There will be a meeting of the **Forth Valley NHS Board** in the **Boardroom, Carseview House, Castle Business Park, Stirling FK9 4SW** on **Tuesday 31 January 2023** at **10.30am**

Janie McCusker
Chair

AGENDA

1.	**Apologies for Absence**	
2.	**Declaration (s) of Interest (s)**	
3.	**Minute of Forth Valley NHS Board meeting held on 29 November 2022**	Seek Approval
4.	**Matters Arising from the Minute**	Items 1 to 4 *10.30am-10.35am*
5.	**Patient/Staff Story**	*10.35am-10.50am*
6.	**FOR APPROVAL**	
6.1	**Strategic Risk Register – Quarter 2 Update** (Paper presented by Mr Scott Urquhart, Director of Finance)	Seek Approval *10:50am- 11:05am*
7.	**BETTER CARE**	
7.1	**Healthcare Associated Infection Reporting Template** (Paper presented by Professor Frances Dodd, Executive Nurse Director)	Seek Assurance *11:05am–11:15am*
7.2	**Performance Scorecard** (Paper presented by Mrs Cathie Cowan, Chief Executive)	Seek Assurance *11:15am-11:30am*
7.3	**iMatter Update** (Paper presented by Miss Linda Donaldson, Human Resources Director)	Seek Assurance *11:30am-11:45am*
7.4	**Equality and Inclusion Strategy Progress Update** (Paper & Presentation led by Miss Linda Donaldson, Human Resources Director)	Seek Assurance *11:45am-12:00pm*
7.5	**Whistleblowing Standards and Activity Report** (Paper presented by Professor Frances Dodd, Executive Nurse Director)	Seek Assurance *12:00pm-12:10pm*
	BREAK	*12:10pm-12:20pm*
8.	**BETTER VALUE**	
8.1	**Finance Report** (Paper presented by Mr Scott Urquhart, Director of Finance)	Seek Assurance *12:20pm-12:35pm*
8.2	**Financial Plan** (Presentation by Mr Scott Urquhart, Director of Finance)	Seek Assurance *12:35pm-12:50pm*

9. BETTER GOVERNANCE

9.1 Escalation — Seek Assurance *12:50pm-1:30pm*

9.1.1 Governance Review Update
(Verbal Update by Prof John Brown)

9.1.2 Escalation Improvement Plan Update
(Paper presented by Mrs Cathie Cowan, Chief Executive)

Appendix 1 - Escalation Improvement Plan Progress Report
Appendix 2 - Health Improvement Scotland (HIS) Update Report
Appendix 3 - Governance Structure
Appendix 4 - Governance Review Terms of Reference
Appendix 5 - Approved Escalation Improvement Plan (Dec 2022)

9.2 Best Value Framework — Seek Assurance *1:30pm-1:35pm*
(Paper presented by Mrs Cathie Cowan, Chief Executive)

9.3 Nursing & Midwifery Strategy Annual Report — Seek Assurance *1:35pm-1:50pm*
(Paper presented by Professor Frances Dodd, Executive Nurse Director)

9.4 Governance Committee Minutes — Seek Assurance *1:50pm-2:00pm*

9.4.1 Performance & Resources Committee Update: 20/12/22
Performance & Resources Committee Minute: 25/10/22
(Paper presented by Mr Martin Fairbairn, Committee Chair)

9.4.2 Audit and Risk Committee Update: 21/01/2023
Audit and Risk Committee Minute: 21/10/2022
(Paper presented by Cllr Fiona Collie, Committee Chair)

9.4.3 Endowments Committee Update: 21/01/2023
Endowments Committee Minute: 21/10/2022
(Paper presented by Cllr Fiona Collie, Committee Chair)

9.4.4 Staff Governance Committee Minute: 16/09/22
(Paper presented by Mr Allan Rennie, Committee Chair)

9.5 Integration Joint Board Minutes — Seek Assurance *2:00pm-2:05pm*

9.5.1 Clackmannanshire and Stirling IJB: 29/06/2022; 21/09/2022

9.5.2 Falkirk IJB: 10/06/2022; 02/09/2022

10. ANY OTHER COMPETENT BUSINESS

10.1 Emerging Topics

11. DATE OF NEXT MEETING

Tuesday 28 March 2023 at 10.30am

Closed Session Agenda

Item of business	Grounds for consideration in Closed Session as detailed within the Code of Corporate Governance
• Minute of the NHS Board Closed Session held on 29 November 2022	The business relates to the commercial interests of any person and confidentiality is required, e.g., when there is an ongoing tendering process or contract negotiation. The Board is still in the process of developing proposals or its position on certain matters and needs time for private deliberation.
• Minute of the NHS Board Closed Session held on 19 December 2022	The Board is still in the process of developing proposals or its position on certain matters and needs time for private deliberation.

• National Treatment Centre:
  • Assure Update
  • Delegated Authority
	The business relates to the commercial interests of any person and confidentiality is required, e.g., when there is an ongoing tendering process or contract negotiation.

• Property Transaction	The business relates to the commercial interests of any person and confidentiality is required, e.g., when there is an ongoing tendering process or contract negotiation.
• Annex C Update	The business necessarily involves reference to personal information and requires to be discussed in private in order to uphold the Data Protection Principles.

FORTH VALLEY NHS BOARD
TUESDAY 31 JANUARY 2023

For Approval

Item 3 – DRAFT Minute of the Forth Valley NHS Board Meeting held on Tuesday 29 November 2022 at 10.30am

Present:
Ms Janie McCusker (Chair)
Mr Robert Clark
Cllr Fiona Collie
Mrs Cathie Cowan
Prof Frances Dodd
Mr Martin Fairbairn
Dr Graham Forster
Cllr Danny Gibson
Cllr Wendy Hamilton
Mr Gordon Johnston
Mr Stephen McAllister
Dr Michelle McClung
Mr Andrew Murray
Mr Allan Rennie
Mr John Stuart
Mr Scott Urquhart

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

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1. Apologies for Absence

The Chair welcomed everyone to the meeting.

Ms McCusker firstly apologised to the people of Forth Valley before informing Board members that NHS Forth Valley was escalated on the 23 November 2022 to Stage 4 of the NHS Scotland Escalation Performance Framework for Governance, Leadership and Culture. Ms McCusker highlighted the significance and seriousness of the level of escalation. Board Members in receiving the update agreed that it was committed to applying the rigour and focus to address the concerns raised and to make the sustained changes and improvements required.

Ms McCusker acknowledged the additional support of the new Assurance Board which had been established to work with the Executive Leadership Team. Board members noted that the work will be critical to ensure that the changes required are delivered to improve the experience of both patients and staff.

Mrs Cowan also apologised and wished to assure Board members that the Executive Leadership Team is committed to delivering the necessary sustainable changes and improvements required in response to the escalation of the board.

Apologies were noted on behalf of Mrs Kirstin Cassels.

2. Declaration(s) of Interest(s)

There were no declarations of interest made.

3. Minute of Forth Valley NHS Board meeting held on

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

4. Matters Arising from the Minute

Ms McCusker informed Board members that the first Anchor Board Meeting will be held on the 13 December 2022.

5. Patient/Staff Story

Prof Frances Dodd, Executive Nurse Director introduced the patient/staff story. The Story focused on Jordan a patient who shares his experience after suffering a brain haemorrhage and his rehabilitation journey supported by the ReACH Team.

Jordan through a video story shared his recovery journey from when he was diagnosed to date. Jordan spoke about the support from the ReACH Team and how they had supported Jordan in his transition from hospital to going home. Jordan referred to his outcomes based plan including getting to the gym. Jordan spoke about doing more and being able to participate in looking after his new baby daughter. Jordan identified that the ReACH where able to help him achieve his goals and was very thankful for all the help and encouragement he had received. He identified the help brought his smile back and the 'staff were amazing.'

6. FOR APPROVAL

6.1 Workforce Plan 2022 - 2025

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

Miss Donaldson identified that a detailed review had been carried out on the Workforce Plan following the last Board Meeting. Board members noted that Plan had been updated to reflect the feedback from the Scottish Government, ELT, Area Partnership Forum, Area Clinical Forum, and the Staff Governance Committee.

Board members noted that reporting on each of the '5 Pillars' would be through the Staff Governance Committee which in turn would provide assurance to the NHS Board. Miss Donaldson informed the Board that the Workforce Plan 2022 -2025 was presented for approval and required to be published on NHS Forth Valley Website once approved. An extension date for publication had been agreed with Scottish Government.

Mr Fairbairn asked for an update on the workforce planning GAP analysis piece to better support his understanding of potential gaps in current and future workforce requirements. Miss Donaldson confirmed that the work to complete the GAP analysis was still being progressed through Directorate and Partnership Plans, these Plans are

being reported on quarterly and look at current vs. future workforce and skills to support the Board deliver services to meet the needs of the population.

Mr Fairbairn asked that the Plan include Medium to Long term goals to help align with service and financial plans going forward. Cllr Collie asked that the Third sector contribution be reflected in the Plan. Miss Donaldson confirmed that both these requests would be reflected in the final updated Plan. Miss Donaldson added that the potential industrial action had also raised awareness re robust workforce continuity plans.

Mr Rennie asked that his request for an Executive Summary to be added feature in the next iteration of the Plan.

Ms McCusker sought clarity on the timeframe for the Plan to be completed to reflect the points today. Miss Donaldson confirmed the feedback was being incorporated into the final version of the Plan before it was published on the Board's website.

The Forth Valley NHS Board:

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

6.2 Strategic Risk Register - Quarter 1 Update

The NHS Board considered a paper 'Strategic Risk Register - Quarter 1 Update' presented by Mrs Sarah Mackenzie, Corporate Risk Manager.

Mr Urquhart informed the Board that the Strategic Risk Register will be reviewed and updated where appropriate to reflect the Escalation of the NHS Board to Stage 4 of the NHS Scotland Performance Escalation Framework. Mr Urquhart invited Sarah Mackenzie to provide an update on the Strategic Risk Register Quarter 1 position.

Mrs Mackenzie proposed that risk SRR.017 Environmental Sustainability and Climate Change be added to the Strategic Risk Register. The current risk score was noted as 20. Board members noted that governance arrangements were in place.

Mrs Mackenzie informed the Board that the Strategic risk register continues to be reviewed and updated frequently. SRR.002 (Unscheduled Care), had undergone significant revision to reflect whole system and winter pressures the risk title and description had also been changed. The revised version will be presented to the NHS Board in January 2023. Board Members discussed the risk scores and their status and determined this reflected the system pressures across services, within the workforce and impact on costs notably to support additional capacity on the acute site.

Ms McCusker sought assurance on the risk assessment process and frequency of these reviews, Mrs Mackenzie confirmed risks are assigned to Committees and that

assessments involving key players/owners were largely reviewed every month in advance of the Performance & Resources Committee. Board members also acknowledged the deep dive programme and it being agreed for 2023/2024.

Mr Fairbairn reported he had sought assurance in his role as Chair of the Performance & Resources Committee on the adequacy of the risk mitigation controls given the status of risk scores and the ongoing challenging operational environment. Mr Murray also confirmed he had spoken with Mrs Mackenzie in relation to application of controls and how these were captured on the Strategic Risk Register.

Mr Stuart sought clarity on impact of the potential industrial action and how can this be captured. Mrs Mackenzie informed Board Members that she had spoken to peers and other NHS Boards on this matter. The business continuity work being led by Miss Donaldson was focused on both dealing with the issues as they arise and the potential risks in the event of industrial action. At this stage there was no need to escalate the risk of potential industrial action to the Board however this was being reviewed by Miss Donaldson.

Mr Procter provided assurance regarding the new risk - SSR.017. Board Members noted that the new Programme Board and appointment of a dedicated manager would provide direction and oversee compliance with DL38. Board.

The Forth Valley NHS Board:

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

6.3 Schedule of Meeting 2023/2024

The NHS Board considered a paper 'Schedule of Meeting 2023/2024' presented by Mrs Cathie Cowan, Chief Executive.

Mr Johnston wished to know if there was both a Board Seminar and Board Meeting on the 13 June 2023. Mr Urquhart identified that the date of the Board meeting might change to accommodate annual accounts approval processes.

Cllr Collie wished to highlight that the Board meeting July 2023 is during the school holidays. Ms McCusker identified that this can be looked into.

The Forth Valley NHS Board:

- ***Approved the Schedule of Meeting 2023/2024***

7. BETTER HEALTH

7.1 Preparing for Winter, Developing Future Sustainable Services

The NHS Board considered a paper 'Preparing for Winter, Developing Future Sustainable Services' presented by members of the Executive Leadership Team.

Dr Foster, Director of Public Health introduced the operating context and the likely impact of Covid-19 and Influenza on both service demand/capacity and available workforce.

Flu was identified as being worse than Covid, but Covid had a more significant impact. Dr Forster informed Board members that 20% of Intensive Care is still being used for Covid patients. Board members noted that Covid and Flu would add to the winter pressures and post pandemic legacy.

Dr Foster assured Board Members that Care Home oversight arrangements as previously reported led by the Nurse Director continued. Vaccination Rates were reported as above the national averages however uptake by social care staff remained challenging and steps to 'take the vaccine to the workforce' were being pursued to increase workforce uptake levels.

Mrs Cowan introduced the whole system response previously discussed with Board Members in preparation for winter. The steps taken to respond to demand with partners and provide alternatives, increase capacity, and support the wellbeing of the workforce had been presented and investment approvals agreed were or had been implemented.

Board Members noted the ongoing pressures in primary care and steps to increase capacity over the festive period (support during the 27th of December and 3rd of January) using winter funding had been discussed and agreed with the GP Sub Committee. Mrs Cassidy confirmed a paper had gone to the Falkirk Integration Joint Board on 18 November 2022 to outline terms of agreement and funding to create GP posts and for GPs to also do a day within the hospital once a week. Mrs Cassidy believes that this will be an attractive programme and is one solution currently being explored. Further updates will be provided as the proposal goes through the various governance routes.

Board Members noted the findings from the Sir Lewis Out of Hours visit set out on Page 5 of the paper and work underway to transfer operational management of services, staff, and budget responsibilities to Falkirk HSCP to lead alongside Primary Care, it was noted a post was to be recruited and Mrs Cassidy was progressing this. An improvement plan had been shared with Scottish Government colleagues and would now feature in the Board's Escalation Improvement Plan. Board Members noted Out of Hours was also on the Board's Strategic Risk Register.

Ms Black informed Board members that the Clackmannanshire and Stirling HSCP had developed a winter plan following a series of engagement events. Ms Black updated Board Members on the recruitment process underway to establish 3 rapid assessment teams - it was noted this would increase workforce capacity to support people live at home and be discharged from hospital with support. Investment in Interim Care in Care Homes in response to people delayed in their discharge whilst waiting on package of care was also being progressed. Ms Black highlighted the workforce challenges but the overall ambition is to eliminate discharge to get people home as soon as possible remained a key priority. Ms Black highlighted the funding risk to meet social care needs.

Mrs Cassidy also referred to workforce challenges. In Falkirk, the HSCP's winter plan had focused on pathways of care to support flow across the whole system including reprovision of beds following extensive engagement.

