processes for adult support and protection.
	Clear chronologies, risk assessments, and protection plans should be done for all adults at risk of harm who require them.	The partnership should fully implement the recently developed Adult Support and Protection Improvement Plan and include how the priority areas for improvement set out in this report will be met.
	The partnership should engage with adults at risk of harm and their unpaid carers in adult protection case conferences.	Decision-making processes of large-scale investigation planning meetings should be clearly recorded in adult at risk of harms' multiagency records.
	Managers' expectations of adult protection practice should be in line with published guidance.	The quality of chronologies, risk assessments and protection plans should be improved to promote better management of risk. Consistent use of templates could contribute to this.
	Stages of the adult support and protection process should be clearly defined. This should be supported by templates for recording adult support and protection work. The lived experience of adults at risk of harm and their unpaid carers should be represented at the partnership's strategic decision-making forums for adult support and protection.	An adult protection case conference should always be convened when necessary. Police and health should attend when required.
		The partnership must adhere to its statutory obligations where it believes an adult is at risk of harm and an intervention may be required. Investigations must always be completed by trained Council Officers.

	What needs to improve?	*Action plan*	**Monitoring progress**	***WHO/RAG***
STIRLING PRIORITY AREAS FOR IMPROVEMENT				
1.	Priority areas for improvement The partnership should fully embed quality assurance and self-evaluation processes for adult support and protection.	Develop a robust programme of audit and evaluation to evaluate and evidence if procedures are effective in improving outcomes for people. Embed monthly Self-Evaluation Program with practitioner and team leaders using established CI file reading tool.	The themes arising from audits will be reported back into the PQI sub-committee through the ASP lead officer report.	ASP lead officer
		ASP HSCP lead will co-ordinate and develop program of multi-agency Audits which feed back into PQI sub committee	Feedback to PQI subcommittee every 3 months through lead officer report template & ASP lead officer annual evaluation report to identify key themes and actions taken.	All agencies to be involved HSCP lead
		Service User evaluation - We have commissioned a third sector provider to undertake Service user evaluations following support.	ASP lead officer to feedback to PQI sub-committee through lead officer report which will be fed up to PPC and COG	ASP lead officer
		As part of the evaluation program all IRD's will be reviewed to ensure consistency and embed improvement. All agencies will review IRD Overview Group following implementation of EIRD.	All agencies Lead officers to feedback to PQI sub-committee which will be feed up to PPC and COG	HSCP/NHS/ police
2.	Priority areas for improvement Fully implement the recently developed Adult Support and Protection Improvement Plan and include how the priority areas for improvement set out in this report will be met.	All agencies require to contribute towards improvement and will feedback into the ASP short life Improvement working group	Feedback into the ASP short life Improvement working group The HSCP ASP lead officer will also provide feedback to the following committees; PQI sub committee, PPC, COG.	HSCP/NHS/police
3.	Priority areas for improvement *Decision-making processes of large-scale investigation planning meetings should be clearly recorded in adult at risk of harms' multi-agency records.*	We will ensure that we maintain and embed good record keeping across our agencies, ensuring that any LSI involving a service the adult is supported by, is recorded with timely updates as the LSI progress. We will monitor Client Records and the quality of our record keeping, through our internal evaluation program as well as multi- agency audits.	Performance will be monitored through supervision and the peer self-evaluation programme. Areas of improvement and success will be fed back through the self-evaluation program and detailed in the ASP lead officers report to the PQI sub-committee and PPC/COG	HSCP ASP lead officer
4.	Priority areas for improvement The quality of chronologies, risk assessments and protection plans should be improved to promote better management of risk. Consistent use of templates could contribute to this.	Clear frameworks in place for chronologies, risk assessments and protection plans, developing training for staff which are embedded consistently into operational practice. Review and evaluate chronologies, risk assessments and protection plans as part of the overall self-evaluation and audit framework. Develop a chronology, risk assessment and protection plan for all case conferences, we will monitor the activity as part of our PQI framework.	Feedback the outcome of the self-evaluation and audit program through the ASP Lead officer report to PQI sub-committee and then up to the PPC/COG. Monitor the completion of Chronologies, risk assessment, protection plans through our PQI framework, and report data back to the PQI subcommittee.	HSCP ASP lead officer and PP L&D officer

		The HSCP has developed Performance Quality Indicators, which specifically will monitor chronologies, risk assessments and protection plans. Specifically the indicators look to identify that the practice is embedded, of a quality expected and completed timeously. Embed one template to be shared and completed by all council officers and remove any documents not relevant.	Monitor and report on data regarding staff training events through the L&D subgroup	
5.	Priority areas for improvement An adult protection case conference should always be convened when necessary.	Ensure that Adult protection case conferences are quorate thus having all key agencies present or providing a report. Ensure Adults at risk of harm and their unpaid carers are supported to attend and fully participate in the discussions of the case conference. (Advocacy) Monitor attendance at APCC's through our PQI framework as well as monitoring that APCC's have been arranged timeously. Develop and deliver Adult Support and Protection Case Conference Training (Council officer).	Feedback any challenges through the lead officer report to the PQI sub-committee, which will examine data and performance.	HSCP/NHS/police
6.	Priority areas for improvement The partnership must adhere to its statutory obligations where it believes an adult is at risk of harm and an intervention may be required. Investigations must always be completed by trained Council Officers.	Review and evaluate internal pathways and processes, which reflect the respective statutory obligations, resulting in the comprehensive ASP improvement plan. Ensure that an appropriately qualified Council officer leads all visits and investigations, which will be monitored through our internal program of self-evaluation and fed up through the lead officer's report to PQI and PPC.	The HSCP lead officer will oversee the peer evaluation program and work collaboratively with the partner agencies to embed and review the multi-agency audits. The evaluation of both of these processes will inform the lead officer report for the PQI subcommittee, evidencing that partners are meeting statutory obligations and where required, identify actions for improvement.	HSCP/NHS/police

CLACKMANNANSHIRE - PRIORITY AREAS FOR IMPROVEMENT				
7.	Priority areas for improvement The partnership should remove the 'police only' investigations procedure from its adult support and protection work as a priority.	Update guidance and communicate through the practitioner and management forums; EIRD group to ensure this message is clear and outline the expectation of staff where there is criminality within referrals.	Monitored closely through the multi-agency audit process.	HSCP Lead and ASP Lead Officer
8.	Priority areas for improvement Clear chronologies, risk assessments, and protection plans should be done for all adults at risk of harm who require them.	Clear frameworks in place for chronologies, risk assessments and protection plans, developing training for staff. Review and evaluate chronologies, risk assessments and protection plans through self-evaluation and audit framework. Develop a chronology for all case conferences, monitor the activity as part of our PQI framework. Develop Performance Quality Indicators, which will monitor chronologies, risk assessments and protection plans.	Feedback to PQI sub-committee and then up to the PPC/COG. Monitor through PQI framework, and report data back to the PQI subcommittee.	HSCP ASP lead officer and PP L&D officer
9.	Priority areas for improvement The partnership should engage with adults at risk of harm and their unpaid carers in adult protection case conferences.	Develop and deliver robust training for practitioners, paid carers and informal carers. Carer's lead will work across the statutory and third sector. Carers Strategy to ensure that there are robust assessment pathways in place to provide support to carers. Gather the views of the lived experiences of adults at risk of harm and their unpaid carers Invite Adults at risk of harm and their unpaid carers and support to attend and fully participate in the discussions of a case conference.	monitor through the PQI Framework and report back into the PQI sub-committee Central carers have been commissioned to deliver training.	HSCP ASP lead officer and PP L&D officer
10.	Priority areas for improvement Managers' expectations of adult protection practice should be in line with published guidance.	Ensure a self-evaluation programme to support improvement, development and promote good practice. A programme of audit and evaluation will evidence if our procedures are effective in improving outcomes for people. Monitor performance through our newly developed Performance and Quality Framework which will be fed back into the PQI sub-committee, identify areas for improvement if necessary. Review core supervision pathways.	Embed and review the multi-agency audits. Lead officer report for the PQI subcommittee. feedback to team managers responsible for supervision of Council officers.	HSCP ASP lead officer
11.	Priority areas for improvement Stages of the adult support and protection process should be clearly defined. This should be supported by templates for recording adult support and protection work.	Review all documentation in use for each stage of the ASP process and undertake improvements. Ensure that entry fields are mirrored taking into account the statutory process and local FV ASP guidance.	short life-working group to look at internal processes and current templates. feedback to PQI sub-committee Longer term goal to replace Client recording system	HSCP ASP lead officer
12.	Priority areas for improvement The lived experience of adults at risk of harm and their unpaid carers should be represented at the partnership's strategic decision-making forums for adult support and protection.	Review the service user evaluation process, with commissioned third sector providers who undertake this on our behalf. Ensure evaluation and feedback pathway is open to service users as well as unpaid carers and demonstrate that there is a clear line of direction to inform and shape strategic plans through to our committees, evaluation reports and strategic planning.	link in with national campaigns and local comms offices as well as high lighting any forthcoming publicity to PQI subcommittee and PPC/COG committees. Lead officer for carers currently being recruited	HSCP ASP lead officer

Registered services owned by the Partnership are inspected annually by the Care Inspectorate, there was 1 service inspected during 2021/2022. Additional information and full detail on inspections can be found at the Care Inspectorates website www.careinspectorate.com.

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

Unit	Date Inspection Completed	How well do we support peoples wellbeing?	How well is our care and support planned?	How good is our leadership?	How good is our staff team?	How good is our setting?	Recomm-endations	Requirements	Areas for improvement
Menstrie House	04/05/2022	Adequate	Adequate	Adequate	Adequate	Good		2	5

Source Care Inspectorate

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

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

Inspection Requirements, Recommendations, and Areas For Improvement

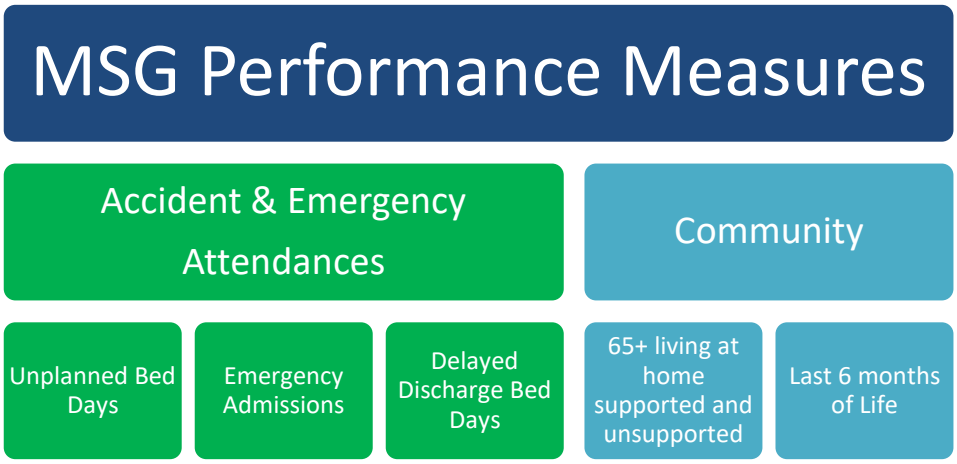
Unit	Action
Menstrie House	
Requirement - 1. By 29 April 2022, the provider must ensure that people are supported with all aspects of their nutrition and hydration. To do this the provider must, at a minimum, ensure: a) They use their screening tool, Malnutrition Universal Screening Tool (MUST) fully. b) Where anyone is identified as at risk of malnutrition, then appropriate actions are followed. This should include, but not be limited to, MUST Step 5. c) Where anyone is identified at risk of dehydration or needs increased fluids due to infection, then a fluid chart is in place. d) All staff, including kitchen staff, are aware of each person's dietary needs. e) Provision of any dietary needs are followed throughout the day. f) Training is provided to staff to allow them to support nutritional needs	Action taken on previous requirement All People had a Malnutrition universal screening tool (MUST) completed and reviewed, however not all were completed accurately. Training had been identified for staff and a date confirmed, however no training had commenced. We saw fluid and food daily charts were completed for people identified at risk, however inaccuracies remained in recordings. We saw a process in place for sharing of information on dietary requirements for people with the kitchen, however on the day of inspection it didn't reflect the current people's dietary needs. This requirement was not met and have therefore extended the timescale to 2 September 2022. MUST training dates provided by the Care Inspector for Menstrie House – this will include some Ludgate staff (key trainers). Staff training in the use of this tool is planned 24th May, 7th June with the Care Inspector

Requirements 2. By 29 April 2022, the provider must ensure that people are supported with all aspects of life and that assessments are holistic and related to the individual's needs and the personal outcomes they seek. To do this the provider must, at a minimum, ensure: a) Each service user has a personal plan in place to guide staff on how to care and support them and which identifies any necessary daily supporting documents. b) Daily supporting documents are fully completed and senior staff have oversight of these. c) Any identified changes to a service user's health are documented, with follow up actions noted. d) Care plan evaluations are meaningful and ensure that information is current. This requirement has been carried over from the last inspection and was Not Met and the timescale has extended to 2 September 2022.	Action taken on previous requirement All people supported by the service had individual support plans in place. The plans provided details around healthcare needs and choices. Staff were knowledgeable about the plans and people. However many remained inaccurate and didn't reflect people's current changing care needs which meant that there was a risk that people did not have their care needs met. Reviews had been commenced, which informed changes of care for people. Care planning audits had commenced and informed changes for people, however not all had been completed. This requirement was not met and have therefore extended the timescale to 2 September 2022. Improvement plan being actioned / completed - some areas being supported by the SW Chart team around care plan requirements. Chart team visits from both social work and clinical teams take place frequently. Audits of service user files and procedures take place regularly. Reviews of all residents in care have taken place by the Chart team.
Area For Improvement 1. To fully support meaningful contact to resume between adult care home residents and their loved ones, the provider should work within the Scottish Government Guidance - 'Open with Care'. They should also support people to get the most out of life by the re-introduction of external activities and entertainers.	Action taken since then This area for improvement was reviewed during an inspection on 2 May 2022. We saw people were supported to maintain contact with their family and friends, with the use of skype calls and room visits however the booking system was restrictive and did not fully embrace Scottish Government's 'Open with Care' guidance. People told us the activities remain limited to small groups within the home. We saw outdoor activities taken place and the service assured that external activities and entertainers shall commence in the home. When reviewing activity records, some people's activities were limited to watching TV and listening to music. This area for improvement was not met and therefore repeated. The original opening with care guidance has been rolled out since March 21, with additional guidance currently being reviewed to allow increased visiting back into the home, to bedrooms, include hairdressing and outings, with all appropriate safety measures in place. Alleviating staff stressors around this has been a focus of latest discussions/ meetings with staff and families. The home protocols are updated in line with new guidance to open for more/ longer visits as well as leaving the home to visit family. Visits to the home are still being managed by appointments to prevent too many outside visitors in the home at any one time.
2. In order to promote an environment that enhances people's quality of life and is a pleasant place to live, the provider should: Devise a refurbishment plan which identifies priority areas for repair and clearly records actions taken and dates for completion.	This area for improvement was made on 24 February 2022. Action taken since then This area for improvement was reviewed during an inspection on 2 May 2022. We saw that work had commenced on the repairs of walls and furniture, however there was no clear plan devised to identify priority areas, actions taken and timeframes. This area for improvement was not met and therefore repeated. Since the Inspection there has been a great deal of upgrade work carried out by Clackmannanshire council facilities team. Also some decoration carried out in main areas of the home. All this is improving the environment and in turn will improve staff and resident morale. Essential building repairs are taking place however property services are advised in advance of any covid + situations and risk assess trades entrance. Trades are carrying out LFT before entering the home for repairs.
3. To support good infection prevention and control practices, the provider should: a) Ensure that wall mounted alcohol based hand rub is available throughout the care home. b) Ensure that all lidded bins can be operated ideally by foot or if not, then without touching the lid. c) Ensure that the cleaning of frequently touched areas is recorded.	This area for improvement was made on 24 February 2022. Action taken since then This area for improvement was reviewed during an inspection on 2 May 2022. We saw frequently touched areas were being cleaned but there was no written record of this. All staff had handheld Alcohol Based Hand Rub (ABHR), we discussed with the service the lack of wall mounted dispensers and was assured areas have been identified for their placement and are on order. We found some lidded bins to not operate by foot pedal. This area for improvement was not met and therefore repeated. Indoor visiting means on some days additional staff hours have been increased to manage and co ordinate the visits, cleaning down areas after visitors as well as the lateral flow testing and recording.

	Internal Quality audit schedule is up to date to ensure all areas of the home are Quality Assured especially infection control and cleaning schedules. Recent care assurance visits regarding Infection control feedback scored 96.04% Ongoing guidance, monitoring and support to staff to ensure that the latest infection control procedures are implemented and ensure that staff has the correct PPE to do their jobs safely. Ongoing guidance to staff to ensure that visits are carried out safely as per procedure.
4. To ensure the service remains responsive to changes and develops a culture of continuous improvement, the provider should: a) Review the current quality assurance system to include the key areas for auditing such as Nutrition and pressure area care. b) The manager to have oversight and ensure actions have been taken.	Interim team manger appointed. A business case has been submitted to request additional 18hrs of senior care officer grade. Regular contact with the Chart team for care assurance and reporting any covid related issues. Internal Quality audit schedule is up to date to ensure all areas of the home are Quality Assured especially infection control and cleaning schedules.
5 To ensure that staff are confident and competent to support people and improve outcomes for people, the provider should: a) Review current residents and specific care needs, to inform a training plan for staff. b) All new staff should have a completed induction and a plan for mandatory training to be completed.	Improvement plan being actioned / completed - some areas being supported by the SW Chart team around care plan requirements Clacks academy being rolled out and promoted to all staff, Moving and handling training and emergency first aid been carried out in smaller groups.
Source Care Inspectorate	

Appendix 4 – Unscheduled Care

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



Completedness issues impact on some of this data where SMR01 records submitted by NHS Forth valley are not 100%. Data for 20/21 and 21/22 is 97% or above but none are 100% which means that some figures are likely to change. Where there are completedness issues this has been noted and the figure is highlighted in red italics.

18+ age group

1. Emergency admissions

Baseline year	Baseline total	% change	19/20 Target
15/16	11,141	5% decrease	10,584
16/17		0.5% decrease	11,082
17/18		5.5% increase	11,755
18/19		5% increase	11,699
19/20		31% increase	14,563
20/21	all months 97% and above complete but none 100%		*12,608*
21/22			*13,921*

Source: National Data

2. Number of unscheduled hospital bed days

	Baseline year	Baseline total	% change	19/20 Target
Acute	15/16	94,472	6% decrease	88,783
	16/17		5.79 % decrease	88,996
	17/18		4.68 % decrease	90,043
	18/19		1.5% decrease	93,050
	19/20		5.98% increase	100,127
	20/21	all months 97% and above complete but none 100%		*83,487*
	21/22			*94,696*

Source: National Data

	Baseline year	Baseline total	% change	19/20 Target
Geriatric Long Stay	15/16	18,109	18% decrease	14,884
	16/17			14,884
	17/18			14,151
	18/19	Coding issues affect this area		11,421
	19/20	Coding issues affect this area		*947*
	20/21	Completedness issues		*727*
	21/22			*242*

Source: National Data

	Baseline year	Baseline total	% change	19/20 Target
Mental Health	15/16	24,851	maintain baseline	24,851
	16/17		1% decrease	24,599
	17/18		3.8% increase	25,799
	18/19		7.8% increase	26,800
	19/20		9% decrease	22,628
	20/21	Completedness issues		*21,452*
	21/22			*18,608*

Source: National Data

3. A&E attendances

Baseline year	Baseline total	% change	19/20 Target
15/16	26,585	maintain baseline	26,585
16/17		0.58% decrease on baseline	26,430
17/18		6.31% increase on baseline	28,264
18/19		13.91% increase on baseline	30,284
19/20		20.51% increase on baseline	32,040
20/21	Covid	13.1% decrease on baseline	23,091
21/22		7% increase on baseline	28,505

Source: National Data

4. Delayed discharge bed days (18+)

	Baseline year	Baseline total	% change	19/20 Target
All reasons	15/16	10,069	maintain baseline	10,069
	16/17		17.69% increase on baseline	11,851
	17/18		20% decrease on baseline	8,054
	18/19		9.4% increase on baseline	11,016
	19/20		25.4% increase on baseline	12,630
	20/21		7% decrease on baseline	9,355
	21/22	Covid	26% increase on baseline	13,518

Source: National Data

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

Baseline year	Baseline percentage	Percentage point change	19/20 Target%
15/16	85.9%	4.10%	90.0%
16/17		1% increase	86.90%
17/18		1% increase	86.90%
18/19		1.9% increase	87.80%
19/20		2.12% increase	88.01%
20/21		5.2% increase	91.0%
21/22		Completedness issues	89.6%

Source: National Data

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

Baseline year	Baseline percentage	Percentage point change	19/20 Target %
15/16	96.5%	0.10%	96.6%
16/17		0.10% increase	96.60%
17/18		0.10% increase	96.60%
18/19		0.30% increase	96.80%
19/20		0.70% increase	97.20%
20/21		0.90% increase	97.40%
21/22	Not available		

Source: National Data

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Web: clacksandstirlinghscp.org

Clackmannanshire & Stirling
Health & Social Care Partnership

Clackmannanshire Council

Stirling Council

NHS Forth Valley

STIRLING COMMUNITY PLANNING PARTNERSHIP

Clackmannanshire Alliance
Clackmannanshire Alcohol & Drug Partnership

FORTH VALLEY NHS BOARD
TUESDAY 29 NOVEMBER 2022

10.3 Falkirk Health & Social Care Partnership Annual Performance Report 2021/22
For Assurance

Executive Sponsor: Ms Patricia Cassidy, Chief Officer

Author: Mrs Suzanne Thomson, Senior Service Manager

Executive Summary

1. The report presents Falkirk Health and Social Care Partnership (HSCP) Annual Performance Report 2021/22. This is the sixth Annual Performance Report (APR) produced and highlights a variety of activities and to reflect on the achievements made throughout the year. It also outlines how well the Partnership is delivering the Strategic Plan and the nine national Health and Wellbeing Outcomes.

2. The Integration Joint Board (IJB) approved the publication of the Annual Performance Report at its meeting on 2 September 2022.

Recommendation

The Forth Valley NHS Board is asked to:

- **note** the publication of the Annual Performance Report 2021/22

Key Issues to be Considered

3. The Falkirk HSCP Annual Performance Report 2021/22 outlines how the Partnership is working towards delivering the Strategic Plan and the nine national Health and Wellbeing Outcomes. This is attached at appendix 1.

4. Partnerships are expected and encouraged to include additional relevant information beyond the minimum set out below. This is to build as full and accurate an assessment as possible as to how the integration of health and social care is delivering for people and communities. This should be presented in a way that is clear and should include:

   - review of Strategic Plan
   - an assessment of performance in relation to national health and wellbeing outcomes, integration delivery principles, strategic planning
   - financial planning and performance
   - Best Value in planning and carrying out integration functions
   - performance in respect to localities
   - inspection of services.

5. The Annual Performance Report describes our continued response to the pandemic and ongoing system pressures as well as the numerous service developments and redesigns being taken forward. In previous reports to the Board, we have explained that many of these changes will take time to become established given the complexity of the whole health and social care system. We will continue to report to the IJB through various reports including the IJB Performance Monitoring Reports.

6. The APR sets out progress against the national health and well-being outcomes and Strategic Plan priorities. Page 10 of the APR illustrates the linkages across our Strategic Plan priorities to the nine national Health and Wellbeing Outcomes and Integration Priorities.

7. The IJB fulfils its responsibility to ensure effective monitoring and reporting on the delivery of services, relevant targets, and measures which are set out in the Strategic Plan and integration functions. The Partnership reports progress against the suite of 23 national integration indicators. This enables us to understand how well our services are meeting the needs of the people who use them.

8. In previous years, the analysis of the National Indicators has included more of a focus on direction of travel and whether performance had improved, deteriorated or the position had been maintained. Due to various changes in the 2019/20 Health and Care Experience (HACE) survey wording and underlying methodology, indicators 2, 3, 4, 5, 7 and 9 were no longer directly comparable to previous years. The 2021/22 survey did not see any further changes to these questions, so the afore mentioned indicators are comparable to 2019/20 (but not previous years).

9. The impact of Covid-19 means comparisons to previous years are more challenging for all indicators. For the reasons outlined, the main focus of the annual performance analysis will be on comparison to the national average.

10. Our performance for 2021 - 2022 is set out in the following 'Performance at a Glance', with more detailed tables available on pages 94 - 98.

11. As a key part of the monitoring arrangements for the Partnership, the Annual Performance Report has been presented to Falkirk Council and to the NHS Forth Valley Health Board.

Implications

Financial Implications
There are no resource implications arising specifically from this report. The Annual Performance Report includes information on the use of the available budget, including Partnership Funding.

Workforce Implications
There are no workforce implications arising from this report.

Infrastructure Implications including Digital
There are no infrastructure implications arising from this report.

Sustainability Implications
There are no sustainability implications arising from this report

Sustainability Declaration
Further to consideration the author can confirm that due regard has been given to compliance with the key aims of the NHS Scotland Climate Emergency & Sustainable Development Policy (DL (2021) 38) as part of the decision-making process A policy for NHS Scotland on the climate emergency and sustainable development*.*

□ *Yes*
✓ *N/A*

Where applicable, the climate change, environmental and sustainability impacts and any mitigating measures are noted above/contained in the supporting papers.

Quality / Patient Care Implications
The report sets out how the HSCP is working towards delivering the Strategic Plan and the national health and well-being outcomes.

Information Governance Implications
There are no information governance implications arising from this report.

Risk Assessment / Management
The Annual Performance Report is a statutory requirement, and in publishing the report, this has been met.

Relevance to Strategic Priorities
The Public Bodies (Joint Working) (Scotland) Act 2014 specifies that a performance report must be produced by an Integration Authority (IA) to ensure that performance is open and accountable and sets out an assessment of performance in planning and carrying out the integration functions for which they are responsible. This is to be produced for the benefit of Partnership and their communities.

The Act obliges the IA to prepare a Performance Report for the previous reporting year and for this to be published by the end of July. This was extended this year in exercise of the power granted to public authorities under the Coronavirus (Scotland) Act 2020 to do so.

The Annual Performance Report is a statutory requirement, and in publishing the report, this has been met.

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

Communication, involvement, engagement and consultation
The Annual Performance Report has been developed with input from colleagues across the Partnership.

Additional Information
The Annual Performance Report is now published on the Falkirk HSCP website.

Appendices

- **Appendix 1**: Falkirk Health & Social Care Partnership Annual Performance Report 2021/22

ANNUAL PERFORMANCE REPORT 2021/22

Falkirk
Health and Social Care
Partnership

CONTENTS

INTRODUCTION

A year of recovery, not uninterrupted by challenges, has continued to encourage colleagues and services to work creatively to adapt and overcome.

Our 2021/22 Annual Report demonstrates the resilience of Falkirk's local communities, with many examples of new approaches and refreshed services following the pandemic.

While lessons have been learned and opportunities grasped, we and our partners continue to deliver our vision and essential health and social care services for local people, supporting those most in need.

And looking forward, the Partnership is embarking on multiple ambitious projects, transforming primary care, establishing a new strategic plan, and reinvigorating the services delivered from the Falkirk Community Hospital site with a new masterplan.

We are also looking across Scotland, working with government and fellow health and social care partnerships to help shape and prepare for a new National Care Service.

While this will involve momentous change, our focus will always remain on improving care for people and valuing the expertise and efforts of our workforce.

These long-term initiatives are again driven by the dedication and efforts of colleagues working across our local services, efforts which will result in a brighter and healthier future for the people of Falkirk.

Patricia Cassidy
Chief Officer

Dr Michele McClung
IJB Chair

OUR COMMUNITIES

OUR LOCALITIES

The development of three localities within the Falkirk Council area is rooted within the integration legislation - the Public Bodies (Joint Working) (Scotland) Act 2014.

For service planning and delivery purposes, the three identified localities for the Partnership are West, Central and East (illustrated in Figure 1).

1. West
2. Central
3. East

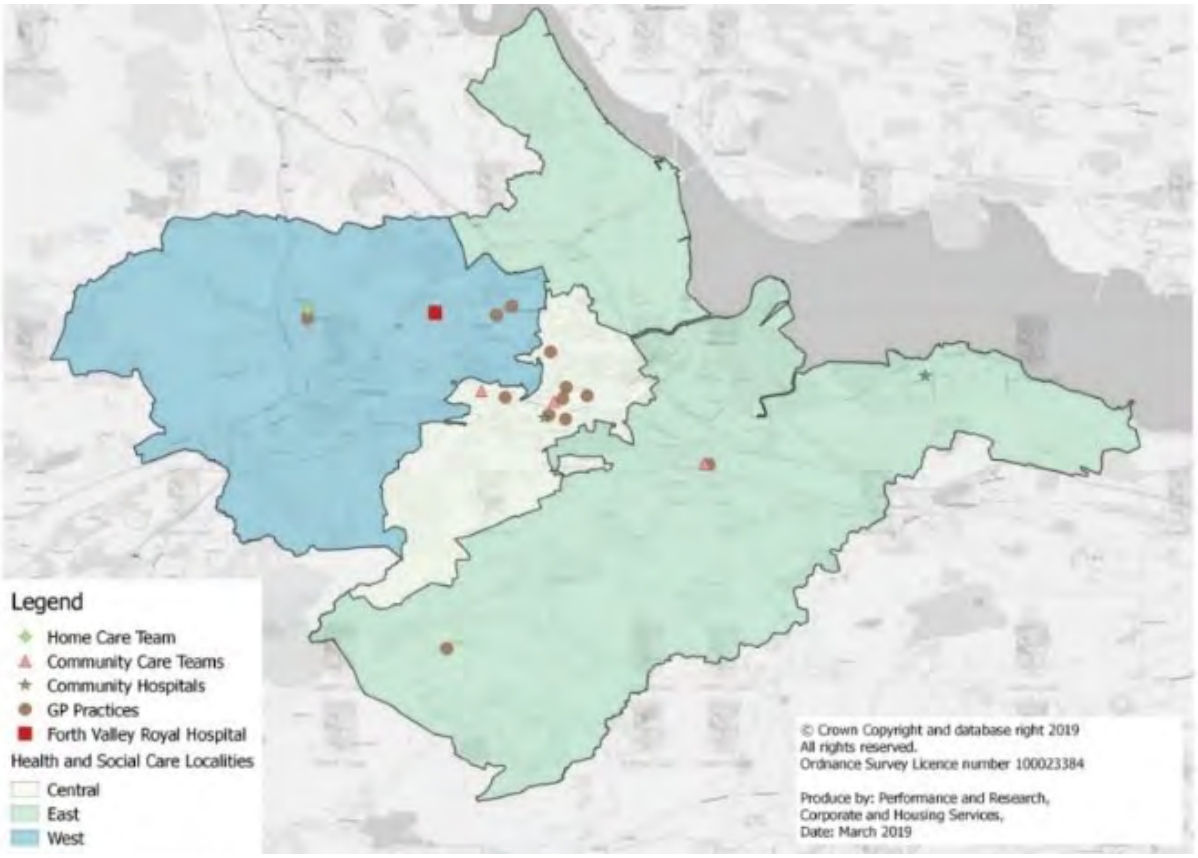


Figure 1: Falkirk Localities Map

The Partnership's locality planning approach has supported the Remobilise, Recover, and Redesign Plan - introduced in response to the Covid-19 pandemic.

Locality Managers continue to develop Locality Plans that reflect the needs of the communities and our strategic priorities, alongside joint working with communities and partner organisations. This includes the Community Planning Partnership, whose focus is on tackling poverty and inequality via the delivery of the Falkirk Plan 2021-2031, published in October 2021.

The Falkirk Plan is the framework that captures the vision and commitment of the Community Planning Partnership to work together to reduce poverty, tackle inequalities, and improve the quality of life for everyone in the Falkirk Council area.

The Falkirk Plan has been developed with community planning partners, based on research and local community feedback on the issues most important to them. The Plan has identified six priority areas to be the focus of sustained joint-working to make a positive difference to our communities. These themes are:

- Working in partnership with communities
- Poverty
- Mental health and wellbeing
- Substance use
- Gender-based violence
- Economic recovery

The plan also reflects the Public Health Priorities for Scotland, which encourages public services, the third sector, community organisations, and others to work together to address the root causes of inequalities in Scotland's health.

In addition, Grangemouth, Denny, Dunipace, and Dennyloanhead communities have published their own Community Action Plans, with Bainsford and Langlees on track to produce plans by Summer 2022.

These plans demonstrate the role and value of every volunteer and neighbour in mitigating the impact of inequality across Falkirk and preventing future health inequalities.

LOCALITY SNAPSHOTS

The following information summarises key demographic data from the Partnership's Locality Profiles.

Households

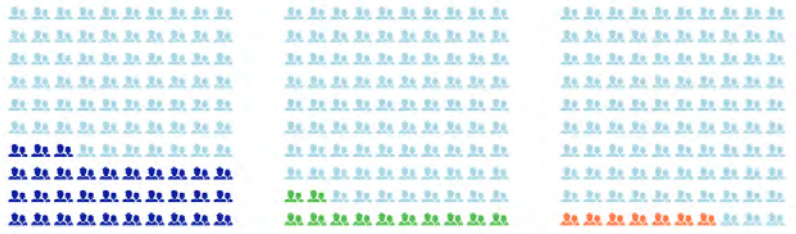
21,952 **Central**

31,754 **East**

21,520 **West**

% that live with a long-term health condition

% that live in the most deprived SIMD quintile



WEST
Includes the areas of Larbert, Denny, and Bonnybridge.

CENTRAL
Includes the areas of Falkirk Town Centre, Camelon, Bainsford, and Hallglen.

EAST
Includes the areas of Braes, Redding, Bo'ness, Grangemouth, Stenhousemuir, and Airth.

OUR CHALLENGES

Ageing population

Falkirk has an ageing population, increasing demand for health and social care services. People are living longer into old age, resulting in more people living with multiple or complex conditions. Our workforce is also ageing – by 2024 34% of our workforce will be over 60.

Substance use

There is a marked increase in addictions and drug related deaths across the local community, alongside an increase in mental health and social inequalities. The ADP is leading the multi-agency plan to address local challenges.

Trauma informed

We need a trauma informed workforce to evaluate services from a trauma informed and responsive perspective. We share the Scottish Government vision to recognise where people are affected by trauma and adversity and to respond in ways that prevent further harm and support recovery.

Mental wellbeing

We need to continue to work with staff, partners and communities to improve mental health and wellbeing in Falkirk. Where this is needed, we need to ensure timely access to specialist support for mental illness.

COVID-19

While we have achieved so much with COVID, there remains increased pressures for the community and the workforce to manage Covid-19.

Finance

There is an increasing demand for services with a reduction in funding that will mean we need to be creative and transformational to ensure a targeted and efficient approach.

Recruitment

There are real skill shortages in a range of posts and professions across the partnership. Traditional job roles may need to transform to meet the needs of our community and to ensure modern, integrated, efficient and high-quality services.

Technology

Digital technology is key to changing health and social care. Empowering people to actively manage their own care, means investing in new technologies and services. At the same time, there is a need to ensure our workforce have the technical capabilities to support the development of these changes.

Systems

Investment in more intuitive information management systems to support the delivery of person-centred care that empowers the workforce to improve practice in the assessment and planning of personal outcomes. We need to turn data into intelligence to aid better joint planning and co-design.

Estate

We need to make better use of available space as many buildings are not fit-for-purpose or easily adaptable to meet the needs of services, communities, and staff, and embrace mobile/flexible working to make best use of the assests we have.

OUR PARTNERSHIP

The **Strategic Plan** outlines how we will deliver adult health and social care services in Falkirk over 3 years. It sets out how we will deliver the national outcomes for health and wellbeing, and achieve the core aims of integration to:

- improve the quality and consistency of services for patients, carers, service users and their families
- provide seamless, integrated, quality community health and social care services that care for people in their homes, or a homely setting, where it is safe to do so
- ensure resources are used effectively and efficiently to deliver services that meet the needs of the increasing number of people with long term conditions and often complex needs, many of whom are older

Our Strategic Plan sets out the Partnership's vision, local outcomes, and priorities that will help improve the lives of people in the Falkirk area. **The Partnership's current plan is due for renewal this year, with engagement and planning already underway to produce a new 3-year plan.**

OUR VISION

> "enable people in the Falkirk HSCP area to live full and positive lives within supportive and inclusive communities"

OUR PRIORITIES

PRIORITY 1	Deliver local health and social care services, including Primary Care services that are able to respond to people and communities
PRIORITY 2	Ensure carers are supported in their carer role
PRIORITY 3	Early intervention, prevention, and harm reduction that: • Improves people's mental health and wellbeing • Improves support for people with substance use issues, their families, and communities • Minimises the impact of health inequalities on individual and communities
PRIORITY 4	Make better use of technology to support the delivery of health and social care services

OUR LOCAL OUTCOMES

Self-Management Individuals, their carers and families can plan and manage their own health, care, and well-being. Where supports are required, people have control and choice over what and how care is provided.

Safe, high-quality, health and social care services are delivered that promote keeping people safe and well for longer.

People have a fair and positive **experience** of health and social care, delivered by a supported workforce that are skilled, committed, motivated and valued.

Strong sustainable communities Individuals and communities are resilient and empowered with a range of supports in place that are accessible and reduce health and social inequalities.

NATIONAL HEALTH AND WELLBEING OUTCOMES

The Scottish Government has nine national health and wellbeing outcomes, shown in Table 1, to improve the quality and consistency of services for individuals, carers, and their families, and those who work within health and social care.

1	People are able to look after and improve their own health and wellbeing and live-in good health for longer
2	People, including those with disabilities or long-term conditions or who are frail, are able to live, as far as reasonably practicable, independently and at home or in a homely setting in their community
3	People who use health and social care services have positive experiences of those services, and have their dignity respected
4	Health and social care services are centred on helping to maintain or improve the quality of life of people who use those services
5	Health and social care services contribute to reducing health inequalities
6	People who provide unpaid care are supported to look after their own health and wellbeing, including to reduce any negative impact of their caring role on their own health and wellbeing
7	People who use health and social care services are safe from harm
8	People who work in health and social care services feel engaged with the work they do and are supported to continuously improve the information, support, care and treatment they provide
9	Resources are used effectively and efficiently in the provision of health and social care services

Table 1: National Health and Wellbeing Outcomes

This performance report sets out progress made towards the National Health and Wellbeing Outcomes, and our Strategic Plan priorities and outcomes during 2021/22.

Falkirk HSCP Strategic Plan Priorities	National Health and Wellbeing Outcomes									Scottish Government Integration Priorities
	1	2	3	4	5	6	7	8	9	
Deliver local health and social care services, including Primary Care services able to respond to people and communities	✓	✓	✓	✓	✓	✓	✓	✓	✓	Reduce occupied hospital bed days associated with avoidable admissions and delayed discharges
Ensure carers are supported in their carer role	✓	✓	✓	✓	✓	✓	✓	✓	✓	Increase provision of good quality, appropriate, palliative and end of life care
Early intervention, prevention and harm reduction that: • Improve people's mental health and wellbeing • Improve support for people with substance use issues, their families and communities • Minimise the impact of health inequalities on individual and communities	✓	✓	✓	✓	✓	✓	✓	✓	✓	Enhance Primary Care Reflect delivery of the new Mental Health Strategy Support delivery of agreed service levels of alcohol and drugs partnership work Ensure provision of the living wage to adult care workers and plan for sustainability of social care provision
Make better use of technology to support the delivery of health and social care services	✓	✓	✓	✓		✓		✓	✓	Continue implementation of Self-Directed Support Prepare for commencement of the Carers (Scotland) Act on 1 April 2018

Table 2: Association between local Falkirk priorities, Scottish Government Integration Priorities, and National Outcomes

OUR PROGRESS

National Health and Wellbeing Outcomes

Outcome 1:

People are able to look after and improve their own health and wellbeing and live in good health for longer

LIVING WELL FALKIRK WEBSITE

Living Well Falkirk is an online tool that promotes healthy, independent living by emphasising people's ability to stay active and participate in their community. It has been designed for people who live in the Falkirk area and are having difficulties with everyday activities.

Living Well Falkirk offers:

- 24-hour access to hints and tips on how to stay well and live independently
- information about local and national services
- helpful advice by completing a self-assessment on your abilities
- suggestions on areas such as staying safe at home, preventing falls, help with bathing, etc.
- options to purchase, or request the loan of, equipment matched to your needs
- contact information for further support

Living Well Falkirk has become a key tool to achieving the Partnership's remit of bringing services together to support people in their own homes. The model emphasises empowerment of individuals within their community and is supported by a steering group with strong representation from third sector groups in Falkirk.

During 2021, the local services section of the website was updated. In early 2022, work began on developing an online training module aimed at giving new and existing Falkirk Council and Falkirk HSCP staff a greater understanding of the purpose of the system, how to register an account and complete the assessments, and increase their confidence in helping users of their services to get started on Living Well Falkirk.

The aim of the course is to promote a fuller understanding of the benefits of the Living Well Falkirk platform within the workforce. Once developed, participants will gain a fuller understanding of a prevention-focused platform where data is used to help individuals to help themselves.

This online course will be made available to the workforce via Falkirk Council's OLLE training platform.

During 2021/2022:

- 5,013 users engaged in 6,634 sessions on the Living Well Falkirk website
- 408 Lifecurve assessments were started
- 572 Lifecurve assessments reviewing individual areas of need - users can select more than one area to assess
- 572 self-assessments were started
- 421 individual areas of need assessed were recommended a suitable piece of equipment
- 170 individual areas of need assessed were signposted to relevant advice and resources

Top five individual self-assessment areas of need	Completed
I am finding it quite hard to step into the bath and/or stand to take a shower in the bath	60
I am finding it quite hard to take a bath – what can I do to manage better?	54
I struggle when walking up and down the steps at the main entrance to my home	48
I find it difficult going up and down my stairs	34
I have difficulty getting on and off the toilet	30

Table 3: Usage stats provided via Living Well Falkirk LifeCurve dashboard, 2021 –2022.

Living Well Falkirk has been commended by Healthcare Improvement Scotland as a positive example of a community-led approach to health and social care.

To learn more about Living Well Falkirk, visit livingwellfalkirk.lifecurve.uk

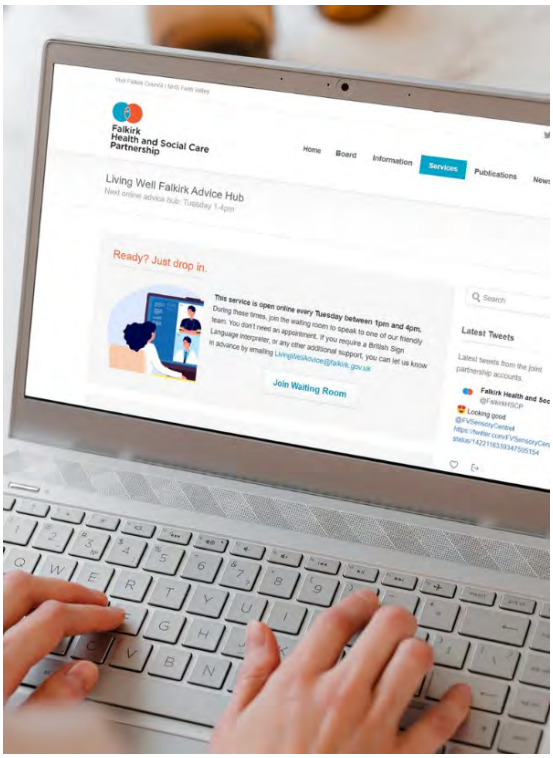
LIVING WELL ADVICE HUB

Falkirk HSCP and third sector partners embarked upon a pilot project to introduce Near Me as a means of accessing Community-Led Support. Near Me is a video consultation system that enables members of the public to meet with service providers remotely. The system has been well established by the NHS and its use has increased enormously since the start of the Covid-19 pandemic.

The pilot, known as the Living Well Advice Hub, enabled people to drop-in virtually on a Tuesday afternoon and have a conversation with our Community Link Workers about anything they needed support with. The Link Workers used the 'Good Conversations' model (promoted by NDTi) to find out what really mattered to the caller and to identify the assets in the caller's own life that they could build upon to improve their health and wellbeing. The Community Link Workers were also able to make referrals to other organisations.

Services that were available during the pilot included:

- Falkirk Council Social Work Services
- Falkirk Council's Community Link Workers
- FDAMH – Falkirk's Mental Health Association
- Strathcarron Hospice Compassionate Neighbours Service
- Cyrenians Falkirk Outreach



The pilot ran between July and September 2021 with the service available during a three-hour period on a Tuesday afternoon. While the approach promoted the innovative use of technology, the restricted opening hours limited the uptake of the service.

Following a successful bid for funding, a project is currently underway to roll out Near Me video consultancy to Duty Social Work. It is anticipated that the rollout of Near Me to Social Work will allow more flexible options for community engagement with Social Work services, including individuals awaiting community support.

COMMUNITY LINK WORKERS

The Community Link Work model allows GPs to target their time with an individual to address medical issues, while Community Link Workers use a social prescribing model to support individuals with a variety of social, financial, mental wellbeing, and practical issues that are affecting their life, and in turn their health. This provides a holistic person-centred approach to supporting individuals.

During 2021/2022, the Community Link Work service expanded with additional link workers recruited. This also included a Community Link Worker focused on supporting young people. Currently, there are seven Community Link Workers operating within the Falkirk area with each Community Link Worker hosted by a third sector organisation and aligned to GP Practices with the highest level of deprivation.

Community Link Work is one of the priorities within the Primary Care Transformation Programme.

LOCALITY:	EAST	CENTRAL	WEST
Host organisation	Cyrenians	FDAMH	Strathcarron
No. of CLW	3	2	2
Support Type	Generalist	Therapeutic Young People	Generalist
GP Location	Bo'ness Road Kersiebank	All Central Practices	Denny Cross Carronbank Bonnybridge

Table 4: Community Link Workers in Falkirk HSCP area

Community Link Workers adopt a flexible approach towards people's needs for different types of appointments and provide various methods to enable people to engage with the service. Community Link Workers have returned to providing services within GP practices, as well as conducting house visits and walk-and-talk meetings. They have continued to support people remotely via phone and video calls, and text messaging to suit the needs of the individual.

They have continued to build relationships in the local third sector and statutory services to make it easier for clients to be referred and access local support. During this period of uncertainty due to Covid-19, some community-based groups have restarted, but there are a lot of groups that have either yet to open again or have closed completely. A lot of support is currently being provided by Community Link Workers until community support is back to its full strength.

Looking ahead to 2022/2023, the Partnership is looking to further expand its Community Link Work service to have one Link Worker for every 15,000 of the Falkirk population. This expansion could see Community Link Workers being in every GP practice in the Falkirk area, which will increase the capacity of the service to eleven Community Link Workers.

CASE STUDY: CYRENIANS COMMUNITY LINK WORKER

A client was referred to the Community Link Worker (CLW) due to being in homeless accommodation and was about to be asked to leave. He was also looking for support with benefits/financial issues, mental health issues, social isolation, and loneliness.

The CLW supported the client by linking with the Falkirk Council Homeless Team and his GP to prevent him from being asked to leave homeless accommodation. The CLW linked the client in with other services who could then complete a benefits calculation and support him in applying for benefits.

The client now has his own property after over 20 years of moving around the country and he feels more secure. He is still seeing the CLW and is now wanting to look at possible volunteering opportunities in the community and attending some community activities.

**This case study has been anonymised and provided, with thanks, from Cyrenians Community Link Worker.*

DIGITAL RESOURCES

A list of health and social care digital resources available in Falkirk was produced and circulated to Social Work. This included notes about some ways that widely available devices (such as tablets and smartphones) could be used to support individuals, such as by setting reminders for medicine prompts and suggestions about programming health numbers into contacts for easy access. The document also provided links to community support groups. There is potential that this document could be developed to form a short course to generate awareness of ways that Technology Enabled Care (TEC) could support individuals.

NEW COMMUNITY NUTRITION WEBSITE LAUNCH

The Community Dietetics Healthier Future team have revamped and updated their Community Nutrition Website giving it a colourful and eye-catching new look and making it more user friendly and easier to navigate between pages. Several new pages have been created and added to the site. For example, Access to Food, Nutrition in Older People, Sustainable Eating, and a Case Studies page which illustrates how the team are encouraging and supporting local organisations, community groups, and NHS and prison staff to take forward projects around food, cooking, and growing.

The Community Nutrition website provides further information and links to nutrition resources, food funding and training opportunities, and other useful website links.

FOCUS ON FOOD IN FORTH VALLEY PRISONS

The Community Dietetics Healthier Future team have been working in partnership with the Scottish Prison Service (SPS), the Royal Caledonian Horticultural Society, Cross Reach, and the Royal Environmental Health Institute of Scotland (REHIS) to create health improvement and employability opportunities within Forth Valley Prisons.

The team delivered a Grow, Cook, and Learn Project with a group of women in HMP YOI Polmont. The project created an opportunity for people in prison to develop their gardening and cooking skills, work towards nationally recognised qualifications and receive awards that would be transferable into communities and workplaces on their release from prison. The project also recorded positive mental health and wellbeing experiences from those that took part in the project.

