

Annual Delivery Plan

April 2022 to March 2023

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

Contents

	Page
Foreword	5
SECTION 1: ABOUT THIS PLAN	7
1.1 Plan Purpose	7
1.2 Addressing Inequalities	8
1.3 Plan Remit	8
1.4 Planning Assumptions	9
1.5 Governance Arrangements	9
1.6 Risk Management	10
SECTION 2: PLAN ACTIVATION	12
2.1 Overview	12
2.2 Enabling Activity	13
2.2.1 Digital & eHealth & Information Management Services	13
2.2.2 Quality & Safety	14
2.2.3 Innovation and Transformation	14
2.2.4 Anchor Institution	15
2.2.5 Realistic Medicine	16
2.2.6 Workforce	17
2.2.7 Financial Sustainability	18
2.2.8 Sustainable Strategy 2019 – 2024	18

SECTION 3: Better Health	19
3.1 Improving Population Health and Tackling Inequalities & tackling Health Inequalities exacerbated by the pandemic and its legacy	19
3.1.1 Refreshed Health Improvement Strategy	19
3.1.2 Suicide and Drug Related Deaths	19
3.1.3 Best Start	20
3.1.4 Child Poverty	21
3.1.5 Oral Health	21
3.1.6 Screening	22
3.1.7 Prison Healthcare	22
3.1.8 Mental Health & Wellbeing	22
3.2 Long Covid	24
3.3 Vaccination Programme	25
SECTION 4: Better Care	26
4. Improving Care	26
4.1 Primary Care Services	26
4.1.1 Primary Care	26
4.1.2 Dental Services	27
4.1.3 Community Pharmacy	28
4.1.4 Community Optometry	29
4.2 Community Care Services – Health & Social Care Partnerships	30

4.2.1 Delayed Discharges	30
4.3 Women & Children Services	32
4.4 Hospital Services	33
4.4.1 Elective (Hospital) Care Services	36
4.4.2 Cancer Services	39
4.4.3 Diagnostics	40
4.4.4 Outpatients	41
4.5 Emergency Care	42
SECTION 4: Better Value	47
APPENDICES	
APPENDIX 1: NHS Forth Valley Delivery Planning Template 2022-2023	Separate Document
APPENDIX 2: NHS Forth Valley Scheduled Care Access Targets 2022-2023	Separate Document

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 recurrently 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 out of 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 budget 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