Mr Murray following on from the HSCPs spoke about the ongoing acute hospital pressures and the increase in Covid and Flu presentations. Mr Murray referred to previous updates and in particular the high impact changes to support improvement including closing the contingency beds which had been highlighted again the most recent unannounced visit. The opening of additional NHS beds was not realistic due

to workforce availability. Board members referred to Appendix 2 (High Impact Change data) and Mr Murray confirmed the performance measures to support improvement notably in Flow 1 presentations - with an ambition to be achieving in excess of 90%. The triage redesign work had demonstrated when this way of working was in place (workforce dependent) performance had significantly improved.

Mr Murray in summary, informed Board Members that he had been involved in a good session with the Scottish Government regarding Hospital at Home. Board Members noted the previous investment in this service and additional investment in 2022/2023 to increase capacity.

Mrs Cowan by way of conclusion to update referred to the workforce investments and the work to support staff were applicable to move from a Band 2 to Band 3. The amount of work for payroll staff had been significant however the progress reached to support this workforce change (involving up to 800 staff) had been in the main received positively. She thanked HR and Payroll staff. Board Members noted the feasibility work to inform bed capacity in response to future population needs was progressing and being led by Mr Procter.

Dr McClung asked to be updated on the workforce investment and how this had translated into recruitment to posts. Miss Donaldson confirmed of the 169 recruited staff nurse posts 117 had now taken up their posts, however there continued to be vacancies in a number of hard to fill areas, e.g., mental health and prison healthcare and this was impacting on bank and agency spend. Mr Murray also identified a number of hard to fill medical posts e.g., acute physicians. In other specialties hard to fill posts was driving regional solutions, which was positive.

Cllr Collie asked about delays in discharge and the impact of pharmacy delays in medicines being available to support timely discharge from pharmacy, respiratory medical capacity and sought assurance on support for patients in the community reliant on equipment given the cost of living crisis. Prof Dodd provided an update on patients in need of complex care and the Teams being very aware of the patient group, their circumstances and access to support to maximise income if required. Mrs Cassidy confirmed that the Complex Care Team had recently reviewed its caseload and there had been an update in staffing. In addition, Mrs Cassidy informed the Board that the HSCP Team are carrying out a piece of work to ensure all patients and families receive the right benefits.

Mr Murray confirmed the Respiratory service on the back of members of the Consultant Team leaving had secured consultant support whilst recruitment was underway to fill the vacancies. In addition, opportunities to support nurse advanced roles and service redesign was also being progressed.

Mr Stuart asked if the vaccination rates for staff could be improved and sought clarity on the how the hub navigation hub worked in practice. Mrs Morton confirmed that the Vaccination had already been proactive and were working with in particular Care Homes.

Mr Murray reminded Board Members of the significant investment that had gone into developing the flow navigation hub and how this worked with NHS24 and SAS and internally with the Rapid Assessment & Care Unit to support redirection, e.g., the Surgical Hot Clinics.

Mr Rennie highlighted 2 issues - closing contingency beds and improving the 4 hour emergency access standard and sought clarity on should both be tackled together. Mr Rennie also referred to the Out of Hours visit and the 12 recommendations set out on Page 6 and if any related to palliative care.

Mr Murray referred to improvement work in NHS Borders and how this was increasing capacity and reducing length of stay through focused discharge planning all of which helps ED and reduces ED specific bed waits.

Mrs Cowan confirmed that whilst the recommendations did not specifically highlight palliative care the out of hours response to support people in need of palliative stay at home. Mrs Cowan would share the request from Mr Rennie with the Service Manager to ensure access to palliative care was responsive.

Mr Fairbairn emphasised the ongoing significant pressure as highlighted in the 4 hour emergency access standard performance and asked if there was any available capacity to relieve the pressures on the acute site. Mr Murray confirmed that work with the Partnerships was ongoing however social care were equally facing capacity challenges. Mr Murray would prepare an update that showed how improvement and investment impacted on bed capacity.

The Forth Valley NHS Board:

- ***Considered the Preparing for Winter, Developing Future Sustainable Services update and the assurance provided***

8. BETTER CARE

8.1 Healthcare Associate Infection Reporting Template

The NHS Board considered a paper 'Healthcare Associate Infection Reporting Template' presented by Prof Frances Dodd, Nurse Director.

Prof Dodd invited Mr Jonathan Horwood to present the HAIRT report. Mr Horwood informed the Board that for October 2022 Staphylococcus aureus bacteraemia and Device Associated Devices remained within control limits. Ecoli bacteraemia and C Difficile infections - exceeded control limits. There were no surgical site infections, MRSA of C Difficile (CID) deaths reported this month.

Mr Horwood had investigated the CDI incidents and published studies in relation to CDIs. The data suggested that the increases had been previously seen in similar months in previous years suggesting that the potential CDI infections as being seasonal. Recent studies had also suggested that that correlation with influenza and the use of antibiotics for respiratory infection led to an increase in CDIs. Mr Horwood identified that going forward patients with CDI through antibiotics will be looked at and why they were on the antibiotics.

Board members noted the ward outbreak relating to Covid and the infection prevention and controls steps taken to contain the incident. Board Members also noted the inspection programme by HIS to mental health facilities.

The Forth Valley NHS Board:

- ***Noted the HAIRT report***

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

8.2 Recovery & Performance Scorecard

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

Mrs Cowan began her performance update by focusing on the significant challenges facing NHS Scotland post pandemic, and winter infections notably Covid and Influenza. NHS Forth Valley was also experiencing system challenges as illustrated by the 4 hour Emergency Access Standard (EAS). Unscheduled Care had been referenced in Ms Lamb's escalation letter.

Board members noted that Child & Adolescent Mental Health Services Referral to Treatment Time (RTT) will not improve whilst the Board addressed patient long waits. However, the Plan approved by the Board setting out an increase in performance was on target. Mrs Cowan handed over to Ms Mackenzie to update on the Board's performance.

Ms Mackenzie reminded Board Members that performance management is integral to the delivery of quality improvement and core to sound management, accountability, and governance. The scorecard is circulated to ELT and Non-Executive Directors of the Board on a weekly basis and on a monthly basis to Board or P&R Committee. The Scorecard focuses on the eight Scottish Governance standards and workforce measures.

Board Members were informed that Urgent & Unscheduled Care compliance continued to be poor with wait for first assessment and wait for a bed continuing to impact on performance. Capacity on site remained high with in excess of 40 contingency beds in place to meet demand. Delayed discharge rates remained static and on the acute site 70 to 80 beds were being used by patients delayed in their discharge or transfer to a community health or social care bed.

In scheduled care performance remained on target against the agreed remobilisation target – and from April to October was reported at 87% compliance for outpatients. For day and inpatient the compliance for the same period was 84%. For diagnostics: imaging waits beyond 6 weeks was 83.7% i.e. 644 patients waited longer than 6 weeks. For the same period endoscopy waits against the 6 week target was reported at 53.9% i.e., 263 patients waited longer than 6 weeks.

Caner waits: the Board met the 31 day cancer standard and for the 62 day standard the target was not met - 78.3%.

Sickness/absence remained above the national standard and remained high.

Mr Rennie asked that national comparatives be added to the scorecard and Dr McClung asked that additional workforce measures - e.g., turnover etc be added. Ms Mackenzie informed the Board that the national comparatives can be added but the data reporting period would be out of sync.

Ms McCusker asked for a timeline for the scorecard refresh to be completed. Ms Mackenzie confirmed the scorecard would be presented to the P&R Committee for consideration and comment and thereafter to the January 2023 Board.

Dr McClung identified that the GPs work very well with the Board and proposed for more information to be added on what is happening in GP surgeries. Board Members noted that Dr Williams, Deputy Medical Director was leading work on data collection to represent primary care activity. Ms Black also proposed doing analysis on attendance by GP practice. Prof Dodd also confirmed that data form the Scottish Ambulance Service was being sourced.

Cllr Collie sought an update and actions taken for patients who did not attend. It was noted that DNA rates had been previously circulated and could be shared again with Board Members. GPs were notified if patients continued to not attend a scheduled appointment.

Mr Stuart asked for a breakdown on the 62 day cancer performance by specialty and this was agreed.

The Forth Valley NHS Board:

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

9. BETTER VALUE

9.1 Finance Report

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

Mr Urquhart provided an update on the financial position covering the period up to end of October 2022 (7 months). Board Members noted the £2.3million overspend (compares to an overspend of £0.025m in the same period during 2021/2022) and balanced capital position as of 31 October 2022. The overspend to date reflects ongoing capacity and staffing pressures including temporary workforce costs to cover additional supplementary beds on the acute site, increases in drug costs, ongoing covid related expenditure and inflationary pressures.

Mr Urquhart also updated on the work underway to support the internal cost improvement programme and how this aligned to the national Sustainability and Value Framework. Board Members were advised on the improvement in financial year end forecast however this improved forecast was subject to risks on expenditure profiles over winter and assumptions on anticipated funding not yet received. In response, further concentrated work is required to deliver breakeven and this will include development of additional savings plans and targeted reductions in staff bank and agency costs and implementation of Covid-19 exit plans. In summary, Mr Urquhart also advised on in year non-recurring savings and how this then impacted on the 2023/2024 budget setting process. It was noted a three year financial plan will be presented to the P&R Committee.

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Board Members considered the budget pressures and the actions being taken to improve the end year position, reducing temporary workforce spend remained a priority.

Mr Johnston whilst reflecting on the financial challenges this year added that the reliance on non-recurring savings would add to the challenges of financial break even going into next year. Mr Johnson asked for more information on workforce, vacancy management and the outcome of the prison healthcare business case.

Mr Urquhart confirmed that vacancy controls would not delay or impact on recruitment to key service dependent posts however strengthening existing controls e.g., the time to recruit to key service dependent posts to avoid e.g., agency spend. Absence management and the reducing the reliance on the use of temporary workforce could have a significant impact on the Board's financial position. Mr Urquhart confirmed that the Board had not received any update on the Business Case from Scottish Government and that this continued to be pursued.

Cllr Hamilton asked about the current vacancies and if she could receive a breakdown. Mr Urquhart confirmed he was happy to work with Miss Donaldson on that.

Mrs Cassidy wished to point out on table 5 that the total underspend could be misleading. Mr Urquhart agreed to pick this up with Mrs Cassidy to address the point being highlighted.

The Forth Valley NHS Board:

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

10. BETTER GOVERNANCE

10.1 Integration Update

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

Mrs Cowan confirmed that at a recent Board seminar she was able to provide an update on the collaboration led by the Chief Officers and herself including the final pan Forth Valley wide Lead HSCP arrangements as set out in the paper. Mrs Cowan confirmed similar papers had been presented to the Integration Joint Boards and have been approved. In addition, I can confirm Ms Black and Mrs Cassidy and myself had meet yesterday to discuss developing a renewed shared ambition to support our ongoing integration journey. Mrs Cowan hoped Board Members would see this paper as both significant and positive and on a personal level it goes a long to address the shadow that has hung over integration for such a long period in Forth Valley.

Ms Black in welcoming the paper confirmed the paper focused on a number of actions agreed between the Chief Officers, Scottish Government colleagues and Mrs Cowan prior to escalation.

Ms Black confirmed her commitment to implementing the key actions by the end of January and that a short report showing due diligence would be reported back through IJBs and the Board to address gaps in governance.

Dr McClung welcomed the paper and the collaboration to reach agreement on a joint proposal that thereafter was presented to the IJBs and the Board. Dr McClung confirmed the IJBs had approved the paper and actions set out by the Chief Officers and Mrs Cowan – she looked forward to seeing this implemented.

Mr Fairbairn sought clarity on the work involving the Chief Officers and Mrs Cowan with Scottish Government colleagues and if this would address the challenges to transfer operational management of services and staff to a Lead HSCP. Mrs Cowan confirmed that the actions as set out would be the start of an ongoing commitment to strengthen integration to support the people of Forth Valley. Ms Black also wished to recommend that a report will come back to show that integration is now over the line.

The Forth Valley NHS Board:

- ***Considered and were assured on progress being made in regard to implementation of the Integration Action Plan attached at Appendix 2***

10.2 Clackmannanshire & Stirling HSCP Annual Performance Report

The NHS Board considered a paper 'Clackmannanshire & Stirling HSCP Annual Performance Report' Presented by Ms Annemargaret Black, Chief Officer/Director of Health & Social Care.

Ms Black informed the Board that the Annual Performance Report had been approved at the Clackmannanshire and Stirling IJB. Ms Black advised that the IJB had responsibility for the implementing the Integration Scheme, but Mrs Cowan still has the responsibility for NHS Services. The IJB have a unique role to look across all services.

In future years, the Annual Performance Report will be presented to the Board in June. An increase in demands after lockdown was noted with families going back to work so there was more of a demand in social care. It was noted that 3% of people had been delayed in their care. Significant support is being provided by the Scottish Government for Improvement.

Board members also noted that Mr Murray, Prof Dodd, Dr Williams, Mrs Cassidy, and Ms Black had commissioned a significant piece of work to inform intermediate step up care – the work will be carried out over the next 12 months. Mrs Cowan acknowledged the work as set out in the Annual Plan and particular highlighted the patient stories.

The Forth Valley NHS Board:

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

10.3 Falkirk HSCP Annual Performance Report

The NHS Board considered a paper 'Falkirk HSCP Annual Performance Report' Presented by Mrs Patricia Cassidy, Chief Officer/Director of Health & Social Care.

Mrs Cassidy informed Board Members that Ms Black had highlighted a number of points which she would not repeat by way of introduction. Mrs Cassidy confirmed that the Falkirk HSCP Annual Performance Report was approved at the Falkirk IJB on the 2

September 2022. Mrs Cassidy commented on national variation, the strong focus on third sector and delayed discharge and the upward demand for services and adult protection activity.

Mrs Cowan and Ms McCusker thanked both Mrs Cassidy and Ms Black for their reports.

The Forth Valley NHS Board:

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

10.4 Communication Update

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

Mrs Campbell informed Board members that the Communication Update Report provides an overview of the issues raised as attributed to the ongoing pressures across primary, community and acute services which attracted a considerable amount of media attention.

Board members noted that the Communications Team are working closely with the Winter Planning team. Mrs Campbell informed the Board that despite the ongoing service challenges work continued to promote the wide range of service developments and improvements across the organisation.

The Forth Valley NHS Board:

- ***Noted the update and ongoing communications activity to promote a wide range of service developments, changes, and improvements across the organisation***

10.5.1 Performance & Resources Committee Update: 25/10/2022
Performance & Resources Committee Minute: 30/08/2022

Mr Fairbairn advised that at the October meeting aspects were covered that will be reported on in future meetings. The winter plan was discussed and a paper setting out investments and capacity created would be presented to the next Performance & Resources Committee. Aspects of the ED action plan was also discussed at the meeting where the Performance & Resources Committee was assured that it will be monitored through the Staff Governance Committee given the move to 'business as usual' reporting.

The NHS Board noted the assurance provided through the minutes of the Performance & Resources Committee Meeting 30/08/22.

10.5.2 Clinical Governance Committee Update: 08/11/2022
Clinical Governance Committee Minute: 23/08/2022

Dr McClung informed the Board that Prof Dodd had provided an update on the HIS Action Plan at the 8 November meeting. The Committee also received a 6-month update on Committee programme activity.

The NHS Board noted the assurance provided through the minutes of the Clinical Governance Committee Meeting 23/08/22.

10.5.3 Audit and Risk Committee Update: 21/10/2022

Cllr Collie wished for the Board to note the Anchor Community Fund.