The Public Health Nutrition team were recognised for this work by Royal Environmental Health Institute of Scotland (REHIS) and were recently awarded The President's Award for the REHIS training and food work that they deliver across the three prisons in Forth Valley.

PRE-DIABETES INITIAL CONVERSATIONS PROJECT

The Denny and Bonnybridge GP Cluster and the Community Dietetic Healthier Future team are testing a person-led Type 2 Diabetes pathway, informed by the lived experience of citizens, third sector and community partners, and Healthcare Professionals. The team have also collaborated with GP Practices in the East Locality.

Following blood testing within their GP Practice, every person with Pre-Diabetes is offered a person-led conversation to explore their feelings, priorities, desired outcomes, and personal goals. Where a person is unable to commit to a health change, a range of support options are explored, including mental wellbeing and financial advice. The conversation will facilitate those who feel empowered to make changes on their own to set goals. A range of partner and NHS options are available for people ready to make changes with support.

Regardless of management choice, 47% of people who have had a person-led initial conversation have improved their Pre-Diabetes blood result at 12 months (HbA1c) compared to 36% who receive traditional "expert" advice.

50% of people receiving traditional "expert" advice experienced a worsening blood result at 12 months, with 42% of those who had a person-led initial conversation.

Feedback from attendees:

- "Thank you for all your assistance to date. I'm so pleased that you're taking the time to ensure all is good with my health."
- "I keep saying I know what to do, but you're the first [person] to listen to what is actually worrying me."
- "I want to do it myself. If people tell me what to do, I'll do the opposite. That's why I've been self-employed for 40 years."

SCOTTISH GOVERNMENT EARLY DETECTION OF TYPE 2 DIABETES PROJECT

One of the National Targets for Type 2 Diabetes Prevention is, that people at risk of, and with Type 2 Diabetes are identified earlier. The Community Dietetics Healthier Future team and the Keepwell (Anticipatory Care) teams collaborated to design an early detection pathway using the Diabetes UK "Know Your Risk" screening tool, with rapid access to blood testing for those at moderate to high risk. Team members can take blood, receive, and action results, and will undertake a wide range of person-centred interventions, onward referral, or signposting.

This pathway ensures that all those detected by the teams are supported out with General Practice so reducing the burden on GPs, Practice Nurses, and Primary Care Phlebotomy.

To address potential health inequality, the pathway will be delivered in more community settings and with increasing collaboration with third sector and community partners, Falkirk Council Community Learning and Development teams, and the Falkirk Council Community Advice Service during next year.

DIABETES EDUCATION PROGRAMME

"Type 2 Diabetes Explained" was developed by the NHS Forth Valley Community Diabetes Dietitians and is a nationally quality-approved education programme for people with Type 2 Diabetes. It facilitates people to understand their condition and to improve their own health and wellbeing. With face-to-face delivery not possible, the programmes have been delivered online during this year.

Measurement	
Registered participants	138
Percentage completing the programme	70%
Mean percentage improvement in empowerment score	47%
Mean programme satisfaction level	95%

Table 5: Participants across Forth Valley 2021/2022

Twelve months after participating in 2020/2021, mean weight loss was 4kg and 29% of participants were in remission from Type 2 Diabetes.

ADULT WEIGHT MANAGEMENT DISORDED EATING GROUP

Up to 50% of people referred to the adult weight management service will have experienced psychological distress, trauma, or adjustment issues. 20% of those people will require support from a clinical psychologist. However, with skills development in behaviour change strategies, trauma informed practice, and the physiology of disordered eating, the Adult Weight Management team have developed a Disordered Eating Group Programme to facilitate participants to consider how physiology impacts their relationship with food.

There have been four groups with a total of 13 participants since July 2021. 100% of participants attended all six group sessions plus two individual follow-up appointments. Delivering as a group has benefited the participants through peer support and this has had an additional benefit of saving the educator 44 hours, which has saved 59% of time resources.

Following completion of the programme:

1. 1 person was referred to the Eating Disorder Service
2. 2 people felt supported enough to join traditional weight management groups
3. 8 people have begun one-to-one weight management programmes
4. 2 people are awaiting sessions with the Healthier Future Clinical Psychologist (new post to be appointed in July 2022)

Participant feedback:

- "This feels like a safe place where I am not judged."
- "I feel hopeful about focusing on my behaviours, I have been dieting all my life. I know what to eat to lose weight."
- "It made me change how/when I eat and this made me change what I'd choose to eat."

NHS FORTH VALLEY WHY WEIGHT SERVICE

The Why Weight Service supports children and young people who have challenges with weight management and the often co-morbid reduction in confidence and self-esteem.

This treatment model offers educational, practical, and activity-based interventions to facilitate behaviour change. These interventions often involve partnership working with community organisations with the aim for young people to make longer term engagements with these mainstream services. Two recent collaborations are outlined below involve physical activity opportunities for young people.

Multi-Sports Project with Falkirk Football Community Foundation (FFCF)

The Occupational Therapist from the Why Weight team delivered mental health awareness and resilience training to coaching staff from FFCF. This training consisted of a 1.5 hour face-to-face interactive teaching session to discuss the challenges some young people may face when accessing activity

programmes and how to manage difficult situations and adapt sessions accordingly. Practical training on sports activities and coaching was delivered by active school staff.

Seven young people attended between one and six sessions of the six-week programme with all parents and young people reporting that they had found the sessions very helpful and would like them to continue.

A further long-term project is planned for Autumn 2022 and will provide a rolling programme for participants to access physical activity with the aims of increasing social communication, self-esteem, and activity engagement. The goal is to facilitate further training to allow active schools to run low-impact activity-based programmes in all Falkirk secondary schools, thereby providing activity opportunities within a local setting and to anyone who may consider weight management as a challenge.

Gym Sessions at The Mariner Centre

A block of twelve gym sessions for up to six participants was negotiated with the Active Forth Service. Each session involved support from two gym instructors and the focus of increasing decision making, choice, and independence whilst working through individualised fitness plans. Individuals completed personalised fitness, strength, and endurance tests at the beginning and end of the block and all who attended on a regular basis improved these fitness metrics.

Further discussion and evaluation have highlighted that gym participation can be challenging for this group of young people and it was agreed that some may require more than twelve initial sessions. This would be followed-up with Why Weight staff supporting, for up to a maximum of three sessions, young people to progress to the Why Active Activity Referral Scheme. This progression to the mainstream service and independent access is an integral component of the Why Weight model for long-term behaviour change.

SMILE4LIFE TRAINING

The overall purpose of Smile4Life is to enable health and social care staff and support workers to provide evidence-based tailored oral health messages to meet specific and exceptional needs of vulnerable people in Scotland.

Eleven people have received Smile4Life Training from three different community organisations that support children and families with economic and social disadvantage (New Futures Project Salvation Army Falkirk;

Rainbow Muslim Women's Group). The target group consisted mainly of staff and volunteers.

Bespoke bi-lingual and culturally sensitive training sessions have been delivered to BAME communities to create oral health awareness and to facilitate their access to local dental health services and further targeted engagement is being carried out.

As a result of the training, staff have distributed more toothbrush and toothpaste packs, provided information on local dental services and supported clients through behaviour change with regards to diet, drug use, and smoking. Future Oral Health sessions for additional groups have also been requested and further requests for Oral Health packs and information resources.

Referrals have also been made to Childsmile to deliver child friendly Oral Health education sessions and toothbrushing programmes to children/parent groups in schools in Forth Valley.

Feedback from training:

- "I learned a lot of new information about Oral Health and feel that these are important messages to share with our service users, especially those that are new to the country. It is also useful to know about how to access local dental services so we can sign-post them in the right direction."

Most Smile4Life packs have gone out to community homelessness organisations, foodbanks, substance misuse organisations, care services for children and young people, BAME groups, pharmacies, and community nurses.

During 2021/2022:

- 585 adult packs and 150 child packs have been distributed in Falkirk
- 33 packs have been distributed to Community Pharmacies in the Falkirk area
- 1,013 adult Mouth Matters packs and 150 child Mouth Matters packs have been disseminated to Polmont Prison

STOP SMOKING SERVICE

Free behavioural support and pharmacotherapy is offered to individuals wanting to stop smoking in Forth Valley. The Stop Smoking Service and Community Pharmacy support delivery of the cessation service to support the wider target of reducing smoking rates to below 5% across the country by 2034.

Due to Covid-19, local boards were asked to work towards LDP targets retaining the same figures that were set for 2019/20. Therefore, NHS Scotland set out the LDP Standards to achieve at least 7,036 self-reported successful 12-week quits (individuals still not smoking after 12 weeks) through smoking cessation services in the 40% most deprived areas. The local target for Forth Valley 2021/22 was 347 successful 12-weeks.

Prior to Covid-19, the Stop Smoking Service delivered six primary care clinics in Falkirk and a drop-in clinic in Camelon. However, all face-to-face clinics were suspended from March 2020 and throughout 2021/22. Therefore, behavioural support was conducted via telephone and Near Me video consultations. The service also adopted a process to post Nicotine Replacement Therapy (NRT) to clients who would have previously received NRT at clinics.

SIMD	No. of Referrals	No. Set Quit Date	12 Week Quit Success	Contribution towards Forth Valley LDP %
SIMD 1-4	419	183	136	39%
SIMD 5-10	244	96	90	N/A
Grand Total	**663**	**279**	**226**	**39%**

Table 6: Falkirk Quit Dates Success by SIMD area and contribution to LDP

No Smoking Day

No Smoking Day took place on Wednesday 9 March 2022. This year's campaign "Quit Your Way" was driven by ASH Scotland through media platforms and promoted through our Health Improvement Resource Service (HIRS).

The campaign encouraged people to make a quit attempt by sharing stories of individuals who have successfully stopped smoking. Falkirk HSCP and third sector partners supported the campaign through social media platforms.

HEALTH IMPROVEMENT RESOURCE SERVICE (HIRS)

The Health Improvement Resource Service (HIRS) provides registered library users with access to information on a range of health improvement issues in a range of formats.

Topic	Total Requests
Alcohol	390
Drugs	113
Tobacco	530
Grand Total	**1,033**

Table 7: Total Number of Health Improvement Resource Requests in Falkirk

SMOKING AND MENTAL HEALTH: UNDERSTANDING THE IMPACT

This training session consisted of two E-Learning modules to be completed prior to a one-hour virtual training session delivered via MS Teams. This training equipped workers who support people with lived experience of mental ill-health with the knowledge, skills, and confidence to initiate a conversation about smoking and to discuss options for supporting those who are ready to quit. In 2021/2022, this training was attended by 19 participants from Falkirk.

STEP ON STRESS

Step on Stress is a stress management course delivered over three weekly sessions. The course is pre-recorded to enable live streaming over MS Teams during the Covid-19 pandemic with a moderated question and answer function. Each session covers a different topic and lasts just over an hour. A resource pack accompanies the course and is posted in advance to registered participants. During 2021/2022, 167 individuals registered from Falkirk.

ASK TELL WORKSHOPS

Ask Tell is a series of three facilitated animation workshops that inform individuals working with adults about mental health, how to maintain this, the factors that can lead to mental distress or mental ill-health, and how to have compassionate conversations, which sets out how to support people who are experiencing mental distress or may be feeling suicidal and support them to seek help. During 2021/2022, 117 individuals registered from Falkirk and 87 (74%) individuals attended two or more workshops.

MUSCULOSKELETAL PHYSIOTHERAPY SERVICES

Musculoskeletal (MSK) Physiotherapy services for Falkirk residents were relocated from Forth Valley Royal Hospital to the Westburn Building at the Falkirk Community Hospital in October 2021.

Staff have worked hard to make the outdoor space attractive by arranging planters to be built and planting plants, some of which have been donated by patients. This has allowed some patients to receive their therapy outdoors and staff to have a space to relax during their break.

Outcome 2:

People, including those with disabilities or long-term conditions or who are frail, are able to live, as far as reasonably practicable, independently and at home or in a homely setting in their community.

DAY SERVICES

All internal and external Day Care provision was stopped during the first lockdown in 2020, including community-based groups such as lunch clubs. The HSCP has worked with Corporate & Housing Services and third sector partners to ensure that service users, unpaid carers and families have continued to receive support where possible.

Day Services, in conjunction with the Public Health Team, have worked to reopen day services provision for adults. The three-phase reopening of the Partnerships' adult day services began in May 2021, with a limited number of staff and service users returning. For volunteer-led groups, HSCP Community Learning and Development staff and CVS Falkirk have been providing support about safely restarting services.

COMMUNITY RESOURCE PACK AND GRANTS

The Partnership and CVS Falkirk & District jointly produced a new community resource pack with information and tools to support groups and organisations to restart (or set up) activities following the Covid-19 pandemic.

The pack includes sample policies and templates, including health and safety, risk assessments, volunteering policy, and much more.

To support groups to restart, or start new, activities following the pandemic, the Partnership established a Restart/Start-up Grant with up to £500 of funding available to applicants.

The grant was designed to be flexible for groups and organisations to restart activities in different ways. Since the grant launched in November 2021, the Partnership has awarded a total of £7,203.50 to 15 community-based groups across the Falkirk area.

Some of the successful applicants have used this fund to:

- Support the costs of holding meetings designed to meet the identified information and support needs of local people affected by epilepsy

- Cover the costs of services and repairs of various machines within the venue facilities following restarting lunch clubs for the elderly and the disabled
- Purchase new disability accessible equipment to support delivery of events to introduce individuals back into sport and physical activity after Covid-19 lockdown
- Cover part of the cost for minibus repairs used to pick up and return group members. The minibus hadn't been used due to the Covid-19 pandemic and required essential repairs. The Tuesday Club supports mainly elderly people with dementia and runs sessions every Tuesday, including social activities, morning tea, and lunch

CASE STUDY: REOPENING COMMUNITY RESOURCES

Based at Talbot House, the Grangemouth Old People's Welfare Committee runs regular lunch clubs for the local community, combating loneliness among elderly and disabled groups. The Talbot base is also used by other local organisations, including Falkirk Carers and the Town Break Dementia Club.

Closed due to the pandemic, the Old People's Welfare Committee applied to the Restart Grant to cover the costs of servicing and re-opening the facility, which required maintenance following its 18-month hiatus.

The funding enabled the safe reopening of Talbot House, opening the door to restarting lunch clubs and other community activities.

**This case study has been anonymised and provided, with thanks, from Grangemouth Old People's Welfare Committee.*

JOINT DEMENTIA INITIATIVE (JDI)

The Joint Dementia Initiative (JDI) aims to help people with Dementia to continue to live the life they want to live by supporting them to live at home in their own communities for as long as possible. The JDI team work with the service user and carer to find ways to reduce the risks surrounding remaining at home. This is done by:

- Identifying familiar routines and patterns for everyday living
- Supporting people to maintain skills, such as taking a bath, dressing, or cooking
- Supporting people to learn new skills, such as computer skills to reduce social isolation
- Supporting the development of new hobbies and interests

- Helping people to maintain friendships and relationships
- Assisting involvement with the local community and the communities understanding of Dementia to make communities more Dementia Friendly
- Supporting access to services, such as health services
- Providing critical breaks for carers to allow rest from their caring role

The Joint Dementia Initiative (JDI) service offers a person-centred approach. The One-to-One service is available to anyone who has a diagnosis of dementia. It aims to support individuals with everyday tasks and help them to maintain relationships and friendships. The Home from Home service provides the opportunity for people to meet in a small group, with others who are having similar experiences. The aim is for people to receive support within a homely setting while being kept connected to their community. The Home from Home service is hosted by a self-employed home day carer who owns the home and who works alongside another self-employed carer.

The service also offers peer support groups for carers and for younger people who have a memory impairment or a diagnosis of early onset dementia.

The Covid-19 pandemic has had an adverse impact on older adults and their carers, making it the right time to start reviewing the service in April 2021. The aim of the review is to improve outcomes and opportunities for service users and to re-establish links to enhance partnership and collaborative working. This review aligns with the ongoing review of day opportunities for older people.

Consultation with service users, carers, staff, and key stakeholders demonstrated that the service should continue to be person-centred and adapted to meet the individual needs of service users and carers. The service is working collaboratively with partners to ensure that there is a spectrum of support available for people who are at different stages of diagnosis and to suit their varying needs.

As part of the engagement process for the review of the JDI services, feedback was also gathered on the views and benefits of developing a Dementia Friendly Falkirk community. The aim of this work is to raise community awareness around dementia and support the local community to be more inclusive of people living with dementia and their carers.

The first Dementia Friendly Falkirk Steering Group was held in October 2021, and included service users, carers, elected members, health and social work staff, and third sector and independent sector partners. Whilst it was noted that work relating to Dementia Friendly Falkirk needs to be set within a wider strategy context, it was agreed to begin focusing on re-establishing community group work and the need to collaborate with local partners to achieve this aim.

CALEDONIA SERVICE

The Caledonia Service works with adults living with severe and enduring mental illness. The service offers community-based group activities. All activities aim to improve wellbeing, increase self-esteem, and self-confidence while giving individuals an opportunity to learn new skills or build on existing ones. Staff are always sourcing new activities and groups for service users and have weekly team meetings to discuss progress and development of the service.

Over the past three years, the service model has significantly evolved from a long-term day service to a progressive, community-focussed model. During the Covid-19 pandemic, the building closed. However, the service continued remotely and within community-based settings with service users adjusting well to the revised model.

Prior to Covid-19, discussions had been taking place around the suitability of the building. It was situated in an industrial estate, and it wasn't easy to facilitate community access and integration. Given the building had not been used since March 2020 and it had already been evidenced that services could operate successfully via a local community-based model, it was decided to co-locate the team with the Joint Dementia Initiative (JDI) service at Dollar Park and focus on delivering local community resources across the area, utilising community buildings closer to service users' homes.

The service currently offers monthly peer-to-peer support meetings to give service users a voice and a say in what activities are sourced and available for group activities, this is led by service users to encourage inclusion and participation in local community venues. Physical health is promoted in walking groups, cycling, gardening, and fitness groups which are open to all levels to allow everyone the opportunity to participate. As a result, service users can maintain their mental health and wellbeing and contribute to their physical wellbeing through local exercise groups and activities.

Service users are volunteering in their local communities undertaking several productive and beneficial tasks. The service has strong links with Forestry and Land Scotland, working in association with a ranger in the management of both Callendar and Larbert Woods. The group have been involved in the removal of invasive species, pruning, and trimming trees, and other woodland maintenance tasks. Similarly, at the Sensory Centre in Camelon, service users are working in the Sensory Garden and grounds to maintain them at a high standard.

The service is currently working in partnership with Forth Environment Link to undertake some cycle maintenance and healthy cooking groups by offering service users hands on learning and skill building opportunities. Working in partnership with Active Forth to create a referral pathway, service users are supported to access the Shapemaster Hub at the Mariner Centre. The Hub is situated in the Health and Fitness area and offers a gentle form of exercise,

relaxation, and socialising. It's ideal for those living with long-term health problems who are new to exercise or are deconditioned. Adjustable footplates and support straps enable access for people with movement restriction and their twelve power assisted exercise machines support all fitness levels.

The Upcycling Group continues to work with Grahamston Care Home, supporting them in maintaining their garden areas, with the group involved in restoring benches, fences, and general gardening tasks. The group has also created links with the volunteer programme at the Helix Park and are looking to commence fortnightly visits working on various projects to enhance the park for their array of visitors.

The Caledonia Service continues to work as part of Falkirk Users Soccer Experience (FUSE) linking in with Woodlands Resource Centre, Bellsdyke Hospital, and the Mental Health Unit at Forth Valley Royal Hospital. FUSE has maintained our working partnership with Stenhousemuir Football Club and has been able to delivery Covid-19 friendly coaching sessions throughout the last year, with the participants continuing to experience an improvement in their mental and physical health while also delivering social inclusion.

THE FALKIRK COLLABORATIVE TEAM

For many years, day support services have sought to move to person-centred models of support. The Learning Disability Day Support Collaborative is run by Healthcare Improvement Scotland Hub (ihub), and they have identified six key areas for development in Learning Disability Day Opportunities in Scotland. These are:

- Person-centred practice
- Partnership working
- Staff empowerment
- Community inclusion
- Supporting families to take a break
- Involving people in the design process

In June 2021, Falkirk HSCP was recruited to work with iHub to redesign day support for adults with learning disabilities. The Falkirk Collaborative Team includes partners from Healthcare Improvement Scotland, Falkirk HSCP, Falkirk Council, NHS Forth Valley, and Neighbourhood Networks. The Falkirk Collaborative Team is looking to explore how key areas of development in Learning Disability Day Opportunities can be applied locally.

Phase two of the project (June 2021 to March 2022) focused on gathering the views and experiences of the following stakeholder groups:

- People with a learning disability
- Families and carers of people with a learning disability
- HSCP staff who are part of the process for accessing day opportunities

- Third Sector organisations who are part of the process for accessing day opportunities

We received sixteen responses from internal day opportunities service users and carers who engaged either face-to-face, by phone, or by post. We used easy read surveys and Talking Mats to engage with service users and listen to their views. We received 32 responses from staff who provided their views either via the staff engagement survey or by attending the staff engagement event in May 2022.

Looking ahead to 2022/23, Phase 3 of the project aims to work with service users, carers, staff, communities, and key stakeholders to improve outcomes and opportunities for adults with learning disabilities in the key areas of living, learning, wellbeing, and working.

This will include hosting feedback events to share what has been learned so far in Phase 1 and 2 and the plan to use the Big Planning tool to facilitate planning sessions with a small cohort of service users. These sessions aim to establish what people want for their lives and to co-produce positive outcomes and opportunities.

DATES-N-MATES FALKIRK

As Scotland's national dating and friendship agency for adults with learning disabilities, Dates-n-Mates has sought to improve the health and wellbeing of its members in Falkirk by helping them to overcome the loneliness and social isolation to which many people with learning disabilities are particularly susceptible.

They have done this by:

- Providing opportunities and support to make and sustain friendships and close personal relationships
- Supporting people to develop the skills and abilities to make decisions about, develop, and sustain friendships and close personal relationships
- Increasing social inclusion and the presence of people with learning disabilities in everyday places, events, and activities

At the end of 2021/22, Dates-n-Mates has 40 members. The recruitment of new members has been significantly affected by the pandemic, but despite the many challenges of the Covid-19 pandemic, Dates-n-Mates have delivered a revised programme of in person and online events for members.

Online events have been developed to enable members to keep in touch during lockdown. Workshops have been delivered to members on themes of relationships and internet safety. Local events have been focused on the communities where members live, helping members get to know local people, pubs, and restaurants, which has made members feel more connected to their communities and has given them the confidence to meet

each other and visit these places without Dates-n-Mates team members in the process of developing more natural and reciprocal relationships.

CASE STUDY: DATES-N-MATES

Scotland's national dating and friendship agency, run by and for adults with learning disabilities, helps people experiencing loneliness in Falkirk.

Joining dates-n-mates following the passing of her companion two years ago, Jane* attended local social events and got to know the team. The team were then able to match her up with another dates-n-mates member, who had faced similar circumstances and had a similar outlook for life.

Originally 'friendship matched' at a bingo event, the pair have developed a strong friendship, now often meeting up for a coffee or at the tenpin bowling.

From bowling to meals out, and clubbing to bingo, Dates-n-mates creates meaningful connections, friendships, and relationships all year round with a series of regular social events.

Image 1: dates-n-mates members enjoying a day out at Glasgow's TRNSMT festival

**This case study has been anonymised and provided, with thanks, from Dates-n-Mates.*

HOME FIRST

Home First is a local initiative focussing on supporting people to avoid a delay in their discharge from hospital. Home First works with the person and their carer/relative to agree how they can support their loved one to get home, without any delays. The team consists of social work professionals, including social workers, social care practitioners, and Occupational Therapists, who carry out assessments and work in collaboration with health professionals to determine people's needs to return home.

Home First manages and facilitates discharges to Bo'ness Hospital, Summerford House intermediate care home, Falkirk Council care homes, Thornton Gardens and intermediate beds procured by the Partnership. The Home First team in Falkirk Community Hospital serves and manages the intermediate beds identified to aid downstream delays within Forth Valley Royal Hospital. Home First is also involved in discharge to assess model evolvement. The service continues to have strong links with the reablement service within Summerford House care home, working with an integrated approach to facilitate discharges to assist patient flow.

Image 2: Members of the Home First Team, Claire Duffy and Deborah Jackson

The Home First service has continued to work throughout the pandemic in parallel with our health partners to promote capacity and flow within the system. There work during this time has not gone unnoticed.

Ref	Measure	Mar-21	Mar-22	Direction of travel
54	Standard delayed discharges	15	28	▼
55	Standard delayed discharges over 2 weeks	6	17	▼
56	Bed days occupied by delayed discharges	209	662	▼
57	Number of code 9 delays, including guardianship	19	24	▼
58	Number of code 100 delays	3	3	▼
59	Delays - including Code 9 and Guardianship	34	52	▼

Table 8

The extraordinary effort and dedication of health and social care staff from Falkirk and Forth Valley was recognised in the 2021 Queen's Birthday Honours List. Almost 23% of recipients were recommended for Covid-19 service. These included recipients who have given charitable and voluntary support to communities, service in health and social care, and those who have provided critical infrastructure support.

Three members of the Falkirk HSCP's Home First Team received recognition and were awarded a BEM for services to Health and Social Care and the community during Covid-19:

- Nicola Harvey has been a valued member of the Home First team for 27 years. She was a key member of the Incident Response Team for the Partnership, while also continuing to undertake her duties as Home First Manager.
- Deborah Jackson was one of the key members of the Home First Team which supports people to return home or to a homely setting as soon as possible following a hospital visit.
- Claire Duffy has 25 years' service working throughout Falkirk Council and health and social care services. She is a Home First Practitioner within the Home First team.

The awards for Claire Duffy and Deborah Jackson were for their commitment in the hospital during the Covid-19 pandemic. The award for Nikki Harvey was for her work during the pandemic supporting the hospital team and in-house care homes. She supported and worked in external care homes throughout the pandemic. She has also been involved in supporting crisis episodes in Falkirk. For example, a gas failure in Falkirk during the winter months.

Ref	Measure	Mar-21	Mar-22	Direction of travel
85	The number of overdue 'OT' pending assessments at end of the period	226	292	▼

Table 9

DISTRICT NURSING SERVICES

Our District Nursing Team provide a wide range of local community-based services to people across a range of settings including people's own home,

care homes, and treatment rooms. We provide increasingly complex care for patients and support their family and carers to meet their needs. This could include access to area wide specialist teams where appropriate, such as the Enhanced Community Health team, tissue viability, and the hospice. Providing care at home, or as close to home as possible, reduces avoidable hospital admissions or attendances and helps get people back home quickly and safely.

The past 12-18 months have been a challenging time for our District Nursing Teams due to the ongoing pandemic and the increasing emphasis on preventing hospital admission by providing care to people in their own homes. We have seen a vast increase in the frailty and complexity of those in our care and continue to see a rise in numbers of those being supported and cared for by community nurses to die in their own homes.

As well as an increase in the frailty and complexity of those in our care, we have also seen an increase in patient demand for home visits and treatment room appointments. A review of our treatment rooms between 2020 and 2021 shows a 56% rise in the number of patients seen across Falkirk. To meet this need, a request for additional staffing has been submitted to the Falkirk HSCP. We have also continued to deliver ongoing Covid-19 vaccinations to those housebound patients in our care.

Our District Nursing vision is to support people to live and die well in their own home. To ensure we have a workforce with the skills required, we have continued to support ongoing training within our service. Over the past 12 months, we have supported the training of five new District Nurse Trainees and are in the process of recruiting our first District Nurse Advanced Nurse Practitioners.

Ref	Measure	Mar-20	Mar-21	Mar-22	Direction of travel
33	Number of patients with an Anticipatory Care Plan in Falkirk	12,454	28,628	29,070	▲
34	Key Information Summary as a percentage of the Board area list size Forth Valley	8.1%	18.2%	18.4%	▲
35	Key Information Summary as a percentage of the Board area list size Falkirk	7.8%	17.8%	18.1%	▲

Table 10

PALLIATIVE AND END OF LIFE CARE (PEOLC)

The Partnership continues to plan our model of palliative and end of life care to provide more care in community settings and as close to home as possible, where this is desired and appropriate. Care often involves a range of health and social care services for those with advanced conditions who are nearing the end of life, and this includes access to specialist palliative care services.

Approximately 1,730 Falkirk residents die every year. It is estimated that up to 1,300 of these people are likely to have palliative or end of life care needs. Our ageing population means that the number of projected deaths is expected to rise, which will also increase demand for palliative and end of life care services.

We measure the percentage of last six months of life spent at home or in a community setting to provide a broad indication of progress in implementing our action plan to improve palliative and end of life care. This will help to increase the percentage of time that people spend at home or in a community setting during their last six months of life.

Ref	Measure	2015/16	2020/21	2021/22	Direction of travel
86	Proportion of last six months of life spent at home	86%	89.4%	-	▲

Table 11

COMPASSIONATE COMMUNITIES: LIVING RIGHT UP TO THE END

Strathcarron Hospice compassionate neighbour volunteer programme provides practical and emotional support for people with life-limiting conditions and their carers. The volunteers at Strathcarron Hospice know that palliative care and end of life support is not just about the last days and hours of life but helping to maintain a quality of life for the person and their family at every moment from the point of diagnosis.

The Compassionate Neighbours Programme takes a de-medicalised approach to care. Its volunteers are focused on 'being there' for people experiencing life-limiting conditions and their carers. By focusing on meaningful social interactions and practical advice, the volunteers support people to live well right up to the end. The programme also aims to combat loneliness, which is known to be damaging to physical and mental health, contributing to lower quality of life.

While these volunteers are known as 'compassionate neighbours', many of the people supported by them simply refer to them as friends. As well as providing a friendly listening ear and welcoming conversation, the volunteers offer:

- Support and advice in a comfortable and non-clinical environment, such as the person's home or while out and about over a cup of coffee or a walk
- Open conversations about planning for the later stages of their life, including anticipatory care planning
- Helping people with long-term conditions, and their carers, to connect with community activities
- An opportunity for the person's full-time carer to take a break
- Practical support with small tasks, which can be as simple as changing a lightbulb

The compassionate neighbour volunteers are trained by Strathcarron Hospice and are matched with people based on interests, suitability, and location. The match-up system is designed to make friendships natural so that both sides of the relationship benefit. Anyone can refer themselves to the programme or be introduced by a friend, family member, or GP who thinks they might benefit.

CASE STUDY: COMPASSIONATE NEIGHBOURS

A lady was referred to Strathcarron Compassionate Neighbours for community support following multiple bereavements over the course of the pandemic (husband and two sisters). She had been accessing counselling from the Strathcarron Bereavement Service. Both the lady and her counsellor felt she would benefit more from connecting with her community.

She was introduced to a compassionate neighbour who was much younger than her, but they shared an interest in needlework. The lady reports that she feels she can talk to the volunteer in a way she could not talk with her family. They chat while they carry out needlework projects, sharing knowledge and tips.

**This case study has been anonymised and provided, with thanks, from Strathcarron Hospice.*

JOINT LOAN EQUIPMENT SERVICE (JLES)

Funded jointly by NHS Forth Valley, Falkirk Council, and Stirling Council, the Joint Loan Equipment Service (JLES) offers a range of equipment and aids to enable people to remain in their own homes across Forth Valley. The service primarily operates from a store in Falkirk, with small satellite stores geographically dispersed across the area. The Living Well Service compliments the JLES service as it allows service users to access equipment and aids to self-manage some conditions.

Teams across the Partnership assess patient needs and use the loan service to provide access to almost 200 different pieces of equipment, including:

- Grab aids and handles
- Kitchen, bathing, and toilet aids
- Large recliner chairs
- Hoists
- Hospital style beds

The service operates 52 weeks a year, providing evening and weekend on-call services too. Illustrating the important role that the service plays in supporting people to continue living in their own communities, the service remained fully operational throughout the pandemic.

Over the last year, the service achieved:

- On average, 1,500 items loaned out each month (18,809 in total)
- Delivered to over 6,000 clients across three local authority areas
- Over 10,500 orders processed
- An average three-day waiting period for non-urgent items
- 93% of items delivered within standard 7-day period and 59% delivered on the same day as the order was placed
- A 24% increase on items loaned compared to previous year (18,809)
- Over 6,500 items delivered to 23 local buffer stores across Forth valley (14% increase)
- Over 1,600 pieces of equipment serviced by our technicians and over 400 repairs completed
- 3,400 walking aid items uplifted, inspected, cleaned and 1,800 returned into the supply chain
- Over 15,700 pieces of equipment collected back from clients (25% increase on previous year)

Over recent years, funding partners have acknowledged that the Joint Loan Equipment Service must be refocused, to better meet the needs of current and anticipated future demands. To assist this process, an independent review of the service was commissioned via the Improvement Service.

The Review sought views from key stakeholder groups, including service users and carers, practitioners, senior manager, and JLES staff. Positive feedback included the response to urgent requests, dedication of staff and flexible access arrangements. Areas for improvement include dissatisfaction with delivery times, complex ordering processes, potential waste, or inefficiency through non-return/low reuse of existing stock, performance reporting issues, inconsistencies in processes, and a lack of investment in the service.

After careful evaluation of the Review, the Panel agreed that wider investment into a Forth Valley wide service is the best option to improve the service. Moving forward, a short life project group has been established to oversee the technical and financial developments of this option.

RETURN AND REUSE OF WALKING AIDS

Over 8,000 walking aids are supplied annually by NHS Forth Valley. There was no clear pathway for patients to return walking aids leading to them being discarded inappropriately in clinical areas causing a significant infection control and Health and Safety risk or ending up in landfill sites. The aim of the project was to create a sustainable pathway for walking aids to be safely

returned for use in NHS Forth Valley and prevent inappropriate discarding and waste.

A sustainable pathway was established by utilising QI tools and identified multi-agency partners. A sustainable pathway was then designed for the return and reuse of walking aids across all three local authority areas. We established recycling centres as drop-off points with the Joint Loan Equipment Services (JLES) to collect, safety check, decontaminate, and return walking aids fit for reuse back to NHS Forth Valley.

The project was promoted through local and social media, websites and posters of the return pathway, and ongoing support to staff involved in the process. There was signage at recycling centres, updates on websites, and labelling of walking aids with return information. As a result, 2,073 walking aids returns became fit for reuse. This has saved £8,155 and avoided the environmental impact of 12,894kg CO2E.

To sustain the change, we are providing continued support to Falkirk and Stirling local authority partners, as well as rolling out and promoting the pathway in Clackmannanshire. The analysis of monthly PECOS spends and data collection on returned walking aids is ongoing. We are obtaining user experience of the new pathway from staff and patients and will continue to support and communicate to sustain the pathway moving forward.

Image 3: JLES and NHS Forth Valley staff encourage the public to return unused walking aids and equipment.

Outcome 3:

People who use health and social care services have positive experiences of those services, and have their dignity respected

A NATIONAL CARE SERVICE FOR SCOTLAND

On 1 September 2020, the First Minister announced that there would be an Independent Review of Adult Social Care in Scotland as part of the Programme for Government. This review, chaired by Derek Feely, was published on 3 February 2021, where several recommendations were made to improve the quality of social care in Scotland, including introducing a National Care Service.

The Scottish Government launched the consultation of a National Care Service (NCS) for Scotland on the 9 August 2021, which sought public views ahead of the proposed creation of a National Care Service accountable to Scottish Ministers.

In response to the consultation, the Integration Joint Board (IJB) held a workshop with the Strategic Planning Group on 22 October 2021 to consider their response. The focus of the workshop discussion was on four themes from the consultation, of priority to the members. These included:

- Reformed IJBs: Community Health and Social Care Boards (CHSCBs)
- Scope of the National Care Service
- Valuing people who work in social care
- Improving care for people

Three staff and partner engagement sessions were held to seek views on the consultation. The consultation was also widely circulated, with people encouraged to submit views individually and/or as teams or professional groups. The Council also considered their response to the consultation at a special council meeting on 2 November. The HSCP response was submitted to the Scottish Government on the 2 November.

Nearly 1,300 individuals and organisations took part in the consultation. A significant proportion of the responses came from individuals with lived experience, or bodies that represent them. The Scottish Government has published their analysis of responses to the consultation.

PARTICIPATION AND ENGAGEMENT

During 2021/2022, we have continued to adapt the way we involve people as we recover from the Covid-19 pandemic. Though we were able to conduct one consultation event in person, most engagement and consultation activity has continued online.

As outlined in our Participation and Engagement Strategy, involving people with lived experience to improve service delivery ensures they remain at the heart of provision, and that we are taking a person-centred and human rights-based approach to engagement. This approach to engagement was highlighted in the Independent Review of Adult Social Care (IRASC).

In anticipation of the introduction of the National Care Service and new legislative requirements, the Partnership is focusing on enhancing our involvement of people with lived experience to participate in activities across the Partnership. This includes providing training to service users and carers to support meaningful participation for people with lived experience.

Work is currently underway to develop training for staff so they can effectively involve and support carers and service users to participate. The Community Empowerment Team in Falkirk Council delivered community engagement training in 2021 for Tier 5 and 6 Managers. A total of 16 HSCP managers attended the training sessions. In collaboration with the Community Empowerment Team, we are currently developing a pilot training package for staff to support and allow meaningful participation for people with lived experience in strategic and operational-level meetings. This will be delivered sometime in September 2022.

The table below shows some public engagement activity that has taken place during 2021/2022:

Activity	Who was involved?					Outcome or impact on transformation
	Service users	Carers	Community	Staff	Partners	
BSL Plan	✓	✓	✓	✓	✓	
BSL Working Group	✓	✓	✓	✓	✓	
Voices Off	✓	✓	✓	✓	✓	
See Hear Strategy		✓	✓	✓	✓	
Carer Representation on the IJB and Strategic Planning Group		✓			✓	Direct opportunity to inform and direct strategic direction and decision-making process
Carer Representation on the Carers strategy Implementation Group		✓		✓	✓	Ensure appropriate and supported representation

Activity	Who was involved?					Outcome or impact on transformation
	Service users	Carers	Community	Staff	Partners	
Carer Representation on Flexible Respite Panel to agree funding of support to carers				✓	✓	Ensure appropriate decision making.
Carer Representation on group to develop easy read version of Short Breaks statement		✓		✓	✓	Ensure the final document was as accessible as possible.
Partnership approach taken to training delivery.				✓	✓	By training mixed groups from health, social work, care delivery teams, and training teams, staff could share experiences, form relationships, and consider jointly how the approach will benefit the people who use our services.
PPC Providers Networking Group formed.				✓	✓	Care coordinators and trainers from the Falkirk Council care-at-home service and private providers can come together to share best practice.
Monthly service user meetings at the Caledonia Service	✓			✓	✓	Service users have a voice to be heard by the team. It is an opportunity to discuss any issues or new opportunities available to the service.
Presentation on Caledonia service to health partners in Woodlands Resource/Social Work locality teams meeting presentation			✓	✓	✓	To allow our partners in health an opportunity to see what the service delivers, how to refer and what resources are available to new people considering attending.
Local venues resourced to engage in group work/keep well nurse visits.	✓		✓	✓	✓	Inclusion in community areas and groups, looking at overall health and wellbeing for service users.
Partnership working across HSCP within the Caledonia Service.	✓		✓	✓	✓	Partnership working and volunteering increased self-esteem in Caledonia service users and a sense of belonging within a community.

Activity	Who was involved?					Outcome or impact on transformation
	Service users	Carers	Community	Staff	Partners	
Support at Home consultation	✓	✓				Consultation findings support the HSCP and partners to develop the contract strategy and service specification for Support at Home services.
Joint Dementia Initiative (JDI) consultation	✓	✓		✓	✓	Gathered views from staff and service users to improve outcomes and opportunities for service users and re-establish links to enhance partnership and collaborative working.
Diabetes Prevention pathway Engagement activity using Scottish Model of Service design engagement tools	✓		✓	✓	✓	Lived experience shaped pathway development and ongoing Quality Improvement
Gestational Diabetes pathway Engagement activity using Scottish Model of Service design engagement tools	✓				✓	Lived experience is supporting pathway development and ongoing Quality Improvement (PDSA)
Diabetes Education development	✓	✓		✓	✓	User experience of previous diabetes education, desired learning and health need informed programme philosophy and content, including re adult literacy (health, digital, educational)
Prisons work	✓		✓	✓	✓	Content for each group is shaped by desired outcomes at session 1
Why Weight Service	✓			✓	✓	Continuous improvement through feedback from service users, staff, and partners

Table 12: Participation and Engagement Activity

Outcome 4:

Health and social care services are centred on helping to maintain or improve the quality of life of people who use those services

FALKIRK COMMUNITY HOSPITAL MASTERPLAN

A new masterplan has been developed for Falkirk Community Hospital which will set out the vision for how existing services could be developed, improved, and expanded across the site. This will be taken forward in partnership with local staff, GP practices, NHS Forth Valley, Falkirk Health and Social Care staff, and Falkirk Council.


The Falkirk Herald

Health check for hospital

NHS Forth Valley reveals plans for Falkirk Community site

FULL STORY: PAGES 8 & 9

Bairns get their man


Health

Falkirk Community Hospital: Transformation will create 'seamless' care for patients

Plans to transform Falkirk Community Hospital will create "more joined up and seamless care" for people in the district, it has been promised.

By Kirsty Paterson, Local Democracy Reporting Service

Building work that had been due to start on older inpatient units - after they were identified as being a fire risk - has now been put on hold as more ambitious plans for the entire site are explored.

Since December, admission to four of the units had been paused, the number of patients gradually reduced and staff redeployed.

Now, the number of patients remaining in the block is in single figures and it is expected they will all have been discharged by the end of June.

The hospital was identified as one of several community facilities in the Scottish Government's new capital investment programme for upgrading or renewal. Plans to develop a new intermediate care facility will be explored as part of the wider review of the hospital site and there are plans to introduce additional theatre sessions at the hospital to carry out thousands of extra eye operations each year.

Work is underway to transfer outpatient physiotherapy services for people with musculoskeletal issues from Forth Valley Royal Hospital to Falkirk Community Hospital. This will free up space with the acute hospital to expand the new Urgent Care Centre which provides advice, care, and treatment for people with urgent, but not life-threatening illnesses and injuries. Many patients have been successfully discharged or transferred to other community-based facilities which are able to provide short and longer-term care, assessment, and rehabilitation support.

Several workshops took place in September and October to support the development of the Falkirk Community Hospital Master Plan. These workshops were well attended by a wide range of stakeholders including staff, public representatives, and sector specialists. The workshops have been built around the following aspects which will be included within the masterplan:

- Bedded Care
- Ophthalmology
- Audiology and Diabetic services
- Outpatients including community-based screening, continence, and audiology
- Non-clinical and support services including office accommodation, decontamination unit and technical services

The discussions through the workshops have identified the potential of a wellness centre as part of the overall master plan, creating a hub for self-management and wellbeing, bringing together a range of sectors including third sector which could sit at the heart of the Falkirk Community Hospital ambition.

COMMUNITY BED BASED CARE PROVISION

As we start to emerge from the challenges of the Covid-19 pandemic, there has been a significant improvement in the number of cases and outbreaks in our care homes. Over the winter period, the flow challenges across the system in terms of care at home availability have been supported through the commissioning of care home beds as interim and intermediate placements while suitable longer-term care has been sourced.

When looking at the demand for bedded care, including care that requires to be delivered in a community hospital setting, care that requires reablement and rehabilitation, and other residential complex care requirements, it has been identified that there are potential improvements that can be made in relation to our overall provision to match the different types of demand.

While work is ongoing to develop the Falkirk Community Hospital Masterplan, this development is a considerable time away from being delivered, and there is a need to ensure that our current bed-based care provision is fit to meet our needs in the short to medium term. Thus, a review of our bed-based care has begun.

In the meantime, one care home that has been used to support intermediate care placements is Thornton Gardens. In April 2019, the IJB agreed to relocate the respite/short breaks provision for younger adults with learning disabilities from the Rowans to Thornton Gardens, including increasing the capacity from three to four beds for short breaks. In response to the pandemic, it was agreed to temporarily change the purpose of the facility to provide accommodation for both older and younger adults and to increase the number of beds from four to fourteen to provide planned and emergency short breaks.

New intake to interim beds in this facility has now ceased and since April 2022, the Care Inspectorate Registration has been formally changed to support use of the facility for respite for all adults and adult support and protection respite. Two beds at Thornton Gardens have been unavailable throughout this time

due to reprovisioning to support storage and office accommodation. Alternatives are being considered as part of the interim bed-based care review to maximise our available bedded care provision.

This arrangement will ensure sufficient capacity is available to meet the current levels of demand while the wider review is being carried out, and medium-term recommendations developed.

PRESCRIBING PROPORTIONATE CARE

The Falkirk Health and Social Care Partnership joined with the Clackmannanshire & Stirling Health and Social Care Partnership and NHS Forth Valley to provide training to Occupational Therapists, Physiotherapists, Moving and Handling Trainers, and Care Coordinators from Falkirk Council and private providers' care-at-home teams that will allow us to modernise our approach to how we support people who need help with transfers and with moving in bed.

Modernising our approach and introducing new equipment will help us meet the growing demand for care-at-home. We have called the approach 'Prescribing Proportionate Care'. This new approach will ensure a person-centred assessment of moving and handling needs, ensuring the right amount of care and treatment is provided in an appropriate environment. The approach ensures care is not over prescribed and is proportionate to assessed needs. This prevents individual's becoming dependent on care they do not need which can negatively impact a person's independence and wellbeing.

The approach also creates capacity across the whole system as many organisations have reduced the number of care packages requiring two carers by upwards of 40% by implementing this approach. This will free up capacity and allow services to address growing demand and reduce delays safely.

There was joint working with a range of NHS Forth Valley departments to set up and kit out training rooms within Falkirk Community Hospital. We ensured that the limited spaces on each training cohort were filled, swapping places to fill vacancies that arose during a time of significant service challenge due to sickness absence, and high demand on services. We contributed to creating processes and paperwork to guide staff with the implementation at service level and in their work with individual people.

The training is already impacting outcomes for service users as the new approach avoids the need for people to have two carers where equipment plus one carer is appropriate. Thus, facilitating people who can stand, even for short periods, while transferring to do so, and offering increased opportunity for families to care for their loved one if they wish to do so.

MENTAL HEALTH AND WELLBEING IN PRIMARY CARE SERVICES

The Scottish Government has announced funding to support the formation and implementation of the Mental Health and Wellbeing in Primary Care (MHWBPC) Services Model, as proposed in the Mental Health and Primary Care Short-Life Working Group Report.

MHWBPC services are required to be established within an area served by a group of GP practices (locality or cluster area). The service should include a multi-agency team providing assessment, advice, support, and some levels of treatment for people who have mental health, distress, or wellbeing needs. The guidance states that every MHWBPC service should ensure that it provides access to a link worker to support wellbeing, with every GP practice having access to a community link worker who, through their role, will support mental wellbeing. The guidance also covers how individuals should be able to access the service, digital and self-help approaches, and pathways for people who require urgent care.

The services are expected to be developed incrementally by Spring 2026, and funding has been confirmed to support its delivery, building on the funding already in place to support mental health in primary care through Action 15 of the Mental Health Strategy and Primary Care Improvement Funding.

Local planning groups are required to be set up by Integration Authorities, and these groups will be responsible for developing and implementing the MHWBPC services in line with the Scottish Government guidance. For Forth Valley, it is intended, at least for the early planning process, that a single local planning group will be established covering Falkirk and Clackmannanshire and Stirling IJB areas.

PRIMARY CARE MENTAL HEALTH NURSES

Between 2019 – 2022, the Primary Care Improvement Plan aimed to embed a Primary Care Mental Health Nurse model which gave every GP practice access to a mental health nurse for individuals over aged 18 experiencing mild to moderate mental health problems. Since early 2022, this objective has been achieved. The service offers a weekly capacity of 1,157 appointments across all GP practices in Forth Valley (on average over the year). However, this capacity does not meet the needs of all mild to moderate mental health demand in general practice. The demand is variable and waiting times of up to four weeks are common for an appointment with a Primary Care Mental Health Nurse (PCMHN). The demand for mental health appointments seems to be higher because of the pandemic.

Between March and November 2021, there were 15,247 PCMHN appointments in Falkirk. Of these, 81% were attended, 7.1% were unfilled, and 11.9% were not attended. Service evaluation showed that most patients present with concerns relating to anxiety, low mood, or stress. Almost half of PCMHN appointments are new appointments, and half are returns. The primary

outcome for PCMHN appointments is to support patients to engage in self-help. Over 96% of patients referred fit the criteria and less than 2.5% of patients are returned to GP care. Service user feedback completed in July 2021 by 79 respondents showed that 96% of service users felt they had an appointment with the right person and 86% felt the appointment was as soon as they needed it to be.

THE SENSORY TEAM

The Sensory Team is part of the Health and Social Care Partnership and is based in the Forth Valley Sensory Centre in Falkirk. The team work closely with Opthalmology and Audiology colleagues, as well as the Social Work Locality Teams and a range of third sector specialist services to meet the outcomes of clients with sensory impairment.