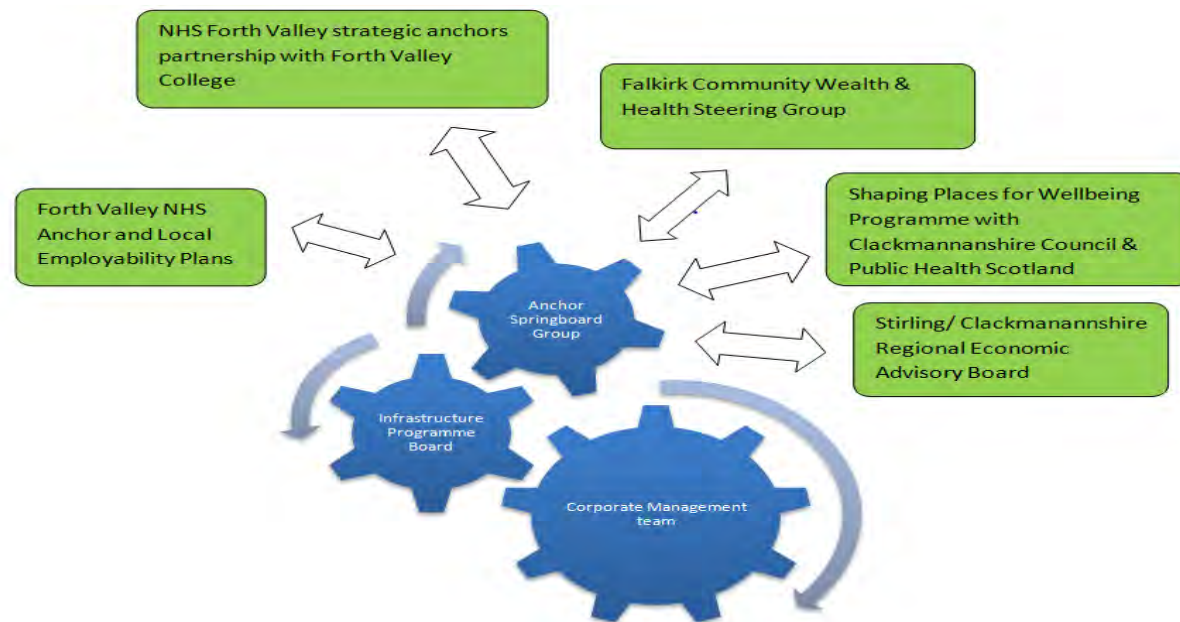
2.2.4 Anchor Institution

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 or 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

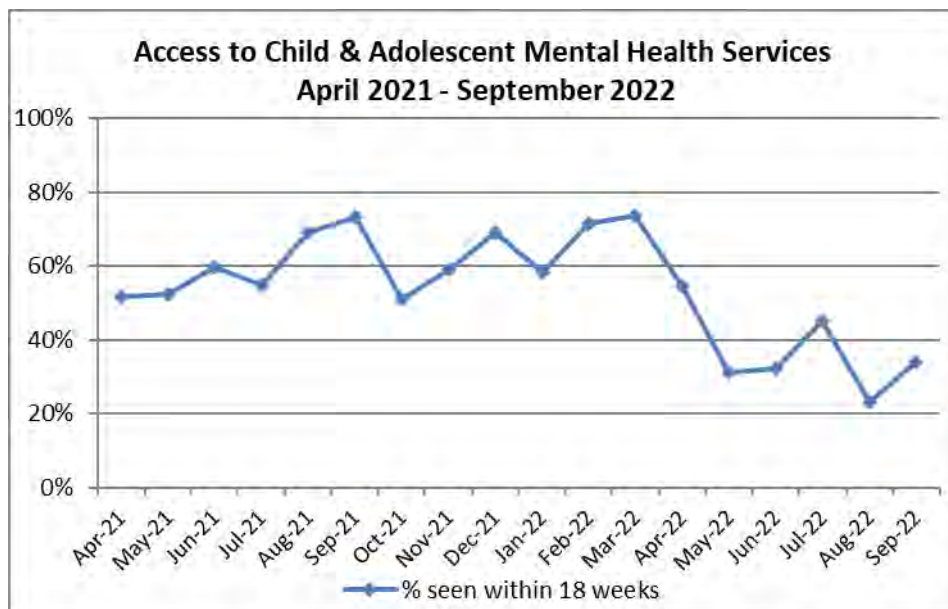
NHS Forth Valley Mental Health Services remain committed to:

- 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

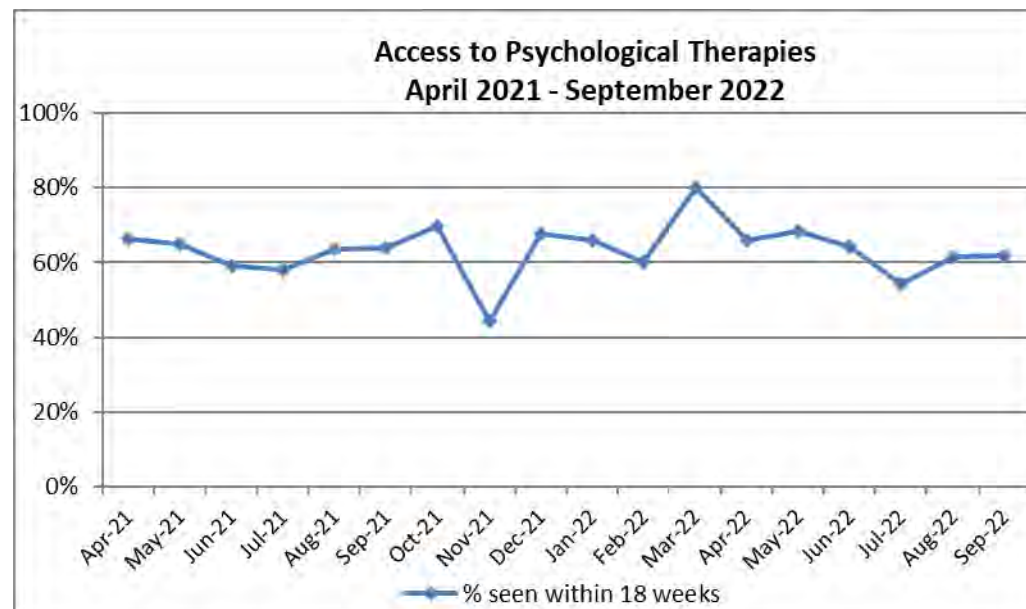
NHS Forth Valley has received significant allocations to support full implementation of the Child & Adolescent Mental Health Service (CAMHS) Specification - Community, expansion of CAMHS from age 18 to 25 years for targeted groups and those who wish it, and to address the backlogs on waiting list. Our 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