The NHS Board noted the Audit and Risk Committee Update of 21/10/22.

10.5.4 Endowments Committee Update: 21/10/2022

The NHS Board noted the Endowments Committee Update of 21/10/2022.

10.5.5 Area Clinical Forum Minute: 21/07/2022

Ms McCusker in Mrs Cassels absence informed the Board that the Innovation Plan had been presented to the Area Clinical Forum and that both Ms McCusker and Mrs Cowan had met with Kirstin Cassels to discuss the work of the Forum and the future staff awards event.

The NHS Board noted the assurance provided through the minutes of the Clinical Governance Committee Meeting 21/07/22.

11. FOR NOTING

11.1 Healthcare Strategy Update

The NHS Board noted the Healthcare Strategy Update.

11.2 Annual Delivery Plan 2022 - 2023

The NHS Board noted the Annual Delivery Plan 2022 - 2023.

11.3 Pandemic Update

The NHS Board noted the Pandemic Update.

12. ANY OTHER COMPETENT BUSINESS

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

FORTH VALLEY NHS BOARD
TUESDAY 31 JANUARY 2023

6.1 Strategic Risk Review Q2 2022/23
Approval

Executive Sponsor: Mrs Cathie Cowan, Chief Executive

Author: Mrs Sara MacKenzie, Corporate Risk Manager

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

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

The enclosed report presents an update to the Strategic Risk Register for Quarter 2, 2022/23.

Recommendation
The Forth Valley NHS Board is asked to: -

- **consider** the assurance provided regarding the effective management and escalation of Strategic Risks
- **approve** the proposed changes to the Strategic Risk Register for Quarter 2 2022/23

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

- **SRR.018 - Primary Care Sustainability – current score 16**

This risk has been created in response to an Internal Audit recommendation, to widen the focus of SRR.001 Primary Care, taking in wider quality and sustainability issues and splitting out the Primary Care Improvement Plan/General Medical Services contract elements.

Consequently, **SRR.001 Primary Care (current score 12) is proposed for closure.**

A further organisational risk has been developed to monitor progress with the Primary Care Improvement Plan and delivery of the Scottish General Medical Services Contract:

- **Org 14 - Non-Delivery of Scottish General Medical Services Contract – current score 12 (High)**

If SRR018 – Primary Care Sustainability is approved by the NHS Board, the Strategic Risk Register will comprise a total of 12 risks, 7 Very High, 5 High.

The enclosed review report provides detailed analysis on the Quarter 2 Strategic Risk Profile.

It should be noted that the strategic risks continue to be frequently reviewed and updated, and as part of the Q3 review, SRR016 - Out of Hours will be proposed as a score reduction from 20 to 16 at the Clinical Governance Committee in February. In addition, a deep dive assurance review of SRR002 – Urgent and Unscheduled Care is underway with a view to presenting to the Clinical Governance Committee in February.

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

Implications

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

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

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

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

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

□ *Yes*
✓□ *N/A*

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

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

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

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

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

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

Further to an evaluation it is noted that: (*please tick relevant box)*
✓□ Paper is not relevant to Equality and Diversity
□ Screening completed - no discrimination noted
□ Full Equality Impact Assessment completed – report available on request.

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

Audit and Risk Committee 20th January 2023

Staff Governance Committee 23rd December 2022

Clinical Governance Committee 8th November 2022

Performance and Resources Committee 25th October 2022

Additional Information
N/A

Appendices

- **Appendix 1**: Strategic Risk Register Q2 2022/23

Strategic Risk Review

Forth Valley NHS Board January 2023

Reporting Period: Q2 2022/23

Contents

1. Summary and Key Messages

2. Strategic Risks in Focus

3. Risk Controls Progress Update

4. Risk Trend Analysis

Appendix 1 – Strategic Risk Register

1. Summary and Key Messages

– One new risk has been added ,aligned to the Staff Governance Committee:

- SRR018 – Primary Care Sustainability (current score 16)

  As a result, SRR001 – Primary Care (current score 12) is proposed for closure, with controls related to the Primary Care Improvement Plan and GMS Contract moved to a new Organisational risk, ORG 14 – Non-Delivery of the Scottish GMS Contract – current score 12.

– Risks aligned to the Performance and Resources Committee and the Clinical Governance Committee were static during Q2

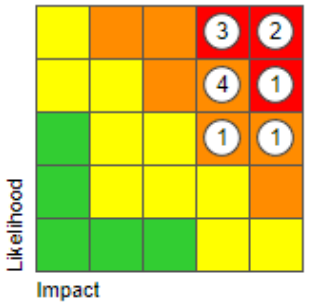
– Emerging Risks/Hotspots:

- Out of Hours – proposed score change going to CGC as part of Q3 update, and actions have been updated and aligned to the action plan

2. Strategic Risks in Focus - Dashboard

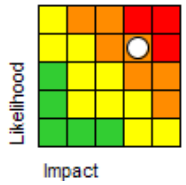
Ref	Risk Title	Q4 Risk Score	Q1 Risk Score	Q2 Risk Score	Risk Trend	Target Risk Risk Score
SRR.002	Unscheduled Care	25	25	25		9
SRR.005	Financial Sustainability	25	25	25		9
SRR.004	Scheduled Care	20	20	20		9
SRR.015	Cyber Resilience	20	20	20		8*
SRR.010	Estates and Supporting Infrastructure	20	20	20		9
SRR.017	Environmental Sustainability and Climate Change		20	20		16
SRR.016	Out of Hours Service**	20	20	20		9
SRR.009	Workforce Plans	16	16	16		6
New Risk- SRR.018	Primary Care Sustainability			16		6
SRR.003	Information Governance	16	16	16		9
SRR.014	Healthcare Strategy	15	15	15		3
SRR.011	IT Infrastructure	12	12	12		6
Proposed for Closure - SRR.001	Primary Care*	12	12			6

Heat Map - Current Risk Scores



***SRR.015 has a revised target score.**
****SRR.016 Out of Hours Service will be proposed as a score reduction as part of the Q3 reporting cycle for the Clinical Governance Committee.**

2. Strategic Risks in Focus – New Risk

SRR.018 Primary Care Sustainability	Risk Description	Risk Owner	Risk Lead	Reason for Change
 Decreasing	If workforce composition and accommodation for Primary Care does not evolve to meet changing population needs and internal/external pressures there is a risk that critical quality and sustainability issues will be experienced in the delivery of general medical services, leading to pressures in neighbouring practices and across other parts of the system.	Patricia Cassidy	Scott Williams	New risk added to replace current Primary Care risk. Recruitment and retention of GP workforce remains a challenge. Independent Practices continue to report unfilled vacancies, limited GP locum availability and shortage of other PC clinical staff eg. Practice Nurses while patient demand continues. Many Practices are reducing additional services to focus on core work or restricting new patient registrations. Forth Valley continues to try and support Practices with recruitment and retention difficulties however recognises that further actions are needed to manage this increasing risk, including development of new/innovative portfolio roles and career pathways (see further control 4).

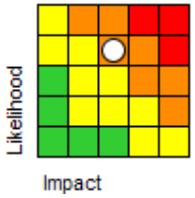
Current Controls in Place

1. Sustainability Improvement loans process in place
2. Support for practices to become training practices (delivered in conjunction with NES)
3. Primary Care Improvement Plan being delivered (circa 180 posts recruited) - proactively supporting recruitment etc. (PCIP Improvement Plan iteration 3 substantively delivered in March 2022 - 180 of 200 posts).
4. Expansion of community pharmacy services
5. GP IT Programme Board established
6. Primary Care Programme Board Re-established November 2021
7. Premises Improvement funding in place (capital budget available each year, revenue budget carried over from last year) Premises improvement completed last year, and there's a new programme of work in play for this year.
8. Investment in quality clusters and leads to ensure GPs and multidisciplinary teams (MDT) are informed and involved in primary/community care developments, quality improvement resources to support PCIP and patient safety implementation
9. Strong and regular engagement with SG and BMA (British Medical Association) in place regarding national MOU funding allocations / requirements
10. Primary Care Premises Group established - deals with sustainability loans, and the 4 business cases e.g. Falkirk Community Hospital and Primary Care Programme Board
11. GP Sub-committee (GPs working collaboratively) put together an away day, and developed a paper outlining actions to improve recruitment and retention in FV, e.g. attracting and supporting trainee doctors.
12. Roll out of remote server solution - around 50 laptops have been distributed.
13. Board appointed GPs where there are issues such as rural practices.
14. Targeted recruitment to build GP and MDT capacity and capability - promoted NHS FV as an employer of choice for Primary Care roles – e.g. ongoing investment in investors in people, promote i-matter, work to achieve gold healthy working lives rating, support CPD.
15. Capital Investment Programme in PC premises initial agreement completion Dec-21. Initial Agreement has now been approved, and 4 outline business cases will be commenced over the next year for significant premises replacement.
16. Primary Care Sustainability Group

Further Controls Required

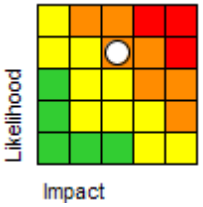
1. Develop a monitoring approach for GP sustainability to actin as an early warning indicator - intention is to monitor things like GP sessional commitments, number of vacancies/recruitment adverts, pending requirements, long term sickness.
2. Business Case requesting ability to flex/deploy resources where needed - consider developing a resilience resource that GP practices could "buy" from us (e.g. like Perth and Kinross).
3. Scottish Government Mental Health and Wellbeing programme (£2million recurring by 2026).
4. Development of new/innovative portfolio roles and career pathways, and a focus on ways of supporting practice workload. Further investment in PCIP and roles proved of most value – e.g. mental health nurses, advance physiotherapists and ANPs.

2. Strategic Risks in Focus – linked Organisational Risk

ORG 14 Non-Delivery of Scottish GMS Contract	Risk Description	Risk Owner	Risk Lead	Reason for Change
 Constant	If there is insufficient funding, recruitment and retention of staff, there is a risk that NHS FV will not implement and sustain the Primary Care Improvement Plan/GMS contract, resulting in potential financial penalty for non-implementation, and impacting upon Primary Care Sustainability.	Kathy O'Neill	Louise McCallum ; Lesley Middlemiss	Split out from SRR001 – Primary Care, as a result of an Internal Audit recommendation.

Current Controls in Place
1) Primary Care Improvement Plan (iteration 3) agreed and endorsed by partners which delivers significant proportion of requirement. 2) Tripartite statement (as part of PCIP) outlines constraints / risks / challenges re full delivery of the plan. 3) Transfer of vaccination risk to Board 4) Governance structure for delivery in place - Implementation group; leadership group; workstreams. Reporting against progress etc (90 day reporting tool). 5) Investment in quality clusters and leads to ensure GPs and multidisciplinary teams (MDT) are informed and involved in primary/community care developments, quality improvement resources to support PCIP and patient safety implementation 6) Support focus on infrastructure, e.g Primary Care IT, premises 7) Targeted recruitment to build GP and MDT capacity and capability - promoted NHS FV as an employer of choice for Primary Care roles – e.g. ongoing investment in investors in people, promote i-matter, work to achieve gold healthy working lives rating, support CPD. 8) Strong working relationships between partners, PCIP steering group team, committees. 9) Alternative / complementary sources of funding have been prioritised to support gaps in plan (e.g. Action 15 Mental health funding) 10) Accelerated implementation of elements of the plan that can be resourced sustainably in line with FV tripartite MOU workstream priorities (High impact to GP sustainability). This way forward was Informed by options appraisal. 11) Slippage funding in place to fund the remaining plan this financial year (21/22) with agreement in place to underwrite the recurring gap in the PCIP plan 12) Strong and regular engagement with SG and BMA in place regarding national MOU funding allocations / requirements 13) Primary Care Premises Group established 14) Innovative Advertising methods used when recruiting 15) Focus on increased training around workforce.
Further Controls Required
2) Mental Health and Wellbeing Programme (will pick up and fund the link workers – which will reduce the £1.3 million mentioned above). 3) Survey for PCIP staff experience, what might keep them, are they thinking of staying. 4) Options appraisal for rural delivery of vaccinations and phlebotomy under review.

2. Strategic Risks in Focus – Proposed for Closure

SRR.001 Primary Care	Risk Description	Risk Owner	Risk Lead	Reason for Change
	If there is insufficient funding and recruitment, there is a risk that NHS FV will not implement the Primary Care Improvement Plan, resulting in an inability to fulfil the Scottish Government Memorandum of Understanding as part of the GP contract, jeopardising GP practice sustainability and potential financial penalty for non-implementation	Kathy O'Neill	Louise McCallum ; Lesley Middlemiss	Proposed for Closure
Constant				

Current Controls in Place
Primary Care Improvement Plan (iteration 3) agreed and endorsed by partners which delivers significant proportion of requirement. Tripartite statement (as part of PCIP) outlines constraints / risks / challenges re full delivery of the plan. Transfer of vaccination risk to Board Governance structure for delivery in place - Implementation group; leadership group; workstreams. Reporting against progress etc (90 day reporting tool). Investment in quality clusters and leads to ensure GPs and multidisciplinary teams (MDT) are informed and involved in primary/community care developments, quality improvement resources to support PCIP and patient safety implementation Support focus on infrastructure, e.g Primary Care IT, premises Targeted recruitment to build GP and MDT capacity and capability - promoted NHS FV as an employer of choice for Primary Care roles – e.g. ongoing investment in investors in people, promote i-matter, work to achieve gold healthy working lives rating, support CPD. Strong working relationships between partners, PCIP steering group team, committees. Alternative / complementary sources of funding have been prioritised to support gaps in plan (e.g. Action 15 Mental health funding) Accelerated implementation of elements of the plan that can be resourced sustainably in line with FV tripartite MOU workstream priorities (High impact to GP sustainability). This way forward was Informed by options appraisal. Slippage funding in place to fund the remaining plan this financial year (21/22) with agreement in place to underwrite the recurring gap in the PCIP plan Strong and regular engagement with SG and BMA in place regarding national MOU funding allocations / requirements Primary Care Premises Group established
Further Controls Required
Explore opportunities for resource sharing where there is clear whole system benefit (e.g. MSK physio; phlebotomy, MH)

3. Risk Controls Progress Update

Internal Controls

127 Total SRR Internal Controls in Place

40 Actions Completed in Last 12 Months

11 Actions Completed This Quarter

Further Controls

76 Total Outstanding SRR Actions

20 Overdue Actions

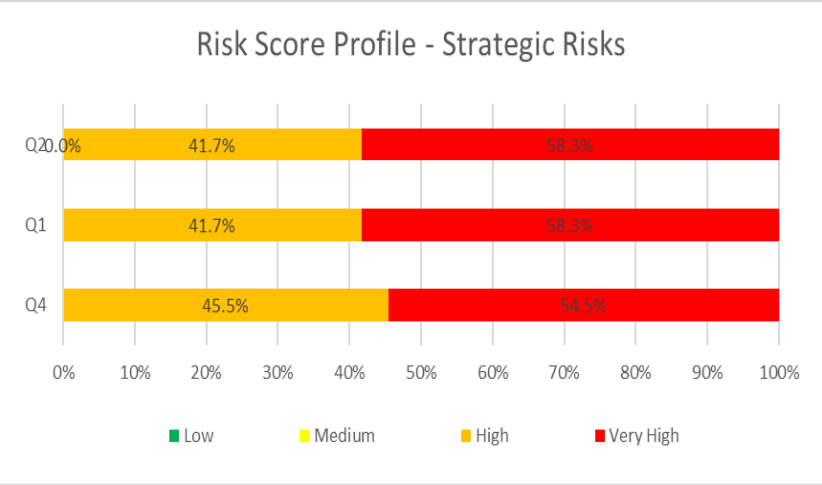
10 Actions Due in Next Quarter

42 Actions due in the next 12 months

Commentary:

- 11 actions completed this quarter
- 40 actions completed in the last 12 months
- 10 actions due to be completed in Q3
- 42 actions are due in the next 12 months, many of these are newly added actions and require progress updates
- 20 actions are currently overdue, 8 of those were overdue at Q2

4. Risk Trend Analysis



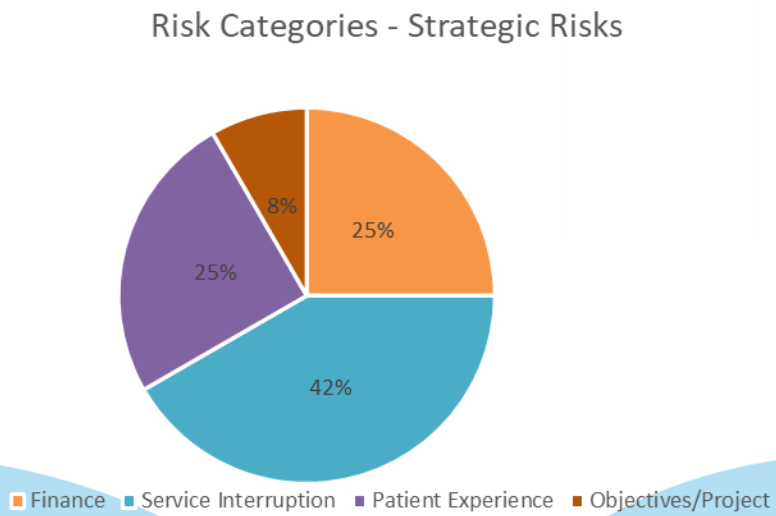
Commentary:

If SRR.018 Primary Care Sustainability is accepted as a new risk, and SRR.001 Primary Care is accepted as a closure, the overall number of risks will remain at 12, with 7 Very High, 5 High.