The team offers support to both adults and children and have good links with local specialist schools and children's services. The team aims to promote independence, reduce risks by making the home and external environments safer and to reduce isolation and anxiety. The focus is on early intervention and prevention to prevent a decline in health and wellbeing and to reduce the impact on frontline social work and health services. The team offers a support service and staff are trained in British Sign Language, Hands on Signing, Deaf Blind Manual, and Lip Reading. The team offers BSL and Sensory Awareness training to colleagues throughout the Partnership and the wider council to meet the aims and objectives of the National and Local BSL plan.

During 2021/2022, the team have provided information and signposting as well as a range of equipment, training, advice, guidance, and support to keep people safe at home and within their local community. They have focused on meeting the agreed quality of life outcomes of feeling safe, having things to do, seeing people, staying as well as you can be, and living where you want and as you want. They have encouraged independence and improved confidence, morale, skills, mobility, and reduced symptoms.

REDESIGN OF RESIDENTIAL CARE: TORWOODHALL

There was significant engagement with residents, their families, and staff to support the transition to new care arrangements, following the decision to close Torwoodhall Care Home. This included collaborative working with Localities Teams to ensure that all residents were well supported by their key workers. All residents and their families participated in individual reviews to ensure that their individual care needs were being met and wishes and concerns were being actively listened to and documented in their care assessment and support plans.

Other agency partners were involved in supporting each resident. This included family members, independent advocacy, psychiatric nursing, and

Care Inspectorate. Regular individual meetings took place with residents in a variety of ways, including face-to-face, Teams and Skype calls.

Social stores and video footage were taken of our in-house residential care homes to enable residents to have a virtual tour of the care homes to minimise unnecessary footfall whilst adhering to Scottish Government and Public Health Guidelines. As everyone's journey progressed, visits were arranged and agreed, with PCR testing carried out. Residents were encouraged and supported to decorate their new rooms to enable and empower them to feel positive about the move and feel fully included at all stages of the process. Most of the residents from Torwoodhall chose to live in Cunningham House or Burnbrae Care Home. Staff were deployed to these homes to support residents with the move and to ensure continuity of care.

Staff engagement took place between January and March with HR and Trade Unions. All staff were supported into social care worker, domestic and cook roles in other establishments within residential care settings. Senior management ensured that all staff choices, work life balance and rotas were considered to support the staff team during a sensitive time, recognising that many staff had worked in Torwoodhall for more than twenty years. Following the residents move, Torwoodhall Care Home closed on the 30 April 2021. The building has been vacated and handed back to Falkirk Council as part of the strategic property review.

STAYING CONNECTED AT CARRONDALE CARE HOME

At Carrondale Care Home, we pride ourselves on our work within our local community and strive to give our best to encourage individuals and local groups to participate in our activity programme. During the Covid-19 pandemic, community participation has been crucial. We have used digital tools for communication to provide residents the opportunity to share their lives with family regardless of the distance and miles that separate them, especially for those who are unable to leave the home.

The main aim of the project is to bridge societal and generational gaps, to promote inclusion, diversity, and equality within the community. Throughout the activity programme, we aim to bring generations together by working with each other, for example, we are recreating a post office at Carrondale for our residents to access with the help of S4 students at Larbert High School Art Department. Plans are ongoing to erect a bus shelter with a seating area for residents and a train station with moving scenery via projector to recreate memories as a meaningful and purposeful activity.

By adopting an intergenerational approach, communities come together by creating meaningful and purposeful connections between generations whilst tackling loneliness and mental health issues. It creates more varied activities and as part of the younger generation's development, they are learning as well as socially interacting, respecting, and understanding the needs of the elderly. This is improving quality of life and eliminating age related barriers.

Adopting an intergenerational approach aims to bring young people and adults together to address social issues which in turn builds relationships and mutual respect by learning from each other. We have found families and the wider community are building lifelong friendships.

The community has come together to help us raise funds for a minibus, which is something the home has never had and would be beneficial to residents, families, staff, and community wellbeing, bringing generations together on reminiscing trips and visiting the local communities to show our support. We have used digital technology to host virtual concerts in aid of our Wheelchair Adapted Minibus Appeal.

Digital technology has been a great way to connect to the community, family, and friends. We have used our giant tablet as a tool to connect to the local primary school performing a pantomime to spread Christmas cheer and to interact with our residents. The residents love to hear from children and staff from local schools, which has been difficult due to the pandemic. However, the residents enjoyed the recorded virtual pantomime, and every child involved wrote Christmas cards for the residents as a thank you.

We have online Arts and Crafts classes hosted by a resident's daughter. We use Facebook live for singers and bands in the garden so that the residents indoors can watch and feel included allowing families to watch along with them and commenting during the live stream. We use an interactive screen for residents with hearing impairments during window and pod visits to aid in communication as masks obscure expression and thus prevents lip reading.

Digital technology has prevented loneliness by sustaining regular contact and communication with loved ones. Tablets are used to rekindle memories and encourage engagement. Laptops and iPads connect friends and family via video apps. Most of the residents own tablets and this allows them to connect with their families and friends whenever they wish.

Image 4: A local resident learning how to use a digital device to keep in touch with family and friends.

A year is a long time to miss out on new grandchildren and great-grandchildren as babies grow up too fast. Using technology, residents have kept in constant contact with their families and felt included with the new-born babies. Our Facebook page is updated daily with activities and

photographs of the residents so everyone can keep up to date with their loved0020ones and observe their overall health and wellbeing, thus giving families peace of mind. The residents at Carrondale Care Home have benefited greatly from using digital technology for family times as it has allowed them to stay connected with their family and friends.

Outcome 5:

Health and social care services contribute to reducing health inequalities.

CHANGING PLACES

Changing Places toilets are different to standard wheelchair accessible toilets, as they come fitted with additional equipment to help people with severe disabilities use toilets safely and with dignity. All Changing Places will include a height-adjustable changing bench, an overhead track or mobile hoist, a peninsular toilet, privacy screen, and enough space for up to two carers.

Image 4: Changing Places Toilet

The Changing Places Consortium estimates that around 230,000 people in the UK with a range of disabilities benefit from these facilities. This includes people with severe and multiple learning disabilities, such as Cerebral Palsy, Motor Neurone disease, Multiple Sclerosis, people recovering from a stroke, and some older people.

Falkirk HSCP is currently working to install a minimum of 12 new Changing Places across the Falkirk area. The Partnership's Changing Places working group includes members of Falkirk Council, Falkirk Town Centre, Falkirk HSCP, local service user representatives, and Changing Places advocates. Current Changing Places in the Falkirk area include:

- Carronbank
- The Mariner Centre, Camelon

- Grangemouth Sports Centre
- Forth Valley Royal Hospital
- Forth Valley College
- Helix Park Falkirk
- Oswald Avenue Day Centre, Grangemouth
- Dundas Resource Centre, Grangemouth

THE HERBERT PROTOCOL

Police Scotland has adopted a single national process to help officers quickly obtain information about a vulnerable missing person who has dementia, saving vital time in the early stages of an investigation. The national implementation of the Herbert Protocol has been developed in partnership with Police Scotland, Health and Social Care Scotland, Alzheimer Scotland, and the Scottish Government.

The Partnership supports The Herbert Protocol by sharing the news release of the national launch of the Protocol and promotion of the App on the HSCP website, social media, and newsletter. Continued promotion of the Protocol will support awareness raising and information sharing on these important initiatives. This work linked closely with the promotion of Power of Attorney (POA). The Partnership participated in POA day and took part in national media and social activity.

RECONNECT

Produced by the Scottish Chamber Orchestra, ReConnect is an interactive music-making project which aims to bring people living with dementia and their carers together through music to improve wellbeing and quality of life, whatever a person's age or stage. People are invited and supported to sing, play instruments, improvise, and listen. Since 2013, in partnership with NHS Lothian and the University of Edinburgh, ReConnect has been developed for specialist use in healthcare settings, helping people with dementi a through the creation of improved pieces that draw upon people's moods or movements.

500 DVD copies of the ReConnect series were made available to Falkirk's care homes, community groups, individuals, and their carers. The DVDs have been provided as part of the Partnership's ongoing Covid-19 action plan, aimed at supporting groups and communities affected by the impact of the pandemic.

FOOD TRAIN

Food Train is a charity that provides lifeline shopping and befriending services for older people. It is highly acclaimed for its work to tackle malnutrition and loneliness among older people, already operating in nine other Scottish local authority regions.

Image 5: Food Train Delivery Service

The service has been commissioned by the Partnership to help residents aged 65 and over to live better lives in their own homes. This includes its award-winning home shopping and delivery service as well as household support, meal sharing, and befriending schemes. With the vital support of its volunteers, Food Train helps people to reconnect with their local communities and provide a friendly helping hand with everyday tasks, which can be on a regular or as-needed basis to suit people.

In its first six months, the new Falkirk branch has established four new services: the grocery shopping service, hospital discharge food support service, befriending service, and household support service. So far, 68 older people are being supported on a regular basis with the support they feel best meets their needs.

Food Train currently have 20 active volunteers working across the services, with volunteer recruitment ongoing to steadily grow their volunteer team to match growing customer numbers. Food Train have been working with the Falkirk Council Disabilities Team and have recruited two volunteers with additional support needs, who are being supported to play a vital role in the delivery of Food Train's shopping service.

CASE STUDY: FOOD TRAIN

Before joining Food Train's Befriending service, *May, who provides care for her partner, Jack, was anxious to leave him at home alone.

Food Train helped May and Jack to find a 1:1 befriender match to support them. The befriender now visits the couple regularly to help May to get out and about without worrying about Jack.

This provides regular short breaks from caring for the couple and the opportunity to do some tasks outside the home that May would otherwise not be able to do.

**This case study has been anonymised and provided, with thanks, from Food Train Falkirk.*

DIGITIAL INCLUSION

The Partnership has participated in Digital Inclusion Schemes, including the Fairer Falkirk Digital Inclusion Fund and Connecting Scotland, where a small number of devices were acquired for individuals who were isolated or digitally excluded. We worked with Community Learning and Support and AbilityNet, a volunteer group who acted as digital champions to support individuals who received the devices.

A series of digital inclusion events called "Tech Tea Parties" are being planned for 2022/2023. These informal events will help individuals to learn some basics about technology with support from AbilityNet volunteers. Sessions are targeted to groups who use Health and Care services, such as Care Homes or Sheltered Housing residents, Social Work service users, and people waiting for a package of care.

HEALTH PROMOTION SERVICE COVID-19 RECOVERY GRANT SCHEME

The aim of the scheme was to support local organisations and community groups across Forth Valley in their response and recovery throughout the Covid-19 pandemic. The primary focus on the scheme was to reduce health inequalities and improve mental wellbeing. Organisations and groups could apply for up to £500 to support them to recommence activity or start new activity as a response to Covid-19.

The grants allowed communities to take forward innovative ideas to respond and recover from the impact of Covid-19, ensuring that support is there when people need it most. They also enabled groups and organisations to adapt their way of working, to reduce health inequalities, and improve mental health and wellbeing.

- 23 applications were received from the Falkirk area
- 13 organisations operating within the Falkirk area received a grant of approximately £6,500
- 16 applications served other areas in Forth Valley, including Falkirk
- 9 organisations operating within the Forth Valley area, including Falkirk received a grant of approximately £11,000

As communities need support to meet new challenges post Covid-19, including the cost of living crisis and fuel poverty, there will be a return to the Community Grants Scheme for 2022/2023. Mindful of the ongoing impact of Covid-19, we continue to welcome applications with this focus.

Outcome 6:

People who provide unpaid care are supported to look after their own health and wellbeing, including to reduce any negative impact of their caring role on their own health and wellbeing.

SUPPORTING CARERS

We have been working with carers and carer organisations to implement the Carer's (Scotland) Act 2016. Our Strategic Plan 2019-2022 has prioritised support for unpaid carers as a key issue. The work we are doing is consistent with the main direction of the Act, which extends and enhances the rights of unpaid carers. It aims to consistently support carers to continue to care, if they wish, and to be able to do so in good health and with a life alongside their caring responsibilities.

Our Carer's Strategy, Getting it Right for Carers in Falkirk, was co-produced with carers and carer organisations and covers both young carers and adult carers.

The Covid-19 pandemic and subsequent national lockdown in March 2020 interrupted the work of the Carers Strategy Implementation Group, including the continued development of the Carers Strategy Action Plan. This group restarted on 16 March 2022 and are now called the Carers Strategy Group. Ensuring that Falkirk HSCP carries out the legal duties and requirements under the Carers (Scotland) Act 2016 remains one of the main purposes of this group. **The Carer's Strategy is due for renewal this year and this group will be reviewing the strategy to ensure it's aligned with the Strategic Plan and developments towards the National Care Service following the Independent Review of Adult Social Care 2021.**

Since the beginning of the Covid-19 pandemic, the Short Breaks Bureau team and the Self-Directed Support team have been working in close partnership with Falkirk and Clackmannanshire Carers Centre to offer coordinated support to carers. The pandemic has reduced or withdrawn many services, and this has increased the levels of caring by unpaid carers. Many people have become carers for the first time because of reduced service provision. This has inevitably led to increased stress for carers and an increase in their caring role.

To address this, personal assistants were eligible for up to £500 national bonus thank you payment in line with other health and social care staff. SDS Forth Valley has indicated a high uptake of payments. Carers have continued to be supported through the provision of Personal Protective Equipment (PPE) and information on the vaccination programme for carers.

Short break options continued to be delivered where pandemic restrictions allowed and Covid-19 testing was supported to enable these to happen. The team delivered flexible respite payments to expand options to carers who

were unable to access sufficient overnight breaks, e.g., purchase of laptops, tablets, garden furniture, exercise equipment, and online courses. A small working group was established to produce an 'easy read' version of Falkirk Short Breaks Services Statement, which has now been published online.

Despite the challenging circumstances, the Carers Centre has continued to provide a full range of services and support to carers. In addition, in response to feedback from local carers about the need for better communication, up-to-date information, and ongoing emotional support, funding from the Partnership was secured to employ a Digital Development Worker and two Telephone Support Workers, which has allowed the centre to extend service provision and reach.

In 2021/22:

- 1,988 adult carers received individual support by phone, email, or online
- 637 identified as new carers
- 506 carers offered or requested an Adult Carer Support Plan
- 474 Adult Carer Support Plans were completed
- 87 carers offered a Young Carer Statement
- 47 Young Carer Statements were completed
- 35 people accessed flexible respite funding
- 82 carers received a short breaks grant
- 1,158 carers were referred to the CAB 'Help for Carers' project for financial support
- 181 digital carers cards were issued to carers
- 3,239 carers are currently on the Carers Centre mailing list to receive regular information
- 940 carers attend 114 Care with Confidence sessions
- 745 carers attended 111 regular group sessions, including the Men's Group, Chair Yoga & Mindfulness sessions, and Young Carers and Young Adult Group sessions.
- 97 involvement opportunities, such as Carers Forum meetings, surveys, and consultations were promoted to 3,695 carers.

During 2021/2022, carers have been encouraged to think about their own outcomes (rather than focusing only on those of the cared for person) to improve their health and well-being during the restrictions imposed due to the pandemic. This enabled us to deliver support that created 'safe spaces' at home or in the garden where carers could relax. The use of technology enabled carers to access online contact with friends, family, groups, etc. Exercise equipment e.g., static and outdoor bikes enabled carers to exercise and spend some time on their own health and wellbeing.

Carers most in need were still able to access a limited amount of overnight short breaks either by using care home support, alternative 'holiday' type breaks, as restrictions eased, and hours of support at home in place of overnight breaks away from home.

There was a programme of online activities for carers during Carers Week in June 2021, including a daily prize draw of short breaks from local hospitality providers and various family events. During the festive period, the Carers Centre hosted an 'in-person' Carers Christmas Lunch and organised a prize draw to mark the 'Five Days of Christmas'.

Ref	Measure	2019/20	2020/21	2021/22	Direction of travel
60	Percentage of service users satisfied with their involvement in the design of their care package	99%	98%	98%	◄►
61	Percentage of service users satisfied with opportunities for social interaction	91%	89%	90%	▲
62	Percentage of carers satisfied with their involvement in the design of care package	93%	93%	90%	▼
63	Percentage of carers who feel supported and capable to continue in their role as a carer OR feel able to continue with additional support	91%	91%	91%	◄►

Table 13

CARER REPRESENTATIVE TRAINING PROGRAMME

The Coalition of Carers in Scotland and Carers Scotland were funded by the Health and Social Care Alliance to develop and deliver a carer representative training programme in local authority areas. The Falkirk Health and Social Care Partnership was one of the five local authority areas chosen to participate in the pilot.

The training was co-produced by carers and delivered in partnership with carer representatives, local carer centres, and local Health and Social Care Partnerships. The project was originally planned to be delivered in 2020, but due to Covid-19, the training was adapted to be delivered online in March 2021.

The training has helped prepare carer representatives and increased their confidence and ability to engage and contribute meaningfully to meetings and to influence local development. Since the training, carer representatives have participated in meetings with the Coalition of Carers and local focus groups, such as the Dementia Friendly Steering Group and the Cross-Party Group for Carers. They have also been involved in engagement sessions regarding the Care at Home tender, the Joint Loan Equipment service, and Near Me.

Based on the success of the pilot training programme, we have extended the programme to include both carers and service users. The goal is to increase our representation of people with lived experience and encourage them to

get involved in a range of strategic and operational-level service redesign meetings. The training programme was designed and delivered in collaboration with the Coalition of Carers in Scotland (COCIS), Carers Scotland, Falkirk & Clackmannanshire Carers Centre, Inclusion Scotland, and Independent Living Association Forth Valley. Three sessions were delivered to eight carers and service users in April and May 2022.

SELF-DIRECTED SUPPORT (SDS)

Progress towards full implementation of Self-Directed Support has continued despite Covid-19. Due to the continued impact of the pandemic, some services are running at limited capacity, and this means individuals and carers are not able to access the same level of support and care that was available before Covid-19. Pandemic SDS Guidance from the Scottish Government and COSLA was updated in February 2022, and it encourages HSCPS *"to maximise flexibility and autonomy for the support person in meeting agreed outcomes."* It also highlights the need for worker autonomy to reduce process. We continue to be as flexible as possible and to try to ensure processes are not slowing down delivery.

The SDS team continuously links into national and local developments and organisations where practice can be shared, and continuous learning achieved to inform local approaches.

We continued to support those with care and support needs and their carers while taking a flexible approach. An example of this is the continuation of the 'Flexible Respite' budget which enables eligible carers to use up to £1,000 per year, from their overnight respite funding, to access alternatives to an overnight break from their caring role. We continue to work in partnership with Falkirk and Clackmannanshire Carers Centre to process and agree Flexible Respite requests, ensuring that these will meet the outcomes for carers. This includes purchasing items or activities to support them in their carer role, for example, exercise equipment, garden furniture, and technology.

Partnership working with the third sector was enhanced further during the pandemic, including through our work with the local support service SDS Forth Valley. Direct Payments were maintained to ensure Personal Assistants could be retained and those with support needs were able to meet their employer obligations. Personal Assistants have been able to return to work and provide the care and support required by their employers. There was some limited uptake of employment of family members as personal assistants (this is a complex area that can impact on income, including welfare benefits) particularly where individuals were shielding. All of these arrangements were supported by SDS Forth Valley to ensure the right processes (HMRC, payroll, insurance) were in place.

We have been working with SDS Forth Valley through their Support in the Right Direction funding from Scottish Government (SiRD). This consists of a pilot project with the Central Locality Social Work Team to try to identify

people early when an assessment or review is requested. The aim is to provide advice and information about what to expect at assessment, potential to access community or personal resources/networks and information about SDS Options, should there be eligible support needs identified through social work assessment. The learning from the pilot will be used to help streamline processes and support people that are waiting for assessment.

SDS Forth Valley has developed a hybrid model for meeting with service users and carers to support them with advice, information, and practical support to understand the SDS Options and to help them set up their support. Several videos are now available along with fact sheets and the opportunity to meet online or in person to go through the range of options and set up support. This has worked well for individuals, families, and carers, particularly where people work during the day and can't attend face-to-face meetings.

We continue to supply and deliver PPE to employers for their personal assistants.

We have delivered several briefings at Social Work team meetings to help staff keep up to date with developments and to support new staff to understand Falkirk processes.

Ref	Measure	2019/20	2020/21	2021/22	Direction of travel
37	SDS Option 1: Direct payments (data only)	27 (0.6%)	29 (0.7%)	-	n/a
38	SDS Option 2: Directing the available resource (data only)	101 (2.2%)	17 (0.4%)	-	n/a
39	SDS Option 3: Local Authority arranged (data only)	4,009 (88.8%)	4,128 (92.7%	-	n/a
40	SDS Option 4: Mix of options (data only)	376 (8.3%)	279 (6.3%)	-	n/a

Table 14

Requests for different SDS options continue with more enquiries in relation to Option 2, due to the more flexible approach which it brings when support/services may not have been operating as normal or with a reduced service. Lack of capacity among care and support providers has also led to an increase in Option 2 requests.

Moving forward into 2022/2023, the Short Breaks and SDS Teams will review the effectiveness of changes made with a view to learning from the experience of the pandemic and ensuring this is used to improve delivery of SDS for individuals and carers.

Outcome 7:

People who use health and social care services are safe from harm.

FALKIRK ALCOHOL AND DRUG PARTNERSHIP (ADP)

The Falkirk Alcohol and Drug Partnership (ADP) and the Falkirk HSCP work jointly to deliver outcomes for local communities and to relieve the burden of alcohol and drug-related harm across the Partnership. This is done through better alignment of area-wide drug and alcohol and HSCP Mental health services.

During the past year, ADP commissioned services have been able to maintain an excellent level of access to those who require support for their own or a loved one's substance use. We have seen a large increase in the number of people seeking help during Covid-19, and this upward trend has continued to be a feature as we move into the next phase of managing the pandemic.

Staff within these services, both statutory and third sector, have continued to demonstrate their resilience by managing increased waiting times and working with recruitment challenges, which decrease capacity. There have been many examples of solid partnership working throughout this period.

The Medication Assisted Treatment Standards have now been formally launched by the Scottish Government with an expectation that all ADPs work towards fully embedding standards 1 to 5 (of 10) by April 2023. Local work continues in pursuit of delivery of these service standards within the scheduled implementation timeframe.

A full and robust implementation plan is in place to underpin this work and a MAT Project Lead has been recruited to work with Clinical Leads, ADP Lead Officers, and ADP Chairs pan-Forth Valley to ensure this valuable work to address drug-related harm and service access is delivered on schedule.

Another key successful of the year was the design and development of the Forth Valley Overdose Outreach Team. This multi-agency assertive outreach team will respond to those who experience a Near-Fatal Overdose and is expected to be operational by July 2022. This is a further key element in reducing drug-related deaths across Falkirk and the wider Forth Valley area as evidence shows that people who suffer one or more NFOs are more likely to die from drug-related harm.

Forth Valley Recovery Community and the Forth Valley Family Support Service continued to offer their online services whilst gradually increasing face-to-face contact safely. This hybrid response has enabled services to maintain essential contact with service users and peers in areas where physical service access may be limited or where people traditionally choose not to engage at that level. The Recovery Cafes, SMART Recovery Groups and

Family Support Groups recommenced in a staged planned way, as did access to all other substance use services.

The investment made to Forth Valley Recovery Community and Change Grow Live through Falkirk HSCP Covid-19 Mobilisation funding has resulted in the successful pilot of Assistant Recovery Workers and Assistant Harm Reduction Workers being funded by the CORRA Foundation. The pilot venture proved to be a great success and has provided employment to those farthest from the employment market.

Finally, recruitment for a new ADP Lead Officer has been successful and he has recently joined the Partnership, after the post was vacant for more than two years. This is a key development for Falkirk ADP at a time when the national focus on drug-related deaths and how the Scottish Government's National Drug Mission is delivered locally is spotlighted.

During the interim period, the ADP has been supported by the Forth Valley wide APP Coordinator as part of their wider role. Although this support has been invaluable, there is now a considerable amount of work to be progressed to review and develop Falkirk ADP, including refreshing the current Delivery Plan.

Ref	Measure	Oct-Dec 20	Oct-Dec 21	Direction of travel
68a	Substance Use - Percentage of patients that commence treatment within 3 weeks of referral – Forth Valley Alcohol & Drug Partnership (90% target)	94.5%	90.5%	▼
68b	Substance Use - Percentage of patients that commence treatment within 3 weeks of referral – Forth Valley Prisons (90% target)	100%	100%	◄►

Table 15

ALCOHOL AND DRUG DEATH PREVENTION

From 1 January to 20 April 2022, there have been 20 suspected drug-related deaths reported across the Forth Valley area. 60% of these cases have been males with the average age being 40.8 years.

In August 2021, the Strategic Prevention Coordinator for Suicide and Drug Deaths came into post. This post has a direct remit for suicide and drug death prevention and is aligned to Public Health. At the same time, the Alcohol and Drug Partnerships were also awarded funding to support the recruitment of the Substance Use Death Reviewer post. This post brings additional capacity to support the multi-agency review of drug deaths. Both posts have a Forth Valley remit.

As well as overseeing the expansion of the Drug Related Death (DRD) review process, key tasks being progressed include the development of the Forth Valley Suicide and DRD Prevention Plan as well as the establishment of the Senior Leadership Group/Prevention Partnership.

Significant work has been undertaken to streamline the Drug Related Death (DRD) Review process so that all cases are now reviewed through a single multi-agency process. A range of partners are involved in each review including NHS Forth Valley, Social Work, Housing, Scottish Prison Service, Scottish Ambulance Service, Substance Use services, and Forth Valley Recovery Community. Across five review meetings, the team have reviewed 49 cases.

The soon to be developed Leadership Group/Prevention Partnership will be an important forum, along with the Partnerships, Alcohol and Drug Partnership's (ADP) and Community Planning Partnership's (CPPs) to highlight the outputs and findings from reviews and to facilitate learning and aid strategic planning. Moving forward, alcohol-related deaths will be reviewed using the same model.

The team supporting the DRD review process is also supporting the expansion of the suicide review process. Currently, suicide reviews take place where the individual was known to statutory mental health services/substance use services in the twelve months before their death.

Moving forward, all deaths by suicide will be reviewed to maximise opportunities for learning and to take a public health approach to prevention. Police Scotland now shares notifications of all probable suicides with the review team. This allows us to potentially identify themes and trends that may require a response such as the method and location of incidents. An agreed model for the review of all probable suicide deaths will be completed by the end of 2022.

OVERDOSE AWARENESS AND NALOXONE TRAINING

The delivery of Overdose Awareness and Naloxone training is targeted to participants and groups across Forth Valley who are most likely to be confronted by an overdose situation, predicated on the evidence that most drug-related deaths occur when other people were present who could have provided emergency life support to prevent death. Our training aims to equip participants with the knowledge, skills, and confidence of what to do in an overdose situation and how to administer naloxone.

Prior to Covid-19, this training was delivered face-to-face, however, due to the pause on face-to-face training delivery, the session was adapted for delivery on MS Teams throughout 2021/2022. A total of 50 participants from Falkirk attended the sessions.

SUPPORTING PEOPLE AFFECTED BY HOARDING DISORDER

Policy and guidance have been developed for multi-agency partners to provide supportive and effective interventions with adults who experience self-neglect or exhibit hoarding behaviours. It is important that our practice is collaborative, proactive, and informed by evidenced based practice. Where this is the case, the adult and their families receiving our interventions will have a better experience and feel empowered to make the changes they want, to live the life that they want, to feel safe, and to realise their potential.

Depending on the extent of the self-neglect and/or hoarding behaviours the adult is experiencing, there will be different levels of intervention and in some instances application of legislation will be indicated. It is important that all partner agencies are alert to the signs of self-neglect and hoarding and offer supportive early and effective interventions.

A multi-agency self-neglect and hoarding training course was delivered and developed in partnership with Fire and Rescue, Health and Social Care Partnership, Housing Services, Food Train, and Transform Forth Valley. An element of the course focuses on raising awareness of the signs and indicators, causes and effects of malnutrition in older people, that are not necessarily directly related to self-neglect.

The learning materials are kept under review and updated to ensure that all staff have access to up-to-date information, guidance, and training in this complex area of practice. The course is routinely evaluated with feedback from participants being used to inform and develop future learning and development resources.

Finance was secured to fund a part-time support worker within Transform Forth Valley to work with local people engaging in hoarding behaviours in partnership with statutory agencies. This post supports individuals while seeking to develop other services and resources for people affected by hoarding and self-neglect.

Between December 2021 and June 2022, six courses have been delivered with further courses planned for until December 2022. 100 staff from across the Partnership have attended these courses. 54% of attendees were from Corporate and Housing Services, 23% from Adult Social Work services, 12% from non-statutory services (including 6% from Transform Forth Valley), 7% from Home Care services within Falkirk Council, 3% from NHS Forth Valley, and 2% from Fire and Rescue Service.

While take up from colleagues within Corporate and Housing services is very encouraging, take up from adult services staff across the HSCP, particularly NHS Forth Valley staff and Adult Social Work staff is less encouraging. Future information about the course will be more focused and promoted to Falkirk Health and Social Care Partnership staff.

The Learning and Development Subgroup of the Adult Protection Committee is responsible for ensuring that all levels of the workforce have access to an appropriate level of Adult Support and Protection training this includes self-neglect and hoarding.

Ref	Measure	2020/21	2021/22	Direction of travel
45	Number of Adult Protection Referrals (data only)	805	1,101	-
46	Number of Adult Protection Investigations (data only)	164 (76 SW, 88 Police only)	65 (40 SW, 25 Police only)	-
47	Number of Adult Protection Support Plans at end of period (data only)	20 (at 31/03/21)	18 (at 31/03/21)	-

Table 16

COVID-19 VACCINATION PROGRAMME

The Covid-19 vaccination programme continued across the Forth Valley area. NHS Forth Valley offered everyone over the age of 18 their first vaccine, but not everyone has taken up this offer as 92% of Falkirk residents aged over 18 received a first dose of the vaccination and 82% received the second dose. To improve uptake rates in younger cohorts, NHS Forth Valley worked with Falkirk and Stenhousemuir Football Clubs to vaccinate on match days during August 2021.

All young people who are over twelve years with a neuro-disability or is immune-suppressed as well as those who live at home with someone who is immuno-compromised or suppressed were offered a vaccine from the 9 August 2021 to vaccinate them all prior to starting school after the summer holidays.

The main adult flu and Covid-19 booster/third dose programme started on 27 September 202 with the immuno-suppressed and clinical extremely vulnerable population. Community vaccination centres were established in Falkirk with temporary 'pop-up' vaccination sessions available at Bo'ness Sports Centre. Bo'ness was identified as the location for the 'pop-up' sessions due to the distance to Falkirk Community Hospital and the demographics of the community. Overall, the main adult programme was slow to start due to some staff absences. However, military personnel were recruited to aid in rectifying this.

Many Community Pharmacies were contracted to administer flu vaccine to everyone who is eligible. There was also a door-to-door transport service available to people who are without transport or who might struggle with

public transport. Dial-a-journey was used successfully during the COVID vaccination programme to support people.

For housebound patients, the district nursing teams, and the Immunisation Team administered the vaccine during home visits. Pupil-facing education staff including janitorial, admin and catering, had an opportunity to receive their vaccination in school in November. Patient-facing health and social care staff use a self-appointing portal to arrange vaccinations. These were administered either by Occupational Health Services, in community centres, or by community pharmacy (flu only).

NHS FORTH VALLEY HOSPITAL COVID-19 TREATMENT

New treatment for patients who are at very high risk of becoming extremely unwell with Covid-19 symptoms was launched across the UK on 22 December 2021. The aim of the treatment is to reduce the severity of the disease and to avoid hospital admissions for the most vulnerable people, for whom the vaccine may not have offered protection.

There are a group of ultra-high-risk patients, who are a subset of the current shielding or high-risk patient group. The criteria for inclusion on the ultra-high-risk list was determined by specialists UK wide. Public Health Scotland (PHS) have applied these criteria to patient databases and identified around 150,000 patients for Scotland. The nationally provided list was not 100% complete with up to 15% of eligible patients not identified by this national process. NHS Forth Valley established a process to identify patients who were not on this list, with specialist teams applying the criteria to their own patients and adding them to the list.

All patients identified by PHS received a letter advising them that they may be eligible for this treatment. Further criteria must also be met before treatment can be offered, i.e., the patient must have mild to moderate symptoms and have had symptoms and a positive test result for less than five days. If they have no symptoms or if their symptoms have persisted for more than five days, treatment cannot be given. Most patients identified are adults, however the ultra-high-risk group included children aged 12 to 18.

The NHS Forth Valley service is open to all patients who meet the criteria. NHS Forth Valley is proactively contacting patients. Twice daily, the positive PCR results for Forth Valley are mapped to the ultra-high-risk list to identify patients who may be eligible for treatment. They are then contacted by way of a Netcall message.

There are two treatment options currently available. The first treatment option is a one-off IV infusion of a monoclonal antibody drug. The second treatment option is a course of oral antivirals. This is used if the first option is unavailable, the patient has breached the five-day window for treatment, or they do not wish to have the IV treatment.

IV treatment is currently provided in the acute hospital, however further work is underway to explore a sustainable model for delivering the medication, which takes between two to three hours. The oral medication is taken by the patient in their own home and dispatched by taxi, given the time constraints.

There are currently 4 Ultra-High-Risk treatment pathways for Forth Valley patients:

- Adult
- Children aged 12 to 18
- Pregnant women
- Renal haemodialysis patients

The pathways follow the same criteria and processes for assessing eligibility and obtaining consent, but the delivery of treatment is different. Any children meeting the treatment criteria will only be offered IV treatment and this will be given in the paediatric unit. For pregnant women, again only IV treatment is appropriate, and this is delivered in the maternity department. As renal haemodialysis patients attend for dialysis three times a week, their treatment will be given while they are in the renal unit for dialysis.

CHANGES TO THE LAW: FIRE AND CARBON MONOXIDE DETECTION

The Scottish Government changed the law on fire and smoke alarms. The introduction of smoke and heat alarms in the Tolerable Standard guidance is in recognition of the danger fire poses to the occupants of a property and is intended to reduce the risk of loss of life or injury in the event of fire.

By February 2022, every Scottish home must have:

- One smoke alarm in the living room or the room used the most
- One smoke alarm in every hallway or landing
- One heat alarm in the kitchen
- One carbon monoxide (CO) detector if the home has a carbon-fuelled appliance, such as a boiler, fire, heater or flue

Telecare systems are provided in addition to the interlinked systems. In the context of the new legislation, telecare customers at high risk of harm from fire should receive the same level of protection from their telecare system as they do from the 'satisfactory equipment' stated in the Tolerable Standard.

The Partnership has increased the telecare equipment required and, as the only digital Council in Scotland, will be replacing all fire and smoke equipment with digital, interlinked equipment.

FRIENDS OF FORTH VALLEY FIRST RESPONDERS

Run by Falkirk Council in partnership with Falkirk Health and Social Care Partnership, Community Choices aims to provide local people with a way to

apply for public funding to improve their local area and vote to decide how public money is spent.

Image 6: Friends of Forth Valley First Responders install Public Access Defibrillators across the Council area.

Friends of Forth Valley Responders submitted a bid to the Falkirk area-wide category of Community Choices and secured £73,485 to install lifesaving equipment in each council ward.

Set up in 2013, the Falkirk-based charity supports the work of Forth Valley First Responders (FVFR), a group of volunteers trained by The Scottish Ambulance Service to attend 999 emergencies before the arrival of an ambulance. By raising funds, the charity helps cover the running costs of FVFR and supports public education initiatives and the promotion of good healthcare across Forth Valley.

It also buys lifesaving equipment and will use the Place-based Capital funding to further improve access to Public Access Defibrillators (PADs) by installing an additional 45 PADs in the local area – five in each council ward.

MOBILE EMERGENCY CARE SERVICE (MECS)

Our MECS Service continues to provide telecare to support individuals to live independently at home knowing that a response service is on call to assist should they raise an alarm. This gives individuals independence and their families peace of mind.

The Council of the Future Analogue to Digital Telecare Project became the first local authority in Scotland to go live with an end-to-end digital telecare service, securing the Gold Level 1 Digital Telecare Implementation Award in 2021. The project was one of six shortlisted in the category which aimed to shine a light on 'an individual, group, or organisation who has used technology to help their local community'.

Falkirk's MECS Service have been a frontrunner in Scotland in terms of upgrading the systems and equipment in preparation for when Scotland's telephone lines switch over from analogue to digital. This work was essential to avoid call failures, but the faster connection speeds and higher reliability also provides opportunities to explore what can be done with lines that can handle significantly more data. This potentially widens the range of monitoring data.

The set-up of new devices is quicker, offering more efficient processes for configuration and updates. It provides the service with real time visibility of the connection status of devices, meaning that faults can be detected sooner, and the service can be more responsive should an alarm go offline. Improved data capture has the potential to enable more timely sharing of user information where appropriate and, in this way, strengthen partnership working.

Image 7: Pauline Waddell and Ian Whitelaw with the digitally enabled MECS box.

The Partnership collaborated with Falkirk Council on a pilot project where Smart Speaker devices were provided to MECS service users. The outcome of

the project was very encouraging. Individuals engaged with digital technology easily using their voice and, as such, it reduced digital skills barriers.

It has enabled individuals to call MECS if they have a fall and aren't wearing a pendant alarm then they could use their voice to summon help through their device. Since the devices could be linked to smart technology such as plugs, heating, and doorbells it has provided practical solutions for individuals with limited mobility. Further work is required in 2022/2023 to upscale the project to explore the governance and potential risks.

Ref	Measure	2019/20	2020/21	2021/22	Direction of travel
48	The total number of people with community alarms at end of the period	4,087 (at 31/03/20)	3,989 (at 31/03/21)	3,811 (at 31/03/22)	-

Table 17

Ref	Measure	2018/19	2020/21	2021/22	Direction of travel
49	Percentage of community care service users feeling safe	90%	89%	88%	▼

Table 18

Outcome 8:

People who work in health and social care services feel engaged with the work they do and are supported to continuously improve the information, support, care and treatment they provide.

Our workforce remains the single most important resource in delivering high quality services and the transformation required to ensure the delivery of health and social care integration. This has remained a key priority during 2021/22.

We continue with our ambition to be recognised as a Learning Organisation. This shapes and influences our approach to all training, learning, and development. We strive to follow the five golden rules in this respect:

- Encouraging experimentation
- Thrive on change
- Reward learning
- Facilitate employees to learn from one another
- Encourage learning from our surroundings

The Partnership supports workforce development opportunities in a range of different ways.

MULTI-AGENCY TRAINING FRAMEWORK

We are committed to delivering a comprehensive training framework. Evidence of this was recognised during the recent Joint Inspection of Adult Support and Protection in Falkirk. The inspection team commented in their report that: "The partnership had a comprehensive and robust multiagency training programme." (Page 7)

The report goes on to state: "The partnership delivered a comprehensive multiagency training programme accessible to all agencies. The partnership's work around supporting care homes was collaborative and supportive." (Page 26)

Joint Inspection of Adult Support and Protection Report – Care Inspectorate February 2022

We have prioritised continued delivery of our multi-agency training programme, regularly reviewed and updated to ensure that all staff have access to up-to-date information, guidance, and training. The programme reflects our approach to blended and flexible learning, providing learners with access to 'just in time' online learning as well as induction and tiered learning depending on job role and experience. All training delivery is routinely evaluated with feedback from participants being used to inform and develop future learning and development resources.

All staff across the Partnership and beyond have access to a web-based information and learning resource (Forth Valley Practitioner Pages) where they can access a full range of information across the spectrum of Public Protection, and also directly book places on adult support and protection training.

ADULT SUPPORT AND PROTECTION (ASP) TRAINING FOR TRAINERS AND CHAMPIONS FORUM

We have developed a training programme for experienced and motivated care home practitioners to assist them in the delivery of ASP training to their staff team within their own agency or setting. This training includes all the necessary materials required to deliver ASP bespoke training with individual agencies or care home settings, ensuring that residents and service users are safe from harm. This is accompanied by appropriate support from Falkirk Health and Social Care Partnership staff towards ensuring a consistent, high-quality standard of ASP practice within and across the Partnership.

One of the supports available is the development of Care Homes ASP Champion's Forum. The first Champions Forum is scheduled to take place in Summer 2022 and planned to run quarterly throughout the year.

Course participants become 'ASP champions' within their setting or organisation following successful completion of the training for trainers. The forum will provide opportunities for Champions to come together to discuss and share practice related to Adult Support and Protection concerns in a care home setting. This will include harm prevention through the implementation of early indicators of concern framework. Champions will also receive support to develop an ASP plan for their service.

14 Residential Care Providers from both the third and private sectors, along with Falkirk Council are represented.

ADMINISTRATION OF MEDICATION TRAINING FOR HOME CARE SERVICE

The rollout of the administration of medication training programme for personal carers recommenced mid-2021 in the Central Locality after being impacted by the Covid-19 pandemic. The training is underpinned by the updated Adult Services Care & Support at Home Medication Policy.

Three Pharmacy Technicians were recruited towards the end of 2021 to support the programme working alongside Social Work Training and Workforce Development Service. In 2022, the technicians took over the delivery of the training with implementation plans being developed for rollout in the other two locality areas.

Key elements of this training include a competence test and individual feedback. This supports the personal carers to carry out administration of medication for service users who require this support. They are also able to respond to and meet an individual's medication needs in their own home, which can potentially prevent hospital admission.

PRESCRIBING PROPORTIONATE CARE (PPC)

Staff from Social Work Training and Workforce Development Service contributed to the planning of a new multi-agency delivery approach to the provision of social care packages of care. This involved Falkirk, Stirling, and Clackmannanshire Councils and NHS Forth Valley.

A series of training events were arranged for health and social care workers who have responsibility for assessing for the provision of Moving and Handling Risk Assessments. This training took place between January and April 2022. The focus was to equip workers with the skills and knowledge to help them identify where a reduced carer care package would be appropriate. The approach enables care to be delivered with dignity, consistency, and supports person-centred care through appropriate encouragement of independence.

Following this training, a series of familiarisation sessions were arranged for Moving and Handling Liaison Workers employed within Falkirk Council and the Third Sector in April and June 2022. These sessions ensure that information about the new approach and additional equipment available is understood more widely by other workers who participate in risk assessment and provide carer support with moving and handling tasks.

Training and Workforce Development staff have helped to identify and meet prior training needs for staff attending Prescribing Proportionate Care (PPC) training. In-house Moving and Handling training is being revised to incorporate the new approach and additional available equipment.

192 workers attended the PPC training from Falkirk, Stirling, and Clackmannanshire Council, NHS Forth Valley, and Third Sector care providers. Of these 192, 25 places were offered to Falkirk Council Occupational Therapists, 6 places for Care at Home services, and 5 places for Falkirk Council Moving and Handling Trainers.

66 workers were nominated to attend the Familiarisation sessions delivered inhouse by Falkirk Council Moving and Handling Trainers.

RECRUITMENT AND RETENTION OF STAFF

A Recruitment and Retention Working Group was established in May 2021 made up of representatives from the HSCP and Council Social Work Services. This cross-service group was tasked with finding solutions to significant recruitment challenges and to create initiatives providing incentives and opportunities in support of staff retention and career development. A cross-

service staff reference group was also created to consult with and gather thoughts and ideas from operational managers and frontline staff.

In the last year, we have reinstated our Social Work Sponsorship programme. We have concluded the process of collaborating with the Open University to secure two places for their social work degree course which will commence in October 2022. We successfully recruited both applicants from the Health and Social Care Partnership. Plans are in place to routinely sponsor staff on this programme and to consider an equivalent programme for Allied Health Professionals.

Social Work student placements continue to be offered, giving the opportunity to recruit those who are in their final year. In the summer of 2021/22, Falkirk provided 15 student placements to Stirling University, Robert Gordon University, and the Open University. We work in partnership with Forth Valley College and attend recruitment fayres and bespoke events to secure student interest in a career in health and social care.

In 2021, we increased the number of placements offered to HNC Health and Social Care students trialling student placements across a wider range of services across the HSCP. Alongside our regular placements within Residential Care and Housing with Care services, students were offered placements in our Home Care Reablement service, Mobile Emergency Care service, Joint Dementia Initiative service, Social Work locality teams, and our Sensory Service.

An evaluation is currently underway that will be used to inform future practice in supporting college students towards a career in health and social care. This includes employment opportunities for students with us whilst undertaking their studies. In addition, we plan to develop the offer for staff who undertake placement mentoring duties as part of their career development based on lessons learned.

Work is underway in recognising advance practice, what constitutes advance practice, and how this is recognised. Roles under consideration relate to Mental Health Officer, Mental Health Officer Practice Assessor, and Practice Educator. Consideration is also being given to other areas of advanced practice such as in Dementia, Addictions, and Public Protection.

The group is also working on developing a cross service induction programme that supports consistency across services whilst also ensuring best use of time, resources, and providing an excellent overview of local integrated and partnership working.

This work sits alongside another recruitment initiative under development. We plan to roll out a programme of evening virtual drop-ins for potential future employees informed by feedback gathered over the past year. The sessions are designed to provide an opportunity for HSCP and Council staff to

engage flexibly and reflect HSCP and Council values in action, bringing to life strategic aims and objectives and sharing examples of collaborative working.

CROSS SERVICE NEWLY QUALIFIED SOCIAL WORKERS (NQSW) GROUP

A newly qualified workers group was developed as part of the support being offered to new staff in their first year post qualifying. The group was viewed as a sanctuary during the pandemic keeping workers connected and grounded.

The group continues to develop, meeting fortnightly. As well as offering peer support, it incorporates aspects of induction from colleagues and external agencies, the agenda led by the worker's needs. Activity over the last year has included ongoing work around the development of their Continuous Professional Learning (CPL). This has taken the form of directing and assisting with the expectations of the SSSC (regulatory organisation) in their first year.

The development of awareness and skills around the assessment and management of risk to protect the public in all settings has been an important piece of learning for the group, with them developing a sense of professional and corporate responsibility.

Activities around this have included group discussion, independent learning via the use of their online Microsoft Team Channel and reflective sessions. Imminent work includes working with them and subsequently their supervisors to look at the NQSW standards with a plan to encourage group members to familiarise themselves with these and incorporate them into their supervision sessions.

Team managers and supervisors will need to look at these and heighten their awareness of the requirements. It is hoped that using these will encourage the development of individual learning plans which should be reviewed on a regular basis. A sample of this can be found here.

Other work done with the group has included training and development on subjects such as The Promise, pre-birth assessment and self-directed support, and sessions on reflective practice. The importance of the group is to facilitate learning for and from all sections of the service to enable a clear understanding of each other's roles, responsibilities, and the integration of these. For example, in kinship care where multiple family members may be involved in the protection of a child or young person.

Knowledge of the Family Group Decision Making and Change Grow Live services are essential to enable change in this and other situations. The group is designed to facilitate learning and development, share knowledge, and ultimately help make a difference to the lives of the people and communities that we work with.

WEBINARS

During the past year we have delivered a series of webinars available to all staff working across the HSCP and Council services on “Prevention of Substance Use Harm” and “Keeping the Promise”. This format of online learning has enabled us to reach a wide audience and to use these opportunities to signpost participants to where they can find additional resources and training.

AHP NON-MEDICAL PRESCRIBING NETWORK

Allied Health Professionals Non-Medical Prescribing (AHP NMP) Network continues to expand and develop with continued financial backing from the Scottish Government. Throughout 2021, a further 16 Allied Health Professionals (AHP) successfully completed their NMP training and subsequent exams. We now have a total of 34 AHP NMPs in the Partnership with additional six Paramedic Prescribers who now fall under the AHP remit. A further four AHPs are currently underway with their training in 2022 and another four have applied to begin training in September 2022.

The AHP NMP Network now meets quarterly to support and mentor all AHP NMPs. The group provides Continuing Professional Development (CPD) opportunities and supports annual audit and peer supervision sessions. The group has recently contributed to the review of the NHS Forth Valley NMP Policy, allowing AHPs specific policy section reference for the first time.

Advanced Physiotherapy Practitioners in Primary Care have also commenced a national roll-out of e-prescribing in two Falkirk HSCP Practices in 2022. Close work has been undertaken with Pharmacy colleagues to achieve this improvement to patient journeys. Further implementation to another eight GP Practices is planned later this year.

AHP INJECTION THERAPY NETWORK

The Allied Health Professionals Injection Therapy Network for Physiotherapists and Podiatrists in the Falkirk HSCP continues to develop and expand. Network events have already taken place in 2022 to support peer learning and CPD training opportunities. The Network will meet again in November 2022 and has supported a further three Physiotherapists to successfully complete and pass their training this year. Training for up to a further six Physiotherapists will be undertaken as Covid-19 regulations are reduced thus enabled course dates to become available.

Advanced Physiotherapy Practitioners working in Primary Care undertook 1,000 injections in 2021/22. When compared to costs of these procedures being administered by Secondary Care Consultants, a saving of over £180,000 is demonstrated. Alongside economic benefits, the administration of Injection Therapy within AHP Primary Care and Outpatient settings can be seen to improve patient pathways and reduce already long waiting times within Secondary Care.