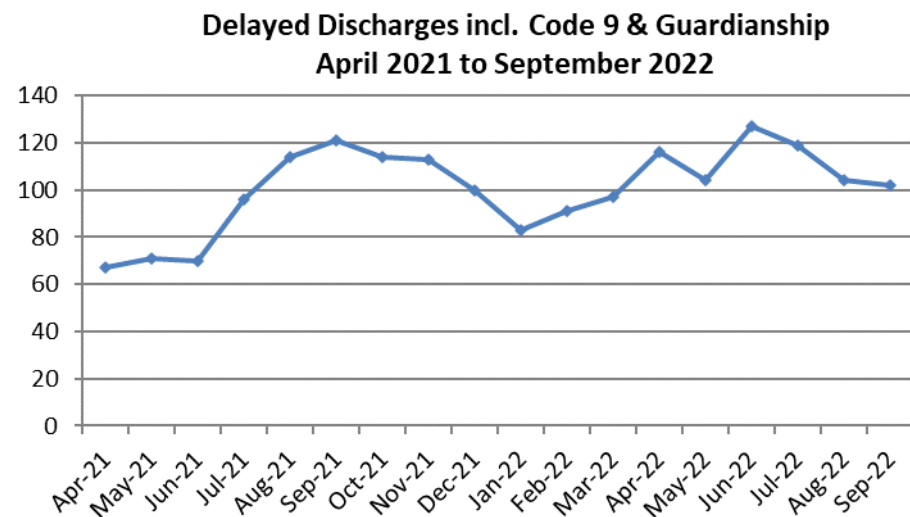
The Health & Social Care Partnerships will continue to:

- ✓ 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

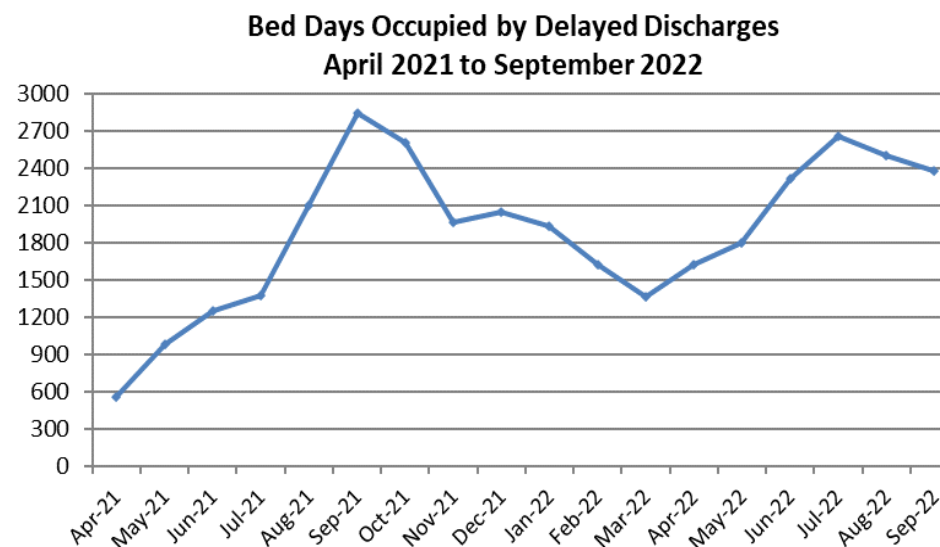
We continue to work in partnership and our whole system investments are intended to support people to be able to live at home whilst reducing delays in discharge. Graphs 3 and 4 demonstrate the pressures in our system and the challenges we face together with our partners to ensure people wherever possible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