Commentary:

The new risk and the closure will balance each other out, therefore the risk score profile remains the same at this quarter.

4. Risk Trend Analysis



Commentary:

As both SRR.001 Primary Care and SRR.018 Primary Care Sustainability have the same lead risk category, Service Interruption still represents 42% of the strategic risk profile, Patient Experience and Finance each represent 25% and Objectives/Project 8% of the profile.

NHS Board Appendix 1 - Strategic Risk Register Q2 2022/23

NHS Forth Valley

Ref	ID Date	Risk Title	Risk Description	Risk Category Description	Untreated Likelihood	Untreated Impact	Untreated Score	Current Controls in Place	Current Likelihood	Current Impact	Current Score	Current Risk Trend	Further Controls Required	Further Controls Owner	Further Controls Target Date	Progress	Target Likelihood	Target Impact	Target Score	Last Review Date	Review Notes	Risk Owner	Risk Lead
SRR.002	23-Jan-19	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.	Patient Experience	5	5	25	Urgent and Unscheduled Care Programme Board co-chaired by Medical Director and Chief Officers from both HSCPs, providing whole system governance of unscheduled care developments.	5	5	25		"Whole System" Urgent and Unscheduled Care Collaborative Programme (UUCC) - 2 year programme to deliver the first tranche focusing on Re-Design of Urgent Care, Urgent and Emergency Assessment, Virtual Capacity, and Discharge Without Delay (whole system flow). Existing workstreams have been subsumed into this programme. Urgent and Unscheduled Care Programme (UUCP) - Re-Design of Urgent Care (including elements of HIC 4 Urgent and Emergency Assessment).		31-Jul-24	20%	3	3	9	31-Oct-22	Risk has undergone significant revisions, with the title, description, internal controls and further controls revised. The further controls now include the short- and medium-term actions being taken to mitigate risk associated with the immediate pressures. A deep dive assurance assessment is also being undertaken, the first stage of which was an assessment of control criticality.	Andrew Murray; Phyllis Wilkinson	Judith Rooney; Phyllis Wilkinson
								Urgent and Unscheduled Care Delivery Groups established, reporting to UUCPB and in line with new Scottish Government Urgent and Unscheduled Care Collaborative - 4 workstreams established: Access; Optimise; Transfer; Interface					Urgent and Unscheduled Care Programme (UUCP) - Virtual Capacity		31-Jul-24	0%							
								UUCP- High Impact Changes have been identified and a 2 year programme has been agreed with SG which focuses on Re-design of Urgent Care, Urgent and Emergency Assessment, Virtual Capacity and Discharge Without Delay (whole system flow). Previous unscheduled care workstreams and projects have been subsumed into new High Impact Change Plan.					Urgent and Unscheduled Care Programme (UUCP) - Discharge Without Delay (whole system flow).		31-Jul-24	0%							
								Gold Command Structure for unscheduled care has been established - to co-ordinate the system/partnership response and consider all possibilities to ensure flow and capacity.					Support Discharge without Delay to enable flow on hospital site.		31-Jan-23	0%							
													Increase Hospital @ Home Capacity from 25 - 35.		31-Jan-23	0%							
													Increase Capacity to close contingency beds currently in use across PVRH including those in Treatment Rooms, 4 bedded bays.		31-Jan-23	0%							
													Create bed capacity on Acute site to respond to surges in demand at 'front door'		31-Jan-23	0%							
													Increase Community Beds and community based care - Care at Home provision and care home placements		31-Jan-23	0%							
													Scope new model for delivering specialist rehabilitation and transitionary intermediate nurse/AHP led care		31-Jan-23	0%							
													Expand Hospital @ Home 30-50 virtual beds		30-Apr-23	0%							
													Feasibility study to review bed base and usage		30-Apr-22	0%							
SRR.005	13-Jun-22	Financial Sustainability	If NHS FV financial plans are not aligned to strategic plans and external drivers of change, there is a risk that our recurring cost base for our services over the medium to long term could exceed our future funding allocation, resulting in an inability to achieve and maintain financial sustainability, and a detrimental impact on current/future service provision	Financial	5	5	25	Directorate budgets are set in advance of each new financial year in line with best practice. Regular financial performance review meetings with the Director of Finance, Directorate Leads and Finance Business Partners to review current financial performance, including forecast outturn projections and new/emerging risks.	5	5	25		Delivery of a range of transformation programmes and projects to achieve savings targets		31-Dec-21	25%	3	3	9	07-Oct-22	Under review by risk lead	Scott Urquhart	Jillian Thomson
								Integration Authority budgets are set in advance of each new financial year in line with best practice, and as per the business case process outlined in the Integration Scheme.					Conclude arrangements in respect of the baseline set aside budget and develop a future capacity and financial model in line with statutory guidance and the requirements of the Public Bodies Joint Working (Scotland) Act.	Patricia Cassidy; Cathie Cowan	01-Oct-22	75%							
								Five Year Financial Planning process is in place (linked to annual delivery plan informed by service plans, workforce plans and budget setting process) to enable future financial pressures to be identified at an early stage.					Work to create capacity for Finance team to better support business decisions and priorities for senior service managers through structured improvement workstreams.	Scott Urquhart	30-Jun-22	50%							
								Infrastructure Programme Board in place and being led by DOF.					Further roll out of value management collaborative approach in line with plans.		01-Aug-22	0%							
								Fortnightly senior finance meetings, including attendance from IJB Chief Finance Officers to ensure regular communication, planning and review of existing and emerging financial issues/risks.					Develop of Decision Matrix to inform decision making and the appropriate governance process for business case/service development approvals (incorporating both capital and revenue investment/dis-investment proposals). This will reflect the recently revised terms of reference for the ELT and previously agreed integration governance principles via the IJBs.		30-Jun-22	0%							
								National monthly Finance Directors meetings in place to update on strategic financial issues as well as COVID-19 related costs and issues.					Review and strengthening of the system of internal control. This will include financial controls (in terms of Financial Operating Procedures, Standing Financial Instructions, Scheme of Delegation etc) and other controls in relation to procurement regulation and workforce (eg vacancy management process, use of agency staff).		30-Jun-23	0%							
								National monthly Corporate Finance Network and FHS Execs group meetings are in place to lead on implementation of operational finance financial management and current issues. Both groups report in to National Finance Directors meetings.					Comission internal audit review of financial sustainability. This will be undertaken in 2 phases with a focus on core financial and budgetary controls and how these controls link to cost improvement plans being developed and implemented. Planned start date of 1 September 2022.	Scott Urquhart	28-Feb-23	0%							
								Cost Improvement Programme, including overarching programme board, Cost Improvement Oversight Group and Communications Plan.														
								Standing Financial Instructions are in place underpinned by Financial Operating Procedures and a scheme of delegation which are subject to annual review.														
								National Value and Sustainability workstreams have been established via CEOs and DOFs.														
								• Financial performance and projections are routinely reported at all NHS Board and the Performance and Resources Committee meetings as a standing agenda item. • Standardised local monthly financial performance reporting arrangements are in place for each service area/Directorate. • National financial reporting to the Scottish Government on a quarterly basis.														
								Virtual round table events led by Scottish Government to inform financial planning.														

SRR.004	22-Jan-19	Scheduled Care	If there are delays in delivery of scheduled care there is a risk that NHS FV will be unable to meet its obligations to 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.	Patient Experience	5	4	20	Acute Service Directorate has, as part of the recovery process, reorganised scheduled care. Clinical leadership has been incorporated into the delivery structure. A local Scheduled Care Delivery Group has been established which is chaired by the Associate Medical Director for Scheduled Care. Clinical Directors and Clinical Leads attend along with operational managers.	5	4	20	Implement a Scheduled Care Dashboard to show live performance against standards and train all staff in its use.	Chris Bernthal; Vivienne Meldrum	31-Mar-22	80%	3	3	9	18-Nov-22	The Scheduled Care programme board met in October. There has been an improvement in access to information to support monitoring of performance. There is proof of concept around the non-consultant model of care and it has been rolled out across 3 services so far. In terms of recruitment, funding has had to be reprioritised, but we are now ready to recruit into the remaining posts. The review of the service model has mitigated some of the capacity lost due to the NTC, and other ways of working have been identified. Trajectories are showing that we are on track for the target of no patients waiting more than 78 weeks and that we will meet the 52-week target by March for outpatients, inpatients and day cases, and we are well ahead of the target for inpatients (set for 2024). The score has been considered but it is proposed that it remains static to allow full assessment of the impact of the NTC and the winter period, but we expect improvement in the risk scoring by March 2023.	Phyllis Wilkieson	Marie Gardiner; Stephanie McNairney
								Strategic Deployment Matrix to agree priorities and align resources prepared annually in line with Annual Delivery Plan guidance to meet National Waiting Times Plan trajectories					Develop a non consultant model of care delivery for OPD.	Juliette Murray	30-Mar-22	80%							
								Scheduled Care Performance Management process in place					Comprehensive Job Plan Review to free up scheduled care capacity.	Juliette Murray	30-Sep-21	75%							
								FVRH Weekly site and monthly meetings in place to review trajectories and identify relevant mitigating actions. Onward reporting to P&R Committee.					Ongoing recruitment as per Investing in Sustainability programme schedule for Scheduled Care	Juliette Murray	31-Mar-23	80%							
								All urgent and suspected cancer pathways are maintained via tracking and reporting carried out by Cancer Service Manager					Work ongoing to establish local clinical and management ownership of waiting times		30-Sep-22	95%							
								A flexible capacity mobilisation plan has been developed to maximise scheduled care services including adoption of virtual clinics and implementation of Advanced Referral Clinical Triage (ARCT) across scheduled care services.					Service model of scheduled care is being reviewed to increase core capacity in the orthopaedic pathway to free surgeons up to do surgery's due to the implementation of the National Treatment Centre at Forth Valley.		30-Sep-23	50%							
								Recurrent and non recurrent capacity deficits within scheduled care service identified and sustainability plan created to mach replacements.														
								Approval given by NHS Board to invest NRAC monies recurrently on a sustainable solution.														
								NHS Forth Valley, in line with the rest of NHS Scotland, continues to prioritise and treat those patients most in need of surgery with the application of clinical prioritisation to support appropriate, timely and safe care - Priority level 1a - Procedure (for surgical patients) or admission (medical patients) needed within 24 hours; Priority level 1b - Procedure (for surgical patients) or admission (medical patients) needed within 72; Priority level 2 - Clinical assessment determines procedure (for surgical patients) or admission (medical patients) required within 4 weeks; Priority level 3 - Clinical assessment determines procedure (for surgical patients) or admission (medical patients) required within 12 weeks; Priority level 4 - Clinical assessment determines procedure (for surgical patients) or admission (medical patients) may be safely scheduled after 12 weeks.													
								Apply Realistic Medicine principles to Scheduled Care.														
								Seek assurances and evidence each month that services are closing their capacity gaps. Escalate to Director of Acute Services.														
								Enhanced 3 stage validation exercise to be undertaken around urgent and routine prioritisation, and completed by the end of April 2022. Stage 1 Administrative Validation, Stage 2 Patient Validation, Stage 3 Clinical Validation.														
SRR.010	22-Jan-19	Estates and Supporting Infrastructure	If there is insufficient Capital funding to develop and improve the property portfolio there is a risk the Estate and supporting infrastructure will not be maintained in line with national and local requirements.	Health & Safety (Hazard)	5	4	20	Infrastructure developments prioritised and funded through the NHS Board capital plan.	5	4	20	Outline Business Case for Locality Project 1 - estimated completion June 2023.		30-Jun-23	5%	3	3	9	05-Dec-22	OBC for first Locality Primary Care Premises is in progress, as is IA for FCH. Resource to complete business case process is an issue. PAMS refresh also in progress, timescale agreed to be amended to align with extended Healthcare Strategy programme for May/June 2023. Discussions with Scottish Government indicate financial risk for major capital projects which will necessitate review and potential re-phasing/re-prioritisation, further discussion to take place.	Jonathan Procter	Morag Farquhar
								Regular Property and Asset Management Strategy (PAMS) report submitted to Government.					Outline Business Case for Locality Project 2 - estimated completion December 2023.		31-Dec-23	0%							
								Operational condition of estate regularly assessed and monitored through the Estates Asset Management System.					Outline Business Case for Locality Project 3 - estimated completion March 2024		31-Mar-24	0%							
								Annual review of the estate performance and condition monitored through the Performance and Resources Committee (PAMS reporting)					Outline Business Case for Locality Project 4 - estimated completion September 2024.		30-Sep-24	0%							
								GP and Community Premises current condition and planning review completed to support capital priorities (rolling review).					Initial Agreement for FCH to be completed (including Falkirk Central Primary Care).		30-Jun-23	5%							
								Longer term planning for future accommodation requirements (linked to PAMS and GP premises review, FCH review).					PAMS Refresh Timeline - Baseline information gathering : May/June '22 Review of Healthcare Strategy/other service information : July/September '22 Consultation/Drafting : October/December '22 Governance/P&R Committee : January/February 2023		30-Jun-23	10%							
								Accommodation Options for Health Records drawn up in consultation with Health Records and other partners														
								Regular reviews with PPP partners for FVRH, SHCV, CCHC and planned preventative maintenance programmes in force including 'Blackstart'.														
								Compliance group established which reports to Infrastructure Programme Board, Health & Safety Committee, Area Prevention & Control of Infection														
								Revenue and Capital budget planning process in place for Estates														
								Horizon scanning national publications / positions for areas for improvement across the Estate.														
								Established Programme governance structure for FCH and GP premises review via CPMO.														
								Completed Strategic Assesment for Falkirk Community Hospital approved by NHS Board for submission to Scottish Government (Chair of CIG) .														
								Completed Initial Agreement for Primary Care premises approved by NHS Board and submitted to CIG.														