ALCOHOL BRIEF INTERVENTION TRAINING

The Health Promotion Service delivers Alcohol Brief Intervention (ABI) training, which has been designed in line with national ABI training to help participants learn more about the effects of alcohol, how to calculate units and the skills required when offering brief advice. The training also aims to equip the workforce with the knowledge, skills, and confidence to initiate a conversation about alcohol and to deliver alcohol brief interventions.

In 2021/2022, alcohol brief intervention training was delivered via LearnPro online learning and a total of 22 health care staff, including prison health care staff in Falkirk attended the training.

RAISING THE ISSUE OF TOBACCO TRAINING

'Raising the issue of tobacco' training aims to raise awareness of the importance of addressing smoking behaviour with anyone we come into contact with, thus it is seen as everyone's responsibility to 'Raise the Issue'. The course provides participants with the knowledge and confidence on how to discuss someone's smoking behaviour, the benefits of quitting, and refer someone for support to stop smoking.

In 2021/2022, this training was delivered via LearnPro online learning to 32 health care staff, including prison health care staff in Falkirk.

Outcome 9:

Resources are used effectively and efficiently in the provision of health and social care services

BEST VALUE

As a public body, the IJB has a duty to make arrangements to secure Best Value. As defined by Audit Scotland, Best Value is concerned with "*good governance and effective management of resources with a focus on improvement to deliver the best possible outcomes for the public*".

With this in mind, the IJB's governance framework is intended to support continuous improvement and better outcomes, whilst striking an appropriate balance between quality and cost.

The key features of the IJB's governance framework which were in place during 2021/22 to support best value are outlined below:

Vision and Leadership

A key statutory duty of the IJB is to develop a 3-year Strategic Plan which reflects the national health and wellbeing outcomes framework and delivery of agreed local priorities. The Strategic Plan is now set against a backdrop of the Covid-19 pandemic which has resulted in a significant and rapid change in the configuration of health and social care services across Scotland. *Work is already underway to produce a new 3-year Strategic Plan.*

It is recognised that the long-term impact and unintended consequences arising from the pandemic are uncertain and may require development of new services and enhanced support for existing services such as mental health and various local community initiatives. At the same time, demand linked to ongoing demographic change, is increasing as people are living longer into old age, often with multiple long-term conditions which require more complex multidisciplinary care and support.

Similarly, the age profile of our workforce is also rising (and this is more prominent in certain staff groups e.g., District Nursing) which presents several risks in terms of succession planning and our ability to provide sustainable services. This is also exacerbated by ongoing recruitment and retention difficulties particularly in relation to Social Work services (where staff turnover is in the region of 7.9%).

To respond to these challenges (combined with the impact of growth in general price inflation and advances in new technology and medical treatments), it is clear that major reform and transformation of health and social care services is essential in order to deliver better care, better health and better value.

Our detailed Delivery Plan is underpinned by an integrated whole systems approach, which identifies the specific work streams and actions required to progress our strategic priorities. The Delivery Plan has recently been reviewed to ensure it is fit for purpose in a post Covid-19 context and remains aligned with our pandemic response in terms of the current remobilisation, recovery, and redesign of services.

The IJB is confident that the Delivery Plan continues to reflect the appropriate direction of travel for Adult Health and Social Care Services in Falkirk and notwithstanding the operational disruption and financial risks arising from Covid-19, it is recognised that the pandemic presents a unique opportunity to accelerate key elements of our Delivery Plan.

Governance and accountability
Falkirk IJB has responsibility for the strategic planning and commissioning of delegated health and social care functions. NHS Forth Valley and Falkirk Council delegate budgets to the IJB, which decides how resources are used to achieve the objectives of the Strategic Plan. The IJB then directs the partners, through the HSCP, to deliver services in line with this plan. The IJB controls an annual budget of approximately £254m.

The governance framework includes the Integration Scheme, IJB Standing Orders, Risk Management and Clinical and Care Governance. These frameworks set out the rules and practices by which the IJB ensures that decision making is accountable, transparent, and carried out with integrity. The IJB has legal responsibilities and obligations to its stakeholders, staff, and residents of the Falkirk Council area.

The range of IJB Board members has enabled informed decision-making through the insightful contributions from different perspectives. The voice of service users and carers have been of importance and value to the Board. During 2021-2022, all meetings have continued online.

Effective use of resources
The National Health and Wellbeing Outcomes Framework requires the IJB is to demonstrate that *"resources are used effectively and efficiently in the provision of health and social care services"*. As part of this requirement, an overview of 2021/22 financial performance is provided below, including consideration of the financial outlook for 2022/23.

2021/22 FINANCIAL PERFORMANCE (FROM UNAUDITED ACCOUNTS 2021/22)

The IJB reported total income of £253.983m for financial year 2021/22 and total expenditure of £234.066m incurred during the year. As a result, a surplus of £19.912m was reported in the unaudited Comprehensive Income and Expenditure Statement on 31 March 2022.

The reported surplus reflects delays in planned expenditure during the year, receipt of significant, late funding allocations and unused Covid-19 funding which is required to be carried forward into 2022/23 in line with Scottish Government guidance. However, the overall surplus does mask multiple key financial pressures experienced during the year including:

Large Hospital Services/Set Aside
Ongoing pay pressures within A&E and various impatient specialties reflects the ongoing use of locums and agency staff to cover key vacancies. This position was partly offset by lower-than-expected non-pay costs (e.g., surgical sundries, lab supplies, and drugs) linked to lower overall hospital activity levels because of Covid-19.

Social Care
Additional funding was provided by Scottish Government in 2021/22 to allow Care at Home providers to increase wages for direct care staff to increase Care at Home capacity and make the service more sustainable. Despite increased hourly rates, capacity remains a concern with demand for Care at Home outstripping capacity. Underspends were reflected throughout Social Care including assessment and care planning team recruitment delays/vacancies and lower activity across Day Care, Respite & Carers Support, and Community Mental Health, all associated with the Covid-19 pandemic.

Primary Healthcare
Key areas of overspend within General Medical Services related to reimbursement of locum cover costs in respect of sickness absence and maternity/paternity leave claims from independent GP Practices. With respect to Primary Care Prescribing, there has been a 4% increase in Prescribing activity combined with delays in delivering efficiency savings (in terms of both savings initiatives and agreed national tariff reductions) contributing to the overspend position.

Community Healthcare
Temporary ward closures at Falkirk Community Hospital due to fire risk issues mask overspend pressures within the Joint Loan Equipment Scheme (JLES), Night Nursing, and Complex Care.

The vast majority (77%) of IJB expenditure incurred during 2021/22 related to Primary Healthcare and Social Care Services as outlined in the table below:

Total Expenditure	2021/ 22	2020/ 21	2019/ 20	2018/ 19	2017/ 18
Large Hospital Services	31,079	29,629	27,741	26,026	25,207
Primary Care Services	81,474	83,284	81,941	75,816	70,734
Social Care Services	99,102	93,952	88,259	83,694	78,297

Community Healthcare Services	21,956	38,241	36,604	35,422	36,785
IJB Running Costs	454	469	444	410	351
Total	**234,066**	**245,575**	**234,989**	**221,368**	**211,374**
Set Aside	31,079	29,629	27,741	26,026	25,207
Integrated Budget	202,987	215,946	207,248	195,342	186,167
Total	**234,066**	**245,575**	**234,989**	**221,368**	**211,374**

Table 19

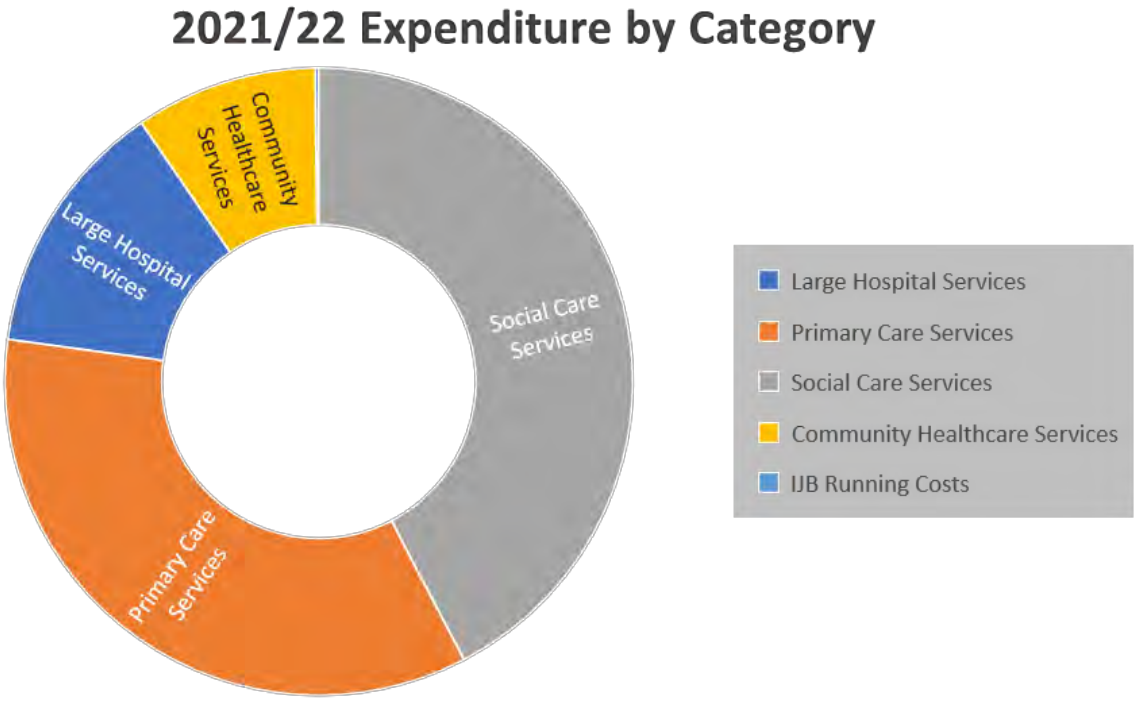


Figure 2: 2021/2022 Expenditure by Category

COVID-19 FINANCIAL IMPLICATIONS

During 2021/22, the Scottish Government provided £16.338m of Covid-19 funding to meet all additional costs and unachieved savings associated with the pandemic. This reflected the funding originally requested through the IJB's Local Mobilisation Plan submission (£1.820m) together with a further £14.518m confirmed by the Scottish Government in February in respect of ongoing Covid-19 related cost pressures. 2021/22 funding was in addition to the £6.397m Covid-19 funding carried forward through earmarked reserves from 2020/21.

Expenditure of £6.470m was incurred during the year, leaving a balance of £16.265m to be transferred to reserves in relation to Covid-19. Winter planning and winter pressure funding of £5.052m will also transfer to reserves to meet ongoing costs during 2022/23.

FORWARD LOOK 2022/23 AND BEYOND

Remobilisation, recovery, and redesign of services will continue to be a key feature of the financial year 2022/23 as we emerge from the Covid-19 pandemic.

The initial estimate of the potential cost impact of Covid-19 in 2022/23 is in the region of £9.110m (excluding unachieved savings). The Scottish Government has advised that no additional Covid-19 consequential funding has been agreed with the UK Treasury for 2022/23 and IJBs should plan on the basis that no further Covid-19 funding will be issued. Any unused Covid-19 balances carried forward from 2021/22 would therefore require to be used in the first instance to meet ongoing additional costs incurred during 2022/23.

Significant recurring investment was announced last year as part of a national funding package to address winter pressures and support longer term improvement in service capacity across the health and social care system. This funding is designed to increase multidisciplinary team working and capacity, provide further pay awards for all adult social care staff employed in direct care roles, support interim care arrangements, and enhance staff wellbeing.

To address Social Care Provider sustainability challenges, contractual rates for 2022/23 have been increased to include a pay and non-pay inflationary uplift. The rate uplift reflects full implementation of the Scottish Government's adult social care pay policy (whereby staff employed in direct care roles must be paid a minimum of £10.50 per hour) and provides a contribution towards increased non-pay costs such as business insurance, utilities, and fuel. Whilst this has been welcomed by local providers, there is ongoing concern in relation to the scale of the cost of living and inflationary pressures currently being experienced. The position will be kept under close review.

Ongoing consideration will be given to the recurring cost impact of the pandemic in terms of long Covid-19 and increase demand for mental health services, supported by Scottish Government Mental Health Recovery and Renewal funds. Plans for additional, anticipated funding in respect of mental health and wellbeing in primary care will also progress during 2022/23 while all additional £15m funding is anticipated nationally in respect of the Primary Care Improvement Programme.

The Scottish Government's medium-term financial framework and resource spending review is expected to be published in May 2022, and this will inform the revision of the IJB's medium-term financial plan, together with wider economic considerations (e.g., rising inflation, rising energy costs, and labour market challenges).

SUSTAINABILITY

Adult Social Work services are included in Falkirk Council's Carbon Management Plan. The target for the IJB is to achieve a 68% reduction in its

2019/20 carbon emissions from vehicle fuel, gas, and electricity consumption by 2030.

Adult Social Work accounted for 1,427 tonnes CO2e in 2021/22, which is not a huge increase from the previous year. The breakdown per emissions sector is as follows:

- Gas – 772 tCO2e
- Electricity (including transmission and distribution losses) – 397 tCO2e
- Fuel (fleet) – 229 tCO2e
- Staff mileage – 67 tCO2e
- Water – 4 tCO2e
- Homeworking – 3 tCO2e

Work is underway to identity how to reduce carbon emissions, especially from travel and energy use in buildings.

The NHS Forth Valley Sustainability Strategy 2019-24 sets out how the key elements of sustainability can come together to actively support and enable efficient and effective healthcare delivery. The Strategy recognises that NHS Forth Valley needs to address health challenges due to climate change as well as reducing its own environmental impact.

FAIRNESS AND EQUALITY

We know that there can be significant differences in people's health depending on where they live, whether they are socially excluded or whether they share certain characteristics (such as sex, ethnicity, or disability). The impact of such health inequalities is explained in the Joint Strategic Needs Assessment.

Promoting fairness and equality to help tackle health inequalities underpins the priorities of the Strategic Plan. We aim to work with partners to prevent and reduce the impact of poverty and promote equality of access as part of our priority to 'Deliver local health and social care services including Primary Care, through enabled communities and workforce'.

Our priority to 'Focus on early intervention, prevention and harm reduction' also recognises that there are unfair and avoidable differences in people's health and social care between different population groups.

The Equality Outcome and Mainstreaming Report 2017-21 explains what Falkirk IJB will do to address inequality in greater detail. The report defines six IJB equality outcomes and describes how equality will be built into the way that the IJB works.

One of the key mechanisms for ensuring that equality is mainstreamed into IJB decisions is the Equality & Poverty Impact Assessment. During 2021/22, we conducted Equality & Poverty Impact Assessments on the following areas:

1. Volunteer Expenses Policy
2. Participation and Engagement Strategy
3. MECS Operations Dispersed Alarm Replacement Programme
4. MECS Installation of Alexa Devices and Supportive Technology
5. Establishment of the Living Well Advice Hub
6. Proposal to establish Living Well Centres in East and West Localities
7. Relocation of service users to a new base at Burnbrae/Grahamston House
8. Review of Existing Care Package: Younger Adults
9. Proposal to close registered Support Service which runs from a room in Cunningham House
10. British Sign Language (BSL) Plan for Falkirk
11. Carer and Service User Involvement Training

BUILDING CONFIDENCE WITH SENSORY AWARENESS

The British Sign Language (Scotland) Act 2015 and the British Sign Language National Plan 2017 - 2023 required public bodies in Scotland to publish local action plans by October 2018 and on a six-yearly basis, thereafter, showing how they will promote and support British Sign Language (BSL).

Our local action plan commits to raising awareness for workers who support individuals with sensory impairment. Sessions have been developed aimed at increasing workforce confidence about sensory impairment issues with the following learning outcomes:

- how to interact with someone who has a sensory impairment
- how a sensory impairment can affect someone's communication, access to information and mobility
- how to adapt working practice to meet the needs of those with a sensory impairment and keep a positive attitude
- learn about the wide range of services within Falkirk Health and Social Care Partnership that are available to support those with a sensory impairment.

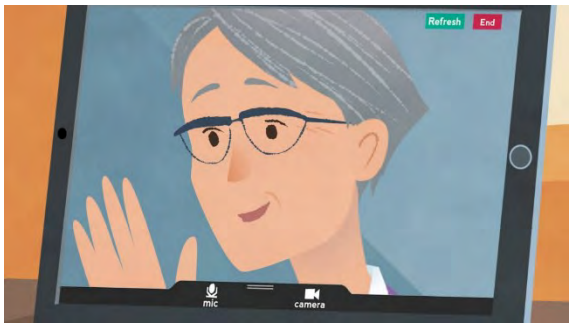
USING TECHNOLOGY

Care at Home Forecasting Tool

A Care at Home forecasting tool was developed for the Inhouse Care at Home service, making use of data to inform decision making. This report has been run and presented to Senior and Operational Management meetings on multiple occasions to identify pressure points in the system. Reports have been developed further and analysed alongside the previous year's data, the timings of the service's visit commitments and carer working patterns to support the effective and efficient use of resources.

Social Work and Near Me

During the summer of 2021, £30,000 of funding was awarded by the Scottish Government for Falkirk HSCP and a five other HSCP's to pilot a video consultancy platform called Near Me to support duty to Social Work. Near Me provides an online waiting room offering video appointments as a method of communicating with Social Work. In this way, it has the potential to widen access to the service.



The project will enable a blended approach of in-person and video interactions for Duty and other Social Work appointments where appropriate. It is anticipated that this will attract benefits such as enabling choice, widening access to our services, supporting relationship-based approaches and outcomes focussed practice. Near Me will facilitate the inclusion of family members, carers, or other health and care professionals in discussions and, in this way, the system will support integrated service delivery.

Since the project commenced, Falkirk HSCP has met multiple milestones:

- Testing has been completed
- Data Protection Impact Assessment has been completed and signed off
- Five training sessions have taken place and a small number of video appointments have been made

The next steps for 2022/2023 will focus on scaling up the use of the platform across three localities and the creation of the live online waiting room.

PARTNERSHIPS AND COLLABORATIVE WORKING

WORKING IN PARTNERSHIP WITH THE THIRD SECTOR

Community Led Support Strategy

Falkirk HSCP and third sector partners have been working together to develop an effective model of community-led support. Community-Led Support (CLS) refers to services that are designed and delivered in conjunction with people and communities. The principles of community-led support are co-production, community focus, support, and advice to prevent crises, a culture based on trust and empowerment in which people are treated as equals, minimal bureaucracy, and a responsive and proportionate system that delivers positive outcomes.

Partners agreed that a Falkirk HSCP strategy was required to ensure that community-led support remains sustainable, coordinated, and effective as our capacity increases to respond to demand on community-based services within localities. The draft strategy has been developed during 2021/2022. Our

ambition is to increase the use of community-led support to provide alternative models of care and to promote prevention and early intervention in the community.

The strategy intends to:

- Ensure that Falkirk Health and Social Care Partnership have a collective understanding of the why and how we intend to work alongside communities.
- Highlight the learning from the Covid-19 pandemic, with reference to sustainable learning for the Partnership.
- Highlight the change that is required for community led support to be effective and sustainable.
- Provide an action plan based on a theory of change model, which will enable investment and activities to be monitored and evaluated.

The strategy describes how we will develop community led support in relation to the following themes:

- Strengthening Communities
- Collaboration and Partnership
- Access to Community Resources

The Community-Led Support Strategy and action plan is still in draft format and is currently being finalised with partners. Co-production of the action plan is intended to ensure that there is an equal status amongst partners in terms of planning, design, and decision making.

To finalise and drive forward the implementation of the Strategy, a Community Led Support Programme Manager will be recruited in 2022. To ensure effective and sustainable pace of change, the Manager will be skilled in community learning and development and will work closely with third sector partners and communities. This will also include an assessment of the HSCP role in community development and consideration of resource requirements.

Winter Pressures Collaborative

The Winter Pressures Collaborative was established and funded by the Partnership to help reduce demand on Forth Valley Royal Hospital by providing a direct link to community support. The Forth Valley-wide service has successfully improved patient flow within hospital, helped to reduce admissions and promote independence at home by offering a range of supports provided by third sector partners.

The partners include:

- Strathcarron Compassionate Neighbours
- RVS
- Dial-A-Journey
- Food Train
- Falkirk & Clackmannanshire and Stirling Carers Centres

- NHS Forth Valley: Frailty Team & Rapid Access Teams, Home from Hospital & Discharge Teams
- Falkirk and Stirling & Clackmannanshire HSCPs.

Community Link Workers are employed within the hospital, helping to identify support from third sector partners to practically support the person home safely. Once discharged home, a follow-up visit involving a "Good Conversation" is conducted with the patient and, where applicable, carer. This identifies longer-term support to help maintain independence at home. The type of support available includes carers support, a shopping service, prescription delivery, befriending and links to wider community resources.

Communication between partners is aided by a bespoke app developed by Falkirk HSCP. The app allows the Community Link Workers to record the necessary personal data and patient consent securely and efficiently. The app also enables information to be shared between partners securely. The Link Worker and app provides a single point of access and coordination of resources from community partners.

Using the app helps to improve efficiency by:

- Data is entered once, but used many times (e.g., the name and address of service user may form part of a referral to more than one partner).
- Link Workers are guided through a process by advancing through the screens of the app, reducing variation and the potential for missing information.
- The app applies validation to many of the fields of data that it collects by restricting the type of data that can be entered, thus reducing the scope for error.
- Referral emails to partners are generated automatically from data that has already been collected in the app.

More than 500 people across Forth Valley used the service during the initial project period (December 2021 – 30 March 2022).

With a full project evaluation completed, the project has been a success in supporting people home from hospital and supporting hospital flow. With support from our third sector partners, Falkirk and Stirling &

Clackmannanshire Health and Social Care Partnerships have agreed to extend the project to provide year-round support.

Partners are currently identifying future service models and the potential for its expansion.

DEMONSTRATING IMPACT

The positive findings of the project's evaluation have been presented to colleagues across Scotland, with the team taking a poster to the NHS Scotland Event exhibition in Aberdeen this summer.

A virtual version of the poster, and its accompanying evaluation report, can be found on the NHS Scotland Event 2022 website.

CASE STUDY: WINTER PRESSURES COLLABORATIVE

Following her discharge from hospital, Ms C received a follow up call from the team's dedicated link worker.

Living alone with no family, Ms. C was managing her return home and recovery from hospital with assistance from friends who were visiting daily and running errands like food shopping.

The Link Worker discussed the benefits of Food Train with Ms. C, which would help take pressure off her friends, who are also elderly.

The Strathcarron Compassionate Neighbours project was also of interest to Ms. C, although she was initially unsure. A follow up call a few weeks later provided another opportunity to discuss support options, where Ms C agreed a referral to the Compassionate Neighbours, who are able to help her attend the Snowdrop Café for a chat and some company.

The range of support options available are supporting Ms C during her initial return from hospital and her recovery, as well as into the future.

**This case study has been anonymised and provided, with thanks, from the Winter Pressures Collaborative Evaluation Report.*

HOW WE WORK WITH HOUSING SERVICES

Housing has a key role for people to stay at home, in accommodation that meets their needs, in their communities. The contribution of Falkirk Council housing services and Registered Social Landlord's (RSL's) is key to delivery of the Partnership's Strategic Plan.

Our Housing Contribution Statement (HCS) 2019 – 2022 includes the following priorities that form an essential link with the Strategic Plan and the Local Housing Strategy:

- Make the best use of technology to help people stay in their communities for as long as possible
- Recognise the importance of well-being and connectedness
- Make the most of the built environment
- Improve access to housing
- Provide housing options for homeless people

Actions that have already been achieved include:

- Review the Mobile Emergency Care Service including the transition from analogue to digital
- Explore how to further assist empty homeowners such as advice on hoarding. A Hoarding Policy is in place between Falkirk Council Housing and HSCP, officers have been trained, and 38 empty homes have been brought back into use.
- Set up a housing first model
- Increase percentage of social lets to homeless people

Of the 22 actions:

- 4 have been achieved
- 14 are ongoing
- 3 have been revised
- 1 has been delayed

WORKING IN PARTNERSHIP WITH THE INDEPENDENT SECTOR

The Independent Sector is committed to improving the sustainability of care provision in Falkirk and is a key partner in the delivery of integrated health and social care services in the area.

During the Covid-19 pandemic, the Independent Sector Lead (ISL) has continued to support the Care Home Managers Support Network and the Care at Home Providers Network. These networks were well established before the pandemic and ensured continuity of support during this challenging period. The role also extended to proactively supporting the partnership through membership of the Care Home Improvement Team and the Care Home Oversight Group. This has ensured vital and regular communication with the independent sector providers and the Partnership.

During 2021/22, the Independent Sector Lead (ISL) has been committed to ensuring the wellbeing of the Independent Sector workforce remains high on the agenda of many strands of the Partnership's organisational and leadership processes. The ISL holds weekly meetings with care at home and care home providers to ensure there is equality of opportunity for those who work within the independent sector in relation to support, discussion groups, and wellbeing support.

PARTNERSHIP FUNDING 2021/2022

Falkirk HSCP has operated a partnership funding programme as an opportunity for partners to establish, test, transform, and accelerate the delivery of integrated services in line with local priorities.

During the investment period 2018-2021, the IJB committed to shifting the balance of care towards integrated services and projects in the community and away from traditional models of health and social care, which have largely focussed on statutory services within centralised and/or institutionalised

settings. The IJB agreed that ongoing investment to support discharge or avoid admission should be via redistribution of current allocations rather than significant new investment. The challenge is to shift the balance of care to develop a range of community-based supports to develop supportive communities to enable more people to live at home longer.

Partnership Funding Investment Plan 2021-2024
Falkirk HSCP has operated a Partnership funding programme since 2018. The programme has provided an opportunity for partners to establish, test, transform, and accelerate the delivery of integrated services in line with local priorities.

During the period 2018-2021, Partnership Funding encompassed only four funds:

- Main Programme
- Leadership Fund
- Carers Fund
- Dementia Innovation Fund

The IJB agreed that a single partnership investment plan should be developed to provide oversight of investment, governance, and evaluation of impact for all strands of funding available to the Partnership to support in-scope services. The Partnership Funding Investment Plan 2021-2024 was developed in collaboration with partners and approved by the IJB in June 2021.

The benefits of operating a Partnership Funding Programme include the ability to:

- Respond to emerging needs across the system on a flexible manner
- Effectively and transparently allocate, monitor, and evaluate funds, using a collaborative commissioning approach
- Include people with lived experience in design and decision-making processes
- Shift resources from crisis support to earlier intervention and prevention

Currently, the Partnership Funding Programme includes eleven funds:

1. Main Programme
2. Carers Fund
3. Health Inequalities and Wellbeing Fund (non-recurring)
4. Alcohol and Drugs Partnership
5. TEC Innovation Fund (non-recurring)
6. Dementia Innovation Fund
7. Choose Life
8. Services for Survivors
9. Innovation and Invest to Save (non-recurring)
10. Locality based funding (non-recurring)
11. Mental Health Recovery and Renewal Funds (Phase 2 – Post Diagnostic Support)

The pandemic has caused a delay in progressing commissioning processes at the pace initially hoped, which has resulted in some funds accruing significant reserves. Progress is now being made to address this and align investment with the priorities of the Strategic Plan, whilst also addressing challenges resulting from Covid-19.

OUR GOVERNANCE

INSPECTION OF FALKIRK HSCP REGISTERED SERVICES

The Care Inspectorate is responsible for the regulation of care standards in Scotland. In consultation with the social care sector, the Care Inspectorate has developed a self-evaluation and quality framework model based on the Scottish Government's Health and Social Care Standards. Inspectors use the quality framework to evaluate the quality of care during inspections and improvement planning.

CARE INSPECTORATE QUALITY ASSESSMENT FRAMEWORK

The Quality Assessment Framework sets out Key Questions about the difference a care service makes to people's wellbeing, and the quality of the services that contribute to that. During 2020, the Care Inspectorate created an additional new theme of "How good is our care and support during Covid-19 pandemic?"

Key Question 1	How well do we support people's wellbeing?
Key Question 2	How good is our leadership?
Key Question 3	How good is our staff team?
Key Question 4	How good is our setting?
Key Question 5	How well is our care and support planned?
Key Question 6	What is the overall capacity for improvement?
Key Question 7	How good is our care & support during the pandemic?

RESIDENTIAL CARE HOMES (OLDER PEOPLE)

Summerford House

The Care Inspectorate visited Summerford House on 27 January 2022. This was a focused inspection to follow up on the three requirements and three areas of improvement made at their unannounced visit on 9 and 10 November 2021. There was also a follow-up visit on 1 December 2021. The Care Inspectorate also followed up on an area for improvement made as a result of an upheld complaint.

The Care Inspectorate graded the service at a three (adequate) for the quality indicator "How well do we support people's wellbeing?" The service had met the requirements and areas for improvement made in November and another made following an upheld complaint. Although one of the requirements identified in November had been met, the Care Inspectorate noted more work was needed and identified new improvements. There was no timescale given for achieving the area for improvement as the service will move back to annual inspections.

The Care Inspectorate noted that there was improvement in the cleanliness of the building and staff knowledge, and thus re-evaluated the quality indicator "How good is our care and support during the Covid-19 pandemic?" from adequate to good.

Burnbrae Care Home
The Care Inspectorate completed their follow-up inspection at Burnbrae Care Home on 17 June 2021 to focus on actions taken to address requirements. During the previous inspection on 4 May 2021, the Care Inspectorate graded the service as a two (poor) as five of the six requirements that had been issued in an inspection in October 2019 had still not been met.

Based on the follow-up inspection, the service has shown positive improvement. Many of the areas inspected were described as very good, however, given the poor grades and the need to show consistent ongoing improvement, the home was subsequently evaluated as a three (adequate) in all areas. Their report noted that each point was adequate whilst highlighting important or significant strengths. All the outstanding requirements from October 2019 have been subsequently met (out-with timescale) at the most recent inspection. The HSCP will continue to monitor improvements to ensure the standards evidenced throughout the inspection are built upon and the follow up actions are fully embedded.

At the end of the 2021/22 financial year, the percentage scores from all Homes in the Falkirk Council area were as follows, with 12 local care homes being inspected during this financial year, compared to 3 last financial year:

Key Questions	Good/Very Good/Excellent	Unsatisfactory/Weak/ Adequate	Not Inspected
KQ 1	55%	20%	25%
KQ 2	10%	0%	90%
KQ 3	10%	5%	85%
KQ 4	10%	5%	85%
KQ 5	35%	5%	60%
KQ 6	0%	0%	100%
KQ 7	50%	10%	40

Table 20

RESIDENTIAL CARE HOMES (YOUNGER ADULTS)

11 out of the 12 care homes continue to be assessed under the new Quality Assessment Framework described in the section above.

At the end of the 2021/22 financial year, the percentage scores from for the 11 care homes in the Falkirk Council area inspected under the new framework were as follows, with only three care homes inspected this year.

Key Questions	Good/Very Good/Excellent	Unsatisfactory/Weak/ Adequate	Not Inspected
KQ 1	50%	40%	10%
KQ 2	10%	20%	70%
KQ 3	10%	20%	70%
KQ 4	20%	10%	70%
KQ 5	70%	20%	10%
KQ 6	N/A	N/A	N/A
KQ 7	30%	10%	40%

Table 21

One care home continues to be assessed under the old inspection regime and was graded 100% in good, very good, and excellent, and 0% in weak or unsatisfactory.

CARE AT HOME AND HOUSING SUPPORT SERVICES

During the year 2021/22, care inspection activity across all care at home and housing support services remained reduced to create capacity in response to the Covid-19 pandemic and resilience efforts to other Coronavirus variants including Omicron.

Three services were successfully inspected in the Falkirk area between April 2021 and March 2022. For two of these services, the criteria required by the Care Inspectorate to meet the evaluation quality point scale of 4 – Good was successfully achieved. The other service inspected met the evaluation quality point scale of 3 – Adequate.

HOUSING WITH CARE SERVICES

The Care Inspectorate completed an unannounced inspection of Housing with Care Services on 30 August 2021. The inspection evaluated the quality of services in two areas.

For the quality indicator, “How well do we support people’s wellbeing?”, the inspection identified two requirements and assessed the service as three (adequate). Following a follow-up unannounced inspection, the service had made good progress and was reassessed as a four (good) for this quality indicator.

For the quality indicator, “How good is our care and support during the Covid-19 pandemic?”, the inspection identified one requirement and one area for improvement and assessed the service as a two (weak). Following good progress made, this was reassessed as a four (good).
In August, the Care Inspectorate also assessed progress against two previously identified areas for improvement. They found that insufficient progress had been made in these areas. They made a requirement around one and repeated the other as an area for improvement that would be followed up at future inspections.

ADULT SUPPORT AND PROTECTION JOINT INSPECTION

The Falkirk Adult Support and Protection (ASP) Inspection of partners – Falkirk Council, NHS Forth Valley, Police Scotland, and the Adult Protection Committee (APC) – was one of many that took place across Scotland as part of a programme of assurance activity at the request of Scottish Ministers. It was jointly carried out by the Care Inspectorate (CI), Healthcare Improvement Scotland (HIS), and Her Majesty's Inspectorate of Constabulary in Scotland (HMICS). The inspection scrutinised the quality of two important ASP indicators – the quality of our ASP Key Processes and the quality of ASP Leadership.

The partners and all others across Scotland faced the unprecedented and ongoing challenges of the Covid-19 pandemic. The report has found an engaged workforce which prioritises adults at risk of harm, and their carers. Adult Support and Protection processes in Falkirk adapted well to the challenges of the pandemic with a collaborative structure in place across all key partners. The report has identified six areas of improvement, which cover recording of key processes and further opportunities for joint-working.

The inspection report was published on 8 February 2022. The report commended the practices and processes in place to ensure adults at risk of harm are safe, protected, and supported in Falkirk. The inspection concluded that both the Partnership's strategic leadership and key processes for adult support and protection were effective with areas for improvement. There were clear strengths supporting positive experiences and outcomes for adults at risk of harm, which collectively outweighed the areas for improvement.

OUR PERFORMANCE

NATIONAL INTEGRATION INDICATORS

The IJB fulfils its ongoing responsibility to ensure effective monitoring and reporting on the delivery of services, relevant targets, and measures which are set out in the Strategic Plan and integration functions.

The Partnership reports progress against the suite of national integration indicators. This enables us to understand how well our services are meeting the needs of people who use our services and communities.

In previous years the analyses of the National Indicators have included more of a focus on direction of travel and whether performance had improved, deteriorated or the position had been maintained. Due to various changes in the 2019/20 HACE survey wording and underlying methodology, indicators 2, 3, 4, 5, 7 and 9 were no longer directly comparable to previous years. The 2021/22 survey did not see any further changes to these questions, so the aforementioned indicators are comparable to 2019/20 (but not previous years).

The impact of Covid-19 means comparisons to previous years are more challenging for all indicators. For the reasons outlined the main focus of the annual performance analysis will be on comparison to the national average.

Our performance for 2021/22 is set out in the following 'Performance at a Glance', with more detailed tables on the following pages.

INDICATOR SUMMARY

- 5.6% of indicators where Falkirk **compares well** to Scotland.
- 16.7% of indicators where Falkirk is **similar to** Scotland.
- 77.8% of indicators where Falkirk **does not compare well** to Scotland.

2021/22 performance has decreased across the country, including:

- Falkirk, 16 of 18 (88.9%)
- Scotland, 15 of 18 (83.3%)
- Comparator group, 14 of 18 (77.8%)

No.	Percentage	Outcome Indicator	National
NI-1	89.5%	Of adults able to look after their health very well or quite well.	90.9%
NI-2	70.6%	Of adults supported at home who agreed that they are supported to live independently as possible.	78.8%
NI-3	63.9%	Adults supported at home who agree they have a say in how their help, care, or support was provided.	70.6%
NI-4	47.2%	Of adults supported at home who agreed their health and social care services seemed to be well co-ordinated.	66.4%
NI-5	63.5%	Of adults receiving any care or support who rated it as excellent or good	75.3%
NI-6	60.3%	Of people with positive experience of the care provided by their GP practice	65.6%
NI-7	70.4%	Adults supported at home who agree their services and support have an impact on improving or maintaining their quality of life	78.1%
NI-8	28.6%	Carers who feel supported to continue in their caring role	29.7%
NI-9	73.5%	Of adults supported at home agreed they felt safe.	79.7%

No.	Performance	Data Indicator	National
NI-11	493 per 100,00	Premature mortality rate per 100,000 persons.	471 per 100,00
NI-12	13,945 admissions per 100,000	Emergency admission rate 2020	11,636 per 100,000
NI-13	111,984 bed days per 100,000	Emergency bed day rate 2020	109,429 per 100,000
NI-14	146 per 1,000	Readmission to hospital within 28 days – rate per 1,000 population, 2020.	110 per 1,000
NI-15	88.4%	Proportion of last 6 months spent at home or in a community setting 20202	90.1%
NI-16	24.5 falls per 1,000	Falls rate per 1,000 population aged 65+, 2020	23 per 1,000
NI-17	81.2%	Proportion of care services graded good or better in Care Inspectorate Inspections, 2020	75.8%
NI-18	65.2%	Percentage of adults with intensive care needs receiving care at home, 2020	64.9%
NI-19	1,112 per 100,000	Number of days people spend in hospital when they are ready to be discharged, 2020	761 per 100,000

NOTES ON INDICATORS 1-9

The Health and Care Experience Survey for 2021/22 was published by the Scottish Government on 10th May 2022. While core suite indicators 1-9 come from the survey the figures presented here may differ from those published due to changes in underlying methodology and not all indicators will be comparable to previous years.

Results for indicators (1, 2, 3, 4, 5, 7 and 9) may differ between the HACE and Core Suite Integration Indicator releases.

Results for indicators 1, 6 and 8 are comparable across all years.
2021/22 results for indicators 2, 3, 4, 5, 7, and 9 are comparable to 2019/20 but not to results in years prior to this* (therefore all indicators 1-9 are comparable with 2019/20 results)

*A change of methodology to focus only on NHS or Council-funded services in the core suite indicators release in 2019/20 meant that indicators 2,3,4,5,7 and 9 were not directly comparable to previous years. It also meant that 2019/20 results for these indicators may differ from HACE published results.

NOTES ON INDICATORS 11-20

Use of Proxy 2021/22 financial year data for indicators 12, 13, 14, 15 and 16
Calendar year 2021 is used here as a proxy for 2021/22 due to the national data for 2021/22 being incomplete. We have done this following guidance issued by Public Health Scotland to all Health and Social Care Partnerships. Figures presented may not fully reflect activity during 2021/22 due to the varying impact of COVID-19 at different points of the pandemic.

INDICATOR 20

NHS Boards were not able to provide detailed cost information for 2020/21 due to changes in service delivery during the pandemic. As a result, PHS have not provided information for indicator 20 beyond 2019/20. PHS previously published information to calendar year 2020 using costs from 2019/20 as a proxy but, given the impact of the COVID-19 pandemic on activity and expenditure, PHS no longer consider this appropriate.

NI	Outcome Indicator	Falkirk 2017/18	Falkirk 2019/20	Falkirk 2021/22	Comparator Avg.2021/22	Scotland 2021/22
NI-1	Of adults able to look after their health very well or quite well.	92.4%	92.4%	89.5%	90.6%	90.9%
NI-2	Of adults supported at home who agreed that they are supported to live independently as possible.	82.5%	79.2%	70.6%	76.2%	78.8%
NI-3	Adults supported at home who agree they have a say in how their help, care, or support was provided.	76.0%	78.6%	63.9%	73.2%	70.6%
NI-4	Of adults supported at home who agreed their health and social care services seemed to be well co-ordinated.	71.8%	74.6%	47.2%	67.7%	66.4%
NI-5	Of adults receiving any care or support who rated it as excellent or good	80.5%	83.6%	63.5%	74.5%	75.3%
NI-6	Of people with positive experience of the care provided by their GP practice	81.0%	76.4%	60.3%	65.7%	65.6%
NI-7	Adults supported at home who agree their services and support have an impact on improving or maintaining their quality of life	78.3%	78.8%	70.4%	78.8%	78.1%
NI-8	Carers who feel supported to continue in their caring role	37.3%	36.6%	28.6%	28.0%	29.7%
NI-9	Of adults supported at home agreed they felt safe.	84.1%	85.8%	73.5%	78.5%	79.7%
NI-10	Percentage of staff who said they would recommend their workplace as a good place to work.	N/A	N/A	N/A	N/A	N/A

	NI	Title	Falkirk Partnership						Comparator Average	Scotland
			2016/17	2017/18	2018/19	2019/20	2020/21	2021/22*	Latest	Latest*
Data Indicators	NI - 11	Premature mortality rate per 100,000 persons	466	427	449	435	460	493	459	471
	NI - 12	Emergency admission rate (per 100,000 population)	11,771	12,325	12,125	15,346	13,219	13,945	12,764	11,636
	NI - 13	Emergency bed day rate (per 100,000 population)	144,772	138,571	137,752	135,542	110,314	111,984	113,566	109,429
	NI - 14	Readmission to hospital within 28 days (per 1,000 population)	121	121	118	152	163	146	107	110
	NI - 15	Proportion of last 6 months of life spent at home or in a community setting	85.5%	86.4%	86.1%	87.0%	89.1%	88.4%	89.6%	90.1%
	NI - 16	Falls rate per 1,000 population aged 65+	19.8	21.9	23.9	24.6	22.5	24.5	23.1	23.0
	NI - 17	Proportion of care services graded 'good' (4) or better in Care Inspectorate inspections	85.8%	88.2%	83.8%	87.4%	87.0%	81.2%	84.5%	75.8%
	NI - 18	Percentage of adults with intensive care needs receiving care at home	64.6%	64.2%	64.8%	63.7%	64.2%	65.2%	66.2%	64.9%
	NI - 19	Number of days people spend in hospital when they are ready to be discharged (per 1,000 population)	1023	910	1178	1020	684	1,112	817	761
	NI - 20	Percentage of health and care resource spent on hospital stays where the patient was admitted in an emergency	23.4%	23.6%	23.8%	24.6%	NA	NA	NA	24.2%
	NI - 21	Percentage of people admitted to hospital from home during the year, who are discharged to a care home	NA	NA	NA	NA	NA	NA	NA	NA
	NI - 22	Percentage of people who are discharged from hospital within 72 hours of being ready	NA	NA	NA	NA	NA	NA	NA	NA
	NI - 23	Expenditure on end of life care, cost in last 6 months per death	NA	NA	NA	NA	NA	NA	NA	NA

Source: Public Health Scotland

Notes:

1. NA indicates where data is not yet available.
2. NI 1 – 9: Data are presented on financial year file and 2021/22 is the most recent data available. The figures presented for the Core Suite of Integration Indicators may differ from those published due to changes in the underlying methodology. Historic figures will also not be comparable due to a change in methodology.
3. NI 11 and 18 are presented on calendar year. 2021 is the most recent data available.
4. NI 12 – 16 and 20: Calendar year 2021 is used here as a proxy for 2021/22 due to the national data for 2021/22 being incomplete. We have done this following guidance from Public Health Scotland and to improve consistency between our report and those for other Health and Social Care Partnerships.
5. NI 17 and 19 are presented on financial year with the latest available data being from 2021/22.
6. NI 1 – 9, 11 and 17: for these indicators the data available for each Council Area in the Comparators group is a percentage or a rate only. So, the 'Comparator Average' is the average of the percentages or rates for each indicator, rather than a true weighted average.
7. NI 12 – 16 and 18 – 20: for these indicators, the 'Comparator Average' is a true weighted average.
8. Since moving to TrakCare in April 2019 Combined Assessment Unit (CAU) activity has been recorded in SMR01 under significant facility 11 whereas previously it was recorded in SMR00. This has contributed to an increase in the total number of emergency admissions (indicator 12) in Forth Valley areas from 2019/20 onwards. This will also have had an impact on Indicator 14.

Comparators: Includes members of Family Group 3: Clackmannanshire, Dumfries & Galloway, Fife, Renfrewshire, South Ayrshire, South Lanarkshire and West Lothian: http://www.improvementservice.org.uk/benchmarking/how-do-we-compare-councils.html

LOOKING FORWARD

As we emerge from the Covid-19 pandemic, the Partnership, with support from a range of partners, remains committed to improving services available to people. We aim to increase our involvement of people with lived and living experience to help us improve how we deliver our services.

The impact of the Covid-19 pandemic will endure into 2022/2023 as we continue to manage the ongoing increased pressure on community services and the workforce. As well as the impact of the cost of living crisis and fuel poverty on people's health and wellbeing, and the widening health and social inequalities in our communities.

However, the Partnership remains ambitious. We have developed a transformation programme to enable our limited resources to be aligned to key areas of service delivery that will make the biggest impact on our Partnership.

We will also be working with the Scottish Government and fellow health and social care partnerships to help shape and prepare for a new National Care Service.

Key areas of work for 2022/2023 include:

- Establish a new three-year Strategic Plan
- Develop an Integrated Workforce Plan
- Refresh the Carer's Strategy
- Progress the Transformation Priorities
- Develop the Falkirk Community Hospital Masterplan
- Transform Primary Care
- Workforce Recruitment
- Expansion of the Community Link Work service
- Work with partners to drive forward the Community-Led Support Strategy

GLOSSARY

A&E	Accident and Emergency Department (casualty)

Acute	Acute Care is a branch of health care where people receive active but short-term treatment for a severe injury or episode or illness, an urgent medical condition, or during recovery from surgery. Acute care services are generally provided in a formal hospital setting.
Adaptations	Adaptations can help older people and people with disability to live independently in their own homes. They can reduce the risk of falls and other accidents in the home and also reduce the need for home care or long-term admission to a care home. A wide variety of aids and equipment is available to help with daily living tasks. This ranges from simple adapted cutlery to telecare alarms, specialist seating and beds. Common examples of adaptations include replacing a bath with a level access shower or making it easier to get in and out of the home by widening doors or installing a ramp.
Admitted / Admission (to hospital)	Being taken into hospital
Advocacy	Advocacy means getting support from another person to help someone express their views and wishes, and to help make sure their voice is heard. Someone who helps in this way is called an advocate. In the Standards, we are referring to formal advocacy provided by an organisation to someone using care.
Adult support and protection (ASP)	Things we can do to identify, support and protect adults who may be at risk of harm or neglect and who may not be able to protect themselves
Alcohol and Drug Partnership (ADP)	ADPs are multi agency partnerships established to implement and respond to the national strategies on alcohol, drugs, tobacco and volatile substances across the whole population. ADPs also have a responsibility to develop a local substance strategy which addresses prevention. This must ensure that the range of treatment options that are required to promote recovery from substance use problems are provided for and available at point of need.

Anticipatory Care Plans (ACPs)	A plan prepared by a person with health/care needs along with a professional. The plan lays out what the person would prefer if/when their condition changes.
Assessment	Process used to identify the needs of a person so that appropriate services can be planned for them
Avoidable admission	An admission to a bed that may be regarded as unnecessary had other more appropriate services been available
Balance of care	How much care is given in the community compared to how much is given in hospitals etc.
Bed based services	Those services such as inpatient wards in a hospital where people are cared for overnight
Bed days	The number of days that beds in hospital are occupied by someone
Capacity	Capacity refers to an individual's ability to make decisions about their wellbeing. This may change over time and may refer to different aspects of their life. For people who have been medically assessed as lacking capacity there is legislation to protect their wellbeing.
Care home	A care service providing 24-hour care and support with premises, usually as someone's permanent home.
Care Plan	A Care Plan is the plan of treatment or actions agreed with a service user, their carer and family, following an assessment of need by a health or care agency.
Carer	A carer is a person, of any age, who looks after family, partners, or friends in need of help, because they are ill, frail or have a disability and need support to live independently. This care is unpaid however the carer may be in receipt of carers allowance, but this is not considered to be payment.
Chief Officer	Chief Officer of the Integration Joint Board was appointed to provide a single point of management for the integrated budget and integrated service delivery. They are accountable to the Integration Joint Board and to the Chief Executives of their Health Board and Local Authority for the delivery of the integrated services.