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

Preventing Ill Health and Early Intervention

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

Improving Quality, Efficiency and Effectiveness

- 4-hour access standard (95%)
- 12 weeks Treatment Time Guarantee (TTG 100%)
- 18 weeks Referral to Treatment (RTT 90%)
- 6 weeks - eight key diagnostic tests and investigations (endoscopy and radiology) to support RTT compliance
- 12 weeks for first patient outpatient appointment (95%)

* 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

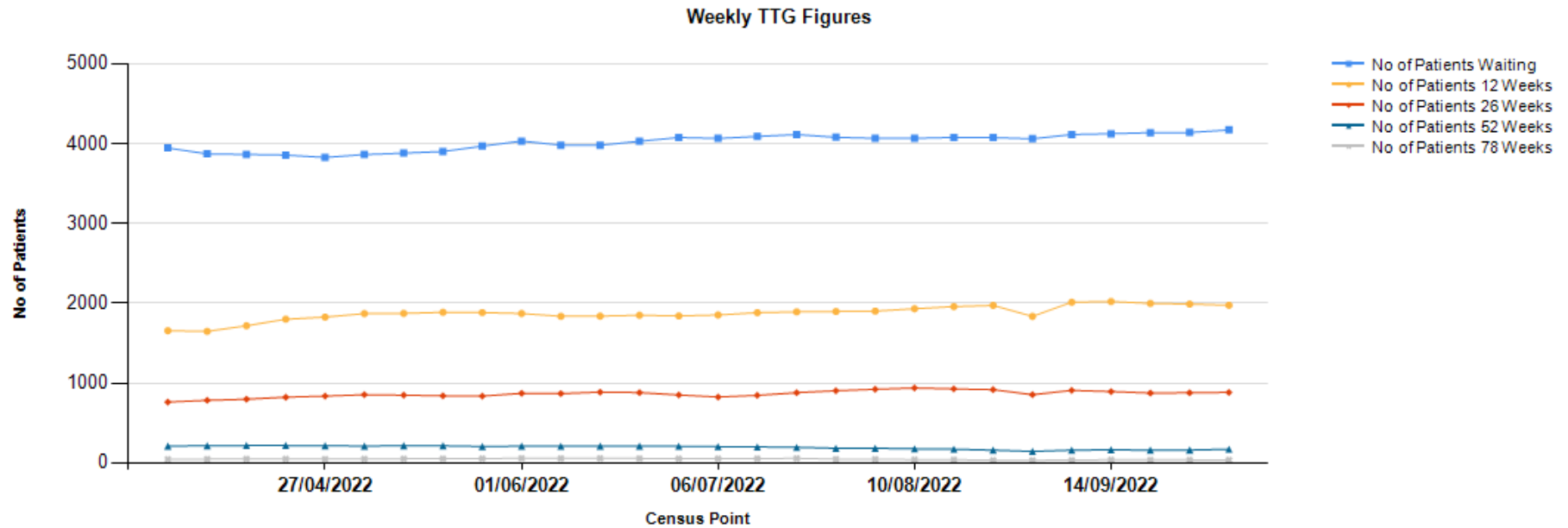
[Table 2](#)

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.