SRR.015	09-Sep-21	Cyber Resilience	If NHS Forth Valley does not build and maintain effective cyber resilience, there is a risk that the cyber security of the organisation may be compromised, resulting in disruption to our ICT systems and service delivery. Increased Cyber risk as reported by National Cyber Competent authorities (NCSC, SG Cyber Unit)	Services / Business Interruption	5	5	25	Digital and eHealth Strategy outlining resilience and cyber security plans approved by Health Board Cyber security objectives and initiatives included in the annual programme of work Patching activity is ongoing on hardware and software, approximately 80% is planned, 20% unplanned. Planned patching takes place monthly. Infrastructure PB supported CISCO software and security system rolled out 2021 Resources required to discharge NIS audit recommendations scoped and paper supported by SLT and year 1 and 2 funding agreed as part of HB financial plan in March 2021 Cyber Security Group Re-established and focusing on rolling out control environments and training Annual NIS Audit recommendations further progressed in 2021 - Year 2 of a 3 year activity plan Improvements made and actions implemented to enhance ICT infrastructure. Funding for cyber resilience solutions granted and funding awaiting implementation. This protects us from business resilience and enhances continuity/disaster recovery. Respond to Actions as notified by competent authorities (NCSC, SG Cyber Unit etc). Cyber Resilience BC approved by CMT in FEB 22. Procurement commenced and implementation of key controls and systems are planned as part of the 22/23 Digital Delivery Plan. Cyber security awareness communications strategy implemented during cyber Scotland week 6March22. Cyber Security Awareness raising and communications strategy has been implemented, and a new national Cyber training module is available on Turas as part of mandatory training. Cyber Resilience Framework - includes 432 controls designed to support faster recover, lower disruption and reduce data loss. Digital and eHealth Strategy - includes cyber resilience sub-strategy aimed at lowering impact of incidents. NIS Audit Recommendations are specific recommendations from the auditor to help the Health Board prioritise based on risk exposure. Change Management within the organisations supported through rigorous process and scrutiny by the Technical Steering Group and Change Advisory Board.	4	5	20	Improvement of supplier management procedures relevant to cyber security. Third parties (Charities, suppliers etc) have an agreed, security managed route into our infrastructure which the Health Board Controls.		31-Mar-23	15%	4	4	16	05-Oct-22	Currently undergoing assurance deep dive.	Andrew Murray; Jonathan Procter	Sarah Hughes-Jones; Scott Jaffray; Phil Perman
SRR.017		Environmental Sustainability and Climate Change	If NHS Forth Valley does not receive funding and resources, there is a risk that we will be unable to comply with DL38 and delivery actions/meet requirements of the Scottish Government Climate Emergency & Sustainability Strategy, and will not operate in an environmentally sustainable way, resulting in failure to meet objectives and damaging stakeholder/public confidence.	Objectives / Project (Long-term Improvements)	5	5	25	Climate Emergency and Sustainability Board - Maintains oversight and reports into P&R, and to Scottish Government Climate Emergency Board. Establishment of Working Groups including: Energy Carbon and FM Group, Waste Group, Transport Working Group - Fleet and Active Travel, Green Space/Biodiversity, Sustainable Care, Procurement/Circular Economy, Sustainable Communities. These are staffed by existing resource which has the consequence of pulling them away from other activities (so not sustainable long term). Support provided by the CPMO. Climate Emergency Response and Sustainability Team - acting as Operational/delivery aspect, staffed by project leads from the working groups and input from relevant other parties including unions, organisational development, innovation team. Recruitment of a Head of Climate Emergency and Sustainability - Funding has been approved by the board, and the recruitment process is now underway. As of the 12/10/2022 - Derek Jarvie has fulfilled the position as the Head of Climate Emergency and Sustainability.	5	4	20	Explore Opportunities to Share Resources - Governance arrangements have been put in place, with first sitting of the Climate Emergency and Sustainability Board on 25th August. Response team have had two meetings. At NHS Scotland level, discussions are underway in relation to regional working opportunities.	Derek Jarvie	30-Jun-23	10%	4	4	16	08-Dec-22	While good progress has been made internally in terms of governance and operational aspects of delivering the Board's Climate Emergency response, no additional revenue funding will be forthcoming from the Scottish Government to support building of a team. Scottish Government have set up workstreams to look at how they can support boards to deliver within each workstream, this will be the mechanism by which regional support will be organised. This will be managed in 3 tranches, tranche 1 has been established. Progress has been made with capital funding for projects with spending planned for financial year 23/24. Implementation of EMS can't be progressed without additional staff resource. Communications sub-group is being set up. Work is ongoing to include environmental/climate considerations into board strategies, for example the Healthcare Strategy and the Property and Asset Management Strategy.	Jonathan Procter	Derek Jarvie
													Continue to Seek Capital Funding - Continue to seek funding for projects.	Morag Fairpuhar	31-Mar-23	50%							
													Board Paper Considerations - Sustainability Implications - A new board paper template has been developed which contains a section on Sustainability Implications, and requires the author to make a sustainability declaration confirming that due regard has been given to the key aims of the NHS Scotland Climate Emergency & Sustainable Development Policy (DL (2021) 38) as part of the decision making process. The template is to be discussed by the Board Chair and the Chairs and Executives of the Assurance Committees before formal approval and implementation	Sara Mackenzie	31-Mar-23	75%							
													Addition of Environmental Sustainability/Climate Change as an Impact Category to Risk Assessment Matrix - to support identification of environmental sustainability and climate change implications whenever any risk is assessed.	Sara Mackenzie	31-Mar-23	75%							
													Addition of section to allow Climate Emergency/Sustainability considerations to be added as part of Business Cases.	Derek Jarvie	30-Dec-22	20%							
													Successful Implementation of the Environmental Management System - To reduce environmental impacts and ensure legal compliance. E.g. are we storing oil properly, maintaining boilers properly, etc, waste management, transport. Currently trying to implement. Currently live in Estates and looking to roll out further (phase 1).	Derek Jarvie	29-Mar-24	5%							
													Communications Strategy to be Developed - Both public facing and internal for staff.	Derek Jarvie	31-Mar-23	50%							
													Continue to seek revenue funding in order to build a team with sufficient resource to meet required actions.	Derek Jarvie	01-Dec-23	0%							
													Addition of section to allow Climate Emergency/Sustainability considerations to be added as part of Board strategies and plans, such as the Healthcare Strategy/Property and Asset Management Strategy.	Derek Jarvie	01-Dec-23	0%							

SRR.018		Primary Care Sustainability	If workforce composition and accommodation for Primary Care does not evolve to meet changing population needs and internal/external pressures such as increasing costs/technological advancers, there is a risk that critical quality and sustainability issues will be experienced in the delivery of general medical services, leading to pressures in neighbouring practices and across other parts of the system (e.g. ED/urgent care, OOH). Causes: 1. Ageing workforce 2. Age of associated workforce (e.g. nurse practitioners) 3. GP recruitment and capacity (e.g. part time vs full time commitments) 4. Escalating workload (e.g. increased demand from ageing population) 5. Increased costs in running practices 6. GP Partner personal liability risk 7. Lack of appropriate / fit for purpose accommodation Risk: Primary care and GP service across FV is affected leading to critical quality and sustainability issues Impact: Increases demand and magnifies risk in neighbouring practices (demand and capacity) Impact in other parts of the system (e.g. ED / Urgent Care, OOH demand increases)	Services / Business Interruption	5	5	25	Sustainability Improvement loans process in place Support for practices to become training practices (delivered in conjunction with NES) Primary Care Improvement Plan being delivered (circa 180 posts recruited) - proactively supporting recruitment etc. (PCIP Improvement Plan iteration 3 substantively delivered in March 2022 - 180 of 200 posts). Expansion of community pharmacy services GP IT Programme Board established Primary Care Programme Board Re-established November 2021 Premises Improvement funding in place (capital budget available each year, revenue budget carried over from last year) Premises improvement completed last year, and there's a new programme of work in play for this year. Investment in quality clusters and leads to ensure GPs and multidisciplinary teams (MDT) are informed and involved in primary/community care developments, quality improvement resources to support PCIP and patient safety implementation Strong and regular engagement with SG and BMA (British Medical Association) in place regarding national MOU funding allocations / requirements Primary Care Premises Group established - deals with sustainability loans, and the 4 business cases e.g. Falkirk Community Hospital and Primary Care Programme Board GP Sub-committee (GPs working collaboratively) put together an away day, and developed a paper outlining actions to improve recruitment and retention in FV, e.g. attracting and supporting trainee doctors. Roll out of remote server solution - around 50 laptops have been distributed. Board appointed GPs where there are issues such as rural practices. Targeted recruitment to build GP and MDT capacity and capability - promoted NHS FV as an employer of choice for Primary Care roles – e.g. ongoing investment in investors in people, promote-i-matter, work to achieve gold healthy working lives rating, support CPD. Capital Investment Programme in PC premises initial agreement completion Dec-21. Initial Agreement has now been approved, and 4 outline business cases will be commenced over the next year for significant premises replacement.	4	4	16	Develop a monitoring approach for GP sustainability to actin as an early warning indicator - intention is to monitor things like GP sessional commitments, number of vacancies/recruitment adverts, pending requirements, long term sickness. Business Case requesting ability to flex/deploy resources where needed - consider developing a resilience resource that GP practices could "buy" from us (e.g. like Perth and Kinross). Scottish Government Mental Health and Wellbeing programme (£2million recurring by 2026). Development of new/innovative portfolio roles and career pathways, and a focus on ways of supporting practice workload. Further investment in PCIP and roles proved of most value – e.g. mental health nurses, advance physiotherapists and ANPs.		31-Mar-23 31-Mar-23 31-Mar-24 31-Dec-23	5% 0% 10% 10%	3	2	6	12-Sep-22	New risk added to replace current Primary Care risk. Recruitment and retention of GP workforce remains a challenge. Independent Practices continue to report unfilled vacancies, limited GP locum availability and shortage of other PC clinical staff eg. Practice Nurses while patient demand continues. Many Practices are reducing additional services to focus on core work or restricting new patient registrations. Forth Valley continues to try and support Practices with recruitment and retention difficulties however recognises that further actions are needed to manage this increasing risk.	Cathie Cowan	Scott Williams
SRR.009	22-Jan-19	Workforce Plans	If NHS FV does not implement effective strategic workforce planning (including aligning funding requirements) there is a risk that we will not have a workforce in future that is the right size, with the right skills and competencies, organised appropriately within a budget we can afford, resulting in sub-optimal service delivery to the public.	Services / Business Interruption	4	4	16	Submission of costed overarching workforce plan in line with annual plan to Scottish Government Detailed demographic profiling completed due to age range of medical workforce in particular to inform recruitment plans Directorate "risk-based" workforce action plans with measurable objectives, monitored through the Staff Governance Committee. Regular workforce monitoring reports against WRP and Our People Strategy - Workforce Plan and People Strategy reviewed and reported to NHS quarterly HR continue to work alongside Finance to ensure affordability of the workforce plan and that there is strategic alignment between workforce, financial and service planning. Wellbeing Controls in place - Our People Strategy, Strategic Workforce Wellbeing Plan, Wellbeing Website and Management toolkit, Culture and Compassionate Staff Programme, Joy at Work. Sustainable Workforce Initiatives in place - Retire and Return, Flying Finish, Ethical International Recruitment, Enhancement of HCSW role. e-Rostering Solution implemented to make it easier to deploy staff more effectively across the organisation, ensuring the most efficient use of staff available, ensure safe staffing levels and improving work-life balance for staff.	4	4	16	3 year workforce plan to be established Increasing employability through Anchor Institution Work - includes the Youth Academy and University College Health Partnership workstreams. Exploration of Regional Workforce Solutions, such as the Medical Associate Professional Roles.	Linda Donaldson	31-Jul-22 31-Mar-25 31-Mar-25	95% 10% 0%	2	3	6	08-Dec-22	The Workforce Plan has been published, with the Board requesting that an Executive Summary is added. The risk was reviewed with the risk leads and the scoring of the risk reviewed. Public Confidence has been added as an impact category. Additional current and further controls have been added to the risk. On checking against all other impact categories and the likelihood descriptors, the risk score remains static, with potential for the risk score to decrease once we start to experience the gains from the additional controls in place.	Linda Donaldson	Elaine Bell; Linda Robertson
SRR.003	22-Jan-19	Information Governance	If NHS Forth Valley fails to implement and embed effective and consistent Information Governance arrangements there is a risk we will not comply with a range of requirements relating to Data Protection legislation (including UK GDPR) and the Network and Information System Regulation (NIS), resulting in reputational damage and potential legal breaches leading to financial penalties	Financial	5	4	20	Mandatory Information Governance training in place for all staff GDPR compliance workplan monitored through IGG NIS and DPA / GDPR supporting policies in place Privacy Notices developed/agreed and displayed in public areas and web site Incident reporting process in place Privacy Breach detection system in place and being audited Web filtering system partially in place to monitor internet usage Business continuity plans in place and tested Data Protection Officer in post. Information Asset Register in place and utilised. NIS Audit recommendations are key part of Cyber Security Team work plan annually Work completed on identifying new and reviewing existing Information Sharing Agreements	4	4	16	Implementation of OneTrust - DPIA Review of Information Sharing agreements to ensure compliance with UKGDPR following Brexit Revised DPIA processes to be developed for use by services.		31-Mar-24 31-Mar-23 31-Mar-23	50% 25% 50%	3	3	9	01-Dec-22	A number of key processes have been reviewed and new templates introduced to standardise the IGU's assessment of data protection compliance, e.g. Data Protection Assessment form and a breach initial impact assessment form. Process and documentation to support information risk is being developed and will be taken forward through the Better Information Governance Group. Score static at this review, however progress is being made.	Andrew Murray	~~Deirdre Coyle~~; Sarah Hughes-Jones; Phil Panman