Choice and control	Choice and control is about shaping services to meet people's needs, rather than allocating people to fit around services
Adult Carer Support Plan	An assessment to find out what a carer (unpaid, informal carer) needs (such as respite, short breaks etc.) and how services can support them better
Clinical and Care Governance	Clinical and care governance is a systematic approach to maintain and improve care in a health and social care system. This will provide assurance to the IJB on the systems for delivery of safe, effective, person-centred care in line with the IJB's statutory duty for the quality of health and care services.
Commission (a service)	Buying a service from another to meet the needs of a population
Community Based Support	Services that are delivered within community settings, sometimes within a person's home. Community based support is provided by NHS Forth Valley, Falkirk Council and also by voluntary and community organisations.
Community Planning Partnership (CPP)	Where public agencies work together with the community to plan and deliver better services which make a difference to people's lives
Covid-19	An acute respiratory illness in humans caused by the coronavirus, which can cause severe symptoms and in some cases death. Originally identified in China in 2019 which became a pandemic in 2020.
Daily living	Tasks that people carry out to look after their home, themselves and when taking part in work, social and leisure activities
Delayed discharge	Where someone is unable to leave hospital because the appropriate care and/or support is not yet available for them at home
Delegated function	A service that HSCP partnership will be responsible for
Delivering (a service)	Carrying out a service

Demographic change / workforce challenges	Changes in population (e.g., more older people) that mean we have to change how we provide our services
Direct payments	Means-tested payments made to service users in place of services they have been assessed as needing. This allows people to have greater choice in their care
Early intervention	Giving support, care and/or treatment as early as possible
End of Life Care	End of life care addresses medical, social and emotional, spiritual and accommodation needs of people thought to have less than one year to live. It often involves a range of health and social care services for those with advanced conditions who are nearing the end of life.
Engagement	Having meaningful contact with communities e.g., involving them in decisions that affect them
Facilitate/facilitator	Making a process easy or easier
Front line staff	Staff who work directly with users of a service
Governance	The way that an organisation is run
Health and Social Care Integration	In the UK, Health and Social Care (often abbreviated to HSC or H&SC) is a term that relates to services that are available from health and social care providers. This is a generic term used to refer to integrating/bringing together the whole of the health and social care provision infrastructure, public and private sector, including the Third sector.
Health inequalities	The gap that exists between the health of different population groups such as the well-off compared to poorer communities or people with different ethnic backgrounds
Home First	The Home First team support people to avoid delay in their discharge from hospital, they work with the person, their carer / relatives to agree how to support them to get home.
Housing Contribution Statement (HCS)	The HCS sets out the arrangements for carrying out the housing functions delegated to the

	Integration Authority under the Public Bodies (Joint Working) (Scotland) Act 2014
Independent sector	This includes voluntary, not for profit, and private profit-making organisations. It also includes housing associations
Integration	The term used to describe the partnership working between health and social care services as outlined in the Public Bodies (Joint Working) (Scotland) Act 2014
Integration Joint Board (IJB)	The IJB is responsible for running the partnership and has members from Falkirk Council and NHS Forth Valley, staff representatives, the Third Sector and the public
Integration Scheme	The detail of our model of integration is laid out within our Integration Scheme. This scheme sets out a robust and transparent framework for the governance and operation of the Falkirk Health and Social Care Partnership. This includes detail such financial arrangements, governance arrangements, data sharing, liability and dispute resolution.
Intermediate Care	Intermediate Care services support people to improve their independence and aim to provide a range of enabling, rehabilitative and treatment services in community and residential settings. The term has been defined as a "range of integrated services to promote faster recovery from illness, prevent unnecessary acute hospital admission, support timely discharge and maximise independent living"(NSF for Older People, DOH, June 02).
Joint working	Different teams and organisations working together
Long term conditions	Long-term conditions are conditions that last a year or longer, impact on many aspects of a person's life, and may require ongoing care and support. The definition does not relate to any one condition, care group or age category. It covers adults and older people as well as children and those with physical and mental health issues. Common long-term conditions include epilepsy,

	diabetes, some mental health problems, heart disease, chronic pain, arthritis, inflammatory bowel disease, asthma and chronic obstructive pulmonary disease.
Multidisciplinary	Where several different professionals work together in the interests of service users and carers
Palliative care / Palliative and End of Life Care	Palliative care aims to improve the quality of life of people, and their families, with life-threatening illness that can't be cured. It helps to prevent and relieve the problems associated with their condition, through early identification and assessment of their needs, care planning to address any symptoms and pain and address any social, psychological, or spiritual needs.
Partnership	A partnership refers to two or more individuals or organisations working together to achieve a shared aim. Within the context of health and social care integration, the Partnership consists of Falkirk Council, NHS Forth Valley, Third and Independent sectors working together to provide effective, joined up service.
Personal outcomes	The changes or improvements that have taken place during the time someone has been receiving support
Person centred	Putting the needs and aspirations of the individual service user at the centre of our work
Priorities	Things we think are important to do
Proactive	Creating or controlling a situation rather than just responding once it's happened.
Public Bodies	NHS Forth Valley and Falkirk Council are both public bodies. A public body is democratically accountable at either national or local level. They have specific functions and requirements generally driven by legislation, which they must undertake. The Public Bodies (Joint Working) (Scotland) Act requires the integration of health and social care and is an example of legislation.
Readmission	Being taken back into hospital shortly after having been discharged

Recruitment and retention	Being able to recruit and keep staff
Reablement	Reablement service will begin at the point of assessment and have a focus on independence through the delivery of a short-term person centred approach by a multidisciplinary team of well-trained staff working
Resilience	Being able to cope with and recover from difficult situations
Redesign	Redesign within the context of health and social care integration, relates to services may be changed and improved. Redesign is based on evaluation and review of existing services and will often include listening to service users, their carers and families about what services are important to them.
Rehabilitation	Rehabilitation entails restoring someone to health or normal life through guidance and therapy after addiction, or illness.
Remobilise, Recover, Redesign	An overview of the HSCP mobilisation response to the Covid-19 pandemic, and the key elements for recovery and the potential for redesign
Risk management	The process of identifying, quantifying, and managing the risks that an organisation faces
Self-management	Where people take responsibility for and manage their own care. Encouraging people with health and social care needs to stay well, learn about their condition and remain in control of their own health
Self-directed support	When the person who needs services directs their own care and has choice when it comes to their support
Social Care	Any form of support or help given to someone to help them take their place in society
Stakeholders	Stakeholders include any person or group with a vested interest in the outcome of a project or plan.

Strategic Commissioning	This is the process that informs the Integration Authorities Strategic Plan. Strategic Commissioning is a way to describe all the activities involved in: • assessing and forecasting needs • linking investment to agreed desired outcomes • planning the nature, range and quality of future services; and • working in partnership to put these in place.
Strategic Plan	The plan that describes what the partnership aims to do, and the local and national outcomes used to measure our progress
Sustainable	Can be maintained at a certain level or rate
Technology	Specialised devices that help people in their day-to-day life, such as telecare, telehealth or telemedicine, alarm call system, remote support and advice or mobility aids
Third sector	Voluntary and community groups, social enterprises, charities
Transformational change	A complete change in an organisation, designed to bring big improvements.
Transition	Used to describe a significant change for someone, such as starting to use a new care service or a change in life stage (e.g., becoming an adult).

If you would like this information in another language, Braille, large print or audio tape please call 01324 504021 or email integration@falkirk.gov.uk

FORTH VALLEY NHS BOARD
TUESDAY 29 NOVEMBER 2022

10.4 Communications Update Report
For Information

Executive Sponsor: Mrs Cathie Cowan, Chief Executive

Author: Mrs Elsbeth Campbell, Head of Communications

Executive Summary
This paper provides an update on the communications work undertaken during August - November 2022. It also provides examples of some of key service developments, media issues and digital developments during this period. Enter a brief summary of the background to the report and detail the reason it is being brought to the NHS Board or Assurance Committee.

Recommendation
The Forth Valley NHS Board is asked to: -

- **note** the update and ongoing communications activity to promote a wide range of service developments, changes and improvements across the organisation.

Key Issues to be Considered
The ongoing pressures across local acute, community and primary care services attracted considerable media interest throughout the period, particularly in relation to performance against the 4hr access standard.

Communication continued to play a vital role in educating, informing and reassuring local patients and members of the public on how to access local services as well as responding to a wide range of media enquiries and requests. Despite the ongoing service challenges, work continued throughout the period to promote a wide range of service developments, improvements and achievements across the organisation.

Implications

Financial Implications
There has been no additional financial costs and efforts continue to build on and improve existing internal and external communication channels and identify opportunities for financial savings. These include a number of digital developments highlighted in the report.

Workforce Implications
Services across the organisation continue to manage significant service and capacity pressures on a day-to-day basis as well as staff absences relating to Covid-19 and other respiratory viruses which are set to increase during the winter period. Work is also underway to prepare for the impact of potential industrial action, including the development of communication plans to ensure staff, patients and the public are kept informed and updated.

Infrastructure Implications including Digital
A number of digital developments and improvements are highlighted in the report.

Sustainability Implications
Work continued to promote the development of sustainable services and action underway to meet the targets set out in the Scottish Government's new Climate Emergency and Sustainability Strategy (2022-2026).

Sustainability Declaration
Further to consideration the author can confirm that due regard has been given to compliance with the key aims of the NHS Scotland Climate Emergency & Sustainable Development Policy (DL (2021) 38) as part of the decision-making process A policy for NHS Scotland on the climate emergency and sustainable development.
□ *Yes*
✓ *N/A*

Where applicable, the climate change, environmental and sustainability impacts and any mitigating measures are noted above/contained in the supporting papers.

Quality / Patient Care Implications
Work continued to highlight a range of initiatives and service developments designed to improve the quality of patient care and treatment. Regular feedback from pa

Information Governance Implications
N/A

Risk Assessment / Management
Accurate, timely and relevant communications, tailored to the needs of specific audiences can help reduce pressure on local services, reassure the public and ensure staff are well informed.

Relevance to Strategic Priorities
Internal and external communications play a key role in supporting the Board's strategic priorities and delivery plans particularly in relation to Covid-19 recovery, service developments and improvements.

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:
x Paper is not relevant to Equality and Diversity

Communication, involvement, engagement and consultation
Communications plans are developed in partnership with local service and clinical leads as well as colleagues in other NHS Boards, Scottish Government, Serco and ForthHealth and local councils, where appropriate.

Additional Information
No other information

NHS Forth Valley

Communications Update Report

August - November 2022

OVERVIEW

Local health and care services across Forth Valley continued to experience significant pressures and, despite extensive efforts to free up capacity, these pressures have intensified in the last few months.

This was reflected in the 4hr access standard performance throughout the period. Work was undertaken with local and national media to explain the reasons for longer waits and how these are linked to wider pressures across the whole system.

As part of efforts to relieve pressure on ED, the Communications Department worked with service leads to raise awareness of how to access urgent healthcare advice and treatment, including highlighting the services and support available from local pharmacists, NHS 24 and NHS Inform.

This focus will continue over the winter period to support the national 'Right Care Right Place' campaign supported by local communications. This includes the development of a Winter Zone which will bring together information on local services, along with links to a wide range of support and advice.

Work also continued to promote the Covid-19 booster and flu winter vaccination, which was launched on 14th August 2022, to encourage good levels of uptake among all eligible groups.

Despite ongoing service pressures, work was undertaken to promote a wide range of service developments and achievements. These included the development of the new National Treatment Centre ward, which is currently being constructed on the Forth Valley Royal Hospital site, the launch of a new partnership with the University of Stirling and Forth Valley College and work to highlight how Advanced nurse and AHPs roles are helping to transform the way local services are designed and delivered.

Looking forward, the priorities for the next quarter will focus on communications to support winter plans and preparations for potential industrial action which may impact on local services.

ACTIVITY SNAPSHOT

30,263

FACEBOOK

Followers on Facebook

28

MEDIA RELEASES

The number of proactive releases issued

17,600

TWITTER

Followers on Twitter

89

MEDIA ENQUIRES

The number of media enquiries received, managed and responded to.

47,100

HIGHEST REACH

Highest performing post on Facebook

119,545

AVERAGE MONTHLY REACH

The number of people who have had content/posts from our Facebook page visible on their screen/newsfeed

40,347

FACEBOOK PAGE VISITS

The number of times our Facebook page was visited

5,034

INSTAGRAM

Followers on Instagram

KEY HIGHLIGHTS

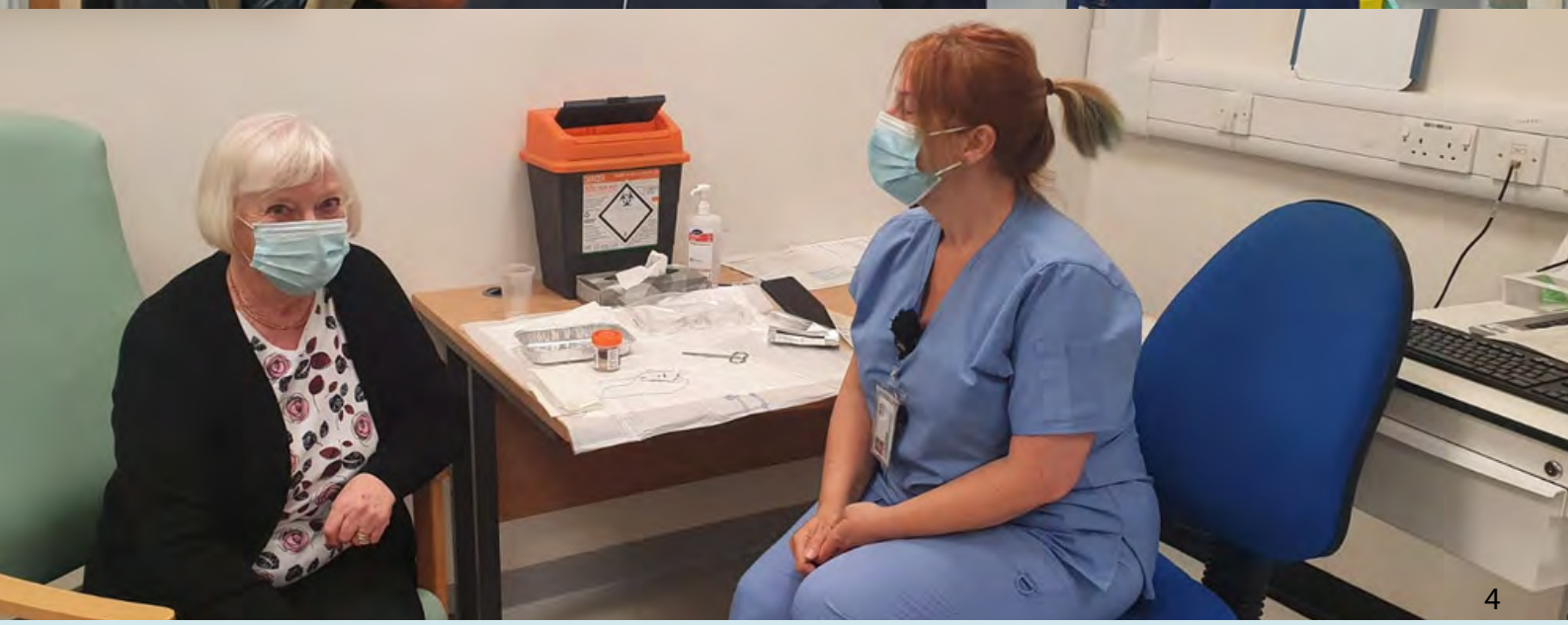
Showcasing Advanced Practice Roles

A range of work was undertaken during the period to showcase Advanced Practice roles and highlight local staff who have undertaken additional training to help increase capacity and reduce waiting times across urology, skin, plastic surgery and endoscopy services.

This includes Dean Barrowman, an Advanced Surgical Care Practitioner in the Urology Hub at Forth Valley Royal Hospital. Dean, who is one of the only nurses in Scotland carrying out their own surgical lists for patients requiring vasectomies and circumcisions.

Nurse Endoscopists have also been trained to carry out a number of new endoscopy techniques such as cytosponge endoscopy and colon capsule endoscopies.

Collectively, this work has attracted widespread positive media coverage, locally and nationally, raised awareness of the training and career development opportunities available and highlighted the improvements NHS Forth Valley has made to reduce waiting times for planned operations and outpatient appointments.



KEY HIGHLIGHTS

Reducing Waiting Times for Cataract Surgery

The Communications Department worked with local clinical and service leads to highlight how changes to the way cataract surgery is performed is helping to reduce waiting times and increase capacity for outpatient assessment clinics.

The ophthalmology department at Falkirk Community Hospital has been piloting what are known as Jack and Jill theatres – two theatres side by side running concurrently – for cataract operations. This allows surgeons to step swiftly from one theatre to another, increasing capacity and efficiency. Supporting a second operating theatre to remain open helps deliver the equivalent of 8 extra operating sessions and enables an additional 8 cataract cases to be carried out every day or around 32 additional cases every week. Previously, around 12 cataract operations were carried out in a day but a surgeon working across two operating theatres can now do around 20 cases in one day – which represents a 67% increase in activity.

There are also plans to increase the throughput in outpatient clinics from 10 patients a clinic to 21 patients. This will be achieved by reconfiguring the existing clinic space at Falkirk Community Hospital, where the majority of cataract operations in Forth Valley are carried out, as well as recruiting and training additional staff.

KEY HIGHLIGHTS

Welcoming Our New Junior Doctors

Fifty-one first year foundation doctors took to the wards across NHS Forth Valley in August 2022 as part of their ongoing development and medical training.

The doctors, who come from across the UK, including London and Belfast, are working on rotations through several specialities including medicine, surgery and anaesthesia. Many were excited to be working in NHS Forth Valley for the first time as they had heard good things about the training and support provided while others had worked here before as medical students and were looking forward to returning. Work was undertaken to officially welcome the new trainees and raise awareness of the four junior doctors who were recently appointed as Chief Residents for the year 2022/23.

Transforming Breast and Radiology Services

During a visit to Forth Valley Royal Hospital, Health Secretary Humza Yousaf, heard how the creation of new advanced clinical roles for nursing and radiology staff has helped to transform the breast service at Forth Valley Royal Hospital, creating additional capacity and cutting waiting times.

Advanced Nurse Practitioners (ANPs) now run a range of breast clinics for patients referred with suspected breast cancer who are able to have their outpatient consultation, mammography and ultrasound scanning performed during the same visit along with a biopsy, if required. They also assist in theatre and perform surgical procedures in both breast and plastic surgery as well as nipple tattooing following breast reconstruction.

This has led to consistently short waiting times for the breast and surgical skin cancer service throughout the pandemic and has helped keep pace with rising demand. In radiology, the advanced practitioners are able to read mammograms, perform diagnostic ultrasounds and take biopsy samples.

The visit was widely reported by national media, including BBC Scotland, and a short video of the footage is available on the NHS Forth Valley website.

KEY HIGHLIGHTS

Groundbreaking New Test for Womb Cancer

As part of ongoing efforts to highlight the wide range of research underway across the organisation, work was undertaken to highlight NHS Forth Valley's role as the the only site in Scotland participating in a UK study into a test which could help rule out womb cancer in three hours by using a new urine test.

Most womb cancer usually starts in the lining of the womb and is also known as endometrial cancer. Diagnosis usually involves taking a biopsy from the lining of the womb which can be uncomfortable and painful on some occasions. Many thousands of these tests are currently carried out in the UK each year however, most women who undergo a biopsy will be found not to have endometrial cancer. Detecting the cancer marker MCM5 in the urine could reduce the need for painful invasive procedures and biopsies in women suspected of having the disease. The study is concentrating on women with post-menopausal bleeding, one of the most common symptoms of womb cancer.

New Academic Partnership Launched

A joint communications plan was developed to support the launch of an ambitious landmark partnership between the University of Stirling, Forth Valley College and NHS Forth Valley was launched on 3rd October 2022. The Forth Valley University College NHS Partnership is the first formal regional partnership between a health board, university, and college in Scotland. Building on a long-standing relationship between the three institutions, it will focus on four priority areas: learning, careers, research, and innovation.

It aims to deliver transformational change to the health of the area through the delivery of new learning and development opportunities for students and staff working across local health and care services.

The collaboration brings together the organisations' unique wealth of knowledge, expertise, and experience to create a centre for world-class research and innovation. It will also directly respond to the needs of local people by reaching into a wide range of settings – from hospitals, health centres and social care settings to care homes and classrooms. More information can be found on the new Partnership website www.fvnhsuniversitycollege.org

KEY HIGHLIGHTS

Efforts Stepped Up to Eliminate Hepatitis C

Work was undertaken to raise awareness of the work underway in NHS Forth Valley to tackle Hepatitis C and encourage local people to come forward for testing and treatment, This includes the appointment of a new specialist community nurse, Sheree Fowler and increased visits to Salvation Army premises and homeless units.

The drive is part of a national effort to meet the Scottish Government's target of elimination Hepatitis C by 2024/2025. Around 3,000 people in the area are believed to be infected with Hepatitis C – known as the silent disease – but so far only around 1,500 have been diagnosed.

New Electric Bike Stations Unveiled

Two additional electric bike rental stations have been installed in Falkirk, thanks to a collaboration between Forth Environment Link, Sustrans and NHS Forth Valley.

The new e-bike stations are located at Camelon Health Clinic and Lochview, near Forth Valley Royal Hospital.

The expansion takes the number of stations across Forth Valley to nineteen with five situated on healthcare sites. The new stations have been positioned to promote active travel across the region, as well as to make it easier for NHS staff and patients to get to and from appointments.

Cancer Service Celebrates 10th Anniversary

A specialist service which has given support to over 4,000 cancer patients and their families in Forth Valley recently celebrated its 10th anniversary in November 2022.

Originally set up as a pilot project with funding from Macmillan Cancer Support, the Macmillan One to One service proved so successful it has now become a permanent service fully funded by NHS Forth Valley.

The community-based team receive referrals from oncology teams as well as many other local health and social care services and the voluntary sector. They provide valuable psychological, practical and social support to people affected by cancer. The overall aim of the team is to maximise quality of life for those affected by cancer by carrying out a Holistic Needs Assessment which allows nurses to focus on individual concerns and issues from the first home visit.

KEY HIGHLIGHTS

New National Treatment Centre Ward Takes Shape

Work to develop the new National Treatment Centre inpatient ward at Forth Valley Royal Hospital took another step forward with the arrival of the first building components at the end of October 2022.

Around 48 large modular units, which make up the main building blocks for the new ward, were craned onto the construction site where they have been assembled to create the outline structure of the new ward.

The new inpatient facility marks the final stage in the development of a new National Treatment Centre in Forth Valley which will be part of a network of new treatment centres to increase capacity and reduce waiting times.

Tree Planted in Memory of The Queen

An Acer Crimson King was planted in the grounds of Forth Valley Royal Hospital as part of a living legacy to commemorate the Platinum Jubilee of Her Majesty Queen Elizabeth II.

The planting, by the Lord Lieutenant of Stirling and Falkirk, Alan Simpson, is part of The Queen's Green Canopy project which has seen more than a million trees take root across the UK. The scheme, which began last year, has now been extended to March 2023 take advantage of the growing season for trees.

The tree has been planted in a grassed area at the front of the hospital near the entrance to the Renal Unit and the Lord Lieutenant, assisted by NHS Forth Valley's Chief Executive Cathie Cowan and representatives from the Forth Valley NHS Retirement Fellowship. The acer was chosen because it provides a riot of colour in three out of four seasons.

AWARDS & ACHIEVEMENTS

Team Scoops National Health Award

The work of a local team in NHS Forth Valley was recognised at a prestigious national awards ceremony. Staff from the Trauma Informed Cervical Screening Team Project team were awarded the Care for Mental Award at this year's Scottish Health Awards for their work to support women who have experienced rape or sexual assault to undergo cervical screening. Research has shown that less than 50% of women who have experienced sexual trauma attend for cervical screening compared to the national uptake.

NHS Forth Valley's Behavioural Psychotherapy Service Trauma Clinic provides therapeutic support for people who have experienced severe trauma. The Meadows is a dedicated service for adults and children who have experienced sexual assault, rape or gender-based violence. Staff from both services worked together to develop a specialist cervical screening clinic within The Meadows where specially trained trauma therapists support people before, during and after their smear test.

AWARDS & ACHIEVEMENTS

Racing for Organ Donation Recipients

NHS Forth Valley's Race for Recipients team was confirmed as this year's winning team having been the first in the UK to smash the 7000km target and the overall individual NHS Board/Trust winner. The national race, which coincided with Organ Donation Week, challenges hospitals, NHS Boards and Trusts across the UK to travel 7,000km in recognition of the 7,000 people currently waiting for a life-saving transplant in the UK.

More than 100 local members of staff cycled, ran, walked and swam 11,652km in just one week – a fantastic achievement. During Organ Donation Week, work was also undertaken to highlight the stories of local patients who are waiting on an organ transplant. These included 51-year-old Peter Donaldson who undergoes kidney dialysis three times a week at Forth Valley Royal Hospital.

Supporting Victims of Sexual Assault

Hazel Somerville, NHS Forth Valley's Gender-Based Violence & Sexual Assault Service Lead, was among the first group of nurses in Scotland to train in advanced forensic practice.

She graduated at Queen Margaret University with eleven colleagues from across Scotland who are now all qualified in advanced forensic practice. All twelve are planning to work collectively to carry out a test of change project on behalf of the Sexual Assault Response Coordination Service Policy Unit, the Crown Office and the Lord Advocate.

This means they have the opportunity to continue to work to support children and adults who have experienced sexual assault and be supported by the east regional forensic physicians.

AWARDS & ACHIEVEMENTS

Honour for Forth Valley Psychiatrist

An NHS Forth Valley doctor who specialises in eating disorders, Dr Shridevi Gopi-Firth, was a finalist for the Specialty Doctor / Associate Specialist of the Year in the Royal College of Psychiatrists Awards for 2022.

Her nomination included an impressive list of achievements. These included raising the faculty's social media profile by creating and managing a social media account to liaise with other faculties and update relevant news.

She also helped frame recommendations for the National Review of Eating Disorder Services set up by the Scottish Government, and was a reviewer on the Scottish Intercollegiate Guidelines Network on Eating Disorders as a representative for Black and Minority Ethnic (BAME) issues, providing valuable feedback to frame policy at a national level.

Supporting the Armed Forces

NHS Forth Valley is one of nine organisations in the Highland Reserve Forces and Cadets Association (HRFCA) area which has been recognised by the UK Government for their outstanding support towards the Armed Forces community.

Representing the highest badge of honour, Employer Recognition Scheme (ERS) Gold Awards are awarded to those that employ and support those who serve, veterans and their families.

The Employer Recognition Scheme Gold Awards continues to grow in strength each year. To win an award from the Ministry of Defence, organisations must show that they have supportive and flexile HR policies in place for veterans, reserves, Cadet Force adult volunteers and spouses and partners of those serving in the Armed Forces.

They must also advocate the benefits of supporting those within the Armed Forces community, by encouraging others to sign the Armed Forces Covenant and engage in the Employer Recognition Scheme.

The awards were presented at a function at Stirling Castle on 3rd November 2022.

MEDIA ISSUES

The Communications Team continued to receive and respond to a wide range of media enquiries during the period. Many of these are related to waiting times, (particularly in relation to the 4hr access standard), service pressures, winter planning and delayed discharges.

Work was undertaken to promote a wide range of service developments and ensure the public were kept updated on the roll out of the Covid-19 booster and flu winter vaccination programme as well as wider action to prepare for winter and increase capacity in the medium to longer term.

Forth Valley Royal Hospital plants tree as part of quee legacy

14th October

FVRH nurse uses CPR for the first time to save dad's life after cardiac arrest

Nurses in Forth Valley set to strike for first time in history over pay and conditions dispute

NHS Forth Valley: Numbers waiting over 12 hours in A&E rise sharply

NHS Forth Valley: National Treatment Centre will see 1500 more people receive surgery annually

Concerns raised over resignations at FVRH department

14th November

SOCIAL MEDIA

NHS Forth Valley's social media platforms have continued to be used extensively to provide quick, clear health advice and information, promote the work of local staff and signpost people to local services and support. Social media audiences continue to grow and NHS Forth Valley now has over 30,000 followers on Facebook, more than 17,600 followers on Twitter and a growing audience on Instagram.

Over the last few months, the Communications Department has worked closely with colleagues from the Scottish Government, Public Health Scotland and NHS 24 to support a number of national campaigns. These included new no smoking legislation outside hospital buildings, winter vaccines, organ donation, egg and sperm donation, firework safety, suicide prevention and breast screening.

SOCIAL MEDIA

Local information and updates shared across our social media channels included activity to highlight local drop-in vaccination clinics, details of how to access urgent healthcare and advice, support to help stop smoking and an appeal for local volunteers to support patients in our hospitals.

Weekly 'Feedback Friday' posts continued to be used to highlight positive feedback from local patients and their families along with regular posts to promote local job opportunities. Work was also undertaken with local staff to mark Learning Disability Nurses' day and AHPs day, highlight awards and thank local donors and fundraisers.

Good luck to staff from our Trauma Informed Cervical Screening Project for tonight's Scottish Health Awards

A big thank you to Larbert Round Table No 979 who recently donated a number of Precious Petzz to our specialist dementia units.

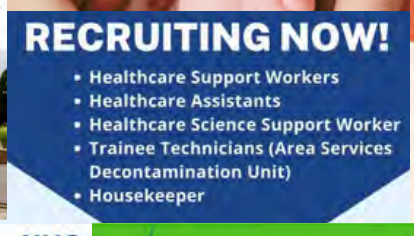
The Precious Petzz can help relieve stress and distress for some people with dementia and offer them comfort during their hospital experience.

Bring your babies along to our weekly baby massage groups on Wednesdays and Thursdays at 10.30am at Alloa Family Centre or Tulach Nursery, Tullibody.

Booking is essential.

Contact the Health Visiting Support Team... See more

Two local patients recently showed their appreciation of our Plastic Surgery Team by raising money for the service. Stanley Watson, from Falkirk, asked his family and friends to donate to the service instead of buying him presents for his 90th birthday and raised £900. Brian Ireland from Sauchie, organised a touch rugby event which raised more than £30... See more



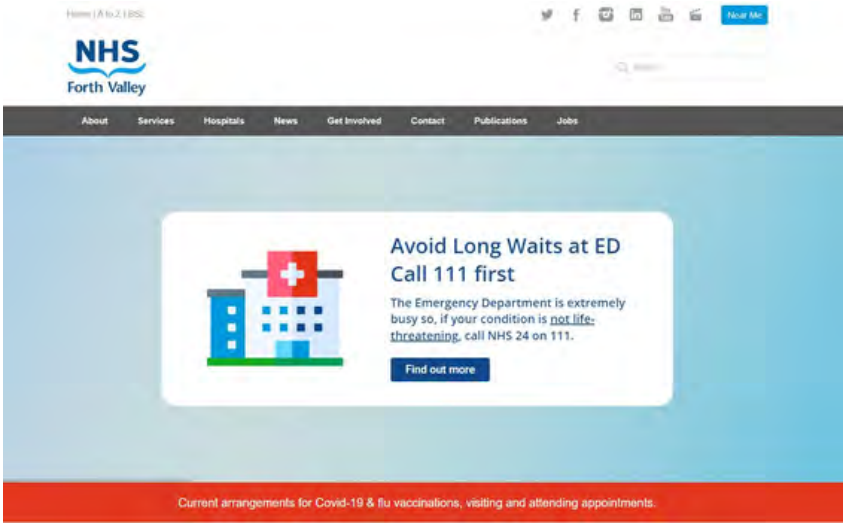
DIGITAL DEVELOPMENTS

www.nhsforthvalley.com

NHS FORTH VALLEY WEBSITE

Between August 1st 2022 and November 1st 2022, there were 510,649 total views on the NHS Forth Valley website www.nhsforthvalley.com (an increase of 12,780 on the previous quarter and around 45,000 visits per week). Job vacancies, vaccinations and Forth Valley Royal Hospital were among the most popular sections visited.

New online content developed during the period included a new podiatry section with a wide range of footcare information and advice, a new physical activity section and a refreshed Staff Support and Wellbeing website which includes information and advice on physical, mental and financial wellbeing.

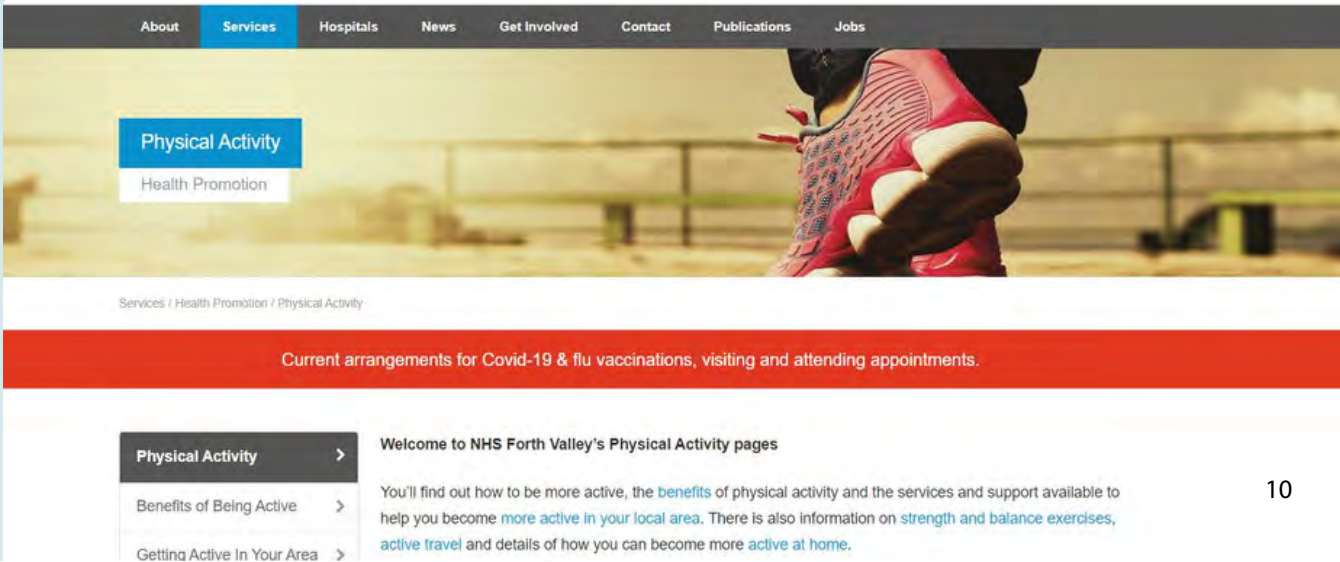


PHYSICAL ACTIVITY

www.nhsforthvalley.com/physical-activity

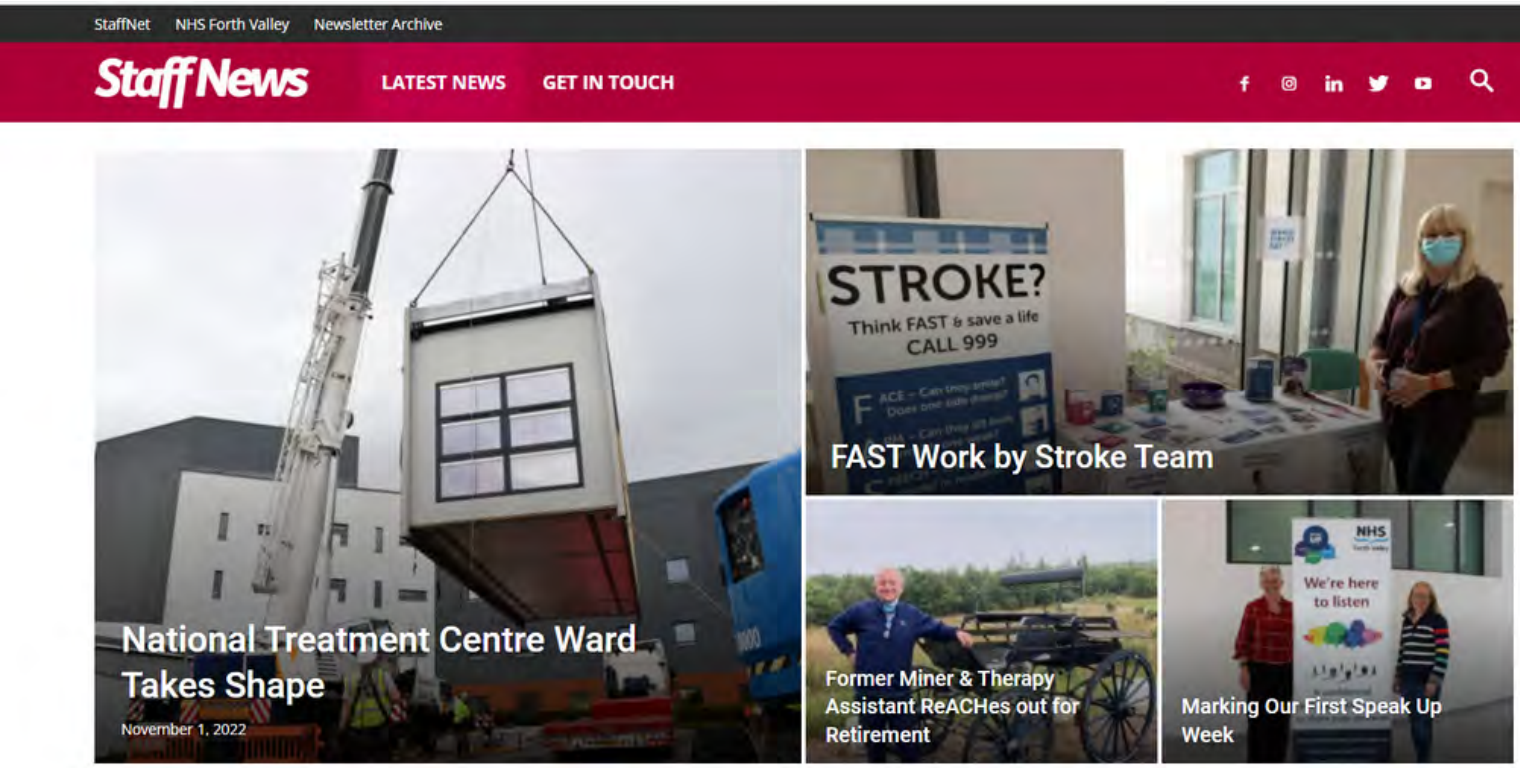
A new website was created to make it easier for all healthcare professionals across Forth Valley to 'prescribe' a wide range of physical activities for local patients.

The new Physical Activity web pages provide details of local activities, classes and services across Forth Valley suitable for people of all ages and abilities. This includes simple strength and balance exercises which can be carried out at home as well as tips, advice and videos to help people become more active.

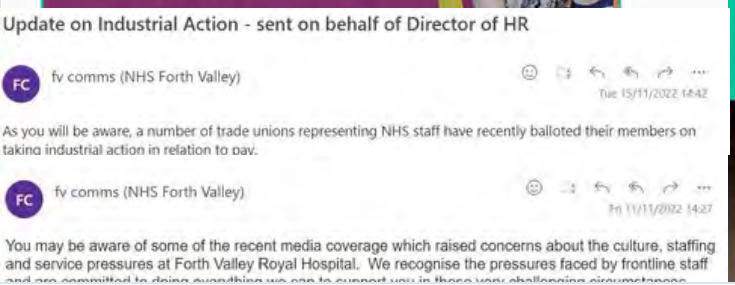


INTERNAL COMMUNICATIONS

Staff News continues to be published online with key highlights emailed to all staff and promoted individually on the home page of the staff intranet. This means the newsletter can be viewed online by all staff anywhere at www.staffnews.nhsforthvalley.com



Work continues to ensure staff are kept up to date, with daily updates on the homepage of the staff intranet, regular Staff Briefs along with updates from the Chief Executive and HR Director which are emailed out to all staff and monthly staff newsletters.



FORTH VALLEY NHS BOARD
TUESDAY 26 JULY 2022

10.5.1 Performance & Resources Committee Update – 30 August 2022 For Assurance

Meeting Chair: Mr Martin Fairbairn, Non-Executive Director

- **Item 5 Performance & Resources Committee Forward Planner**
  Ms Kerry Mackenzie, Head of Policy & Performance presented the Performance & Resources Committee Forward Planner noting linkage to the Terms of Reference.

Section 6 – For Approval

- **Item 6.1 Disposal of Surplus Properties**
  The commencement of the trawl process in respect of 2 vacant properties surplus to the Board's requirements was approved.

Section 7 – Better Care

- **Item 7.1 Psychological Therapies Update**
  Dr Jennifer Borthwick, Director of Psychology provided an update in respect of Psychological Therapies detailing the performance against waiting times standards, improvement plan actions (reducing the queue and increasing capacity), data issues, trajectory modelling and next steps.

- **Item 7.2 Child & Adolescent Mental Health Services Update**
  Mrs Jacqueline Sproule, Head of Service provided an update in respect of Child & Adolescent Mental Health Services. The presentation focussed on performance against waiting times standards, planned improvement trajectory and impact of current actions, referrals, service wide issues, improvement actions underway and progress.

- **Item 7.3 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.

- **Item 7.4 Preparing for Winter, Developing Future Sustainable Services Update**
  Mr Scott Urquhart, Director of Finance provided a progress update on recommendations considered by the NHS Board at its meeting in September 2022 noting the focus on triage redesign, pre-noon and weekend discharge performance and improving capacity.

- **Item 7.5 Emergency Department Action Plan Implementation**
  Mr Scott Urquhart, Director of Finance presented an updated Emergency Department Improvement Action Plan covering nursing workforce & professional oversight of safe staffing, clinical, staff and corporate governance signed off by relevant Executive Leads to illustrate ongoing progress, along with an updated Risk Register.

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.

Section 9 – Better Value

- **Item 9.1 Finance Report (including Financial Recovery Plan)**
  Mr Scott Urquhart, Director of Finance presented the Finance Report noting a year-to-date revenue overspend of £2.3m and balanced capital position as at 30 September 2022. It was noted that the potential year end overspend had been revised downward following identification of a number of recovery actions to improve the position.

- **Capital Projects, Properties, Equipment & eHealth**
  Mr Jonathan Procter, Director of Facilities & Infrastructure & Digital & eHealth Lead provided an update on current major capital projects, property transactions, medical equipment expenditure and Digital Delivery Plan progress for the 2nd quarter of 2022/23

Section 10 – For Information

The three agenda items listed below were presented For Information.

- Item 10.1 Code of Corporate Governance
- Item 10.2 Information Governance Group Minute: 23 June 2022
- Item 10.3 Emergency Planning and Resilience Group Minute: 31 March 2022

PERFORMANCE & RESOURCES COMMITTEE

Minute of the Performance & Resources Committee meeting held on Tuesday 30 August 2022 at 9.00am via Microsoft (MS) Teams

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Present:
Mr Martin Fairbairn (Chair)
Ms Kirstin Cassels
Mr Robert Clark
Cllr Fiona Collie
Ms Janie McCusker

In Attendance:
Ms Louise Boyle
Dr Claire Copeland
Mrs Cathie Cowan
Miss Linda Donaldson
Cllr Wendy Hamilton
Ms Sarah Hughes-Jones
Mr Gordon Johnstone
Ms Kerry Mackenzie
Mrs Sara MacKenzie
Dr Michele McClung
Mrs Gillian Morton
Mr Andrew Murray
Mr Ewan Murray
Mr Jonathan Procter
Ms Rebecca Reid (Minute)
Ms Jude Rooney
Mr John Stuart
Mr Scott Urquhart
Ms Gail Woodcock

1. APOLOGIES FOR ABSENCE

There were no apologies received.

The Chair confirmed the meeting was quorate.

2. DECLARATIONS OF INTEREST

There were no declarations of interest offered at this time.

3. Minute of Performance & Resources Committee meeting held on 28 June 2022

The Minute of the meeting held on 28 June 2022 was approved as an accurate record.

4. MATTERS ARISING

There were no matters arising.

5. BETTER CARE

5.1 Urgent & Unscheduled Care Update

The Performance & Resources Committee received a presentation 'Urgent & Unscheduled Care Update' led by Mr Andrew Murray, Medical director and supported by Dr Claire Copeland, Associate Medical Director, Ms Jude Rooney, Interim Head of Acute Services, Emergency & Inpatient Services and Ms Gail Woodcock, Head of Integration, Falkirk HSCP.

Mr Murray highlighted that the presentation contained a lot of complex information regarding work to assist in relieving some of the systems pressure being experienced within urgent and unscheduled care. As an example of harm, Mr Murray presented the Committee with a news headline detailing the report of a man that had been reported missing from ED and was subsequently found dead.

It was noted that waiting times for patients had significantly increased. In the last year over 1500 patients had waited over 12 hours, whilst waits between 8-10 hours has increased by 16%. In comparison with other NHS Boards, Forth Valley was the only board with performance below 50% in relation to the 4-hour access standard. Immediate responses had been put in place aiming to tackle these waiting times such as Winter Capacity planning, new strategic responses, and the reintroduction of the Gold Command structure.

Dr Claire Copeland provide an update on Unscheduled Care and Integration. Dr Copeland highlighted that this was a turbulent time for staff, being made more complex by the pandemic. It was noted that to resolve the problems within unscheduled care a whole system response was required including the redesign of urgent care with the introduction of the Flow Navigation Hub, NHS 24, and Call MIA (minor injuries). The transformation of care was broken down in to three categories, assess, optimise, and transfer. Running alongside this piece of work was the introduction to the National 'Interface' workstream.

Dr Copeland noted that May 2022 saw the launch of the Urgent & Unscheduled Care Collaborative Programme This initially consisted of 3 work strand which were further broken down 8 High Impact Changes and Ambition Statements. Key leads from across the system were engaged with this work. The development and implementation of virtual capacity was described with the expansion of Hospital at Home, Community Heart Failure and Community Respiratory Services and Outpatient Parenteral Antimicrobial Therapy (OPAT).

Ms Jude Rooney provided an update on the redesign of Urgent Care / Urgent & Emergency Assessment. Ms Rooney advised that through self-assessments undertaken by staff key areas where highlighted that were required to assist with the redesign.

It was noted that focus was currently on two key pieces of work that would benefit the department the most. The first being the redesign of triage within ED, a two-tier triage system which will lead to rapid assessments of patients within 15 minutes of arrival at ED from a dedicated triage team consisting of triage nurses, senior clinical decision maker, healthcare support worker and Emergency Nurse Practitioner colleagues. Patients would be categorised on clinical priority, and this would assist with management of the high volume, lower acuity patients. This piece of work was at an early stage but there had been three tests of change so far and although test data is under review the outcome appeared positive. The aim was to develop this model to allow other teams to implement this work and embed the process between the hours of 8am and 12am.

The other key piece of work was to maximise the potential of the Rapid Assessment & Care Unit (RACU). RACU models in medical, surgical and frailty were in place. This was a new pathway development that would be integrated into the flow navigation hub and would allow 30% of all emergency admissions to be diverted to be seen by a multi-disciplinary team.

Ms Gail Woodcock presented the whole system approach to Urgent & Unscheduled Care whilst also focusing on key areas.

Ms Woodcock took the opportunity to remind committee members that this had been a challenging time across health and social care in acute and the community and wished to stress that capacity continued to be an issue. Challenges with recruitment and retention of staff had resulted in providers handing back packages of care which increased the pressure

on the challenges being faced as most care at home provisions was through private providers.

Discharge without delay was noted as one of the high impact change work streams to improve flow through hospital to home or the care facility required. For patients who don't require clinical support it was important to recognise that they don't need to be in an acute hospital but do still require to be in the best environment for their care needs. A development of a cross system delivery group emphasised that issues were not confined to one area but were in fact a whole system issue. Several projects are being progressed by the delivery group including implementing planned date of discharge, ward team dashboards, and hospital to home support. A whole system dashboard is being created to allow all teams to work from one system to prevent the chances of double processing and human error.

Ms Woodcock highlighted some of the actions and improvements that had been implemented. There had been an increase in bedded care for a range of different functions with 61 additional beds added to community hospitals across Falkirk and Stirling & Clackmannanshire. This has resulted in significant improvements within Stirling & Clackmannanshire delayed discharges. The graphical display for total delays in Falkirk highlighted a decrease in the number of delayed discharges as a result of additional beds as well as the commissioning six new providers and the introduction of incentives to current providers.

Mr Murray wished to note the strategic approach being taken with these pieces of work with the aim of long term sustainable goals. Short terms solutions needed to be considered at present with the approach of winter. To deliver these goals a collaborative approach from everyone was required.

The Performance & Resources Committee received a presentation 'Capacity and winter preparedness' from Mrs Cathie Cowan.

Mrs Cowan highlighted that it was clear, unless action was taken, we would be putting our patients at harm. There were implications in relation to staff experience already being seen across the whole system. The current patient experience was raising concerns in terms of board compliance and was having a negative impact on the reputation of NHS Forth Valley. Complaints were being submitted by the public and elected members as well as issues being raised by staff side and trade union colleagues.

Capacity was noted to be the main concern across the whole system therefore increasing capacity was a high priority with immediate actions being put in place to assist with eradicating these issues. This included implementing Scottish Government Productive Gains and working to increase capacity now in preparation for winter.

Mrs Cowan invited Mr Scott Urquhart to provide a brief update on the financial pressures in relation to capacity issues. Mr Urquhart highlighted that the current additional spend particularly on staff was not sustainable. Agency and bank staff costs had trebled since the previous year and were estimated at £8m to support the additional bed capacity on the acute site. To improve financial sustainability various cost impacts were considered in several areas to allow improved value for money, increased sustainability and improvement of patient safety and care.

The Performance & Resources Committee discussed the very worrying scenario described by Mr Murray and noted the actions being undertaken. The Committee urged Mrs Cowan and the Executive Team to consider all possible mitigations as a matter of extreme urgency.

5.2 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 the continuous system wide pressure within ED is impacting on performance. Mr Andrew Murry provided a more in-depth overview of the position within ED in the reporting of item 5.1 urgent & Unscheduled Care Update.