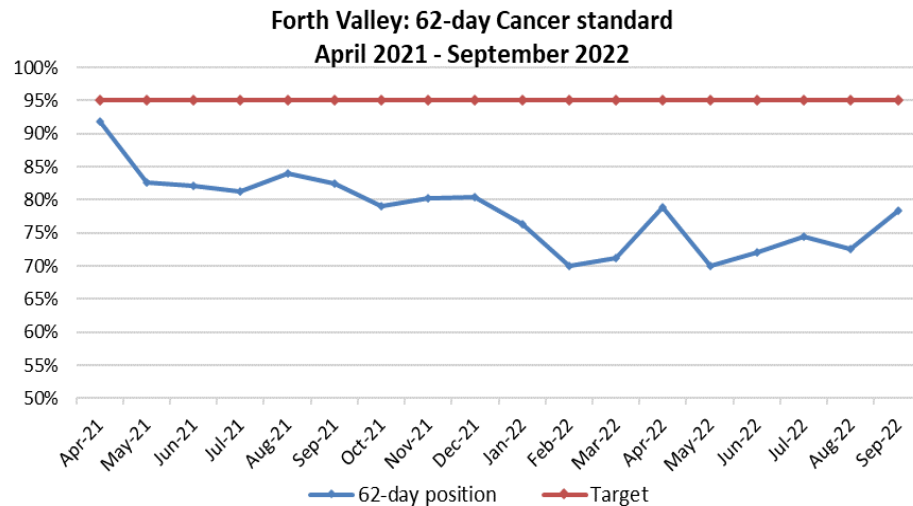
4.4.2 Cancer Services

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:

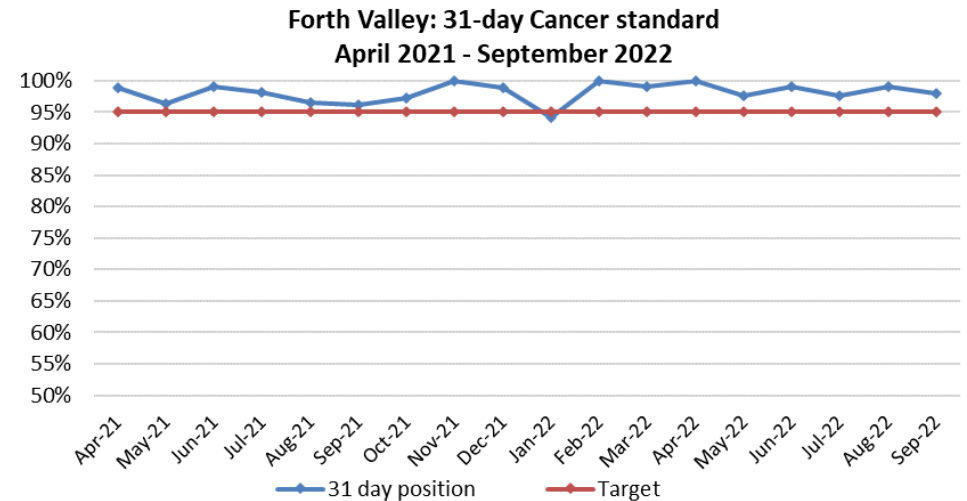
- 62-day target – 78.3%
- 31-day target – 98.0%

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

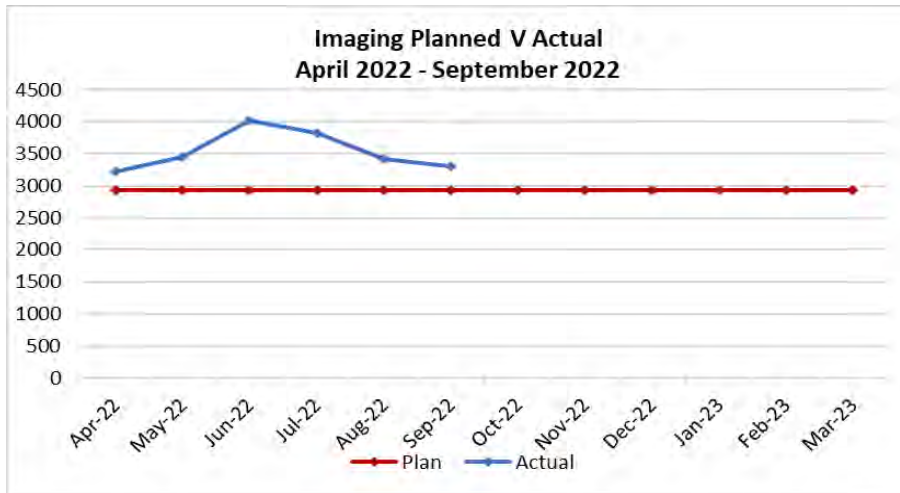
Capacity for imaging and endoscopy services had been significantly reduced because of the Covid-19 pandemic. With an increase in referrals from June 2021 onwards there was a notable increase in the number of patients waiting for imaging services in particular. Focussed recovery work however has supported 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.