SRR.016	16-Mar-22	Out of Hours Service (OOHS)	If NHS Forth Valley is unable to provide a fully staffed OOHS taking an integrated, multidisciplinary approach, there is a risk that the service will not have the resilience and capacity to flex to meet demand, negatively impacting on the patient experience and journey, and ability to deliver care at the right time, right place to the right person.	Patient Experience	5	4	20	Interim Senior Out of Hours Service Manager Role - Reviewing the rota on a weekly basis and highlighting key shifts where gaps are evident, implementing coverage in all areas where the availability of staff is low.	4	4	16	Working with SAS to establish joint appointments, e.g. Advanced Paramedic Practitioners - paused due to workforce gaps at SAS. Working with Scottish Ambulance Service to explore synergies and co-working opportunities and to implement a routine regular feature of support at weekends which would diminish the overhaul of late or missed home visits as ambulance resources are available.		31-Oct-22	80%	3	3	9	06-Dec-22	Internal Controls have been redrafted, and actions added to make both internal controls and actions more explicitly aligned to the action plan for Out of Hours.	Phyllis Wilkieson	Judith Rooney; Karyn Webster
								OOH Clinical Lead has increased commitment to support the service and will continue to work collaboratively across Urgent and Unscheduled Care.				Further development of enhanced MDT workforce planning to support recruitment and retention, including development of hybrid roles across nursing, Scottish Ambulance Service and medicine.		31-Oct-22	35%							
								Re-design & Sustainability Quality Improvement Plan - The OOH Redesign and associated improvement work will continue to be reported through the Urgent and Unscheduled Care governance structure, Board Assurance and Board governance arrangements.				Hybrid Roles / Rotational Posts - Linking with Advanced Nurse Practitioners and Emergency Nurse Practitioners to create hybrid roles and create a more sustainable workforce.		31-Oct-22	50%							
								OOH Organisational Change Activity - baseline patient and staff experience survey undertaken.				International Recruitment of GPs - Working with Michael Brown from HR to consider a piece of work around international recruitment or doctors.		31-Mar-23	0%							
								Integration of the OOH service into the Urgent Care Centre (HUB) to enhance synergy with other urgent care services.				OOH Fleet - Liaising with fleet management regarding transfer of vehicles. Linking with Hospital at Home to see if they can swap cars from OOHs with a people carrier.		31-Oct-22	80%							
								Improved accessibility of OOH services to ensure optimal patient care and best use of staff resource - includes local transport solution to transfer patients requiring face to face appointments, electronic solution to support prescribing and enhancing scope of practice for HCSW to include basic remote assessment within patient's homes.				Communications Plan to promote optimal use of OOH and other 24/7 urgent care services by the public, including OOH and Urgent Care Services poster, and scripts for patient announcement system within the UCC to incorporate OOH service.		31-Mar-23	0%							
								Support provided by SAS – Currently SAS are supporting house visits at weekends (if sufficient staff are available).				Further Development of OOH service as a learning environment for all MDT team members, initially developing a Training Needs Analysis which will inform a training and education work plan.		31-Dec-23	0%							
								Meetings with Finance Business Partners and looking to arrange monthly Finance meetings and looking at combining the OOH and Urgent Care budgets.				Make the senior OOH Service Manager role permanent - being progressed as part of work to transfer OOH to Falkirk HSCP as part of the wider Primary Care service transfer.		31-Mar-23	0%							
												Expansion of OOH Clinical Leadership Team - Comms and HR continue to promote the OOH service - updated action plan may have specific details.		31-Mar-23	0%							
												Expansion and evaluation of the role of HSCWs.		31-Mar-23	0%							
												Cultural change programme (being progressed with the support of Prof West) - will include further patient and staff experience surveys and will be used to inform the OOH Improvement Plan.		31-Mar-23	0%							
												Exploration of economies of scale and greater integration with HSCP social care services to build service sustainability and resilience.		31-Mar-23	0%							
												Exploration of opportunities for partnership working and shared learning - including exploring recruitment opportunities in collaboration with NHS Highland/working with NHS Fife.		31-Mar-23	0%							
												Training needs analysis to allow development of OOH as learning environment for all MDT team members, which will inform a training and education work plan (links with action to support recruitment and retention).		31-Mar-23	0%							
SRR.014	07-May-21	Healthcare Strategy	If the planned review of the NHS Forth Valley Healthcare Strategy (2016-2021) does not incorporate learning from the COVID-19 pandemic and does not align with government policy and / or integration Authorities Strategic Commissioning Plans there is a risk the Board's vision, corporate objectives and key priorities will be incorrect, resulting in services that are not sustainable in the long term and an inability to deliver transformation	Financial	4	5	20	Current Healthcare Strategy in place for 2016-2021 linked to national strategy / policy.	3	5	15	National Treatment Centre development providing additional capacity alongside local initiatives	Gillian Morton	31-Dec-22	75%	1	3	4	29-Nov-22	One Year Strategic Deployment Workshop took place in August, which included visioning for the healthcare strategy and setting one-year priorities. SDM Level 0 was drafted following this event. The Healthcare Strategy Development day planned for 28th October 2022 was cancelled due to system pressures. The event has been rescheduled for March 2023 to align with completion of draft strategy. The day will include presenting progress against current strategy and setting key priority areas for healthcare strategy refresh.	Cathie Cowan; Janette Fraser	Janette Fraser
								COVID Remobilisation plans (4th iteration) in place for Directorates / services and the Board as a whole. Planning guidance received from Scottish Government for a one-year operational plan building upon the 4th iteration of the remobilisation plans and the work currently underway.				Review requirements and use of Strategic Deployment Matrices aligned to Healthcare Strategy	Cathie Cowan	31-Dec-22	60%							
								Partnership Strategic Plans in place which run to 2022 (currently being refreshed for publication in Spring 2022).				Needs assessment to support the healthcare strategy being updated with relevant metrics, august 2022. Needs assessment for the 2 HSCP strategic plans being prepared.		31-Dec-22	50%							
								Regional partnership mutual aid arrangements in place in response to COVID in order to continue delivering strategic priorities. These arrangements will be built on within future plans to ensure sustainability of services.				Healthcare Strategy Development Day is planned for 28th October. The day will include presenting progress against current strategy and setting key priority areas for healthcare strategy refresh.		31-Mar-23	30%							
								Cancer service plans responding to COVID to ensure ongoing delivery of strategic priorities. National and regional cancer delivery plans and mutual aid arrangements in place.														
								NHS Forth Valley Strategic Programme Boards in place responsible for delivery of key elements of the Healthcare Strategy (including strategic deployment matrices) - following a pause as a result of COVID-19, work is ongoing to resurrect the programme boards, linking in with planning for 22/23. Level 0 Strategic Deployment Matrix drafted.														
								Mechanisms in place for performance reporting against key strategic priorities via Performance & Resources Committee and Board in order to provide assurance and/or escalation of issues														
								Primary Care Improvement Plan delivering significant improvement and resilience in GP services														
								Forward plan and timeline for Healthcare Strategy refresh complete. This includes scale and scope requirements of the strategy refresh. Stocktake of existing strategy complete, and staff conference in June looked at compassionate leadership and launch of refresh of healthcare strategy. Healthcare Strategy Development day planned for 28th October 2022 cancelled due to system pressures. Event rescheduled for March 2023, to align with completion of draft strategy.														
								National stakeholder engagement takes place with Scottish Government and other Board Chief Executives to inform and influence strategy at a national level.														
								Regional Planning Meetings - Chief Executives meet on a monthly basis to inform Healthcare Strategy.														
								Culture & Values events took place on the 23rd & 24th of June.														
								NHS Forth Valley is working with HSCPs to align strategic plans with the healthcare strategy.														

SRR.011	21-Jan-19	IT Infrastructure	If there are significant technical vulnerabilities there is a risk the NHS FY/IT Infrastructure could fail, resulting in potential major incidents or impact to service delivery	Services / Business Interruption	4	4	16	Annual Digital and eHealth delivery plan prioritised, approved and monitored by the Programme Board and Senior Leadership Team	3	4	12		Implementation of ICT owned actions from NIS audit	Scott Jaffray	31-Oct-22	60%	2	3	6	07-Dec-22	Asset review is progressing, with Endpoint (PCs, laptops, iPADs etc) heatmap now complete, which will be used to inform capital planning for the next 3-5 years. The server asset review is in progress, and a heatmap will also be produced for this and used to inform capital planning.	Jonathan Procter	Scott Jaffray
								Lifecycle System matrix reviewed annually by the Digital and eHealth Programme Board to shape future investment plans					Review WAN Bandwidth to reflect significantly increased use of VC/Teams/Hearlife		31-Mar-23	40%							
								Cyber security objectives and initiatives included in the annual programme of work					Asset Revview - The D of F & I has requested full implementation of the PC/ Server & System asset management system to support the rolling programme replacement programme.IT team are looking at Asset Management within the new Service Now service desk tool. This is expected to be completed by the end of March 23.		31-Mar-23	30%							
								Windows/Office Programme team in place.															
								Patching activity is ongoing on hardware and software, approximately 80% is planned, 20% unplanned. Planned patching takes place monthly.															
								Programme of work to upgrade ICT infrastructure at FVRH as part of 20/21 delivery commenced and on track for completion this FY															
								Infrastructure PB supported CSCO software and security system rolled out 2021															
								Resources required to discharge NIS audit recommendations scoped and paper supported by SLT and year 1 and 2 funding agreed as part of HB financial plan in March 2021															
								Cyber Security Group Re-established and focusing on rolling out control environments and training															
								Disaster Recovery and Business Continuity Plans are in place to improve the overall infrastructure and contingency plans. Linkages made with Business Continuity and Risk Management teams to support resilience work.															

FORTH VALLEY NHS BOARD
TUESDAY 31 JANUARY 2023

7.1 Healthcare Associated Infection Reporting Template
For Assurance

Executive Sponsor: Prof Frances Dodd, Executive Nurse Director

Author: Mr Jonathan Horwood, Area Infection Control Manager

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

Recommendation:
The Forth Valley NHS Board is asked to: -

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

Key Issues to be Considered:
- Total SABS remain within control limits. There was one hospital acquired SABs in December.
- Total DABs remain within control limits. There were no hospital acquired DABs in December.
- Total CDIs remain within control limits. There were no hospital acquired CDIs in December.
- Total ECBs remain within control limits. There were three hospital acquired ECBs in December.
- There have been no deaths with MRSA or *C.difficile* recorded on the death certificate.
- There was one surgical site infection in December.
- There were four outbreaks reported in December.

Implications

Financial Implications
None

Workforce Implications
None

Infrastructure Implications including Digital
None

Sustainability Implications
None

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

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

Information Governance Implications
None

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

Relevance to Strategic Priorities
AOP Standards in respect of SABs, ECBs, DABs & CDIs.
The AOP target has now been extended to March 2023.

- *Staph aureus* bacteraemias (SABs)
  There were 4 SABs this month.
- *Clostridioides difficile* infection (CDIs)
  There were 5 CDIs this month.
- *Escherichia coli* bacteraemias (ECBs)
  There were 15 ECBs this month.
- Device associated bacteraemias
  There were 3 DABs this month.

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

Further to an evaluation it is noted that:
- Paper is not relevant to Equality and Diversity

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

Additional Information
None

Appendices

- None

Healthcare Associated Infection Reporting Template (HAIRT)

December 2022

NHS Forth Valley

Infection Prevention & Control Team

HAI Summary

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

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

SUMMARY FOR THIS MONTH

- COVID-19 inpatient numbers have steadily increased this month.
- Influenza inpatient numbers have increased this month
- CDI reported cases have exceeded control limits this month from healthcare sources. Hospital CDIs remain low.
- There were two reported outbreaks of Covid this month, Ward A22 FVRH and Ward A12 FVRH, one reported outbreak of influenza A in Ward 4MH and one reported outbreak of both COVID-19 and Influenza A in Ward A11 FVRH.

Performance at a glance

	Total No of Cases	Month RAG status
Staphylococcus aureus bacteraemia (SABs)	**4**	
Clostridioides difficile infection (CDIs)	**5**	
Escherichia coli Bacteraemia (ECB)	**15**	
Device associated bacteraemia (DABs)	**3**	
National Cleaning compliance (Board wide)	**95%**	
National Estates compliance (Board wide)	**94%**	
Surgical Site Infection Surveillance (SSIS)	**1**	

Key infection control challenges (relating to performance)

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

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

<u>Device associated bacteraemia</u>

- There were no hospital acquired DABs this month.
- There were two healthcare acquired DABs this month.
- There was one nursing home acquired DAB this month.
- Total DAB case numbers remained within control limits this month.

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

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

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

- There were no hospital acquired CDIs this month.
- There were five healthcare acquired CDIs this month
- Healthcare CDI case numbers exceeded control limits this month.

<u>Surgical site infection surveillance</u>

- There was one surgical site infection reported this month.

Key HAI related activities

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

Glossary of abbreviations

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

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

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

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

Cause definitions for *Staph aureus* and device associated bacteraemia

Hospital acquired

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

Healthcare acquired

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

Nursing home acquired

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

HAI Surveillance

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

Staph aureus bacteraemias (SABs)

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

NHS Forth Valley's approach to SAB prevention and reduction

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

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

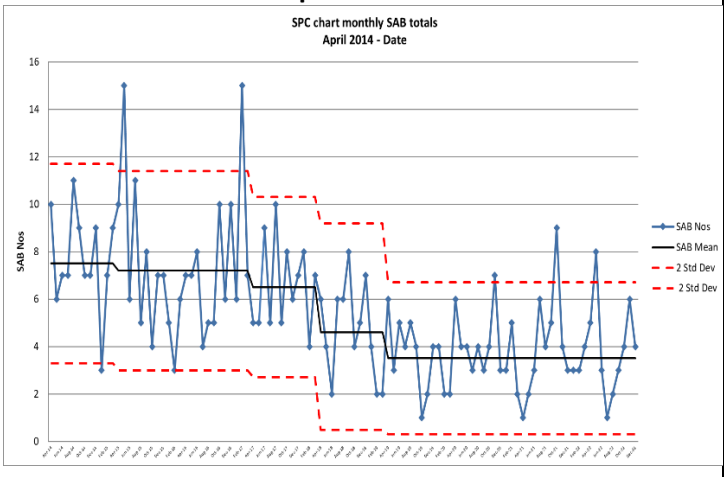
December 2022

Monthly Total	4
Hospital	1
Healthcare	3
Nursing Home	0

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

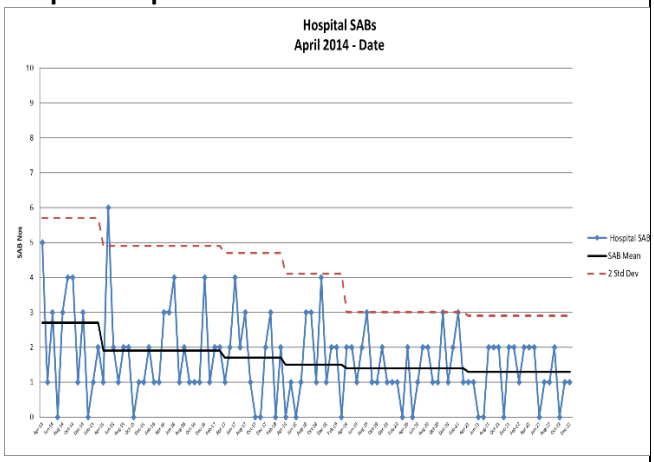
Staph aureus bacteraemia total – April 22 to date – 36

Total number of SABs reported this month



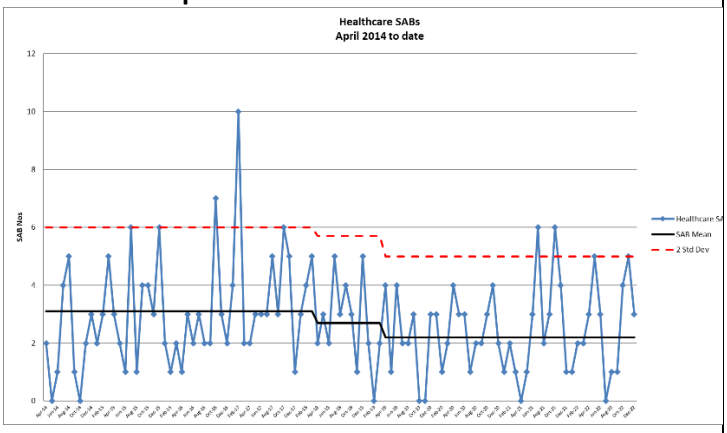
Comments: Case numbers remain within control limits this month. No concerns to raise.