Ms Mackenzie highlighted that for July 2022 the number of patients waiting for a first outpatient appointment increased slightly along with the number waiting over 12 weeks, noting the activity against remobilisation plan as 87% compliance. Inpatients/daycases waits had reduced in July 2022 with a slight increase noted in those waiting beyond 12 weeks. Activity against remobilisation plan was 81% compliance.

There was a reduction in the number of patients waiting for imaging services with a slight increase in patients waiting for endoscopy. Activity exceeded the remobilisation plan trajectory in both specialties.

There was a slight improvement in compliance with the 62-day cancer standard with achievement of the 31-day standard continuing.

It was noted that 53.0% of patients started treatment within 18 weeks of referral to Psychological Therapies. This was a reduction from the previous month as a result of the ongoing redesign work which specifically focussed on assessing the patients that had been waiting in order to appropriately direct them to an increased range of therapeutic options. In Child & Adolescent Mental Health Services, 43.8% of patients started treatment within 18 weeks of referral in July noting a decrease in the waiting list from June. Focussed work continued aimed at reducing the number of patients waiting 52 weeks or more.

There was a total of 119 delayed discharges at the July census. 86 standard delays and 33 code 9 and guardianship. The number of bed days occupied by delayed discharges (excluding code 9 and 100) was 2659, an increase from the June position.

Ms Mackenzie noted that a review of the performance scorecard would be carried out to allow for a more 'normalised' approach to monthly key performance measure and to move away from a focus on recovery.

The Performance & Resources Committee:

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

6. FOR APPROVAL

6.1 Sustainability & Capacity Proposal

The Performance & Resources Committee received a paper 'Implementation of nursing model within the Emergency Department and Acute and Clinical Assessment Units, within the Acute Services Directorate', presented by Mrs Gillian Morton, Interim Nurse Director and Ms Louise Boyle, Acting Chief Nurse.

Mrs Morton highlighted that an external review of ED had been commissioned with a number of recommendations for improvement made, all of which were accepted by the NHS Board along with 4 additional recommendations made by staff.

In May 2022 an update to the board was provided to report on work being progressed, this set out ED workforce requirements to ensure, ED leadership covering 7 days, resuscitation response, induction, and protected learning and, workforce numbers and skill mix (informed by the roll out of eRostering and Workforce Tools).

Ms Boyle highlighted that the National Nursing Workforce and Workload measurement tool identified that staffing uplifts were required in the core nursing establishment in the Emergency Department (ED) and the Acute/Clinical Assessment Unit (AAU/CAU).

The Emergency Department was analysed by the workforce tool, and this demonstrated that an increase of staffing within ED would be beneficial to the department. It was suggested that an additional 16 whole time equivalent staffing (wte), made up of 13 band 5 Registered Nurses (RNs) and 3 band 3 Clinical Support Workers (CSW) would be the most effective skill mix to support ED. To date permanent funding for 4 RNs and 2 CSWs had been secured.

For a sustained period, AAU/CAU had experienced poor retention and recruitment of nursing staff, resulting in prolonged staffing gaps. This was noted in Exit Interviews as one of the main reasons people had left. The National Nursing Workforce and Workload measurement tool identified that a requirement of 26.2 wte staff were required to meet the department's needs. This would equate to 7 band 6 senior nurses and 19.2 band 3 CSWs.

The Board made a commitment to have clinical leadership 24/7 to support the Acute Services Directorate (ASD) which had an establishment of 831 staff in Emergency and Inpatients (E&I) and 399 staff in Ambulatory, Diagnostics & Theatre (AD&T). It was noted that additional clinical nurse managers within AAU, ED and Ambulatory & Diagnostics would be required to successfully support these services. It was noted that there was only 1 Clinical Nurse Manager cover all areas.

During Covid-19 pandemic the Senior Nurse Out of Hours role was introduced and was found to be vital, providing 24/7 leadership and support to nursing teams during times when there was a reduction in senior decision makers on duty. The requirement would be 3 positions to allow 24/7 clinical leadership.

Funding requirements were detailed within the paper presented and totalled £1,861,578. This amount excluded monies previously agreed.

In response to a question Ms Boyle highlighted that we would be buying a highly skilled workforce, balanced staffing and that it would support the organisation to spend well.

The Performance & Resources Committee:

- ***Endorsed the proposed Nursing model within the Acute Service Directorate***

7. BETTER VALUE

7.1 Finance Report

The Performance & Resources Committee received a paper 'Finance Report' presented by Mr Scott Urquhart, Director of Finance.

It was highlighted that the net revenue budget for 2022/2023 was estimated at £764.789m, this reflected the opening Revenue Resource Limit (RRL) of £598.120m as advised by the Scottish Government plus £0.215m of confirmed allocations received in July. A further £166.454m of additional anticipated allocations was expected to be added to the RRL in due course.

Mr Urquhart highlighted that an overspend of £2.442m had been reported for the 4 month period ending July 2022, in comparison to an overspend of £0.591m in the same period of time the year previous. The current overspend reflected capacity and workforce pressure largely within acute and specialist mental health services, increases in drug costs across both hospital and primary care prescribing, and cost inflation pressures including energy. An element of the adverse year to date position also reflected unachieved recurring savings targets carried forward from previous years. Current expenditure run rate and the ongoing level of uncertainty regarding a few funding allocations indicated a potential year end overspend of £10-15m.

Forecast Covid-19 costs were noted as £18.476m for 2022/23. This was comprised of £1.530m in respect of test and protect, £5.115m in respect of set aside services, £6.676m relating to vaccinations and £5.155m across other core NHS service areas. Scottish Government had confirmed that Test and Protect costs of £1.530m will be funded by an allocation and that the remaining NHS Board costs should be contained within a £12.300m resource limit which is currently within IJB covid reserves. The governance arrangements for accessing and distributing those reserves required further national direction from Scottish Government.

It was highlighted that taking account of the potential forecast overspend and financial risk outlined there were several key actions required to reduce the overspend predictions however it was recognised that delivery of the 2022/23 savings target of £29.312m was unlikely to be achieved. As a result, alternative savings and/or non-recurring funding solutions were being examined to achieve financial balance in 2022/23.

The Performance and Resources Committee:

- ***Noted the year-to-date revenue overspend of £2.422m and balanced capital position as at 31 July 2022.***
- ***Noted a potential year-end overspend based on cost inflation pressures, additional bed capacity measures in place and funding risks, estimated at £10m to £15m, which require urgent mitigation actions and further clarification from Scottish Government on in-year resource allocations.***
- ***Noted the key actions required to achieve in year financial balance and ongoing work to progress the cost improvement programme at pace.***

8. BETTER GOVERNANCE

8.1 Strategic Risk Register

The Performance & Resources Committee received the paper ‘Strategic Risk Register’ presented by Mrs Sara Mackenzie, Corporate Risk Manager.

Mrs Mackenzie highlighted that following the quarter 1 review period, one new risk had been aligned to the Performance & Resources Committee. All other risks aligned to the Committee remained static.

The risk SRR.017 Environmental Sustainability and Climate Change had been formulated to reflect the impact of our responsibilities in terms of Environmental Sustainability and Climate Change on our strategic objectives and our responsibilities in terms of the Scottish Government Policy/Strategy. The initial score for this risk was 20.

Work was noted to be underway to add Environmental Sustainability and Climate Change as an impact category on the NHS Forth Valley Risk Assessment matrix, to ensure that the environment and climate are considered as risks are assessed.

The Performance & Resources Committee:

- ***Considered the assurance provided regarding the effective management and escalation of Performance & Resources risks***
- ***Endorsed the Performance & Resources Strategic risks for Quarter 1, 2022/23 for onward reporting to NHS Board***

8.2 Information Governance Group Minute

The Performance & Resources Committee received the paper 'Information Governance Group Minute' presented by Mr Andrew Murray.

My Andrew Murray wished to highlight that there was nothing to escalate to the Performance & Resources Committee at this time following the last meeting. The NISR audit results had not yet been received so there was nothing significant to report at this meeting.

8.3 Out of Hours Patient IT System

The Performance & Resources committee received a verbal update from Ms Sarah Hughes-Jones regarding the Out of Hours Patient IT system.

Ms Hughes-Jones highlighted that there had been a recent cyber incident which had impacted services across the NHS in all four UK nations. The incident took place on 4 August at OneAdvanced which is a company that supplies software solutions and services to NHS Boards. Within NHS Forth Valley, Adastra the system used to support Out of Hours patient referrals was impacted.

Following detection, OneAdvanced systems were disconnected from NHS networks as a precautionary measure, and forensic work is underway to investigate the nature and impact of the situation. Within Forth Valley, Out of Hours services moved quickly to business continuity measures ensuring that referrals were received, and patient care continued to be delivered. Contingency measures were being kept under review at a local and national level. Out of Hours patient referrals moved to email, but an alternative system solution was being investigated in the event of the system being unavailable for an extended period of time.

Given the nature of the incident, a report has been made to the UK Information Commissioner, as per the Board's responsibilities under data protection legislation. The Scottish Government had also been notified as the competent authority under the NIS Regulations.

Overall, the Board's Caldicott Guardian, Senior Information Risk Owner, Information Governance and eHealth teams remain fully sighted on the situation and will continue to monitor progress in accordance with policy and procedure to ensure the Board's statutory responsibilities continue to be fully met.

9. FOR INFORMATION

9.1 The Performance & Resources Committee ***noted*** the Emergency Planning & Resilience Team Annual Report

9.2 The Performance & Resources Committee ***noted*** the Community Planning Partnership Update

10. ANY OTHER COMPETENT BUSINESS

No other competent business.

11. DATE OF NEXT MEETING

Tuesday 25 October 2022 at 9.00am via MSTeams

FORTH VALLEY NHS BOARD
TUESDAY 29 NOVEMBER 2022

10.5.2 Clinical Governance Committee Update – 8 November 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 HIS Inspection Update May and October 2022**
  Prof Dodd gave an update on the action plans relating to both unannounced inspections to Forth Valley Royal Hospital by HIS.

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 July 2022 – August 2022
  Mr Murray gave an update to the Committee on the detail within the report

  Item 6.2 – HAIRT Quarterly Report July 2022 – September 2022
  Mr Horwood updated the Committee on the detail within the report

  Item 6.3 – Standards and Reviews Report July 2022 - August 2022
  Mrs Bennie updated the Committee on the guidance and standards published during July and August 2022

Section 7 – In our services, Will Care Be Safe in the Future?

- **Item 7.1 Risk Management Update**
  The Committee received an update on Forth Valleys current risk management position by Mrs Mackenzie, Corporate Risk Manager.

Section 8 – Is Our Care Person-Centred?

- **Item 8.1 NHS FV Complaints and Feedback Performance Report July 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 Bennie outlined the HIS framework and the progress of Significant Adverse Event Reviews currently being undertaken within Forth Valley

Section 10 – Are Our Systems Reliable?

- **Item 10.1 Patient Safety Conversation Visit Update**
  Mrs Bennie provided a six month update on the Patient Safety Conversation Visit program

Section 11 – Further Assurance

- **Item 11.1 – Code of Corporate Governance**
  The Committee noted the report

- **Item 11.2 – Medical Education Appraisal Annual Report**
  Dr Patrick, Director of Medical Education and Consultant Gynaecologist, presented the Medical Education Appraisal Annual Report to the Committee

Section 12 – Reports from Associated Clinical Governance Groups

- **Item 12.1 Minute of Clinical Governance Working Group Meeting – 27.07.2022**
- **Item 12.2 Organ Donation Committee Meeting – 08.06.2022**
- **Minute of the APCIC – 20.01.2022**
- **Minute of the Child Protection Action Group Meeting – 23.08.2022**

Section 13 – AOCB

- **Item 13.1 OD Committee Workshop 6th December 2022**
  The Committee were advised that a workshop for Committee members and attendees will take place on 6th December at Carseview

CLINICAL GOVERNANCE COMMITTEE

Minute of the Clinical Governance Committee meeting held on Tuesday 23 August 2022 via Microsoft (MS) Teams

Present
Gordon Johnston (GJ), Non-Executive Member (vice chair)
Kirstin Cassells (KC), Chair ACF / Non-Executive Member
Janie McCusker (JM), Chair NHS Forth Valley
John Stuart (JS), Non-Executive Member
Helen McGuire (HM), PIN Member
Margo Biggs (MB), PIN Member

In Attendance
Andrew Murray (AM), Medical Director (Chair)
Cathie Cowan (CC), Chief Executive
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

Presenting
Dr Jim Crabb (JC), AMD/Consultant in General Adult Psychiatry (item 6.2)
Lianne Conville (LC), Innovation and Improvement Advisor (item 6.2)
Mrs Sara Mackenzie (SM), Corporate Risk Manager (Item 7.1)
Ms Mandy Crawford (MC), Patient Relations Lead (Item 8.1)
Ms Olwyn Lamont (OL), Clinical Governance Manager (item 9.1)

1. Apologies for Absence

Apologies for absence were received from Michele McClung and Robert Clark

2. Declaration (s) of Interest (s)

GJ informed the Committee he is a Board member of the Mental Welfare Commission for Scotland in relation to agenda item 6.4.1 Mental Welfare Commission visits.

3. Minute of NHS Board Clinical Governance Committee meeting held on 17 May 2022

Agreed as an accurate reflection of the meeting

4. Matters Arising from the Minute/ Action Log

Action Log reviewed by the committee and updated.

5. In Our Service, is Care Safe Today?

5.1. System Safety issue

AM advised this will be discussed in detail at the P&R Committee. AM highlighted the severe system pressures due to capacity and significant concern regarding patient harm as a result.

The Clinical Governance Committee:

- Noted the update

6. In our Services, Was Care Safe in the Past?

6.1 Safety and Assurance Report May – June 2022

AM advised HSMR remains satisfactory. NHS FV has joined the National Cardiac Arrest Audit (NCAA) to ensure data is being recorded accurately. The survival rate is consistent with the national mean. Stroke bundle compliance is in line with the Scottish position. Pressure ulcer rate remains satisfactory.
LB noted the reduction in falls numbers in June. The committee asked whether delays with ambulances getting patients in/out of hospital had any adverse effect. AM advised the Committee should be confident that patients are receiving treatment in a way that minimises any adverse prognosis. LB noted that staff work closely to share information, a Deteriorating Patient meeting is being held this afternoon.

The Clinical Governance Committee:

- Noted the report

6.2 Mental Health update

LC advised Mental Health is engaging with a teams-based approach to quality and gave several excellent examples.
JC discussed the Mental Health dashboard indicators including safety indicators for NEWS, Falls, IDL's, 7day follow up and senior review within 48hrs of admission. The adverse event review group meet regularly and use learning summaries which can be shared with other areas/wards.
The committee asked about any psychological issues arising from restraint, JC advised the Broset indicators provide an evidence base to risk assess.

The Clinical Governance Committee:

- Noted the excellent safety practice and transferrable learning
- Thanked JC/LC for the informative and assuring report

6.3 HAIRT Quarterly Report

JH advised the committee SAB and DAB infections remain within control limits, no SAB's and three DAB's were reported in June 2022. There were two hospital acquired e-coli's in the quarter period April – June 2022. Six CDI's were reported, however these are now back in line.
AOP standards for e-coli is challenging with numbers above the 12 month mean, SAB numbers have reduced, and two SSI's were reported last month. There is no national comparative data, although revised national guidelines for data is expected soon.

There were two COVID outbreaks in June in wards A21/A22, hospital onset COVID is at 17.7%, which is lower than most Scottish Boards.

A recent letter from the Chief Nurse Office advises that PCR testing will cease for asymptomatic patients, however face masks should continue to be worn.
This report informs a positive position from the Boards perspective.

The Clinical Governance Committee:

- Noted the information and thanked JH for his excellent report

6.4 Standards and Reviews Report – May to June

LB explained the report and highlighted the key points. The team is working towards a process to share information with Primary Care. AM added the report evidences the implementation of standards, and deep dives into the themes are to provide assurance.

The Clinical Governance Committee:

- Noted the report

6.4.1 Deep Dive into Mental Welfare Commission visits

LB explained the MWC visits are unannounced and are not inspections. The team reviews standards of care, follows up on any cases of concern, and provides information, advice and guidance. Themes and recommendations of the recent published MWC visits were discussed and good practice and highlights were noted.

The Clinical Governance Committee:

- Noted the report

7. In Our Services, will Care be Safe in the Future?

7.1 Risk Management Update

SM informed the committee Unscheduled Care risks remain at 25, a number of internal controls have been added to risks and work is ongoing to implement these.
A multi-agency group has been established to review the out of hours service highlighting risk. Progress was made between reporting periods January -March 2022 and April - June 2022. SM requested the Committee endorse the risk update for onward reporting to the Board.

AM noted the USC risk will be discussed at the next programme board meeting. SM noted that scheduled care is discussed with risk leads. The committee asked for clarity on timescales and when to expect controls to have impact on the highest risks.

The Clinical Governance Committee:

- Agreed the report could progress to the Board meeting

8. Is our Care Person Centred?

8.1 NHS FV Complaints and Feedback Performance Report – May 2022

MC advised the committee there were 365 complaints in the period April to May 2022 and compliance was 83.6% against the performance target. Complaints have increased by 56.3% compared to last year, bringing complaints back to a pre-covid level. Nine cases were referred to the Ombudsman, five were not progressed.

A total of 674 patients responded to the experience and feedback questionnaire. MC discussed the top three positive results and also areas for improvement. These will be shared with SCN's.

Care Opinion in the period April – May 2022 had 94 stories, 82% were positive. MC advised all services receive this report which is raised at the daily safety brief. The committee raised the issue of delays with discharge, specifically awaiting a prescription. LBy advised there were multi factorial issues related to delays and the service is reviewing ways to facilitate discharge, this includes a pilot with community pharmacies, and prescribing pads in wards. A short life working group will review options.

The Clinical Governance Committee:

- Thanked MC for the informative report

9. Are we Learning and Improving?

9.1 Significant Adverse Event Report

OL advised three reviews have been commissioned since the last meeting, 23 are in progress and at various stages. Two reports have been concluded and the action plans from these are taken through local clinical governance groups.

The Clinical Governance Committee:

- Thanked OL for the report

10. Are our Systems Reliable?

10.1 OD Feedback and Recommendations update

AM thanked the committee for participating in the process, discussed the recommendations and requested any comments prior to finalising the actions. The committee suggested a time out session to review any possible actions.

The Clinical Governance Committee:

- Requested clarity on recommendation 3 - AM to take forward
- Time out session to be arranged

11. Further Assurance

11.1 CGWG Annual Report 2021 - 2022

LB advised the report was approved by the Clinical Governance Working group, it reflects the Vincent framework providing assurance of safe care. SNAP audits are not formally presented at this meeting as clinical teams provide updates.

The Clinical Governance Committee:

- Agreed the report provided assurance of safe care

11.2 Duty of Candour Annual Report 2021 - 2022

LB advised the report reflects events which trigger a Duty of Candour. Nine cases triggered Duty of Candour, eight were related to a death. Due to the increase in SAER's the communication and engagement has already taken place. The report will be available on the public website and is shared with Partnerships.

The Clinical Governance Committee:

- Approved the report

12. Reports from Associated Clinical Governance Groups (Ratified Minutes)

12.1 Minute of the Clinical Governance Working Group meeting – 12.05.2022

12.2 Organ Donation Committee meeting – 16.03.2022
Correct note from the meeting to be shared with the Committee

12.3 Minute of the APCIC – no update
(next meeting 18.08.2022)

12.4 Minute of the Child Protection Action Group meeting – no update
(next meeting 23.08.2022)

The Clinical Governance Committee:

- Noted the CGWG minute

13. AOCB

None

14. Date and Time of the Next Clinical Governance Committee meeting

The next meeting will be held on Tuesday 8th November 2022 at 9am via Teams

FORTH VALLEY NHS BOARD
TUESDAY 29 NOVEMBER 2022

10.5.3 Audit and Risk Update – 21 October 2022
For Assurance

Chair: Cllr Fiona Collie

Meeting Highlights

- Minute of meeting held on 22nd June 2022 was approved as a correct record.

- Director and Deputy Director of Finance provided an update on the South-East Payroll Consortium programme. Work is underway locally to implement the preferred service delivery model and NHS Forth Valley payroll staff will transfer their employment to NHS National Services Scotland on 1st February 2023.

- Deputy Director of Finance provided an update on the progress made in addressing issues raised in the National Service Audit report which received a qualified audit opinion in financial year 2020/21.

- Internal Audit presented a Progress Report to brief the Committee on the status of delivering the 2022/23 Internal Audit Plan and also on the work progressing on the Internal Control Evaluation (ICE) review.

- The Director of Finance provided a verbal update on the appointment of Deloitte's as the Board's new External Auditors. It is anticipated initial meetings will take place in December 2022.

- The Regional Audit Manager presented the Audit Follow Up report. This was the first Follow Up report presented by Internal Audit following the Audit and Risk Committee approving a revised Audit Follow Up (AFU) procedure in June 2022.

- The Risk Officer presented the Strategic Risk Register Update and asked the Committee to endorse proposed changes to the Quarter 1 Strategic Risk Register.

- The Head of Policy and Performance presented a paper on the Code of Corporate Governance that summarised recent amendments made to the Standing Orders and Terms of Reference.

- The Director of Finance presented a paper that advised the Committee regards the appointment of Dickson Middleton, Chartered Accountants, as Endowment and Patient Funds Auditors for the three-year period commencing 1st November 2022.

- The Fraud Liaison Officer summarised the latest Counter Fraud Services Report for period ending 30th June 2022 and highlighted the key issues.

- The Director of Finance presented the Post Transaction Monitoring paper that highlighted the property transactions report required to be submitted to the Scottish Government annually was a nil return for 2021/22.

FORTH VALLEY NHS BOARD
TUESDAY 29 NOVEMBER 2022

10.5.4 Endowments Committee Minute – 21 October 2022
For Assurance

Chair: Cllr Fiona Collie

Minute of the Forth Valley NHS Board Endowment Committee meeting held via Microsoft Teams 21st October 2022.

Participating:
Cllr. Fiona Collie, Falkirk Council Representative (Chair)
Mr. Robert Clark, Non Executive Director - Employee Director, Forth Valley NHS Board
Mr. Jonathan Procter, Director of Facilities and Infrastructure (Lead Director), NHS Forth Valley.
Susan Bishop, Head of Improvement, Efficiency & Innovation, NHS Forth Valley.
Mr. Mark Fairley, Senior Finance Manager, NHS Forth Valley.
Mr. Craig Holden, Fundraising Manager, NHS Forth Valley.
Mrs. Christine Crosbie, Finance Manager Endowments, NHS Forth Valley.

1. APOLOGIES FOR ABSENCE
Mrs. Cathie Cowan, Chief Executive, NHS Forth Valley.
Mr. Scott Urquhart, Director of Finance, NHS Forth Valley.
Mr. John Stuart MBE, Non-Executive Member.
Cllr Danny Gibson, Stirling Council Representative.

2. DECLARATIONS OF INTEREST
There were no declarations of interest.

3. MINUTE OF THE FORTH VALLEY NHS BOARD ENDOWMENT COMMITTEE MEETING HELD ON FRIDAY 10TH JUNE 2022
The Committee approved the minute of the Forth Valley NHS Board Endowment Committee meeting.

4. MATTERS ARISING
It was confirmed that Rathbones had been contacted with regard to advice around preserving the value of the portfolio. Rathbones have provided reassurance that their focus is on long term gains. A means of reducing the current level of volatility would be to lower the risk level set for the portfolio. The risk level is currently 5 (highest level is 6), so the portfolio is currently heavily weighted towards equity. Rathbones are going to attend the January Endowment Committee Meeting and present the implications of changing the risk level of the portfolio.

5. ANCHORS COMMUNITIES FUND
Susan Bishop, Head of Efficiency, Improvement & Innovation outlined the proposal to the Committee. The Health Board is supporting the formation of an NHS Forth Valley Anchor Board, with potential to contribute to the local communities' health and wellbeing. A proposal and an approach to the use of resources to support the Anchor Board and the program of work were presented at the September Anchor Board Meeting, and are currently under review. There were three components of the proposal as follows:

1. The program of work would be made up of a series of projects that would be prioritised and that there needed to be existing resources or new resources secured in order for those particular projects to go ahead.
2. A small Infrastructure fund to support particularly the employability work which is a large proportion of what the anchor program work is about. Employing people to meet our needs as an NHS Forth Valley organisation, but also remembering that a large number of our staff both live and work in Forth Valley. Therefore there would be a benefit to current staff, and also providing the opportunity to bring more people into work than have been before. The Infrastructure funding is yet to be agreed.
3. Creation of an Anchor Community Grants Program funded by NHS Forth Valley Endowments.

The development of a carefully considered purpose and criteria for the Anchor Community Grants Program is required to ensure no duplication with other community grant funding programs available within Forth Valley. It is proposed that the detailed proposal will be brought to the November Anchor Board Meeting. Thereafter, the Community Grants detailed proposal would be brought to the January Endowment Committee Meeting for approval.

Committee members confirmed that the proposal would need to be in line with OSCR regulations as well as the Endowment Committee Terms of Reference. Mr Craig Holden agreed to liaise with OSCR, Hazel Meechan, and Susan Bishop to ensure any proposal was compliant with charity law.

The Committee also requested that the financial amount/strategy is included within the proposal.

6i) FINANCIAL GOVERNANCE REPORT

Mrs Crosbie provided a summary of the receipt/ (utilisation) of funds during the reporting period. It was confirmed that for the six month period to 30th September, there was a net reduction in funds of £319,311. This decrease was driven by investment portfolio unrealised losses (+£344k) and realised losses (+£18k). The investment losses were partially offset by a net receipt (£42k) arising from charitable activities. The cumulative Endowment Fund balances at 30th September 2022 were £3,071,255.

Mrs Crosbie reported on Unrestricted Funds. There was an under-utilisation of £6,645 for the six months ending 30th September 2022. The key drivers were outlined to the Committee.

Mrs Crosbie also reported on the Restricted Funds movement during the reporting period with a net receipt of £32k, and a future net receipt of £114k in respect of the NHS Charities Together funding.

As at the end of September 2022, NHS Charities Together Second Wave projects had remaining expenditure of £6,925 relating to the NHS Charities Together funding. Three projects have been awarded an extension to March 2023 for spending the grant funding. It was confirmed that Craig Holden, Fundraising Manager & Christine Crosbie, Finance Manager are in the process of finalising the position for the remaining projects.

The Stage 2 Community Partnership grant projects had spent a total of £34,138 vs total funding of £70,157 by the end of September. The Stage 3 Staff Recovery & Post Pandemic grant projects had spent £4,180 vs £31,561 by the end of September. The Committee were asked to note that the Fundraising Manager has reminded the Stage 3 project holders that spend should be underway. The Committee were also asked to note that Stage 2 & Stage 3 grant funding is awarded in six monthly instalments subject to satisfactory monitoring reports to NHS Charities Together.

Mrs Crosbie reported on designated funds. The total balance of designated funds as at the end of September was £321k. The majority of the balance relates to the D G Cochrane legacy (£203k) intended for Falkirk Royal Infirmary. It was confirmed that £23,568 from legacies and a further £5,206 from the 'Society of Friends Stirling Community Hospital' Fund has been allocated to the three approved large grants projects.

Mrs Crosbie updated the Committee on the performance of the Investment Portfolio (Appendix 5). It was highlighted that the value of the investment portfolio had decreased by c£384k since the start of 2022/23, and the unrealised gain balance was £277k at the end of September 2022.

Mrs Crosbie also updated the Committee on the investment management performance (Appendix 6). In relation to this, Ms Crosbie highlighted that the total return for the last three quarters had been lower than the investment manager targeted return. The Committee were also asked to note that the five year annualised return up to 30th September (2%) was lower than the investment benchmark targeted return of 2.3%.

Mrs Crosbie concluded by reporting on the small grant applications. Two applications had been received since the June Endowment Committee Meeting and have been directed to the relevant wards/units with a view to using the respective ward endowment funds. The outcome of the applications will be presented at the January Committee Meeting.

The outcome of the small grants application for the 'Psychological Therapies Team Water Coolers' was presented to the Committee. It was confirmed that £5,050 funding had been secured from restricted ward funds. The Endowment Committee were asked to approve remaining expenditure of £1,674 from the Stirling Community Hospital Society of Friends Endowment Fund, and £128 for sanitisation and cups for one year from the General Unrestricted Fund. The Committee recommended the expenditure for approval on the condition that the cups can be recycled therefore complying with the health board's commitment to sustainability.

The Committee recommended the approval of the Financial Performance report for the 6 months ended 30th September 2022.

6ii) INVESTMENT MANAGER REPORTS

It was confirmed that the investment manager reports for April to June 2022, and July to September 2022, had been included in the suite of papers.

7) SLOW-MOVING & OBSOLETE FUNDS REVIEW

Mrs Christine Crosbie reported that a review of the restricted funds had been carried out in accordance with the Financial Operating Procedure. There were 4 proposed obsolete funds and 113 (of a total of 148) slow-moving funds. The four obsolete funds recommended for closure are as follows:

Fund Code	Name of Fund	Current Balance (Aug-22)	Aug-22 Status

8145	Loch View Garden Project	-£3.45	Obsolete - Residual balance of £3.45 to be transferred to 8100-Loch View General Fund
T318	Ward A22 Stroke Specific Rehab	-£6,294.29	Obsolete - Transfer balance to S402 – B21/22 Acute Stroke Unit.
T416	Acute Stroke Team	-£1,250.82	Obsolete - Transfer balance to S402 – B21/22 Acute Stroke Unit.
S419	Stroke Services Staff Educ'N.	-£310.19	Obsolete - Transfer balance to U756 – Wallace Suite Stroke Specific Rehab.

If the above is approved by the Committee, this will result in the consolidation of five stroke funds to two stroke funds. The T318-Ward A22 Stroke Specific Rehabilitation unit has been incorporated into Ward B21/B22 Acute Stroke unit therefore it makes sense to consolidate the funds. The T416-Acute Stroke Team fund balance originated from Stirling Royal Acute Stroke Team, therefore the balance can be transferred to S402 –B21/B22 Acute Stroke Unit. The S419-Stroke Services Staff Education fund has a small remaining balance so it is recommended that it is transferred to U756-Wallace Suite Stroke Specific Rehab, the smaller of the two proposed remaining stroke funds.

Following the meeting, a further Wallace Suite fund was identified. It is proposed that the U756 – Wallace Suite Stroke Specific Rehab fund is made obsolete, and the balance of £8,619.30 is transferred to 8401-SCH Wallace Suite. This will result in a total balance of £18,765.61 for Wallace Suite.

There are various spending plans under consideration by the wards/units for spending some of the slow-moving funds and these are included in the paper. The Committee pointed out that the plans to spend c£40k on a garden area for ICU patients would need to be considered by Facilities & Infrastructure to ensure it is in line with other plans for the Forth Valley hospital site. Christine Crosbie agreed to follow this point up. In order to reduce the volume of slow-moving funds, there are some recommendations being considered for approval as part of the formal policy on the length of time monies can remain in funds. This will be presented at the January Endowment Committee Meeting.

The Committee agreed (in principal) to the recommendations to make the 4 funds obsolete.

8i) FUNDRAISING MANAGER PROGRESS REPORT

The Fundraising Manager continues to focus on the NHS Charities Together Grant Programmes (see Item 8ii). A number of public donations have been processed during the reporting period, and the Fundraising Manager continues to liaise with Endowment colleagues on a number of key areas. A reporting template for Artlink Central Key Performance Indicators has been produced which will accompany the Annual Report to be considered in March 2023. The Friends of Forth Valley Royal Hospital have signalled their intention to disband. Support has been offered to address issues but this has been refused. A letter of thanks will be issued from the Committee to acknowledge the support of the Friends of Forth Valley Royal Hospital.

8ii) NHS CHARITIES TOGETHER GRANTS & MONITORING

NHS Forth Valley Endowments have secured a total of £355,313 of grant funding from NHS Charities Together. The funding is split across various grant programmes.

Stage 1 Urgent Response Grant Projects
The Stage 1 Urgent Response Grant Projects are now complete. The Stage 1 Impact Report has been submitted.

Second Wave COVID Grants Programme
Sixteen of the projects are now complete. The Sensory Garden project has incurred an overspend which is being followed up by the Finance Manager Endowments. The Grow & Recover Together project is non-compliant as final spend is not yet complete. Three projects have received an extension to their finish date of 31st March 2023. All projects have returned their Six Monthly Monitoring Reports, and End of Project reports have been issued to 16 projects. A total of £6,322.72 of Second Wave funding remains unutilised as at 31st August 2022.

Stage 2 Grants Programme
NHS Charities Together have approved a Stage 2 Community Partnership Grants Programme adaptation request for the Stirling District Unpaid Carers Specialist Welfare Rights Project. The total amount of unutilised grant has been reduced by £15,000. Eleven projects remain on track with four projects yet to commence. Six Monthly Monitoring Reports will be issued to all projects between January 2023 and March 2023.

Stage 3 Staff Recovery & Post Pandemic Grants Programme
Four projects are currently on course. The other four projects have not incurred any expenditure to date, and this is being followed up by the Endowments Finance Manager. Six Monthly Monitoring Reports will be issued to all projects between December 2022 and February 2023. £75,000 of Stage 3 Recovery & Post Pandemic Grants Programme remains unallocated. It is recommended that the Fundraising Manager is authorised to invite bids for the remaining £75,000 Stage 3 Grant monies and consider projects currently under review, with the number of projects being restricted to two.

NHS Charities Together Development Grant
An NHS Charities Together Development Grant of £30,000 is available to NHS Charities. It is recommended that the NHS Forth Valley Endowment Fund apply for this development grant.

Recommendations for Approval
The Endowment Committee agreed (in principal) to note the progress of the NHS Charities Together Grants Programmes and associated projects.

The Endowment Committee agreed (in principal) to invite bids for the remaining £75,000 of the Stage 3 Grants Programme and restrict the number of projects submitted to a maximum of two. It was confirmed that bids will be presented at the January Endowment Committee for approval.

The Endowment Committee agreed (in principal) to authorise the Fundraising Manager and the Endowments Finance Manager to complete the self-assessment tool and the submission of the application form for the NHS Charities Together Development Grant. A review of other NHS Charities and discussions with the Director of Facilities & Infrastructure and the Chair of the Endowment Committee are to take place prior to submitting the application.

8iii) LARGE GRANTS PROGRAMME

At the Committee meeting held on 10th June 2022, the Trustees agreed to split the £23,567 large grants funding allocation for 2022/23 across the three large grants bids from Public

Nutrition, Livilands and Artlink. Following this decision, the Fundraising Manager undertook additional consultation with the applicants in order to ascertain how they proposed to utilise this funding.

It is proposed that £7,856 is allocated to each of the following projects:

- Wellbeing Co-ordinator Greenspaces (Public Health Nutrition Team).
- Area for staff reflection in Courtyard J (Artlink Central)
- Health Inequalities & Early Intervention (Livilands Resource Centre)

It is proposed that an additional sum of £5,206 from the former Friends of Stirling Community Hospital is also allocated to the Investing in Health Large Grants Programme 2022/23 and that this is also allocated to the Health Inequalities & Early Intervention (Livilands Resource Centre) Project.

The Endowment Committee recommended the projects for approval.

9 EXTERNAL AUDIT TENDER

Mark Fairley, Senior Finance Manager provided an update (for noting) to the Committee. A similar update has been provided to the Audit Commitee for noting. A number of bids were invited via the Procurement portal. Two bids were received, both of which were very high quality. The determining factor was price. The successful bid is our current external auditor Dickson Middleton and the contract is for 3 years, applicable to financial years 2022/23, 2023/24 and 2024/25. The last contract was for 3 years plus a 1 year extension. The fee is c£10,000 per annum and is in line with the previous contract.

10 RESEARCH & DEVELOPMENT FUNDING APPLICATION

This item was removed from the agenda as the application was not yet ready for approval.

11. ANY OTHER COMPETENT BUSINESS

The Endowment Committee Chair requested that members are reminded of the requirements for 3 non-executives to attend the Committee meetings to make them quorate.
The meeting lasted 1 hour and 5 minutes and was concluded at 12.05pm.

12. DATE OF NEXT MEETING

The date of the next meeting of the Forth Valley NHS Board Endowment Committee is scheduled for Friday 20th January 2023.

FORTH VALLEY NHS BOARD
TUESDAY 29 NOVEMBER 2022

10.5.5 Area Clinical Forum Meeting – 21 July 2022
For Assurance

Chair: Mrs Kirstin Cassell

Minute of the **Area Clinical Forum** meeting held on **Thursday 21 July 2022 a**t **6.15pm** via MS Teams

Present: Kirstin McIntosh Liz Kilgour Alison McMullan James King

In Attendance: Wendy Nimmo, ROLE TBC
Susan Bishop, Head of Efficiency, Improvement and Innovation
Sarah Smith, Corporate Services Assistant/PA *(Minute Taker)*

1. **Welcome and apologies**

   Apologies were noted on behalf of Gillian Lennox, Cathie Cowan and Claire Neil.

2. **Innovation Plan**

   The Area Clinical Forum received a paper and presentation on the 5-year Innovation Plan 2022-2027, presented by Wendy Nimmo, ROLE and Susan Bishop, Head of Efficiency, Improvement and Innovation. Detail was provided around the Governance route for the Plan, with aim to present to the NHS Board for approval on 26 July 2022.

   The benefits of innovation to the organisation were outlined with detail provided around the 5 Strategic Objectives. These were aimed at continuing acceleration of Digital and Service Innovation and improve patient outcomes and experiences.

   The role of Innovation Governance was outlined, with aim of establishing a standardised and disciplined way of supporting and delivering innovation within NHS Forth Valley. Support for local innovators was key, along with alignment with the Digital and eHealth Delivery Plan. Data was presented around outputs and work undertaken by the Group.

   A snapshot was provided around some of the innovation work currently being supported. Specific note was made of the Dermatology and Eye Health Consortium, which were both being led by NHS Forth Valley.

   Evaluation would be undertaken to demonstrate the impact of the work being undertaken. The methodologies utilised were outlined.

   Next areas of focus would be in identifying local Health and Social Care challenge priorities as well as meeting demand signalling programme opportunities. This would enable creation of a pipeline of projects.

   The double diamond approach was outlined, which tackled challenges in four phases. Community involvement and empowerment were recognised as key.

The Innovation Landscape was noted, with involvement in several regional and national innovation with multiple partners. Work was underway with a number of Universities and Colleges to enable provision of offering test bed opportunities for small to medium business enterprises to increase research, development and innovation.

Detail was provided around the Triple Helix model being developed with the University of Stirling. This would look at co-working together with health, industry and academia to foster areas such as entrepreneurship, innovation and economic growth for NHSFV as an organisation. A successful workshop had been held to progress the approach.

Susan outlined a number of challenges being launched by the Scottish Health Industry Partnership. Three related to Mental Health and detail would be provided to Alison McMullan.

Action: Wendy Nimmo/Susan Bishop

Susan Bishop detailed the aim of current work being undertaken, which included sharing the Innovation Plan with Partnerships and Acute. This would help to identify challenges and provide support in taking this through the double diamond approach. Innovation support would then be provided, which would create solutions to address identified issues.

A workshop for Child Health Data would take place in August, with key stakeholders had been identified.

The ACF noted the presentation and Wendy and Susan were thanked for their attendance.

3. Minutes of Area Clinical Forum 19 May 2022

The note of the meeting held on 19 May 2022 was approved as an accurate record, subject to the following amendment: Claire Neal – surname to be amended to 'Neil'.

4. Minutes of Reporting Groups/Feedback from Chairs

4.1 Area Pharmaceutical Committee - 25 March 2022

Kirstin provided an update on the recent meeting held on 25 March 2022. The following points were highlighted:

Terms of reference were reviewed, with membership to be updated to reflect service changes.

The role of Scottish Government funding for Champions was highlighted, with workforce challenges impacting on their release to support community pharmacy contract. A case had been made to Finance to include this within a substantive post. This was now in place and would be reflected in the Committee's membership.

Community Pharmacy Closures were also discussed, noting a worsening position over the last few months. This was recognised as a national issue with a planned approach being taken with liaison ongoing with the Contractors Committee. This resulted in communication around reduced hours in recognition of workload pressures. Resultantly, patient facing services were being closed from 9-10 am and then 1-2 pm. Evening closures had not been supported. Following Contractor feedback, Saturday openings were reviewed across all Boards, with agreement for some to open half day or split opening times between branches. The aim was a minimisation of disruption to the network and provide stability.

On the whole feedback had been positive, however some areas were still experiencing full day closures, with concern highlighted around the forthcoming weekend.

The workforce issue was recognised across the whole workforce, as within acute, work was at business continuity levels across all wards and the entire Pharmacy department. Within Primary Care a number of vacancies were noted which was impacting on Pharmacotherapy Service. National discussion was ongoing, with Community Pharmacy Scotland holding an emergency meeting tomorrow (22/07/22).

James King highlighted the challenges within Primary Care, recognising the need for workforce planning.

The workforce survey conducted by NES was highlighted, which indicated a 12% vacancy across the whole Community Pharmacy, this was an increase from previous years. Decrease in support staff numbers were also noted, which had a resulting impact on pharmacy. Movement of staff into Primary Care was also recognised.

Kirstin noted the aim of undertaking a proactive approach with contractors, with attractiveness of posts requiring review along with potential learning from other boards and a potential review of the legislation which was noted as outdated.

4.2 Psychology Advisory Committee -

Alison outlined discussion points from the last meeting. Work was underway around barriers to accessing services due to poverty, with work currently at the discussion stage. Potential future ACF discussion was proposed.

Key frustration points had also been discussed by members, with note made of the disparate location of psychology staff across sites. This was particularly in relation to neurological tests and frustrations generated around travelling requirements, equipment access etc.

Communication from Area Clinical Forum was also being reviewed across the wider aspect of Psychological Therapies.

4.3 Area Optical Committee 25 March 2022

Rhona King provided a verbal update on the most recent meeting held 30 May 2022. Discussion was continuing around Teach and Treat Clinics with notes of interest issued to Optometrists to undertake Independent prescribing, clinical placement and priorities funding. A significant backlog was noted, with aim for prioritisation.

Forth Valley still had remobilisation funding for Shared Care Glaucoma clinics in the community. These were still on hold to enable hospitals to address the backlog around information received from Community Optometry Partnerships undertaking data collection that required review by hospital optometry glaucoma specialist.

PCS had been issued around SG funding for the ability for non-Independent Prescribing Optometrists to refer to Prescribing Optometrists as there was currently no funding provision.

4.4 Healthcare Sciences Forum

A verbal update was provided by Elizabeth Kilgour, who noted the following:

Scotland's Health & Social Care Digital Strategy would affect Healthcare Sciences, for example in the national LIMS (Laboratory Information Management Systems) procurement for laboratories. Fourth Valley was part of this programme. Also, for example, in Health Technology and medical devices - ownership of data, POCT (Point of care testing) interconnectivity etc.

It was also reported that The Healthcare Science Group in Forth Valley have been asked to feedback on the Digital Strategy.

Liz detailed the final report of the Healthcare Science Delivery plan 2015-2020 was now available (post pandemic). Next steps would include:

1. Development and promotion of Healthcare Science Lead posts in Boards (national job description was now available). Some Boards including Forth Valley had no dedicated post/ sessions.
2. Healthcare Science education and Workforce scoping review underway
3. Workforce data standards (coding of roles and accuracy of data, in Clinical Physiology in particular) to get accurate data on workforce
4. Promotion of Research & Development opportunities within Healthcare Sciences.

Scottish Government promotion of "No Wrong Path" to develop and promote careers in HCS.

NES Healthcare Science update - funding opportunities were now available for 2023, Clinical Scientist training and Equivalence pathways.

Healthcare Science Forum members feedback from all specialties has been given to Human Resources to inform Forth Valley's workforce submission to Scottish Government. Challenges were highlighted, especially in some of the smaller specialties eg. Neurophysiology and Respiratory Physiology as well as areas of good practice e.g. the development of Advanced Practitioner roles in some specialties.

4.5 Area Dental Committee

An update had been circulated to the group within the papers.

4.6 Allied Health Partnership – *New Chair awaited*

4.7 Area Medical Committee – *In Abeyance*

James King confirmed there had been no meetings. He noted that the AMC was the overarching Group which the GP Sub Committee reported into. Kirstin confirmed she had approached the Chair, David Herron, to invite him to attend ACF meetings. Unfortunately, he was unable to attend meetings at the allocated time. It was therefore suggested the minutes of the GPSC could be circulated to the Area Clinical Forum for information. This would provide a snapshot of the work being undertaken within Primary Care. This was agreed by the Forum.

Action: Admin

Note was also made of an Interface Group that had been established, Chaired by Andrew Murray. This involved GPs and key Consultants and James confirmed he was a member. It was agreed future outputs would be brought to the Forum.

4.8 Area Nursing Midwifery Advisory Committee – *Chair Elaine Kettings*

Following discussion, it was agreed the Chair, Kirstin Cassells would email the newly appointed Director of Nursing to clarity the position regarding the Committee.

Kirstin advised she had a meeting arranged with Cathie Cowan, Chief Executive and Janie McCusker, Board Chair. This would be to ensure a future snapshot of items due to go to future Board meetings to enable alignment with the Area Clinical Forum business. The role of the ACF and any requirements or involvement would also be discussed.

James King highlighted the refresh of the Healthcare Strategy, noting his previous heavy involvement as ACF Chair. Kirstin agreed she would note this for discussion. Feedback would be provided to the next meeting.

5. AOCB

There were no AOCB items raised.

6. Future Agenda Items

- **Physician Associate Programme – follow up to confirm timeframe.**
- **Workforce Plan – September 2022**
- **Poverty in Psychology – Template** - This was noted that this was a key area being discussed in a variety of areas. Within Pharmacy, Kirstin noted discussion around medication/care being delivered closer to a patient. Particularly around Blood Borne Viruses and Hep C treatment. Noe was made of work undertaken within Tayside, noting inability to attend Acute Hospital due to poverty.

7. Date of next meeting

It was agreed that due to Annual Leave, the next meeting of the Area Clinical Forum would be brought forward by one week, to be held on Thursday 15 September 2022 at 6.15 pm via MS Teams.

FORTH VALLEY NHS BOARD
TUESDAY 29 NOVEMBER 2022

11.1 Healthcare Strategy Update
For Noting

Executive Sponsor: Mrs Cathie Cowan, Chief Executive

Author: Mrs Janette Fraser, Head of Planning

Executive Summary

This paper provides an update on progress with the refresh of the NHS Forth Valley Healthcare Strategy and revised timeline for completion.

Recommendation

The Forth Valley NHS Board is asked to:

- **note** the current progress with the development of the refreshed Healthcare Strategy
- **note** the revised programme for completion of the Healthcare Strategy

Key Issues to be Considered

Progress has been made with refreshing the healthcare strategy, including completion of a stocktake of the current Strategy: Shaping the Future 2016-2021, and identifying the key themes and priorities for inclusion in the refreshed strategy. However, given the significant operational pressures being experienced across the health and social care system, the timetable for completing the strategy refresh has been amended, to take account of the impact of these pressures.

A workshop was scheduled for 28 October 2022, to bring together clinical and managerial stakeholders to inform the strategy refresh. The programme included sharing examples of service transformation, affirming the vision for NHS Forth Valley, agreeing the strategic themes and priorities and identifying any additional themes or priorities.

Unfortunately, as a result of the system pressures, the workshop was postponed. Work will continue to be undertaken to prepare the refreshed strategy in the coming months, and a draft will be presented to a rescheduled workshop on 30 March 2023. Following the event, the strategy will be finalised, and this will be presented to the NHS Board for approval in May 2023.

Implications

Financial Implications
To be determined once draft strategy complete.

Workforce Implications
To be considered as strategy develops.

Infrastructure Implications including Digital
Healthcare Strategy to be aligned to Digital and PAMS (Property and Asset Management Strategy) Strategies which are also in development.

Sustainability Implications
Delivering services which are sustainable and aligned to NHS Scotland net zero carbon emissions targets, will be a priority in the Healthcare Strategy

Sustainability Declaration
Further to consideration the author can confirm that due regard has been given to compliance with the key aims of the NHS Scotland Climate Emergency & Sustainable Development Policy (DL (2021) 38) as part of the decision-making process A policy for NHS Scotland on the climate emergency and sustainable development.

✓ *Yes*
□ *N/A*

Where applicable, the climate change, environmental and sustainability impacts and any mitigating measures are noted above/contained in the supporting papers.

Quality / Patient Care Implications
The Healthcare Strategy will be aligned to the Quality Strategy and patient care is at the core of all strategic plans being developed or having been agreed by the Health Board.

Information Governance Implications
N/A

Risk Assessment / Management

Completion of the Healthcare Strategy refresh is highlighted on the Strategic Risk Register.

- **SRR.014 Healthcare Strategy**

If the planned review of the NHS Forth Valley Healthcare Strategy (2016-2021) does not incorporate learning from the COVID-19 pandemic and does not align with government policy and / or Integration Authorities Strategic Commissioning Plans there is a risk the Board's vision, corporate objectives and key priorities will be incorrect, resulting in services that are not sustainable in the long term and an inability to deliver transformation

Relevance to Strategic Priorities

The Healthcare Strategy will align to the Board's corporate objectives and local priorities, national policy direction set out by Scottish Government and to local Integration Joint Board's Strategic Commissioning Plans and Directions.