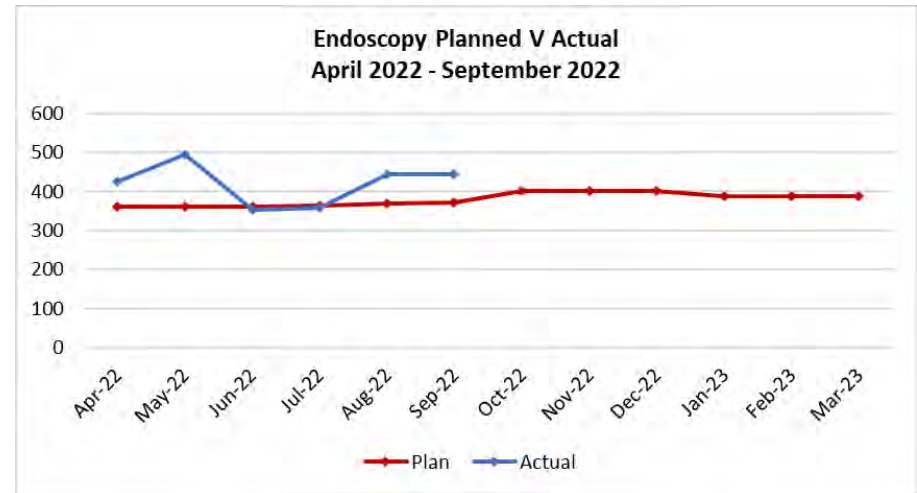
Graphs 8 and 9 highlights the planned and actual activity detailed within the remobilisation plan activity template.

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.

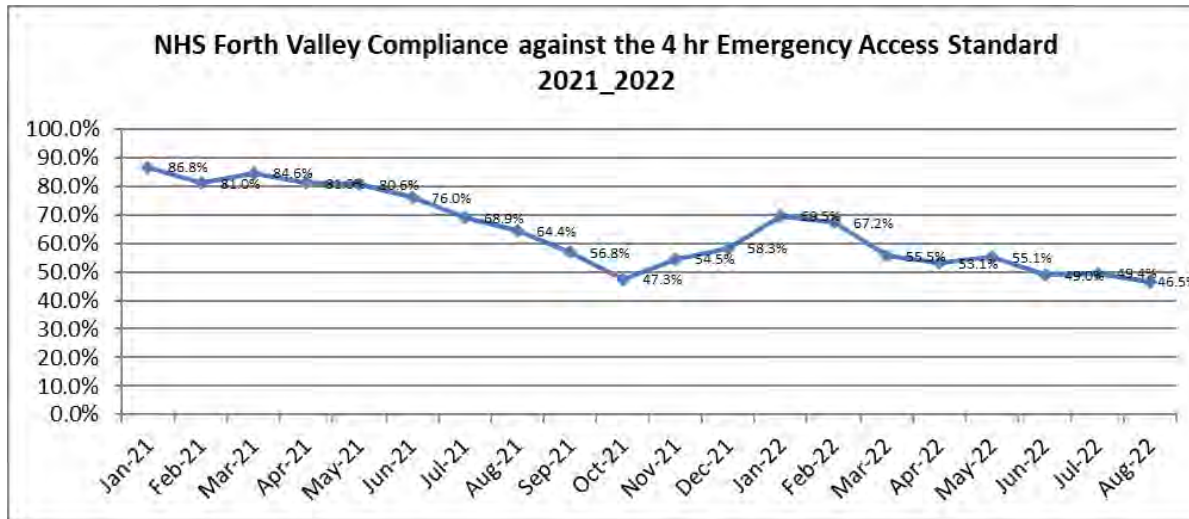
As we move towards stabilisation and reform of services clinic templates have moved from the Covid restricted templates to new specialist clinic templates which has allowed maximisation of all available clinic slots and scrutiny and filling of late cancellations.

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.

¹ [What's going on with A&E waiting times? | The King's Fund \(kingsfund.org.uk\)](https://www.kingsfund.org.uk/what-s-going-on-with-a-e-waiting-times/)