Hospital Acquired SABs



Comments: Case numbers remain within control limits this month.

Healthcare Acquired SABs



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

Breakdown

Source	No. of infections
Healthcare	**3**
Ulcer	1
Unknown	1
PWID	1
Hospital	**1**
Unknown	
No attributed ward	1
Grand Total	**4**

There were 696 blood cultures taken this month, of those there were in total 4 blood cultures that grew *Staph aureus*. This accounts for 0.6% of all blood cultures taken this month. There was one hospital acquired SABs this month, this accounts for 0.1% of all blood cultures taken this month.

Hospital SABs

- Unknown source; Admitted with blood in stoma. Septic during admission. Multiple possible sources, no definitive source of infection identified by clinical team at time of investigation. No attributed ward as practice issues not attributed to infection cause.

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

Device Associated Bacteraemias (DABs)

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

NHS Forth Valley's approach to DAB prevention and reduction

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

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

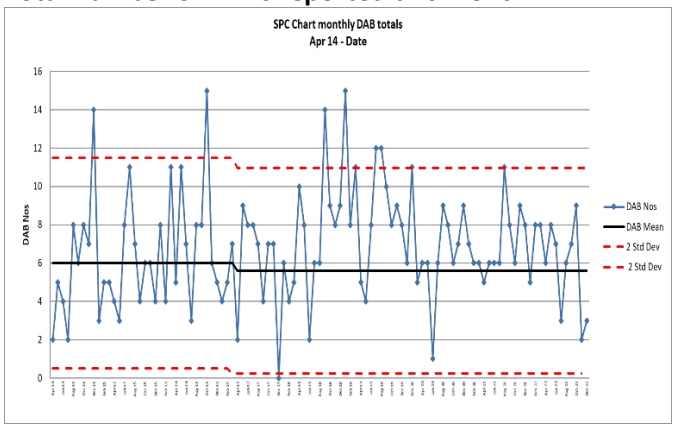
December 2022

Monthly Total	3
Hospital	0
Healthcare	2
Nursing Home	1

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

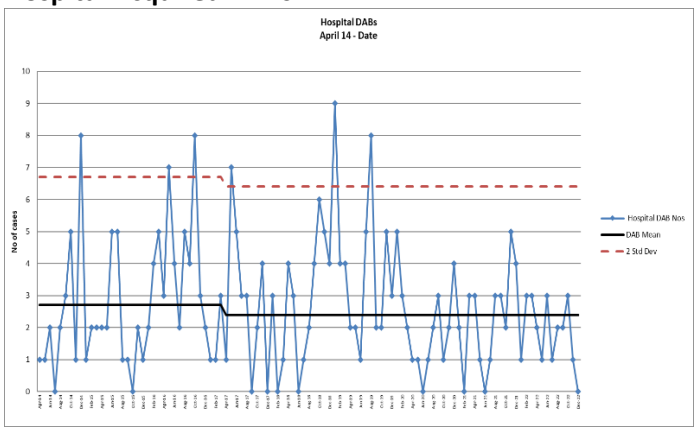
Device associated bacteraemia total – April 22 to date – 51

Total number of DABs reported this month



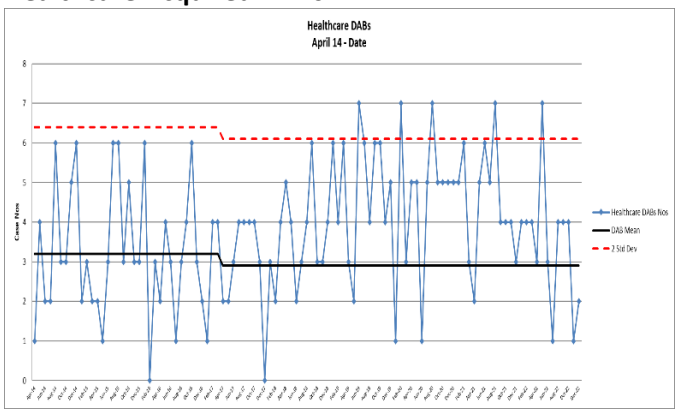
Comments:
Case numbers remain within control limits, no concerns to raise.

Hospital Acquired DABs



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

Healthcare Acquired DABs



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

Breakdown

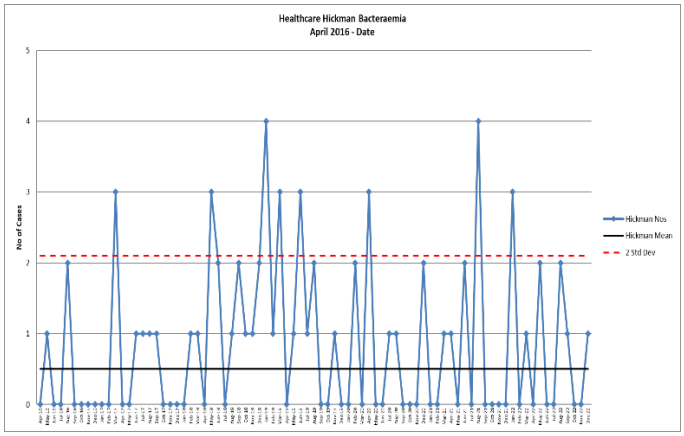
Source	No. of infections
Healthcare	**2**
Urinary Catheter long term	1
Hickman	1
Nursing home	**1**
Urinary Catheter long term	1
Grand Total	**3**

There were 696 blood cultures taken this month, of those there were in total 3 blood cultures that were associated with devices. This accounts for 0.4% of all blood cultures taken this month. There were no hospital acquired DABs this month.

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

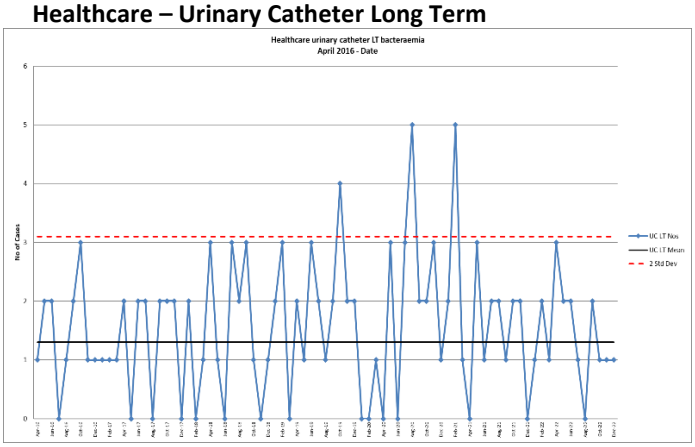
The graphs below provide an overview of the number of device associated bacteraemias, however, it doesn't provide sufficient detail of the individual device and whether the number of infections have exceeded control limits. Below are graphs relevant to the identified devices for this month.

Healthcare – Hickman



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

Healthcare – Urinary Catheter Long Term



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

Escherichia coli Bacteraemia (ECB)

NHS Forth Valley's approach to ECB prevention and reduction

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

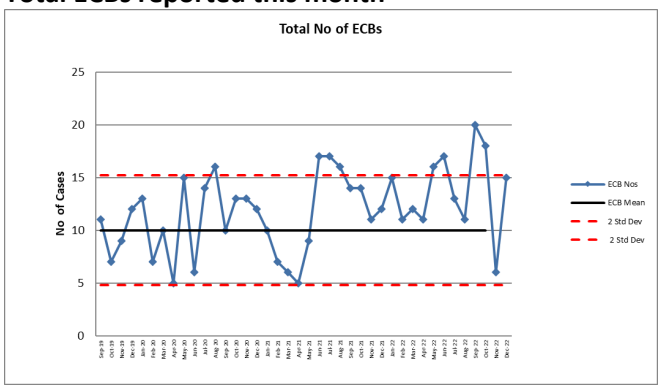
In NHS FV, device associated bacteraemias (DABs) surveillance has been ongoing since 2014 and have seen a reduction in urinary catheter bacteraemias over the years including E. coli associated infections and will hope to reduce so to achieve our target for 2023.

December 2022

Monthly Total	15
Hospital	3
Healthcare	9
Nursing Home	3

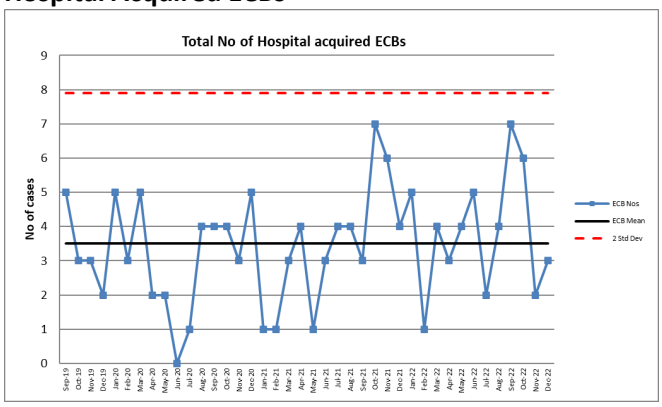
E coli bacteraemia infection total – April 22 to date - 127

Total ECBs reported this month



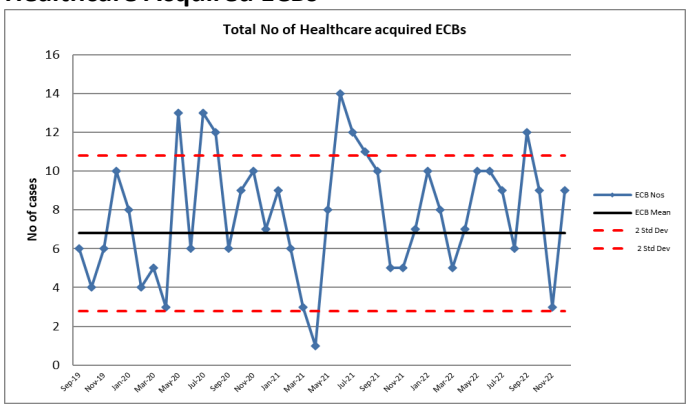
Comments: case numbers remain within control limits, no concerns to raise.

Hospital Acquired ECBs



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

Healthcare Acquired ECBs



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

Breakdown

Source	No. of infections
Healthcare	**9**
Biliary tract	1
Unknown	2
Urinary Catheter long term	1
UTI	3
Pyelonephritis	1
Abscess	1
Hospital	**3**
Unknown	
No attributed ward	1
UTI	
No attributed ward	2
Nursing home	**3**
Respiratory tract	1
Unknown	1
Urinary Catheter long term	1
Grand Total	**15**

Breakdown

There were 696 blood cultures taken this month, of those there were in total 15 blood cultures that grew *E. coli*. This accounts for 2.2% of all blood cultures taken this month. There were 3 hospital ECBs this month, this accounted for 0.4% of all blood cultures taken.

Hospital ECBs

- Unknown source; Admitted with stroke. Pyrexial during admission. No source definitive source determined by clinical team following investigation. No attributed ward as no practice issues identified as possible cause of infection.
- Hospital acquired UTI. No attributed ward as no issues with documentation or practice identified.
- Hospital acquired UTI. No attributed ward as no indication caused by practice within ward.

Infection Reduction of ECBs

Hospital acquired ECBs

Reported case number remain very consistent and relatively low. Predominantly, infections are associated with urinary catheters and urinary tract infections.

Healthcare acquired ECBs

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

Investigations into urinary catheter infections developing in the community did not identify any potential ways of reducing infection and good practice and rapid identification of infection by the District Nurses was identified. Other sources such as UTI associated infections in the community is recognised nationally that it is out with the remit of the IPCTs, however, ARHAI will be sharing their national data of the antibiotic prescribing in the community of patients who were admitted with UTI sourced bacteraemias to enable the IPCT to identify any particular antibiotic resistant patterns.

Clostridioides difficile infection (CDIs)

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

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

Cause definitions for *Clostridioides difficile* infections

Hospital acquired

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

Healthcare acquired

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

Nursing home acquired

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

NHS Forth Valley's approach to CDI prevention and reduction

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

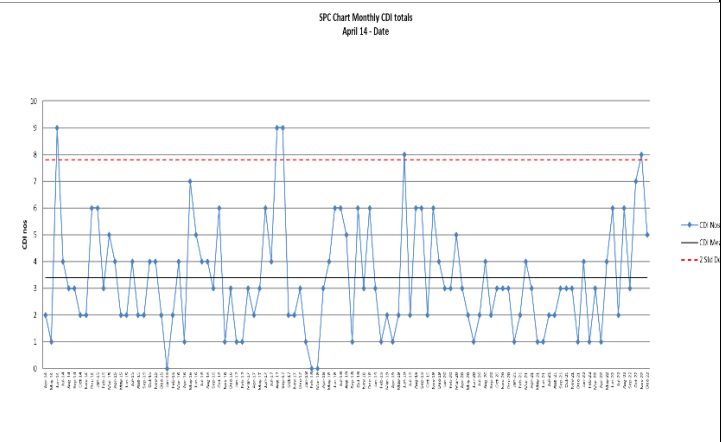
December 2022

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

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

Clostridioides difficile **infection total – April 22 to date – 42**

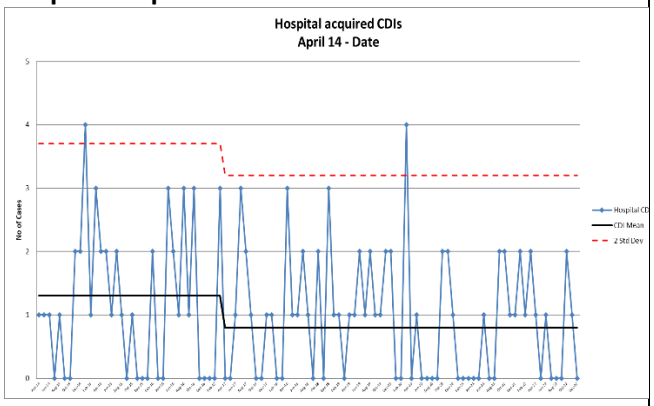
Total number of CDIs reported this month



Comments:

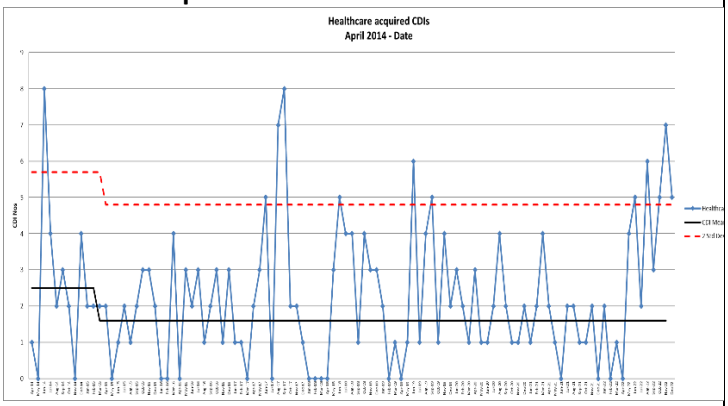
Case numbers remain within control limits, no concerns to raise.