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

Communication, involvement, engagement, and consultation

Engagement workshop postponed to March 2023.

FORTH VALLEY NHS BOARD
TUESDAY 29 NOVEMBER 2022

11.2 Annual Delivery Plan 2022 – 2023
For Noting

Executive Sponsor: Mrs Cathie Cowan, Chief Executive

Author: Mrs Cathie Cowan, Chief Executive; Ms Kerry Mackenzie, Head of Policy & Performance

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Executive Summary

Paula Spiers, NHS Scotland Deputy Chief Operating Officer – Planning and Sponsorship, wrote to NHS Boards on 27 April 2022 to commission the Annual Delivery Plan 2022 – 2023. Recognising the need for the health and care systems to stabilise and improve the commission focussed on a reduced set of priorities.

Recommendation

The NHS Board is asked to:

- **note** the Annual Delivery Planning Template 2022 – 2023, incorporating the quarter 1 update, was submitted to the Scottish Government in August 2022
- **note** the feedback received from Scottish Government on 12 October 2022
- **note** the Annual Delivery Planning Template 2022 – 2023 quarter 2 update was submitted to Scottish Government in October 2022
- **note** the Annual Delivery Plan 2022 – 2023
- **note** Scottish Government request to roll forward the current plan into quarter 1, 2023 - 2024
- **note** a 1-year operational plan for July 2023 to June 2024 will be requested by Scottish Government to be in June 2023 (guidance anticipated in February 2023)

Key Issues to be considered

On 27 April 2022, NHS Boards were commissioned to draft their Annual Delivery Plan using the existing Delivery Planning Template and accompanied by a supporting narrative. Recognising the need for the health and care systems to stabilise and improve the commission focussed on a reduced set of priorities.

- Recruitment, retention and wellbeing of our health and social care workforce
- Recovering planned care and looking to what can be done to better protect planned care in the future – taking forward the high impact changes through the refreshed Collaborative
- Urgent and unscheduled care
- Supporting and improving social care
- Sustainability and value

The reduced set of priorities were designed to provide more flexibility for Boards to develop plans which meet local needs within the national context.

The Annual Delivery Plan provides an overview of how we intend to reduce inequalities whilst improving population health especially for those people with long term conditions, including those suffering from Long Covid and chronic pain. It focusses on our access performance trajectories and the options to illustrate our commitment to deliver improvement in elective care waiting times across a range of standards and targets including cancer and mental health. The plan sets out how, with our Integration Authorities, we intend to improve our 4-hour access performance, implement 'same day emergency care' and reduce transfer and discharge delays especially on the Forth Valley Royal Hospital. In addition, there is a focus on building stronger and more resilient primary care (by implementing the GMS contract), community care including social care and mental health services with our Integration Authorities and Local Authorities to support people live at home.

All planning continues to take into consideration the impact of physical distancing measures across the system on capacity with this being continually reassessed.

The Annual Delivery Plan covers all NHS services and locations including those operating within the health and care integration space.

Feedback was received from Scottish Government colleagues on 12 October 2022 along with commissioning of the quarter 2 update. A number of additions to the Planning template were requested in respect of ensuring the local work in relation to Realistic Medicine was included, that deliverables explicitly address the priorities within the commissioning guidance and, to ensure the impact of deliverables on inequalities were detailed. On the basis that this feedback was incorporated in the Quarter 2 update, Scottish Government colleagues were content to recommend that the Plan be presented to the NHS Board.

Note that additions have been included within the quarter 2 update which was submitted to Scottish Government at the end of October 2022. The quarterly update will be presented to the Performance & Resources Committee in December as an appendix to the Recovery & Performance Scorecard.

Note the Annual Delivery Plan 2022 – 2023 will be published on the NHS Forth Valley website.

Scottish Government has indicated that the current plan will be rolled over into quarter 1, 2023 – 2024. Planning guidance is anticipated in February 2023 detailing requirements for a 1-year plan from July 2023 to June 2024, to be submitted in June 2023. Quarterly progress updates will continue to be requested along with an annual update to the plan.

Implications

Financial Implications
Financial implications and sustainability are being considered within the overall recovery and stabilisation agenda working closely with Scottish Government colleagues.

Workforce Implications
The NHS Forth Valley Workforce Plan 2022 – 2025 has been developed alongside the Annual Delivery Plan. The plan has taken account of guidance and feedback received from Scottish Government and is aligned to the Five Pillars of Workforce Planning outlined within the National Workforce Strategy - Plan, Attract, Train, Employ, Nurture.

Infrastructure Implications including Digital
Technological innovation and improvements are at the forefront of our plans as we look to support high quality care and new and effective ways of working. Note the eHealth Delivery Plan 2022 –

2023 was endorsed by the Executive Leadership Team in March 2022 and reports progress to the Performance & Resources Committee.

Sustainability Implications
There are no direct sustainability implications arising from this report however consideration of Climate Change and Sustainability initiatives across the five priority areas for NHS Scotland are essential in planning for the delivery of improved and sustainable services.

Sustainability Declaration
Further to consideration the author can confirm that due regard has been given to compliance with the key aims of the NHS Scotland Climate Emergency & Sustainable Development Policy (DL (2021) 38) as part of the decision-making process A policy for NHS Scotland on the climate emergency and sustainable development.
✓ *Yes*
□ *N/A*

Where applicable, the climate change, environmental and sustainability impacts and any mitigating measures are contained in the supporting papers.

Quality / Patient Care Implications
The Annual Delivery Planning process supports the delivery of quality and safe care and is underpinned by a financial strategy.

Information Governance Implications
There are no direct information governance implications arising from this report.

Risk Assessment / Management

A number of strategic risks have a material link to our Annual Delivery Plan, with their mitigation being critical to its successful delivery. Note these are updated on a monthly basis and presented to the NHS Board quarterly.

- **SRR002: Urgent and Unscheduled Care**

If NHS Forth Valley does not take immediate steps to create capacity and address whole system pressures through delivery of the Urgent and Unscheduled Care programme in the longer term, there is a risk that we will be unable to deliver safe levels of unscheduled care, resulting in potential for patient harm.

- **SRR004: Scheduled Care**

If there are delays in delivery of scheduled care there is a risk that NHS Forth Valley will be unable to meet its obligations to achieve the National targets to address the impact of the pandemic on long waiting times for planned care, resulting in poor patient experience and outcomes with the potential for harm.

- **SRR005: Financial Sustainability**

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

- **SRR009: Workforce Plans**

If NHS Forth Valley does not implement effective strategic workforce planning (including aligning funding requirements) there is a risk that we will not have a workforce in future that is the right size,

with the right skills and competencies, organised appropriately within a budge we can afford, resulting in sub-optimal service delivery to the public.

- **SRR010: Estates and Supporting Infrastructure**

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

- **SRR015: Cyber Resilience**

If NHS Forth Valley does not build and maintain effective cyber resilience, there is a risk that the cyber security of the organisation may be compromised, resulting in disruption to our ICT systems and service delivery. Increased Cyber risk as reported by National Cyber Competent authorities (NCSC, SG Cyber Unit)

- **SRR016: Out of Hours Services**

If NHS Forth Valley is unable to provide a fully staffed Out of Hours Service taking an integrated, multidisciplinary approach, there is a risk that the service will not have the resilience and capacity to flex to meet demand, negatively impacting on the patient experience and journey, and ability to deliver care at the right time, right place to the right person.

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

Communication, involvement, engagement and consultation

This 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.

Additional Information

There is no additional information in relation to this paper.

Appendices

- Appendix 1: Annual Delivery Plan April 2022 to March 2023

Annual Delivery Plan

April 2022 to March 2023

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

Contents

Foreword

Covid-19 has been the most significant challenge our health and care system has faced in living memory and its legacy and ongoing impact has also sharpened our focus on inequalities. At the outset, the Board of NHS Forth Valley acknowledges the continuing exceptional contributions of our staff, partners, and volunteers. Our focus as we look to move from remobilisation will be on stabilisation and reform of our services to support improvements in accessing services and the health and wellbeing of our local population and staff. Covid-19 may have defined our lives however it does not define our future. It is our intention to build on our achievements and drive forward further improvements and innovations in collaboration with our partners locally, regionally, and nationally as part of our whole system wellbeing response.

There is no doubt that service stabilisation and reform are not without risk. Covid-19's legacy of long waits and widening inequalities made worse by the cost of living crisis adds another dimension for NHS Boards with its partners to consider. In response, NHS Forth Valley since early 2021 has made a number of major investments to increase capacity and build a more sustainable workforce to support our ambitious transformative plans. These plans included investment in Hospital at Home, urgent and unscheduled care, stroke, outpatient, theatre, and inpatient capacity.

In 2022/2023 we have continued to invest in services to support our ongoing redesign of our urgent and unscheduled care including Out of Hours, services, planned care and expansion of Hospital @ Home. Alongside investment in service redesign has been investment in our workforce and the NHS Board has in working closely with our Area Clinical Forum and Area Partnership Forum approved just under £2 million in nurse staffing. This investment is intended to support the NHS Board's commitment to sustainability whilst reducing our supplementary staffing spend which during the Pandemic has been significant.

The significant additional funding to improve psychological and child & adolescent mental health services has not yet delivered the step change in performance we aspire to achieve; recruitment has been a key factor and we are looking at new ways of working and using technology to support our clinicians deliver more direct patient care.

As we look to the future population health (e.g., prevention, early intervention including 'keeping and staying well') whilst tackling inequalities, primary care, and staff wellbeing will continue to be centre stage in our plans to stabilise and reform services. Our ambitious plans to improve Urgent & Unscheduled Care performance are yet to deliver and a focus on triage redesign, new pathways to support scheduling of patients who traditionally present to the Emergency Department, improving prenoon and weekend discharge rates and delays in transfer or discharge with a focus on reducing

our length of stay will continue to be informed by the five 'flow fundamentals.' Preventing, treating, and supporting people living with ongoing effects of Covid-19 and the ongoing roll out of our vaccination programmes (Covid-19 booster and flu) remain key priorities as we look to winter.

We are also committed to an 'anchor approach' which involves working with our partners and to make best use of our considerable collective skills and resources and buying power to help support local economic development. Our unique 'Partnership' with the University of Stirling and Forth Valley College is a key milestone in the lead up to the launch of our Anchor Board.

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

In summary, the need for ongoing co-operation between services and with partners, including local councils, Scottish Government colleagues and neighbouring NHS Boards, has never been stronger as we look to deliver a step change in our performance across a range of specialties. Capacity within our acute hospital remains a key issue and work with our Health & Social Care Partnerships to build on our many achievements will be a key factor in our transformation plans. In addition, the planned new National Treatment Centre in Forth Valley will transform how we deliver a wide range of operations and procedures nationally in the years to come. Our clinicians have stepped up and already are performing a number of innovative ways of working to tackle long waits. A key feature of our work has been to also, wherever possible, offer mutual aid however due to unprecedented local demands this can be increasingly challenging. Despite these challenges staff from across our health and social care system have worked tirelessly and with such compassion and commitment. We would like to take this opportunity to say thank you to you all for your extraordinary efforts. We look forward to continuing to engage with staff, with our partners and the wider community as we refresh our existing Healthcare Strategy and contribute to a fairer and greener society.

Janie McCusker
Chair
NHS Forth Valley

Cathie Cowan
Chief Executive
NHS Forth Valley

SECTION 1: ABOUT THIS PLAN

1.1 PLAN PURPOSE

Annual Delivery Plan 2022/2023 Guidance was issued to NHS Board at the end of April 2021; members of the Executive Leadership Team and Corporate Management Team were invited to complete a Delivery Planning Template detailing key deliverables and associated milestones linked to the key priority areas of Staff wellbeing; Recruitment and retention of our health and social care workforce; Recovery and protection of planned care; Urgent and unscheduled care; Supporting and improving social care; and Sustainability and value. This Plan builds on the quarterly operational planning arrangements of 2021/2022 and seeks to build on the many impactful changes seen throughout the pandemic. The Plan seeks to set out activities for this year but also a marker for some longer term objectives as we seek to build back stronger as part of medium to longer term recovery and stabilisation.

This year provides the first steps towards the reset of Medium Term Plans and Boards have been asked to take the opportunity to set Annual Delivery Plans within a medium term context, consistent with, and not losing sight of, longer term ambitions, as set out in existing strategies, such as 2016 National Clinical Strategy and the NHS Recovery Plan.

This Plan takes account of how we will:

- manage demand and activity across our services notably primary care, elective and emergency care, women & children, learning disability and mental health including Child & Adolescent Mental Health and Psychological Therapies services
- support and care for our staff's mental health and wellbeing
- recover and stabilise services informed by clinical need and length of wait, and by building on the work already underway, look to maintain and increase where possible activity in relation to elective services including surgery, therapies, treatments, and outpatient appointments
- prepare for winter
- contribute to the Care & Wellbeing Programmes:
- continue to build on the many positive digital and transformative changes inspired by staff working collaboratively and differently during this pandemic

In this regard NHS Forth Valley will continue to:

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

1.2 ADDRESSING INEQUALITIES

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

1.3 PLAN REMIT

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

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

1.4 PLANNING ASSUMPTIONS

This Plan sets out our continued response in working towards achieving pre Covid activity in all our service areas. The attached Delivery Plan Template draws out specific deliverables including timescales and builds on activity from 2021/2022. To guide the ongoing resumption of our services we have made a number of planning assumptions, notably:

- interfaces with primary and secondary care are maintained
- social care services can be sustained and augmented
- adequate staffing levels are in place to ensure the continued functioning of health and care services
- elective care services can be 'ring-fenced'
- robust infection protection and control measures are in place and maintained with appropriate cohorting of patients to reduce the potential spread of infection
- that mutual aid arrangements for critical care and other crucial services can be maintained
- new ways of working established during this pandemic continue and good practice is encouraged and supported
- there is sufficient public health and health system capacity in place to implement the 'test and protect' strategy when required
- there are resources to support a high uptake of vaccine programmes (Covid-19 booster and flu)
- care homes continue to receive our support

1.5 GOVERNANCE ARRANGEMENTS

NHS Forth Valley, in response to Covid-19, reviewed its governance arrangements to support adoption and spread of new ways of working at pace. Our commitment to return to 'normal' whilst not losing this very flexible and adaptive way of working remains a key priority notably in our preparations for winter.

The Chair and Chief Executive in 2021 invested in Board governance and assurance and sought the support of NHS NES. This investment has continued into 2023 with a focus on Conduct and operating constructively in the health and social care system and with Community Planning Partners, enhancing our Risk Management and Assurance practices, and investing in our commitment to an empowering, compassionate, and inclusive culture supported by Michael West.

Our investment in Pentana our performance and risk management software is providing online information for our managers to use to manage their services, staff, and budgets – the roll of out this system also aligns with our Programme Board SDM approach. In addition, a weekly Recovery and Performance Scorecard remains in place, along with our daily Covid-19 Scorecard. These are currently being reviewed and updated to align with this Plan.

1.6 RISK MANAGEMENT ARRANGEMENTS

Risk Management is an essential tool in supporting the organisation to achieve its strategic/corporate objectives. Effective Risk Management can implement actions to mitigate threats to those objectives. Equally there will be risks to the successful delivery of services because of the fast moving and continually evolving nature of or recovery from the pandemic. Risks to the delivery of this Annual Delivery Plan will be managed in line with the agreed processes and governance detailed in the NHS Forth Valley Risk Management Strategy. A review of risk management arrangements by the NHS Board's Internal Auditors found 'progress to enhance risk management arrangements has been excellent and the organisation now has a route map to develop the risk management framework.' As we move to stabilise, improve, and strengthen our services the Covid-19 Remobilisation risk has been closed with controls either completed or aligned to other strategic risks with work on-going to mainstream Covid-19 impacts into operational risk registers. This work will ensure NHS Forth Valley has the most effective governance arrangements in place to inform our Annual Delivery Plan.

A number of strategic risks have a material link to our Annual Delivery Plan, with their mitigation being critical to its successful delivery

These include:

- **SRR002: Urgent and Unscheduled Care**

If NHS FV does not take immediate steps to create capacity and address whole system pressures through delivery of the Urgent and Unscheduled Care programme in the longer term, there is a risk that we will be unable to deliver safe levels of unscheduled care, resulting in potential for patient harm.

- **SRR004: Scheduled Care**

If there are delays in delivery of scheduled care there is a risk that NHS FV will be unable to meet its obligations to achieve the National targets to address the impact of the pandemic on long waiting times for planned care, resulting in poor patient experience and outcomes with the potential for harm.

- **SRR005: Financial Sustainability**

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

- **SRR009: Workforce Plans**

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

- **SRR010: Estates and Supporting Infrastructure**

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

- **SRR015: Cyber Resilience**

If NHS Forth Valley does not build and maintain effective cyber resilience, there is a risk that the cyber security of the organisation may be compromised, resulting in disruption to our ICT systems and service delivery. Increased Cyber risk as reported by National Cyber Competent authorities (NCSC, SG Cyber Unit)

- **SRR016: Out of Hours Services**

If NHS Forth Valley is unable to provide a fully staffed OOHS taking an integrated, multidisciplinary approach, there is a risk that the service will not have the resilience and capacity to flex to meet demand, negatively impacting on the patient experience and journey, and ability to deliver care at the right time, right place to the right person.

A number of common risk themes have emerged from the NHS Forth Valley Delivery Plan Template in relation to Workforce, Finance, Capacity, Demand, Data, and Information.

SECTION 2: PLAN ACTIVATION

2.1 OVERVIEW

Whole System Reform

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

Our initial Mobilisation Plan and subsequent System-Wide Remobilisation Plans have been developed in partnership with our Directorates and Partnerships and we have adopted a whole system way of working that takes account of the Programme for Government and Care and Wellbeing Programmes. This whole system approach is reflected in our ongoing work to stabilise and recovery. Annual Delivery Plan 2022/2023 Guidance was issued to NHS Board at the end of April 2021; members of the Executive Leadership Team and Corporate Management Team were invited to complete a Delivery Planning Template detailing key deliverables and associated milestones linked to the key priority areas of Staff wellbeing; Recruitment and retention of our health and social care workforce; Recovery and protection of planned care; Urgent and unscheduled care; Supporting and improving social care; and Sustainability and value.

This Plan provides an overview of:

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

2.2 Enabling Activity

2.2.1 Digital & ehealth & Information Management Services

The Infrastructure Programme Board approved the Digital & eHealth Delivery plan at its meeting in March 2021 and the plan forms an integral part of our Annual Delivery Plan. Most projects are progressing as planned however there are timing and resource risks associated with a small number. A review of associated risks and issues is undertaken on a quarterly basis.

Key achievements for 2021/22 as we progress activity into 2022/2023 are noted as:

- Opera - The implementation of the national Theatre system is complete and is now live. Plans are now underway for Phase 2 (anaesthetics)
- Public Wi-Fi and Mobile phones - The required infrastructure to support Public and Staff Wi-Fi access is now live. The Wireless Access Points have now been installed by contractors, a few difficult to reach places e.g., lift shafts are left to be complete. This is less than 8% of the project
- Elective Services Remobilisation Plan - The digital aspects of this plan have been identified and prioritised with work underway with the Clinical lead to support plans over the next 2 financial years. This is a significant piece of work that may require further business cases to support investment and priorities moving forward.
- EDMS/SpeechReport - The eHealth team has successfully upgraded EDMS to version 4, with this recently being commended in a national publication.

Key issues and points of note:

- GP IT Replacement - The national RAG status moved to Red as a result of significant national procurement and supplier delays. In line with this decision the NHS Forth Valley GPIT board agreed a RAG status of Red. The National GPIT Director has advised that EMIS (NHSFV's and other HBs current supplier) is no longer part of the procurement process. This leaves only one accredited system in NHS Scotland going forward. The Local GPIT Programme Board is currently reviewing the risks, plans and mitigation.
- NIS/Cybersecurity - Ransomware Protection Solution for Backups has been procured in March. Roll out of the solution began in May and is expected to be tested and fully in place by the beginning of December 2022. Due to the current Geo-political position, the Strategic Cyber Risk was reviewed and considered the increased risk of Cyber events.
- Office365 - The licence agreement with Microsoft for Year 4 is now complete along with the transition to the new licence model. A review of the financial impact of the new licence agreement for Forth Valley is underway. Regional and national discussions are underway with

regard to the next stages of the project in particular around SharePoint and licencing. The local M365 Project Board will reconvene once a clearer national position emerges.

Significant work has been underway implementing the various projects to automate data and developing real time management information to support services throughout the organisation. Of particular note are capacity dashboards and waiting times informatics as well as the provision of technical support to the organisational performance management system (Pentana Risk).

IT and eHealth solutions continue to play a key role in driving efficiency and productivity across services with the widespread roll out of remote working, community mobile systems and electronic booking systems being areas of particular note. This focus will continue during 2022/2023.

2.2.2 Quality & Safety

NHS Forth Valley continues to prioritise clinical governance and safety. The Quality Strategy for 2021 – 2026 has been approved by the NHS Board with the priorities for year 1 agreed. The Value Management Collaborative (VMC) has continued to develop and has expanded to ten teams. This provides development opportunities to staff and the ability to build quality and safety improvement capacity and capability within services. A refresh of Adverse Events and Significant Adverse Event Reporting process has been undertaken and included a re-launch of Duty of Candour across NHS Forth Valley.

2.2.3 Innovation and Transformation

Creativity and innovation are at the heart of healthcare transformation and are key components in ensuring that we can effectively design and deliver our health and social care services for the future. The Scottish Government's long term strategic direction set out in its Programme for Government continues to focus on Scotland being a wealthier, fairer, and greener country.

We have identified innovation as a key priority with the NHS Forth Valley Innovation Plan 2022/2027 approved by the NHS Board in July 2022. Implementing the Innovation Plan will help strengthen conditions for transforming the health and wellbeing of our population and workforce. It will give more of our staff the skills, support, and time to embed digital and social innovation into our everyday practice and business. It has the potential to contribute to meeting the physical, social, and mental health needs of our population and communities most affected by significant economic and social disruption.

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

The five key objectives within the plan are to:

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

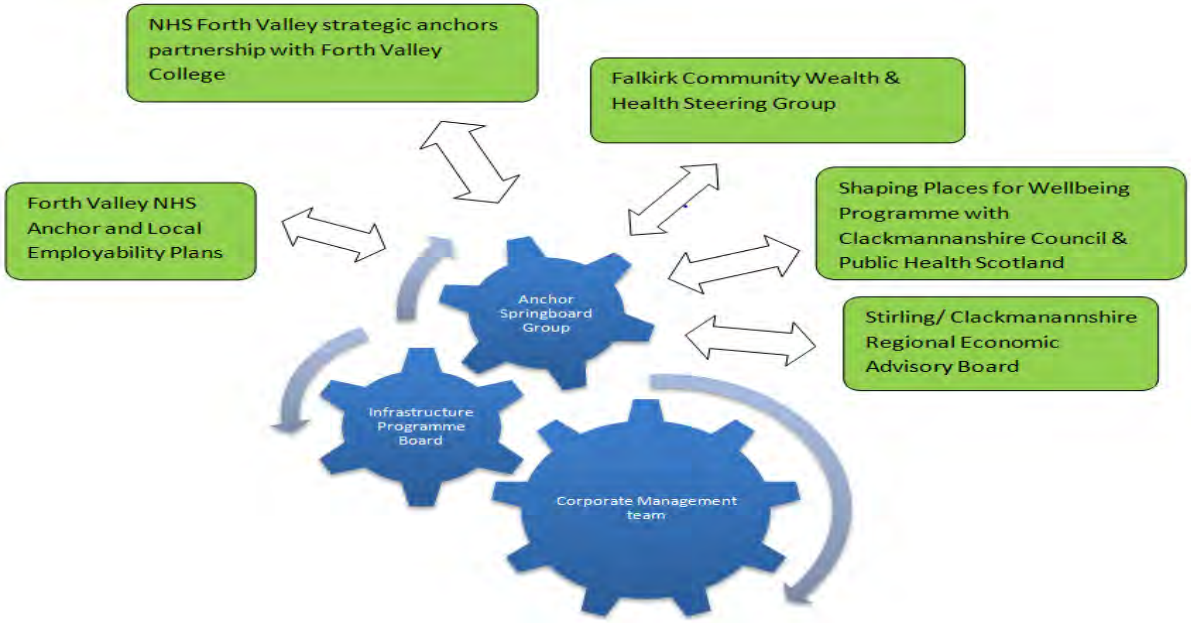
2.2.4 Anchor Institution

NHS Forth Valley started work supported by the Health Foundation in late 2020, however this was paused due to Covid-19 related system pressures. Given the impact of the pandemic, cost of living crisis and climate change it was agreed by the NHS Board that it was the right time to establish an Anchor Board which will be led by the Chair of NHS Forth Valley.

As an anchor institution 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

The launch of a new partnership with the University of Stirling and Forth Valley College is planned in early October 2022. The launch by the three Chief Executives will bring together the collective experience of all three anchor organisations under a single, unique brand with shared mutually beneficial aims and ambition. A programme of work 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. In addition, initial Forth Valley University College NHS Partnership workstream priorities have been identified through operational meetings with senior leaders and service managers in the three organisations.



2.2.5 Realistic Medicine

Forth Valley has made building a Realistic Medicine network a priority. At a strategic level, 'Working as a System' is one of our five initial Forth Valley Quality Strategy priorities and as part of the implementation plan for this priority, Senior Managers in our two Health and Social Care Partnerships and NHS Forth Valley Planning, Public Health and Forth Valley Quality are working to explore how to adopt Realistic Medicine principles in system wide strategic planning.

The population of Forth Valley are the stakeholders in Realistic Medicine and we will be involving people who use healthcare services in a series of events around Forth Valley out with an NHS setting. Our first event is a collaborative event with Scottish Ambulance Service, Children with Healthcare Needs, COMPASS, and Care Opinion (promoting BRAN/It's OK to Ask) in Falkirk Library. Building this network has included working with Realistic Medicine Program Managers from other Health Boards, our local Realistic Medicine Steering Group, Scottish Government, Value Management Collaborative and Person Centred Team. Our Realistic Medicine Programme Manager has been invited to join the volunteer steering group and to link in with the patient public panel. The network also includes pharmacy services, linking with Community Pharmacy Facilitator to incorporate BRAN and SDM awareness in the Pharm First project. Engagement plans also include our Clinical Directors and Senior Leaders.

Our aims are to embed Personalised Care and Shared Decision Making, ensuring professionals have the education, skills, knowledge, and support to practice Realistic Medicine using Realistic Medicine tools/eLearning packages (TURAS) with a plan to evidence uptake. We have begun promoting the use of BRAN questions and REDMAP framework. We are embedding Realistic Medicine (SDM) in the training for FY1's (DIT's), as well as carrying out training events for Advanced Nurse Practitioners, GPST 3 and are developing a plan for future training events. Review of Forth Valley Quality's portfolio of programmes by Forth Valley Quality Programme Board, will help incorporation of Realistic Medicine into Quality Planning, Quality Control and Assurance and Quality Improvement projects and workplans.

We have re-established our Realistic Medicine Steering Group chaired by our Medical Director and plan to organise a Forth Valley Realistic Medicine symposium and strengthen our communication plan, including Scottish Government animations on our web pages. We plan to ensure people are supported to be equal partners in decision making about their care and actively participate in their care as part of our delivery plans for both scheduled, and urgent and unscheduled care. The Forth Valley Realistic Medicine Programme Manager has been asked to be involved with the Quality Demand Optimisation Short Life Working Group. We will continue to use patient and service user feedback from Care Opinion. Our RM PM will support the use of the Atlas of Variation, exploring how to align this with the 'Using Data Effectively for Quality' priority of our Quality Strategy.

2.2.6 Workforce

The Human Resources Directorate continue to support services as we work to stabilise and normalise our services following the impact of the pandemic. Ongoing recruitment to support and maintain key services remains a priority. Determining specific workforce needs will play an important part in the process of stabilising our services with our 3-year Workforce Plan developed concurrently with the Annual Delivery Plan. In line with National guidance, the Workforce Plan uses the Five Pillars of Workforce Planning outlined within the National Workforce Strategy namely, Plan, Attract, Train, Employ, and Nurture.

Staff Health and Wellbeing is a key priority for NHS Forth Valley with the link between staff wellbeing and patient care documented. It is widely evidenced that the happier the workforce, the better care patients will receive, thus improving patient outcomes and helping to meet local and national health and social care targets. NHS Forth Valley continues to develop and implement Staff Support and Wellbeing initiatives and has 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.

NHS Forth Valley committed to the development of the Strategic Workforce Wellbeing Plan 2022-2025 which was approved by the Board in July 2022. This builds on the the successful support initiatives put into place to support staff wellbeing during the Covid-19 pandemic. 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.' Initial actions are outlined 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.

Investment in a new 'Speak Up' initiative was formally launched at the end of 2022. The Speak Up Team provide a confidential, impartial service where individuals can discuss concerns in a safe space or speak to someone in confidence if they need support or signposting. The team consists of 2 ambassadors and 6 advocates with monthly meetings in place to share reflective learning. The Speak Up Team is engaging staff across the organisation in promoting a better understanding of how concerns can be received and responded to more effectively.

A refresh of our People's Strategy is underway and is being informed by stakeholder engagement sessions supported by our Organisational Development and Learning & Development Teams. This refresh has a number of key strands including a review of our values and behaviours, establishing Equality & Diversity Networks, using and reporting on Imatter engagement/compliance and ongoing Management & Leadership development.

2.2.7 Financial Sustainability

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

2.2.8 Sustainable Strategy 2019 -2024

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

SECTION 3: BETTER HEALTH

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

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

Better and more equal outcomes

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

3.1.1 Refreshed Health Improvement Strategy

The main health improvement priority for the Public Health team continues to be the drive to tackle health inequalities in light of the impact of the pandemic on widening the inequalities gap and the new cost of living crisis. To enhance a whole system approach to healthcare and health improvement planning, the health improvement strategy will now be integral within the refreshed healthcare strategy.

The refreshed NHS Forth Valley health improvement strategy, will have the priorities of every child having the best start in life, the NHS Forth Valley anchor institution contribution to community wealth building, ending poverty, providing good work and workplace wellbeing and a Public Health approach to tackling the 3 significant harms intensified by the pandemic - reducing suicides and drug related deaths, mental health and wellbeing and reducing alcohol related harm. The national Public Health priorities as required by Scottish Government will also be delivered. Actions on all these priorities are being progressed to mitigate the impact of the pandemic, especially for inequalities groups and communities.

3.1.2 Suicide and drug related deaths

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

- **Development of multi-agency suicide review processes to review pan Forth Valley suicide deaths**
  Probable suicides of individuals known to statutory mental health and substance use services are being reviewed. The process will be widened to include all deaths by probable suicide. A step change has been for Police Scotland to share all notifications of probable suicides in Forth Valley, allowing real time monitoring of potential locations of concern. A model of reviews of all probable suicide deaths is being progressed
- **Further development of the current multi-agency Drug Related Death (DRD) review processes**
  One multi agency DRD review process has been established and embedded. This is operating on a geographical basis with one meeting for Falkirk cases and a further one for Clackmannanshire and Stirling cases.
- **Establishment of a strategic framework to support the implementation of a pan Forth Valley Suicide and Drug Death Prevention Strategy**
  Planning is underway with Chief Officers and senior managers to begin developing the Forth Valley vision for suicide and drug death prevention. A session is planned for early November which will consider governance and accountability arrangements for this. This will inform the strategic Work to build a whole system approach to reduce alcohol and drug harm within the hospital setting has been paused due to pressures within the hospital this will resume imminently.

3.1.3 Best Start

The Scottish Government announced the remobilisation of Best Start on the 30 May 2022. An extension to the original five-year plan was announced due to the pause during the pandemic. The local recommendations are to be completed by mid-2024 with continuity of carer to be fully implemented by 2026. The Scottish Government have updated the national and local recommendations. These have been reviewed and benchmarked and the action plan has been updated.

The data from the Midwifery teams consistently demonstrates performance above the target for antenatal continuity and increasing postnatal continuity.

- Work is ongoing to refine the current model of care to ensure we provide continuity of carer for our families throughout the pregnancy journey.
- The Alongside Maternity Unit (AMU) continues to grow in popularity, and whilst 3 rooms are identified as the AMU, all rooms can be adapted to provide an AMU experience for our families. The vaginal birth rate is consistently over 85% in the AMU.
- We have seen an increase in use of the pool in labour from 24% to 68%
- The Unit continues to support Transitional Care (TC) keeping our families together and the Neo Natal outreach service is providing ongoing care at home.
- We have seen an increase of 24% in homebirth requests this year.
- A cohort of Midwives have been trained in aromatherapy and this is now offered as an option for women.

- We continue to support ongoing care within the community setting following birth and have invested in equipment which enables us to provide newborn hearing screening as well as a detailed newborn examination within the home setting.
- Maternity teams are all now providing virtual antenatal education as well as 1:1 session, where requested. This is being developed on an ongoing basis in response to patient feedback.
- The maternity section of the NHS Forth Valley website has been refreshed and many additional resources have been added to enhance the information available to women. This continues to be under development and will be continuously updated.
- NHS Forth Valley are a pathfinder board for The National Trauma Training Programme within maternity services and we are working alongside NES to review how trauma informed our workforce and service currently is. We will then create a driver diagram to evidence what our primary and secondary drivers will be and how we will be achieving these.
- The maternity and neonatal psychological service is now embedded to support both families and staff, and this is proving to be an extremely valuable service and will continue to evolve.
- The ongoing MDT training remains a positive experience and although we paused some training during covid we continue to deliver this where possible.

3.1.4 Child poverty

NHS Forth Valley has worked in partnership with all three local authorities and community planning partners to produce Local Child Poverty Action Reports in the last 6 months. The Falkirk and Stirling Child Poverty Action Reports have been approved and the Clackmannanshire Local Child Poverty Action Report will be approved in October. Future planning of local child poverty actions will have a focus on increasing the levels of lived experience in planning services and as requested by the Improvement Service, increase the types of local data being collected and acted on to improve outcomes for children, parents, and families. NHS Forth Valley and Falkirk community planning partners are currently working with Public Health Scotland to develop a data and systems approach to tackle child poverty locally.

3.1.5 Oral health

NHS Primary Care Dentistry has now recovered in NHS Forth Valley, although most practices are experiencing a back log for patient appointing. This spills into unscheduled care, nationally at NHS24 and locally. The Director of Dentistry meets fortnightly with the Chief Dental Officer's Director of Dentistry group to ensure recovery is similar to other Health Boards in Scotland, and that Forth Valley is represented at discussions on New Model of Care. Locally, the Senior Dental Management Team act on the strategic direction in stabilisation of general dental services directed by Scottish Government. The Public Dental Service continues to recover its own service and own patients but is still involved specifically in supporting unscheduled dental care (both registered and unregistered patients) and supporting the Oral Health Improvement Programmes. General Anaesthetic dental treatments remain under pressure but are carefully monitored and reviewed.

3.1.6 Screening

All national screening programmes have resume and are ongoing with uptake monitored closely to assess screening levels from the population as a whole and from our communities of greatest need.

3.1.7 Prison Healthcare

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

The recently published Prison Population Health Needs Report (September 2022) recognises that **"many individuals in prison experience poor mental and physical health and have a range of needs that are often multiple and complex"**. The Report also notes **"a high level of comorbidity (having more than one mental health, physical, social care of substance use related need)"** and identifies that **"some subgroups in the prison population, for example people on remand and older age groups, have particular needs."** NHS Forth Valley continues to work collaboratively with the Scottish Prison Service (SPS) to address a wide range of factors that impact on health and wellbeing including environment; access to services and multidisciplinary team working to support prisoners with the most complex needs.

NHS Forth Valley continues to liaise with Scottish Government on a Business Case for additional investment in workforce across the 3 national prisons in Forth Valley. This business case considers new Scottish Government Policy developments including the Women's Strategy/new HMP Stirling development; recommendations arising from the International Committee on the Prevention of Torture; recommendations arising from the Expert Review into the Provision of Mental Health Services at HMP/YOI Polmont and ongoing feedback from Mental Welfare Commission.

A response from the Scottish Government on the outcome of the business case is awaited. In order to support local prison services to meet the increased complex needs of its prison population and implement new trauma informed multidisciplinary models of care, NHS Forth Valley has provided interim investment on a bridging basis to enable key workforce priorities to be progressed and safe levels of care to be maintained. Significant work is being undertaken to improve recruitment and retention levels across the 3 prisons. Prison Governors are supporting this work by hosting open days for interested health staff across all 3 prisons.

During 2022, NHS Forth Valley has worked collaboratively with Scottish Government Departments (Mental Health and Criminal Justice) and with SPS to finalise responses to the Expert Review of Mental Health Provision in HMP/YOI Polmont. A follow up Review was undertaken by HMIPS and HIS during June and a final Report is expected in the Autumn. The Health Board will respond to any outstanding or additional actions.

Post Pandemic recovery is complete across most services but continues to be affected by ongoing restrictions including changed shift patterns. Access to dental provision continues to be impacted by post pandemic ventilation requirements, particularly at Glenochil Prison. Solutions to improve ventilation are being coordinated at a national level.

3.1.8 Mental Health & Wellbeing

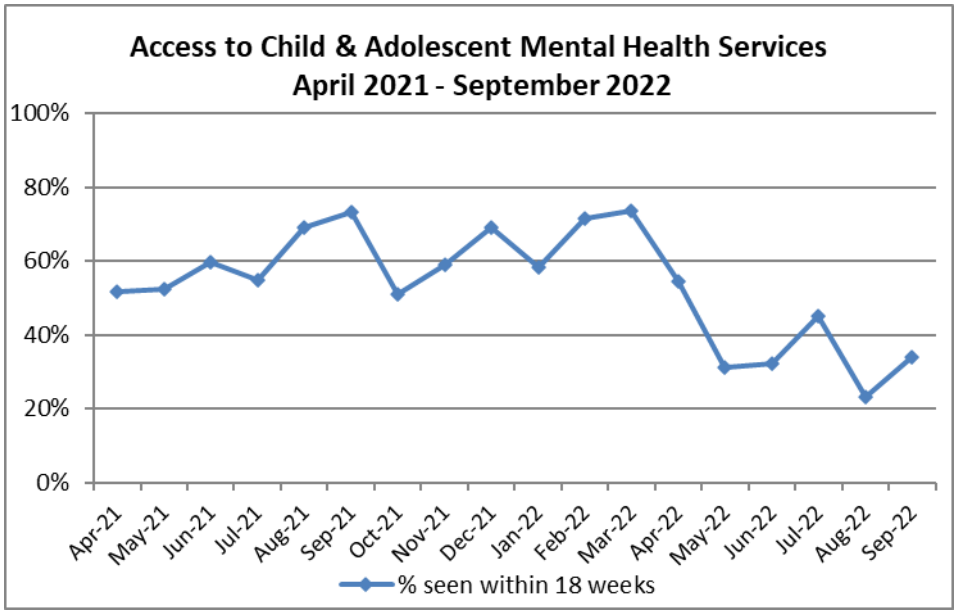
NHS Forth Valley Mental Health Services remain committed to:

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

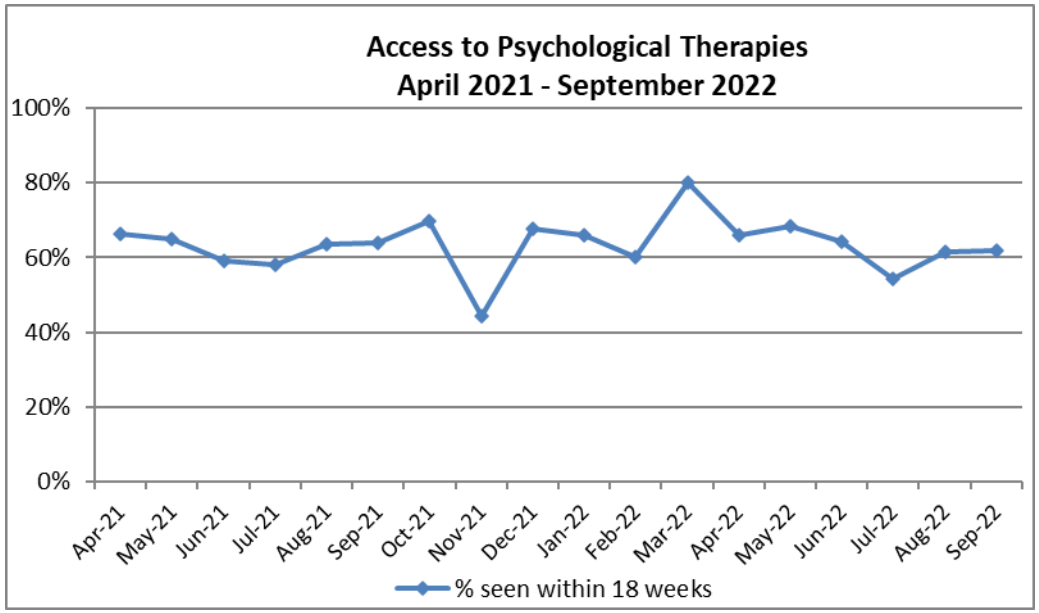
NHS Forth Valley has received significant allocations to support full implementation of the Child & Adolescent Mental Health Service (CAMHS) Specification - Community, expansion of CAMHS from age 18 to 25 years for targeted groups and those who wish it, and to address the backlogs on waiting list. Our Improvement Plan sets out our response to each of these areas with work continuing 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. Similarly, the NHS Board has received funding to address waiting list backlogs in Psychological Therapies (PT) and our actions to address long waits are set out in our Improvement Plan. A trajectory has been submitted with modelling indicating that NHS Forth Valley is likely to achieve the 90% standard by September 2023

The 18-week Referral to Treatment activity for CAMHS and PT are illustrated in the Graph 1 and 2 below.

Graph 1: CAMHS



Graph 2: Psychological Therapies



3.2 Long Covid

Outcome
To ensure that people who are experiencing the symptoms of long covid receive the recognition, rehabilitation and support they need

NHS Forth Valley is committed to ensuring people experiencing symptoms of long covid have access to the right support.

We have:

- agreed a professional lead for long covid
- established a long covid reference group
- under the auspices of the governance and oversight group worked to develop a pathway for people with long covid which has been shared with referrers

- linked with Research and Development at the University of Stirling, and we are working to map local community assets linking with partners in the 3rd sector and support groups

We will:

- continue work to develop a Forth Valley webpage (NHS Forth Valley – Long Covid)
- maintain links with the National Long Covid Oversight Group and Service Development Group.
- collaborate nationally around the creation of a Once for Scotland Digital Portal of evidence-based resources and supports
- further develop existing services, such as ReAcH rehabilitation services, and services provided for people with respiratory difficulties, cognitive difficulties, and fatigue
- develop early intervention and signposting to self-management
- invest in a workforce that strengthens and connects with other specialties

3.3 Vaccination Programme

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

NHS Forth Valley Vaccination Team has and will continue to:

- ✓ deliver the vaccination programme in line with the Joint Committee on Vaccination and Immunisation (JCVI) guidance
- ✓ deliver the booster Covid programme by early Dec 2023
- ✓ deliver the flu programme
- ✓ deliver Vaccination Transformation Programme Scotland's aligned to Scotland's vaccination schedule from Pregnancy to Adulthood

SECTION 4: BETTER CARE

4. Improving Care

People power & putting people at the centre
- ✓ person centred care
- ✓ locality focused care closer to home
- ✓ local engagement (planning, commissioning, delivery)

4.1 Primary Care Services

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

Primary care in its widest sense has continued to serve patients, the NHS, and the public well during, and as we recover from, the pandemic. Expectations and health care needs however have grown in complexity, and we have used our infrastructure, workforce, and technology to do the right thing (treatment/intervention) in the right place at the right time.

4.1.1 Primary Care

The reform of Primary Care (GMS) has continued at pace through the delivery of the Primary Care Improvement Plan (PCIP) but also through the modernisation of GP Premises with the completion of an Initial Agreement for a Forth Valley wide programme of capital investment. This programme of reform has been progressed through a collaborative tri-partite decision-making process (GP Sub Committee; Integration Joint Boards and NHS Forth Valley).

Despite the challenges of the past two years, implementation of the 2018 GMS Contract, including Memorandum of Understanding (MOU) 2, has been delivered in line with NHS Forth Valley's Primary Care Improvement Plan (PCIP) (Iteration 3). Although MOU2 asked Health Boards to focus their delivery on 3 key areas (Vaccination Transformation, Pharmacotherapy and Community Treatment and Care), Forth Valley continued to press on with delivery on all 6 PCIP workstreams (i.e., additional professional roles, Urgent Care and Treatment and introduction of Community

Link workers). More recently, PCIP support has been extended to support more care homes and we are extending primary care mental health to 12-18 year olds in collaboration with CAMHS services.

The PCIP End of Programme Report sets out the detail of what is being delivered against each workstream, the benefits to GP Practice sustainability, particularly during the pandemic, and the ongoing challenges which relate to the resilience of the workforce models which arise from the ongoing recruitment and retention challenges. This includes 200,000 non Covid vaccinations; more than 12,000 prescriptions generated each month and 10,000 phlebotomy appointments delivered by PCIP staff.

In June 2022, NHS Forth Valley submitted an Initial Agreement for a Programme of Investment in Primary Care premises. This will take a locality based approach and will be progressed through a series of outline business cases. Planning for the first outline business case (Stirling locality, including Eastern Villages, Bridge of Allan & Dunblane) commenced in September and is due for completion in Spring 2023.

In going forward there will be an ongoing commitment to interface work between primary and secondary care with an initial focus on supporting improvements in communication at times of transfer of patient care and development of patient pathways to ensure access to right care first time. IT will be a key role in this regard and, despite a delay in national GPIT system, the NHS Board remains committed to developing the IT infrastructure in parallel with the primary care premises improvement programme. IT will be required to support current models of delivering primary care and to capitalise on developing digital solutions for supporting delivery of healthcare.

Despite the significant progress made with delivering up to 200 additional posts to support GP Practices, GP sustainability remains a high risk and there remains a need to continue to focus on GP recruitment and retention, for example, by developing new and innovative portfolio roles and career pathways and to continue to focus on ways of supporting practice workload - Forth Valley was able to showcase its collaborative approach at the recent NHS Scotland national event. The Integration Joint Boards and Health Boards have acknowledged that this may require further additional investment in PCIP and other roles, including those roles which have proved to be of most value to GPs (e.g., additional professional roles including mental health nurses, advanced physiotherapists, and advanced nurse practitioners).

4.1.2 Dental Services

NHS Forth Valley has recovered primary care dental services, in both the Public Dental Service and the General Dental Service. The Public Dental Service has recovered all their services, with exception of one theatre session, and continue to offer additional support in care homes and to the increasing number of unregistered patients or patients coming through the unscheduled care routes. This includes an increasing number of Ukrainian guests under the refugee re-settlement scheme.

Locally, funding streams for hand pieces, ventilation and other more general repairs and renewals of equipment have been available to our independent GDS providers. This has enabled enhancements to be made across the service and improved patient care as a result.

Activity levels within the GDS remain at strong levels as recovery has continued from April onwards. The recent announcement on the Multiplier funding level at an enhanced level for the next 6 months will provide additional financial support to the service over what is anticipated to be a challenging winter period. Access for NHS patient registrations remains restricted with a reduced number of contractors accepting new NHS patients. Some are operating a waiting list arrangement where patients are able to note their interest with a local Practice although this method is not universal. There is a reported net loss of independent contractors within the GDS and Practices are now advising of recruitment difficulties within the profession. This is a concerning position given the extent of the issue now felt in General Practice. We also continue to see review of patient lists within GDS and the de-registration of patients as a result. Reasons for these de-registrations under the GP200 system are recorded and subject to regular review by local Dental leads. At this stage, the local situation is mirrored in other Health Boards demonstrating pressures across the system remain a national issue.

4.1.3 Community Pharmacy

Community Pharmacies continue to play a vital role in providing Primary Care Services in Forth Valley. Programmes like the Pharmacy First services enabling common conditions to be managed and treated in the community without the need for GP input enable patients to access help more quickly and often conveniently. Many Community Pharmacies contract to deliver aspects of the Vaccination programme and their support with the effective delivery of large scale programmes such as Flu as well as more specific programmes such as Travel Vaccinations, enable many patients to access these services locally and help to expand the Board's Immunisation team capacity.

Patient care has been enhanced with a new system for those affected by substance misuse. The NEO system features an electronic diary system to enable attendance recording of patients using the Substance Service and alerts are raised for non-attendance for Service follow up.

Workforce remains a challenge with ongoing absences reported. The measures agreed for non-patient facing time have been beneficial to Pharmacies however some contractors are still experiencing difficulties in maintaining consistent opening hours. This is under regular review both in terms of contractual performance and patient care.

Applications under the Pharmacy Practices approval process that had been delayed during the pandemic are now being progressed and there are a number pending consideration and formal Committee review that will be taken forward in the coming months.

4.1.4 Community Optometry

General Ophthalmic Services have recovered well in Forth Valley. Community Optometry acts as first port of call for the public for eye conditions. This has continued within the Regulations although fitting in unscheduled patients into 'day to day' appointment diaries can be challenging whilst catching up with routine work, which stopped during Covid shutdowns. Funding to support improved ventilation in Practices was well utilised when made available at the end of financial year 2021-22.

This year Primary Care Optometrists assisted in seeing hospital glaucoma and uveitis patients in the community, thereby reducing the hospital eye service Waiting List. The use of tele-ophthalmology is still utilised by some practices to aid treatment in the community setting.

Independent Prescribing (IP) optometrists allow for treatment of eye conditions in the community setting and is a vital resource for care close to home. There are increasing number of Optometrists who have reached the end of their IP theory training in NHS Forth Valley, and they now require 24 sessions of practical work to complete the course. This practical experience is undertaken in the Hospital Eye Department in 'Teach and Treat' sessions. These Teach and Treat clinics have been set up and will be offered to IP training optometrists. This project will expand capacity within secondary care in supporting the teaching element in partnership with NES and enable increased prescribing in the community on completion.

The Scottish Government is hoping to fund an inter-referral pathway for treatment for patients referred to IP Optometrists by non-IP Optometrists. The treatment ladders have been approved by Eyehealth Scotland and NHS Education Scotland will be providing clinical mentoring and support. Once this Enhanced General Ophthalmic Service is rolled out, there will be better funded care for patients close to home. This scheme also emphasises how important training IP Optometrists will be in NHS Forth Valley in the future

Having resumed earlier in the year, statutory inspections are now fully up to date following the pandemic and have reverted to normal scheduling. Anecdotally, the service does not appear to be experiencing the same workforce challenges as seen with other Primary Care Contractors with numbers of Part 2 optometrist registrations at similar levels to previous years.

4.2 Community Care Services - Health & Social Care Partnerships

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

The Health & Social Care Partnerships will continue to:

- ✓ adopt a whole system multidisciplinary response to support improvements in outcomes
- ✓ respond to ongoing and significant demand and complexity of care in the community, at home and for people rehabilitating from Covid-19, and in community intermediate care and community hospital facilities
- ✓ look to maximise capacity and ensure system flow and access to care
- ✓ provide Care Home support, through the established enhanced care home assurance system and work of the Oversight and Assurance Group
- ✓ provide oversight of care at home including in house and commissioned services as well as community health through the establishment of the clinical and professional oversight group for care at home and community health
- ✓ develop innovative ways of working across primary and secondary care supported by public health to improve outcomes for people in our communities
- ✓ manage delayed discharges within our health system and work to discharge all acute delayed discharges and people currently delayed in our community and or mental health beds, as well as working in communities to help prevent unnecessary admissions to hospital
- ✓ support adult support and protection functions with close monitoring and consideration when emergency visits have been required to assess vulnerable adults.

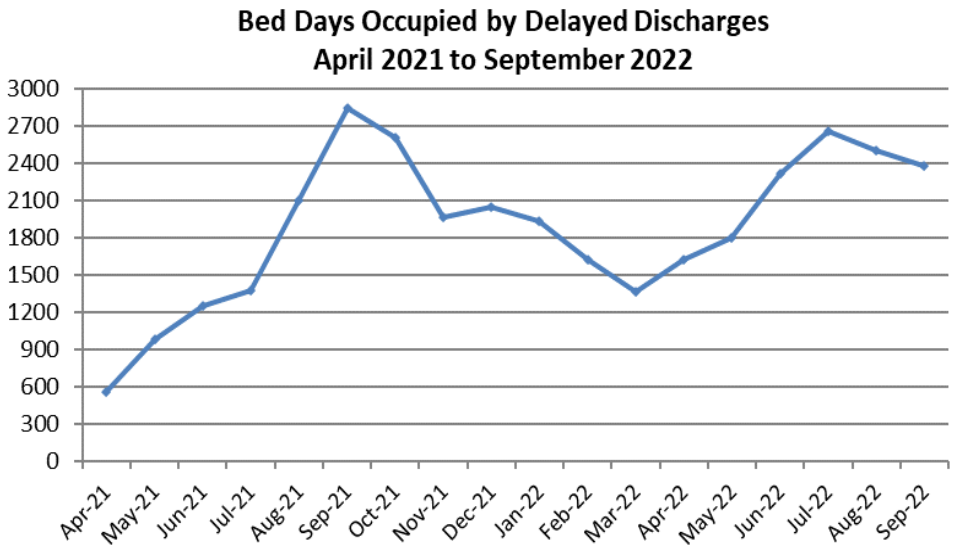
2.2.1 Delayed Discharges

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

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

Total Delayed Discharges - 102 as reported at the September Census (74 standard delays, 28 code 9 & guardianship)

Graph 4: Bed Days Occupied by Delayed Discharges



Bed days occupied by delayed discharges - 2378 at the September 2022 census

Summary

Both Integration Joint Boards are updating their Strategic Commissioning Plans which will set out the strategic direction for those functions delegated and through Directions commission services from the NHS and Local Authorities. NHS Forth Valley will continue to work with its two Health & Social Care Partnerships and three Local Authorities to support our most vulnerable people and communities and to enhance and maximise the benefits of integration. There is agreement across Forth Valley to deliver whole system planning aligning Health & Social Care Strategic Commissioning Plans and joint activity.

4.3 Women & Children Services

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

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

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

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

NHS Forth Valley Women & Children Directorate will continue to:

- ✓ Prioritise staff wellbeing: will build on existing initiatives in support of staff wellbeing but also will ensure that, if its required, staff can access appropriate support for their emotional, mental, and physical health needs
- ✓ Deliver a sustainable and flexible vaccination programme; as Immunisation is hosted within the Directorate, resources have been mobilised and deployed at pace to support both the flu and immunisation programmes. Moving forward the service will continue to adopt a systems wide approach in partnership with General Practitioners and local authorities to respond to recommendations of the Joint Committee on Vaccinations and Immunisations (JVCI) for all vaccinations in line with the Vaccination Transformation Programme.
- ✓ Contribute to the redesign of urgent care and emergency pathways to ensure unmet demand is managed and delivered safely
- ✓ Continue to deliver essential services; maternity care, paediatric and neonatal services, child protection, child mental health services, health visiting, AHPs
- ✓ Support urgent cancer diagnostics and treatment (including conditions that are life limiting)

- ✓ For those services with national targets, the Directorate will continue to take forward multi-level improvement plans and utilise analytical support, and additional trajectory modelling, to achieve sustained improvements in performance
- ✓ Winter Planning: Services continue to meet and work together to adapt to the additional pressures that may be experienced through a (forecasted) surge in viral respiratory infections in children. This includes making and sustaining links regionally and nationally to provide an effective coordinated response
- ✓ Use practice-based evidence to identify further ways to develop safe and effective practices to address inequalities and further embed innovation across the range of services that make up the Directorate
- ✓ In our work across the wider children's community partnerships, we will continue to collaborate and build on the principles of GIRFEC, local engagement and working in partnership.

Summary

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

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

4.4 Hospital Services

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

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

NHS Forth Valley will continue to:

- ✓ oversee operational management of scheduled care and waiting times management through its established scheduled care delivery group
- ✓ use Urgent and Routine prioritisation of patients, returning to the pre-pandemic approach to prioritisation

- ✓ assess surgical workload to include deferred/backlog cases
- ✓ review all waiting lists including diagnostics adopting a realistic medicine approach to inform patient choice
- ✓ invest recurringly to support future service sustainability and improvements in waiting times

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

Preventing Ill Health and Early Intervention

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

Improving Quality, Efficiency and Effectiveness

- 4-hour access standard (95%)
- 12 weeks Treatment Time Guarantee (TTG 100%)
- 18 weeks Referral to Treatment (RTT 90%)
- 6 weeks - eight key diagnostic tests and investigations (endoscopy and radiology) to support RTT compliance
- 12 weeks for first patient outpatient appointment (95%)

* The Board continues to work to recover performance in all 8 standards listed above

NHS Forth Valley Scheduled Care Teams have worked throughout the pandemic to maintain as high a level of activity as possible in a person centered, safe, and effective manner. The introduction of the ‘Hospital within a Hospital’ system for elective patients has maintained a safe green pathway for Urgent Suspicion of Cancer and urgent cases with progression from P1 and P2 into P3 cases and more recently the introduction of some P4 long waits in line with the Clinical Prioritisation Framework being stood down in July 2022. This is delivered using a day of surgery model of care which is protected by specifically designed Covid safe pathways. This has ensured that the population of Forth Valley has benefited from access to appropriate elective care and lower than average waiting times to access treatment. The NHS Forth Valley Acute Services Directorate developed a robust plan which identifies a route map for the delivery of sustainable and financially achievable elective care services.

Collaborative work across individual services with Centre for Sustainable Delivery (CfSD) has supported the implementation of sustainable improvement programmes and the ability to increase capacity through service change. This work is being monitored via the Heatmap submitted to CfSD in June 2022. Monthly meetings with our CfSD colleagues will further support progress within services.

Active Clinical Referral Triage (ACRT) has been implemented across all services with some areas, such as Urology, achieving impressive results and releasing capacity within outpatients. However, more work is required to maximise its impact with the slower implementers. Dermatology will improve the ACRT through Photo triage digital imaging which ensures images are captured and stored securely ensuring patient confidentiality. This image will accompany the referral into Dermatology with a digital image of the patient's skin complaint.

Clinically led Patient focused review and validation of waiting lists is currently taking place. Consultants have been asked to call patients following 'Keeping in Touch' calls delivered by admin team. This has delivered approximately 5% removals which is lower than national average as the Netcall process is done routinely across services. Netcall provides patients with a press button option to make contact directly with booking team if an appointment needs to be cancelled or rescheduled.

Patient initiated review (PIR) has been embedded across all services. Further work is needed to formalise the process of application to ensure all PIR is recorded clearly and clear data can be extracted to ensure accurate monitoring of progress. Additionally, both of these initiatives are excellent examples of realistic medicine realisation and patient centred care that reduces our environmental impact from a sustainable care perspective.

Collaborative work with the national specialty groups has proven beneficial with the introduction of Enhanced Recovery After Surgery (ERAS) pathways and initiatives in Day Surgery to release main theatre capacity. Plans are in place to support continued development in these areas through the NHS Forth Valley Scheduled Care Delivery Programme and the multidisciplinary improvement work streams monitored through this robust governance route.

Advanced role development has had a positive impact on waiting times and patient experience. Various advanced roles in nursing and AHP professions have proved successful in releasing consultant capacity within outpatient and theatre settings. The development of the Urology Hub is a good example of this with which sees procedures carried out by a new Advanced Surgical Care Practitioner, supported by consultants. This new way of working frees both consultants and theatre slots for complex surgery. Transforming urology services has addressed workforce challenges, reduced waiting lists, and created an improved and more sustainable service that includes training of new and existing staff who have taken on new roles and responsibilities.

Theatre efficiency and productivity improvement work will continue while addressing sustainability and climate emergency response obligations. The following areas are examples of the on-going work within theatres:

- Neptune suction system being integrated to theatres to reduce clinical waste, landfill, and incineration
- Nitric Oxide (piped) being turned off (routine practice) and replaced with ad-hoc use from cylinders
- Harmonic Scalpels now recycled
- Scrub machines/ dispensers being purchased to reduce wastage/ loss - effectively reducing unnecessary repeat buying (improved circular economy)
- Disposable hats - replaced with washable
- Suppliers in theatre vetted by location - to (where possible) reduce transport of materials
- Recycling bins being purchased and introduced
- Theatre optimisation technology being explored to increase productivity and in turn reduce unnecessary opening of some theatres

The delivery of NHS Forth Valley National Treatment Centre (NTC) is on track to open in February 2023. This will provide access to additional 1500 arthroplasty procedures per year. While awaiting the completion of the NTC build some NTC work has taken place. 400 cases have been repatriated from NHS Golden Jubilee National Hospital releasing additional capacity for other boards to access. 192 procedures have been delivered so far this year and it is anticipated that a further 560 cases will be delivered by the opening of the NTC in 2023.

Through long term sustainable investment, it is anticipated that NHS Forth Valley will meet the targets for scheduled care announced in July 2022, and go on to deliver consistent, high-quality services through modernised ways of working.

4.4.1 Elective (Hospital) Care Services

We continue to work to recover and stabilise services. We are focussing on recovering our pre pandemic IP/DC waiting time position while we continue outpatient redesign. Our focus remains on prioritising urgent referrals and reducing the number of long waits.

Our activity projections are detailed in table 1 highlighting new outpatient activity projections up to the end of March 2023. Table 2 highlights projection for the same period in respect of Treatment Time Guarantee activity. Our Scheduled Care access targets are detailed in Appendix 2.

Table 1

New Outpatient (12 Week Standard) Activity Projections		30-Apr-22	31-May-22	30-Jun-22	31-Jul-22	31-Aug-22	30-Sep-22	31-Oct-22	30-Nov-22	31-Dec-22	31-Jan-23	28-Feb-23	31-Mar-23
Specialty	Urgency	April 2022 Planned	May 2022 Planned	June 2022 Planned	July 2022 Planned	August 2022 Planned	September 2022 Planned	October 2022 Planned	November 2022 Planned	December 2022 Planned	January 2023 Planned	February 2023 Planned	March 2023 Planned
All Specialties	All Urgencies	4739	5086	5613	5037	5562	5762	5507	6084	5148	5259	5388	5445
All Specialties	Routine	2527	2699	3039	2743	2962	3140	2992	3285	2763	2821	2881	2922
All Specialties	Urgent	2212	2387	2574	2294	2600	2622	2515	2799	2385	2438	2507	2523

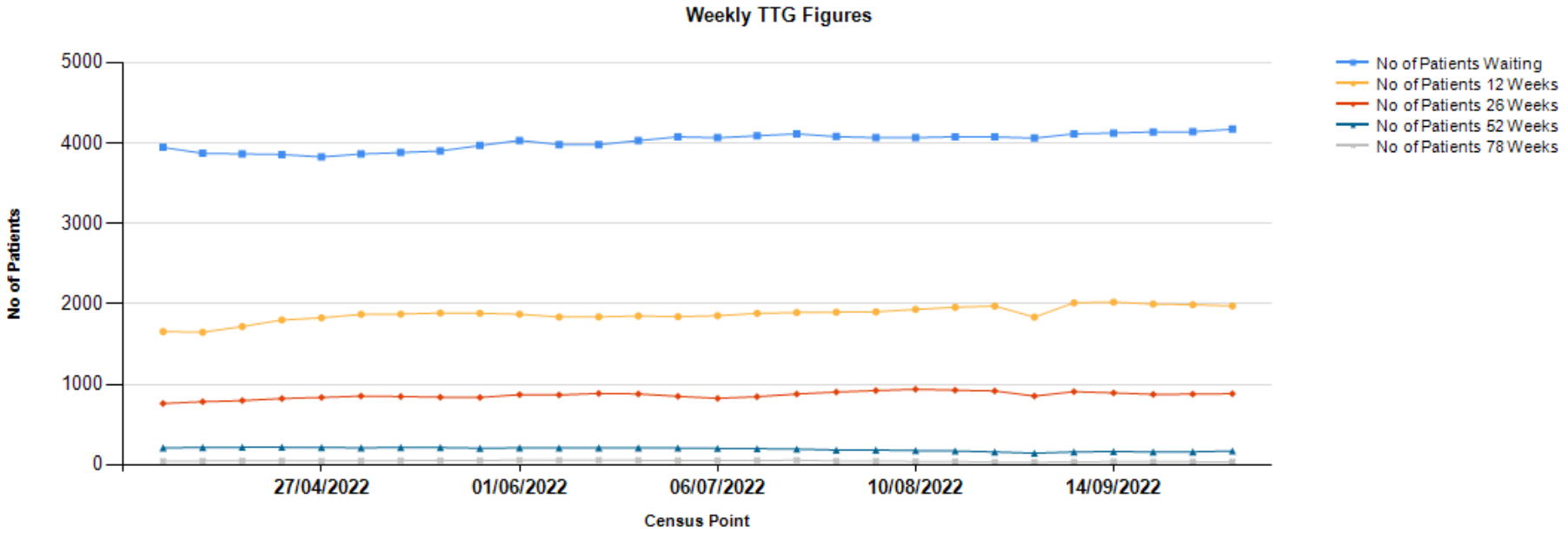
Table 2

TTG Activity Projections		30-Apr-22	31-May-22	30-Jun-22	31-Jul-22	31-Aug-22	30-Sep-22	31-Oct-22	30-Nov-22	31-Dec-22	31-Jan-23	28-Feb-23	31-Mar-23
Specialty	Urgency	April 2022 Planned	May 2022 Planned	June 2022 Planned	July 2022 Planned	August 2022 Planned	September 2022 Planned	October 2022 Planned	November 2022 Planned	December 2022 Planned	January 2023 Planned	February 2023 Planned	March 2023 Planned
All Specialties	All Urgencies	994	976	972	854	982	977	925	1152	1000	936	995	1052
All Specialties	Routine	755	735	740	654	746	740	707	869	763	719	760	792
All Specialties	Urgent	239	241	232	200	236	237	218	283	237	217	235	260

Following the planned care announcement to eliminate long waits, and the targeted national approach to delivery, the Scottish Government recognised that the Clinical Prioritisation Framework may be a potential barrier to achieving these targets. Based on this, the Clinical Prioritisation Framework was stood down in July on a permanent basis. NHS Forth Valley has returned to the pre-pandemic approach of treating patients on an urgent and routine basis.

We have focused on reducing the number of patients waiting more than 52 weeks and more than 26 weeks for surgery. A breakdown is detailed in graph 5.

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



- Appendix 2: NHS Forth Valley Scheduled Care Access Targets 2022-2023

Summary

Work to stabilise and reform services has been informed by good levels of clinical engagement. A defined structure has been agreed by both operational and clinical leads to support recovery and ongoing management of scheduled care. Our preparedness for winter also considers how we increase capacity (site continues to be operating over capacity with additional patients in 4 bedded bays and treatment rooms with daily bed waits in the assessment areas and the Emergency Department) to ensure we continue to protect scheduled care.

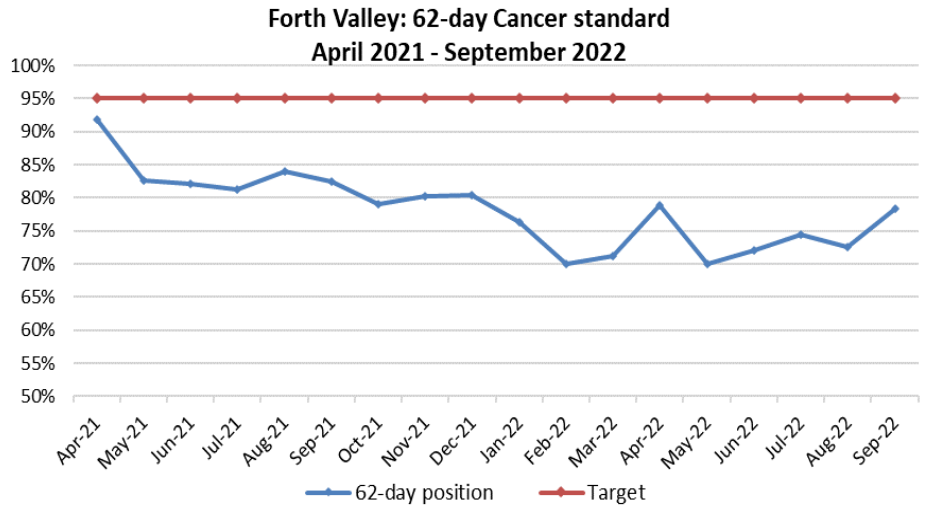
4.4.2 Cancer Services

Cancer services remain a priority for scheduled care. All Urgent Suspicion of Cancer and PPC referrals are tracked to ensure access is achieved within the 31 and 62 day 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.

Graphs 6 and 7 below illustrate our performance to date. We are working with local clinical teams to redesign our cancer pathways and are currently actively focusing on reducing waiting times for endoscopy and urology pathways. We are also working closely with the national performance team to implement new systems for tracking and recording our performance. Our September 2022 position in relation to the 62-day and 31-day cancer targets is:

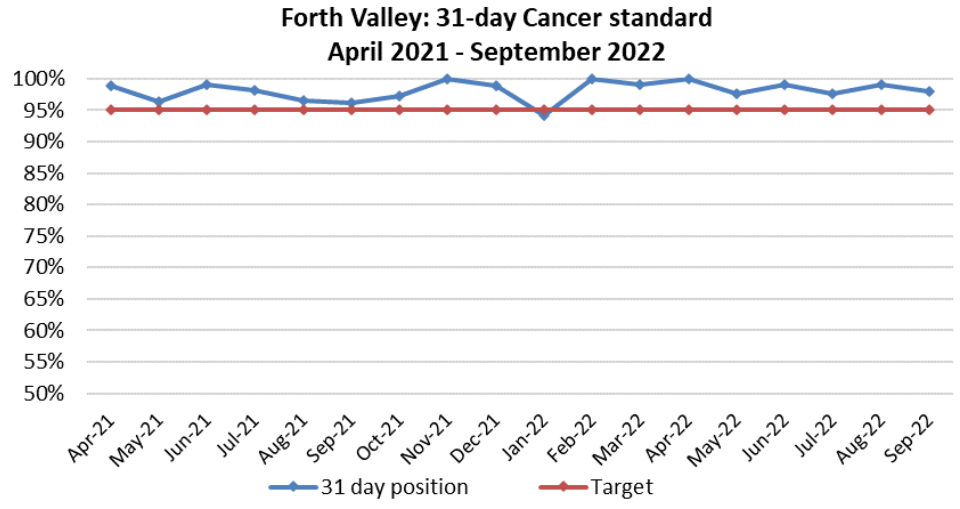
- 62-day target – 78.3%
- 31-day target – 98.0%

Graph 6: 62-Day Standard



Monthly actual - September 78.3%;
Quarterly actual – September 74.9%

Graph 7: 31-Day Standard



Monthly actual – September 98%;
Quarterly actual – September 98.3%

In summary we will continue to maintain our performance in the 31 day cancer standard. A 62 day cancer improvement plan will be presented to our Scheduled Care Programme Board, the actions detailed are intended to support the delivery of this standard by March 2023.

4.4.3 Diagnostics

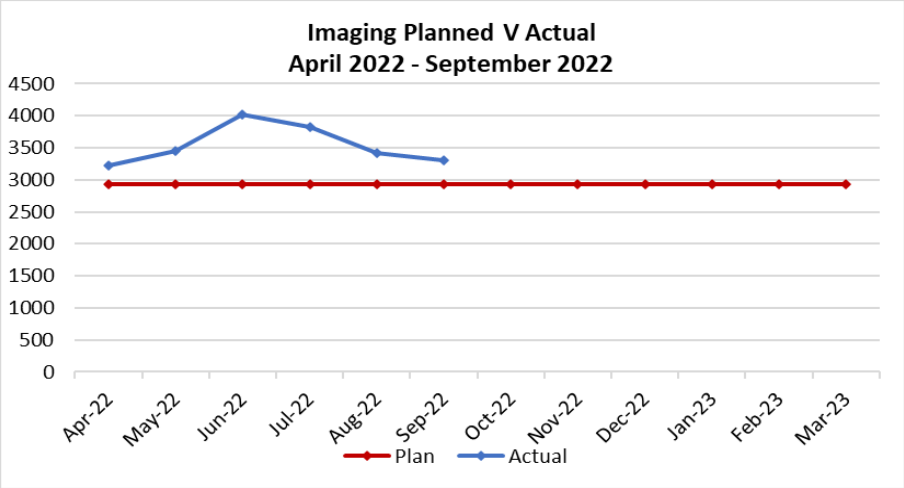
Capacity for imaging and endoscopy services had been significantly reduced because of the Covid-19 pandemic. With an increase in referrals from June 2021 onwards there was a notable increase in the number of patients waiting for imaging services in particular. Focussed recovery work however has supported a steady reduction in the number of patients waiting beyond 42 days. At the end of July 2022 NHS Forth Valley had 1259 patients waiting beyond 6 weeks for imaging with 78.5% compliance and 245 patients were waiting beyond 6 weeks for endoscopy with 60.3% compliance.

Plans are in place to allow us to expand endoscopy capacity significantly using three session days and 7 day working which is dependent on securing recurring funding for additional staff. This is being addressed as part of our overall stabilisation and reform plan. Capsule Colon Endoscopy and Cytosponge have been implemented in NHS Forth Valley with plans are in place to deliver 200 Cytosponge and 600 CCE interventions over 2022/23.

A mobile CT Scanner Van 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. A plan is in place to improve CT access with the addition of a 3rd CT scanner providing funding is agreed.

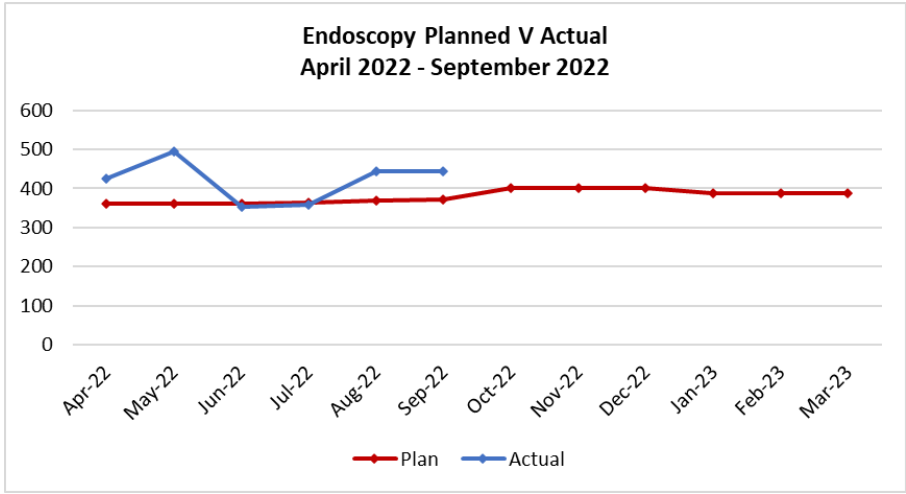
Graphs 8 and 9 highlights the planned and actual activity detailed within the remobilisation plan activity template.

Graph 8: Imaging



- Planned imaging activity – 17,616
- Actual imaging activity – 21,238 (120%)

Graph 9: Endoscopy



- Planned endoscopy activity – 2,188
- Actual endoscopy activity – 2,517 (115%)

4.4.4 Outpatients

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 by 60% and can have a positive impact on the reduction of DNA rates.

Review of the Access policy and its application identified the need for training and education for all new starts and revision for clinical and booking staff. A training package and continued audit process for assurance in application has been developed and will be rolled out across Acute Services. Outpatient clinic capacity will be maximised through reduction in DNAs and appropriate application of unavailability. This in turn will provide space for the expansion in advanced roles and the set-up of a butterfly approach for consultants in a training and supportive role within the clinic

environment. Rheumatology services have already implemented this system with Physiotherapy Extended Scope Practitioners. This has already made a significant impact on waiting times and will support a reduction in reviews over the next 18 months to achieve a sustainable position.

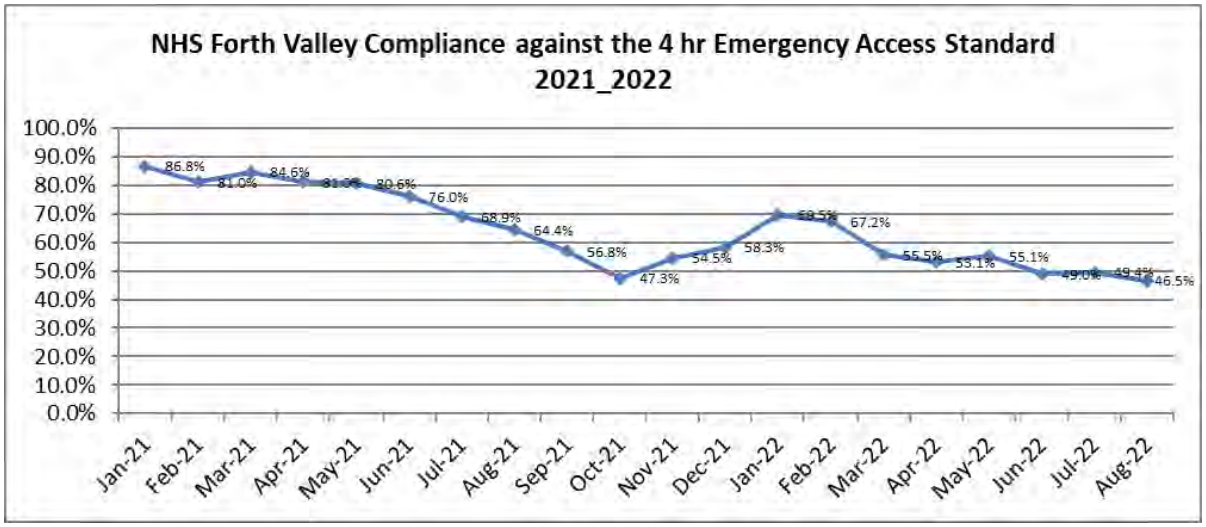
As we move towards stabilisation and reform of services clinic templates have moved from the Covid restricted templates to new specialist clinic templates which has allowed maximisation of all available clinic slots and scrutiny and filling of late cancellations.

A review of the outpatient service model has identified the need for modernised ways of working within acute outpatient departments across NHS Forth Valley. Work will continue to identify services which can be delivered within Falkirk and Stirling Community hospitals thus ensuring care is delivered as close to home as possible for patients while increasing space for additional outpatient capacity.

4.5 Emergency Care

Being treated timely in Emergency Department (ED) is important for both 'clinical outcomes and the experience of patients: ED or A&E waiting times are often used as a barometer for overall performance of the NHS and social care system'.[i] Performance has continued to deteriorate during 2022 when compared to previous year highlighted in Graph 10, the Board acknowledged this unacceptable for our patients, and for our staff.

Graph 10: 4 hour Emergency Access Standard Compliance



Evidence to date locally of increasing capacity including from opening additional beds (e.g., 5th bed in 4 bedded bay and/or treatment room, temporary relocation of rehabilitation beds on the Bellfield site and increased levels of boarding) on the Forth Valley Royal Hospital site has not supported flow as reflected in the 4-hour Emergency Access Standard (EAS). Implementing the five 'flow fundamentals' at pace is a key priority 24/7 on the Forth Valley Royal Hospital site. To date we have invested in:

- securing robust 24/7 responsive operational management, a review of duty management and flow as part of preparing for winter is being progressed at pace
- improving pre-noon and weekend discharge, including implementation and monitoring of predicted date of discharge, proactive discharge planning, implementation of daily board rounds, use of discharge lounge and undertaking regular acute and community based day of care audits
- triage redesign to support rapid assessment and streaming out of ED to appropriate pathways in our Rapid Assessment and Care Unit (RACU). To date subject to workforce we will introduce a Flow 1 Multidisciplinary Team to protect our minors stream performance with an ambition to deliver sustainable 95% performance (once Team is operating 7 days per week 0800 to 2200 hours) performance, introduce patient pathways (five plus frailty pathways in place) and surgical hot clinics to support patient redirection and/or scheduled appointments
- monitoring breach data (by time and cause) to eliminate all 12 hour waits
- providing dedicated leadership through the Emergency Physician in Charge (EPIC) and Nurse in Charge (NIC) roles

Our Plan is based on realistic projections notably to deliver sustainable improvement and by November delivering a 70% performance subject to capacity (modelling has identified a need for an additional 86 beds to meet demand through to March 2023) and workforce (recruitment to Middle Grade doctor rota) constraints being addressed. Our Plan recognises the following key areas for improvement, all of which are inter-linked.

- Increasing performance against the Emergency Access Standard
- Reducing the numbers of patients delayed in their discharge or transfer of care to reduce our length of stay notably in our Aging & Health Specialty
- Increasing the number of patients discharged before midday and at the weekend

Redesign of Urgent Care/Urgent & Emergency Assessment

NHS Forth Valley Urgent and Unscheduled Care Collaborate have identified 'Redesign of Urgent Care (RUC) as a High Impact Change (HIC) along with elements of Urgent & Emergency Assessment relating to management of the low acuity/high volume presentations to the Emergency Department. Focused work undertaken at pace highlighted three key priorities:

- Triage Redesign
- Patient Announcement System
- Digital Decision Support Tool

Triage Redesign

A Short Life Working Group with MDT representation co created an effective and efficient triage model that would support patients to the right place at the right time and most importantly the right clinician. The 2-tier triage model incorporates a primary safety triage and a secondary triage assessment. The primary safety triage is a rapid, uncomplicated, and standardised triage process for all patients. Its purpose is to identify patients who self-present with life or limb threatening emergencies or time critical conditions. Secondary triage assessment is for all patients identified as not falling into the category for immediate ED assessment to further understand their conditions and identify care needs early. It is a more detailed process and involves obtaining more collateral information, clinical exam, initiation of investigations and care pathways, treatment and/or

redirection. The secondary triage team includes an Emergency Nurse Practitioner, Senior Clinical Decision Maker, and Health Care Support Worker.

The Tests of Change (ToC) undertaken to date to refine the clinical model, confirm training/education of staff and requirements for additional equipment is now complete. Initial data shows positive impact on TTT, WFFA, Ave LoS in department and 4-hour EAS compliance for Flow 1 and most importantly for sustainability purposes has the buy in of clinical staff. The roll out of this model is subject to workforce (vacancies in the Middle Grade Rota are out to recruitment) to be able to operate the model 7 days per week 0800 to 2200 hours. In the meantime, the service will be implemented on a phased approach beginning in late October. A measurement framework has been agreed to chart improvement and is set out below at table 3.

Table 3: Measurement Framework

Flow 1 4-EAS
Total LOT in dept (Flow 1)
TTT
TTFA
% Discharged following 2ndry triage
% Redirected to alternative onsite services

Patient Announcement System

Installation of patient announcement system in the Emergency Department, Urgent Care Centre and Acute Assessment Unit waiting areas. System will provide bespoke public health messaging, service information, alternatives such as NHS 24/Pharmacy First and expected waiting times for the Emergency Department. Installation - 14 September 2022 with an expected ‘go live’ date of end October 2022. Measurement framework will include complaint themes, staff, and patient experience.

Digital Decision-Making Tool (Flow Navigation Hub)

Decision support tool developed to support getting patients to the right place, first time. The support tool is an algorithmic programme prompting call handlers to ask relevant questions for presenting conditions like NHS 24 system. It will increase volume of patients being directed to RACU earlier in their journey. The 'go live' is end October 2022. A dedicated area has been created within the hospital and an entrance is being installed (work completed 3 Dec) for people including ambulance presentations to access the service direct rather than go via ED.

Discharge without Delay

The Urgent and Unscheduled Care Collaborative have identified 'Discharge without Delay' (DwD) as a High Impact Change (HIC) for the organisation. Several improvements are being implemented and will include a review of the efficiency of Daily Dynamic Discharge (DDD). These improvements include:

- Scrutiny visits by Senior Management Team reviewing DDD engagement with Home for Lunch, Criteria Led Discharge (CLD) and Planned Day of Discharge (PDD)
- Home for Lunch, Public communications, and resources
- Home for Lunch, Staff communications
- Discharge lounge promotion with breakfast club to support prenoon discharges
- Education plan for all staff on PDD
- Day of care aligned to PDD
- CLD awareness
- CLD focus on utilisation and efficiency with teams

Our plans include key targets as set out at table 4.

Table 4: Key Targets

	Baseline	Oct 22
Implementing PDD	0	40%
Discharges by 12:00	16.4%	25%
Discharges by 16:00	57.9%	80%
Discharges by 20:00	91.6%	92%

Increases in Saturday/Sunday discharges	15.6%	25.6%

In summary we will continue to:

- ✓ Reduce admissions to ED by redirection of specialty expected patients
- ✓ Ringfence a dedicated clinical team of to support triage redesign – senior decision maker, ENP and CSW to deliver Flow 1
- ✓ Redesign of Ambulatory Emergency Care Pathways and increase our non-elective take through RACU
- ✓ Implement of Prof-to Prof referrals through the Flow Navigation Hub via multiple referral sources (SAS, NHS24)
- ✓ Increase pre-noon discharges to 25% and increase weekend discharges by criteria led discharge
- ✓ Reduce the LOS of admitted patients and improve our management of inpatient capacity to help facilitate discharges through whole system collaboration and 7-day AHP services
- ✓ Continue to support our Out of Hours redesign work to support service sustainability e.g., increase workforce, work with SAS and support ST3 training opportunities

SECTION 4: BETTER VALUE

Doing business differently
- ✓ 'Anchor approach'
- ✓ compassionate leadership
- ✓ value added
- ✓ 'active' governance emphasis on improvement

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

Updated year-end forecasts based on an in-depth review of the Quarter 1 results indicate a projected overspend of £6.4m for 2022/23. This compares to a balanced position previously presented in the opening financial plan. There is a further level of financial risk quantified at £8m - £12m associated with delivery of in-year savings plans and potential service demand over winter period. The forecast will continue to be reviewed and reassessed over the course of the year.

Cost Improvement

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. The savings requirement for 2022/23 is £29.4m. Plans are in place to deliver approximately £23m savings between recurring and non-recurring sources, with an unidentified gap of approximately £6m. Further focused work is ongoing to address and reduce the unidentified gap. Cost Improvement engagement meetings have been held with Executive Leadership Team members and their teams to systematically review spend profiles and opportunities for savings in the short term and longer term. These have been collated into a register as a pipeline for future delivery. Corporate Programme Management Office members have been integral in supporting plans particularly around medicines and workforce areas and supporting the reporting and governance processes. A Cost Improvement Oversight Group has been established as a mechanism for review and update reports are provided to Performance and Resources Committee.

At a staff engagement event on 8 August the strapline ‘making best use of our resources’ was launched which incorporates savings and value improvement themes.

Our finance team is linking in closely with national cost improvement programme work including Financial Improvement Network group, Covid cost reduction workstreams and value improvement groups.

Capital

A balanced capital position is reported to 30 June 2022 and a balanced position is forecast for the 12-month period to 31 March 2023.

Strategic Financial Risk

The organisational risk related to financial sustainability is included within the NHS Board Strategic Risk Register and is regularly updated to reflect changes in risk profile and mitigation controls.

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

Given the increased financial challenge in respect of both internal and external influencing factors including the wider uncertainties and volatility described in the Scottish Spending Review and Medium-Term Financial Framework, the risk score related to untreated impact and current impact has increased which in turn has increased total risk score. It is recognised that there is a requirement to look beyond the current financial year into 2022/23 and beyond to support strategic goals and recovery measures particularly in respect of planned care and unscheduled care pathways and investment.

Programme for Government

In terms of the Programme for Government announced in September 2021 there is a continued focus on sustainability, climate change and sustainability and improving outcomes in public services. NHS Forth Valley has signed up as an anchor organisation with the aim of maximising the contribution to the wider determinants that shape and support health locally. The latest Programme for Government acknowledges the significance of the cost of living crisis for Scotland and how this in turn will impact on health services. NHS Forth Valley has discussed the impact of poverty and people not being able to heat their homes notably for people with mobility and/or respiratory conditions and on the mental wellbeing of people including staff. This will have implications for our winter preparedness plans.

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[i] What's going on with A&E waiting times? | The King's Fund (kingsfund.org.uk)

FORTH VALLEY NHS BOARD
TUESDAY 29 NOVEMBER 2022

11.3 Pandemic Covid-19 Update
For Noting

Executive Sponsor: Mrs Cathie Cowan, Chief Executive

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

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Executive Summary

This paper concludes a series of regular updates on the status of the Covid-19 pandemic and our local, national and international response.

Recommendation

The Forth Valley NHS Board is asked to:

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

Key Issues

The Scottish Government published a revised Framework for Covid in February 2022. The framework set out Scotland's approach to managing Covid-19 and its associated harms effectively for the long term in preparation to what was described as a calmer phase of the pandemic. [1]

Detailed Covid-19 advice for the public can be found at www.nhsinform.scot[2]

The Autumn Flu and Covid-19 vaccination booster programme continues with ongoing efforts to encourage high levels of uptake as this is important, both for personal protection from these diseases and to reduce population spread and support the NHS throughout the difficult winter months. Both Covid-19 and Flu vaccines are very safe and are our most effective measure for combating winter surges in Covid-19 and Flu.

It is now almost exactly three years since the first cases of SARS CoV2 were detected in local residents in Wuhan, China.

Over the course of the pandemic our local population adapted behaviour to control the spread of this new virus and successfully slowed transmission and reduced the predicted high epidemic peaks of infection, allowing time for new treatments and new control measures to be introduced.

Whilst the pandemic in the UK has undoubtedly entered a "calmer phase" the Covid-19 virus continues to circulate in our population.

[1] Coronavirus (COVID-19): Scotland's Strategic Framework update - February 2022 - gov.scot (www.gov.scot)
[2] Coronavirus (COVID-19) in Scotland | NHS inform

Background

Very high vaccine uptake and natural exposure to Covid-19 infection has created a local population with high levels of circulating antibodies and the risk of death or serious illness from a Covid-19 infection is now very much reduced. It is estimated that Covid-19 now has around the same level of risk as the influenza viruses that we have come to tolerate over many years of human history.

At the same time new treatments and new ways to use existing treatments have rapidly developed such that those who are seriously affected can be effectively treated.

The nature of the Coronavirus and the way it interacts with our immune system and in particular the requirement for a cell mediated immune response (not just antibodies) means that the virus remains able to circulate in each human host for hours or days before being eliminated which makes it difficult to completely eradicate.

Currently WHO estimates there have been around 650 million cases of Covid-19 worldwide with around 6.6 million deaths.

As stated in The Framework document we will need to learn to live with the ongoing presence of the Covid-19 coronavirus for years to come.

Worldwide Covid-19 remains a serious challenge and there remains an ongoing risk of new variants and mutations which behave differently. We have seen waves of new variants which are more infectious and by natural selection these have rapidly replaced older less infectious strains.

Covid-19 only replicates in human hosts, it seems unlikely that variants causing more severe disease will now proliferate in the developed world as a variant which produces severe illness is likely to result in early isolation of patients and reduced onward transmission.

Although the development of new variants which could evade our vaccines remains a potential threat as we move to develop new multi-valent vaccines and population immunity further develops the chances of a serious vaccine escape event seem to be growing less likely.

The most infectious variant to date has been Omicron which increased very rapidly displacing delta as the main sub-type and caused a high peak around Christmas 2021. The combined impact of high vaccine uptake plus public caution, adherence to hygiene and control measures and widespread use of Lateral Flow Device testing helped blunt the modelled pandemic wave which peaked in early January 2022.

New subtypes of Omicron have become the dominant during 2022 with clear phases or waves of infection continuing. These epidemic waves have continued longer than in any previously observed pandemic. Each new variant seems more infectious in terms of how rapidly they spread but fortunately new variants in the UK setting have not caused more severe illness or showed vaccine escape.

The current circumstances of a largely vaccinated population, effective public health measures and newly available treatments are causing Covid-19 to be a less severe disease. There continues to be a low level of deaths and few admissions to ITU. This is now very likely to remain the continuing position for several years.

The occurrence of the Covid-19 pandemic has not reduced the continuing risk of other pandemics and infectious disease outbreaks. Ove the summer health protection teams across the country have been managing an outbreak on Monkeypox across the UK, there is an ongoing international emergency situation with Ebola virus in Uganda and there is a current and ongoing very severe outbreak of Avian Influenza in wild birds in Scotland. The threat of a worldwide pandemic of a new strain of influenza also remains.

Despite breaking the link between Covid-19 infection and ITU admission or death there continues to be very high pressure on the NHS by a combined effect of high levels of hospital admissions and staff absences.

In addition, the NHS is carrying a backlog of demand which built up during the Covid-19 pandemic and is also facing the continuing demographic challenge of a rapidly aging population with many people experiencing a reduced level of independence and resilience following the pandemic experience.

Social care and care at home services continue to be very stretched by demand and also very challenged by staffing levels. This is causing further pressure through delays to discharge for those who no longer require hospital inpatient care.

While some vaccinated individuals experience milder symptoms or remain asymptomatic many still experience a severe flu like illness lasting 7-10 days. Fortunately, few cases appear to require inpatient care.

Long Covid, which can involve a range of symptoms and last for many months is a not uncommon occurrence and can cause considerable distress for many. The underlying causes are multifactorial and many different approaches to support may be required. Scottish Government policy is to facilitate early access to specialist services appropriate to each patient's individual needs. Long Covid remains a challenge and a priority for NHS Scotland.

All International travel restrictions for people coming into Scotland were ended at 4am on 18th March 2022. Passenger locator forms are no longer required and people who are not fully vaccinated do not have to take Covid-19 tests before and after travelling to the UK. The Scottish Government Covid passport scheme for businesses and other premises was ended on 28th February 2022.

The NHS Forth Valley Test and Protect Service, which was seamlessly linked to our local health protection team, has now been stood down and the last of our temporary staff finished at the end September 2022 in line with national guidance.

Testing was a key component of Covid-19 controls. In Forth Valley it was the local hospital infection control team that stepped in at an early stage to support their public health colleagues by establishing a local Covid-19 PCR testing service. Later in the pandemic there was a huge emphasis on home LFD testing before visiting high risk settings such as care homes and daily LFD tests for those who are close contacts of Covid-19 cases.

Dedicated primary care assessment and treatment clinics were a key factor of the early Covid-19 response in Forth Valley and the actions of local primary care staff in supporting these services should be highly commended.

Pressure on all primary care services has continued to be very significant with a combination of Covid-19 controls, patient need, an aging population, increasing complexity of healthcare, preventative medicine, and a reducing workforce (WTE rather than absolute numbers) all leading to greater pressures on many community services such as general practice, dentistry, community pharmacy and community nursing.

The requirement to support local care homes continues and care homes still have to be vigilant and move rapidly to reinstate controls when Covid-19 cases are detected amongst staff or residents. There have been few severe cases or deaths reported over the summer of 2022.

Continuing pressure on frontline NHS and social care is the main priority and presents a daily challenge to the NHS Board, Health and Social Care Partnerships and local councils.

NHS staff experience community transmission and can be unable to work causing significant staffing pressures.

The ability to respond in the event of new variants requires contingency to be maintained across Test and Protect capabilities. This includes a core contingency of LFD stocks, Mobile Testing Units, PCR testing capacity and the ability to rapidly sequence positive tests, and enhanced Health Protection teams in local Health Boards with retained skills in complex outbreak investigation and support from PHS experts in epidemiology. A small "VAM" team of four persons has been retained to support ongoing active surveillance and preparedness for any potential new variant and mutations occurring this winter. The VAM team is funded until end March 2022 when it is anticipated it will be stood down.

Nationally Public Health Scotland has maintained active and passive surveillance and modelling support equivalent to any developed nation. Additional resourcing will continue to ensure PHS can continue this leading role and in particular to ensure early detection of any significant variants of Covid-19. These measures enhance our preparedness and detection of all infectious pathogens and help to keep the population of Scotland safe.

Public Inquiry

There are now two ongoing public inquiries which will review the management of the Covid-19 pandemic and ensure that lessons are learned for the future. There is a UK inquiry which will review the actions of the UK government and the overall pandemic approach including all reserved issues whilst the Scottish Government has established a Scottish Public Inquiry which will focus on issues and learning relating to the Scottish Government and NHS Scotland and partners. It is not known how long these inquiries will take or when they will report but there will be a significant ongoing commitment for NHS staff to support the progress of these inquiries.

Financial Implications

Most elements of the Covid-19 specific response have had national funding as have the enhanced resources for the local Public Health team. Detailed information is being provided to the NHS Board through regular Finance reports. Contact Tracing staff contracts ended in September 2022 and funding for community testing ended in June 2022. Funding for the VAM team (4 persons locally) continues until end March 2023.

Workforce Implications

The core health protection service has now reduced to 2.6 WTE protection nurses in post (core establishment 4 WTE) and six consultants (including the DPH) (1 WTE vacancy unfilled). An existing consultant has moved to cover the lead health protection consultant role and a colleague is now acting as immunisation co-ordinator. These posts have been difficult to fill post pandemic with great demand for these skills. The team has retained two dental public health consultants (1 WTE working locally). We are very grateful to around 100 test and protect contact tracing staff who joined us as temporary colleagues and provided cover of at least 32 staff per day. We have retained 0.5 WTE of a dedicated data analyst. Two medically qualified clinical fellows who were recruited to provide additional Covid-19 cover and resilience between January and August 2022 are currently still providing support to the public health team.

As the pandemic situation calms, we are able to focus once more on our training role and two specialist public health trainees have successfully completed a Masters in Public Health and joined the team in Autumn 2022. A further specialist trainee is currently attending a Masters programme and will join us in Summer 2023.

Risk Assessment

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

- The situation continues to be closely monitored with measures adjusted in a phased manner.
- Staffing challenges remain and are being managed with flexible models.
- There are unknowns around the pandemic and impacts of new treatments and vaccines.
- Vigilance will require to be maintained with continuing risk of new variants and other diseases.

Relevance to Strategic Priorities

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

Equality Declaration

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

Further to an evaluation it is noted that:

- Paper is not relevant to Equality and Diversity