Hospital Acquired CDIs



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

Healthcare Acquired CDIs



Comments:
Case numbers remain exceeded control limits this month. See narrative below

Breakdown

Source	No. of infections
Healthcare	5
Grand Total	5

There were no hospital acquired CDIs this month:

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

Healthcare CDIs

Healthcare CDIs have remained high in the last few months. The IPCT continues to investigate fully all CDIs to identify areas where targeted intervention could reduce infections. The IPCT, as part of their investigations collates relevant information such as antibiotics used, what they were treated for and if the patient is on proton pump inhibitors (PPIs). Investigations this month identified two cases of healthcare CDIs associated with recurrent infection (previously treated CDI) and three patients treated with antibiotics known for increasing the likelihood of developing CDI such as ciprofloxacin, clindamycin and Co-amoxiclav for infections such as chest, wound and urinary tract infections.

Studies have suggested the association of CDI in the winter months due to incorrect antimicrobial treatment for respiratory infections in patient with actual respiratory viral infections such as influenza. Work continues to identify whether this increase is partly responsible for this increase in the last few months.

AOP TARGETS

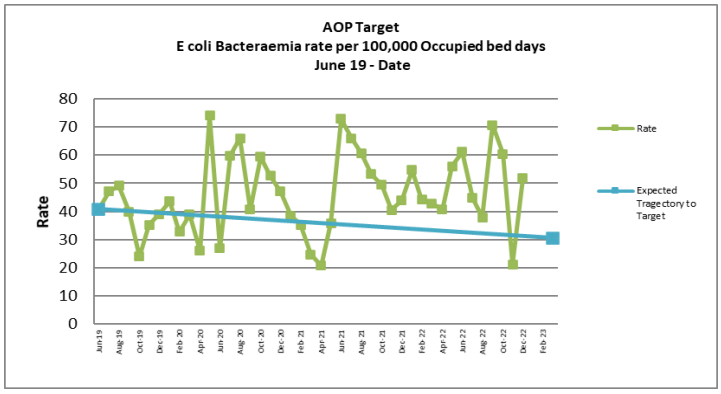
HAI AOP targets for 2019-2023

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

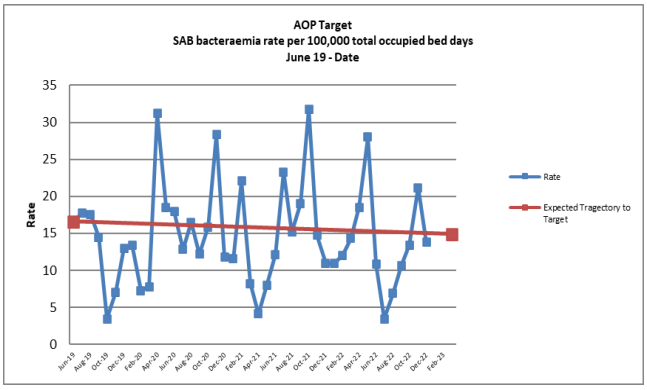
The table below highlights the targets for 2023 and the graphs below highlight progress towards these targets:

	2018/19 Rate (base line) per 100,000 total bed days	No of cases (per annum)	Reduction %	Date for reduction	Target rate per 100,000 total bed days	Target cases per annum
ECB	40.8	135	25	2023	30.6	101
SAB	16.6	55	10	2023	14.9	50
CDI	11.4	38	10	2023	10.3	34

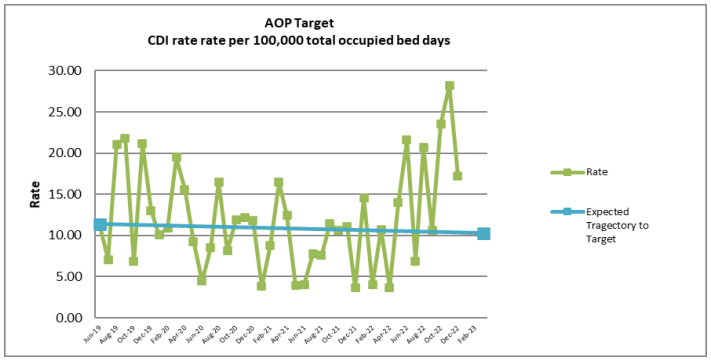
AOP target progress to date



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



Comments: Infection rate has decreased this month and remain on trajectory.



Comments: Infection rates have decreased this month and remain above trajectory. Healthcare sourced CDIs is currently above trajectory. See CDI section of the report for further details.

Target Organism	Target Rate (per 100,000 total bed days)	Current Rate April 22 - date (per 100,000 total bed days)	Status
ECB	30.6	49.4	Above trajectory
SAB	14.9	14.7	On trajectory
CDI	10.3	16.3	Above trajectory

Surgical Site Infection Surveillance (SSIS)

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

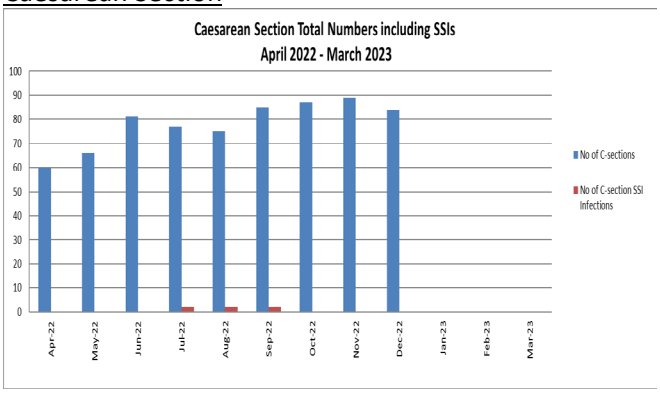
NHS Forth Valley's approach to SSI prevention and reduction

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

Breakdown

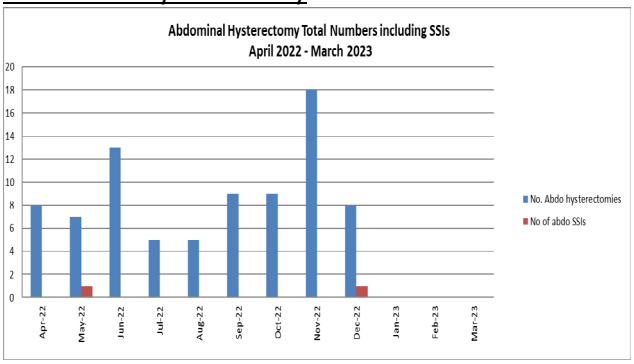
Procedure	Confirmed SSI
Abdominal Hysterectomy (v)	1
Breast Surgery (v)	0
Caesarean Section (m)	0
Knee Arthroplasty (v)	0
Hip Arthroplasty (m)	0
Major Vascular Surgery (m)	0
Large Bowel Surgery (m)	0

Caesarean Section



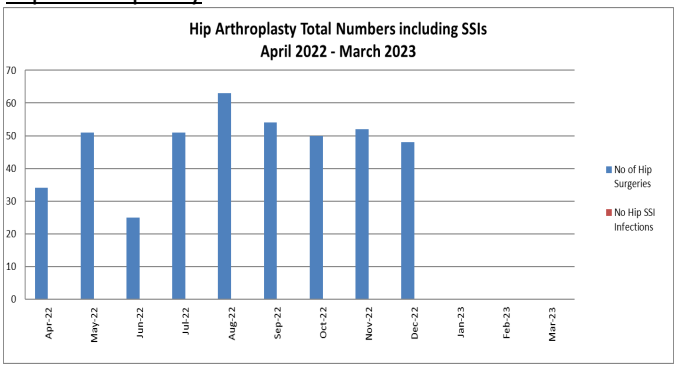
Comments: case numbers remain within control limits, no concerns to raise.

Abdominal Hysterectomy



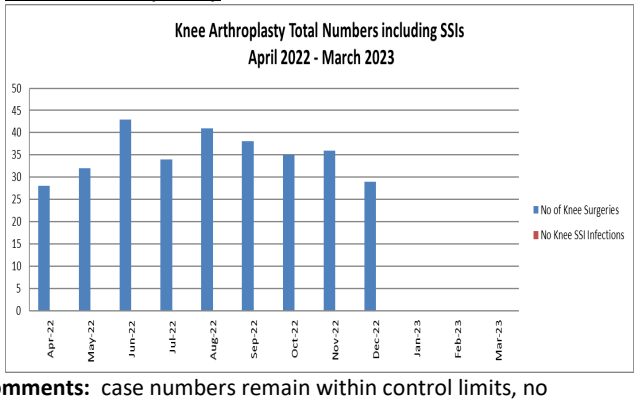
Comments: case numbers remain within control limits, no concerns to raise.

Hip Arthroplasty



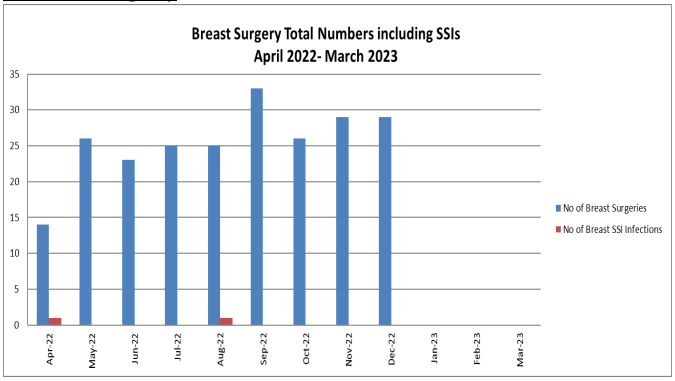
Comments: case numbers remain within control limits, no concerns to raise.

Knee Arthroplasty

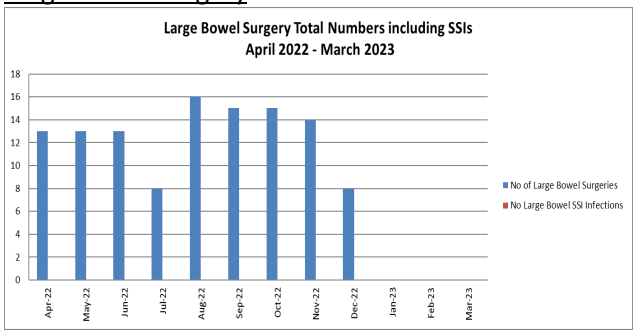


Comments: case numbers remain within control limits, no concerns to raise.

Breast Surgery



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

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

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

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

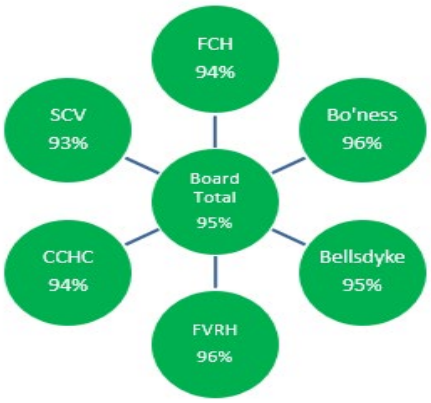
https://www.nrscotland.gov.uk/statistics-and-data/statistics/statistics-by-theme/vital-events/deaths

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

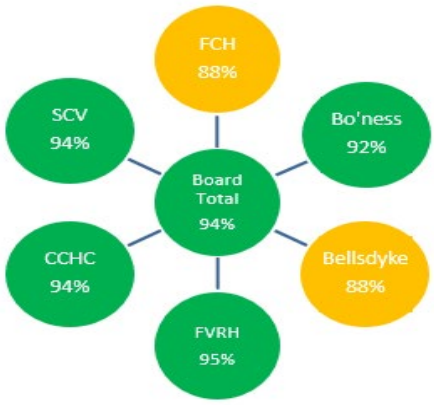
Estate and Cleaning Compliance (per hospital)

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

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



Cleaning Compliance



Estates Compliance

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

Falkirk Community Hospital and Bellsdyke Hospital Estate Scores

This quarter, the estate scores have remained relatively stable this quarter, Falkirk Community Hospital continues in amber but estate compliance has improved slightly to 88% (last quarter 87%). Bellsdyke Hospital also continues to be in amber with a compliance score of 88% compared to 87% the previous quarter.

Ward Visit Programme

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

	Patient Placement	Hand Hygiene	PPE	Managing Patient Care Equipment	Control of the Environment	Safe Management of Linen	Safe Disposal of Waste	Totals
Acute Services	8	9	20	34	46	28	30	175
Primary Care & Mental Health Services	0	2	3	4	5	1	2	17
WC&SH Directorate	0	0	1	12	8	1	1	23
Totals	8	11	24	50	59	30	33	**215**

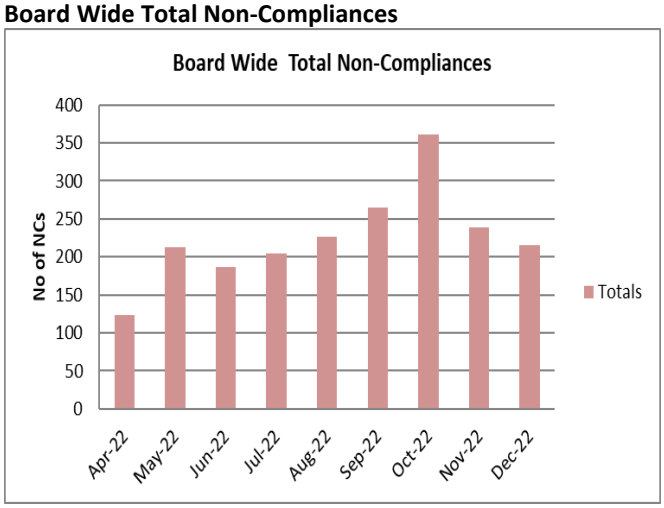
All non-compliances are fed back to the nurse in charge immediately following the ward visit. A follow-up email is also sent to the ward and service manager. Details of each non-compliance are reported in the monthly HAI Service Reports.

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

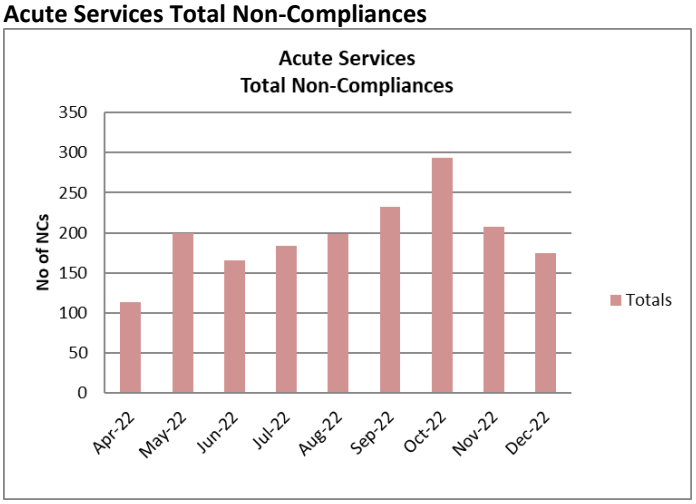
The predominant non-compliance categories reported were **Control of the Environment**, non-compliances included, area is not well maintained and in good state of repair, area is not free from clutter and inappropriate items in clinical area (i.e. staff belongings / coffee cups). The other category with predominant non compliances reported was **Managing Patient Care Equipment** category; non-compliances included items stored inappropriately, indicator tape/label missing, equipment dusty and equipment visibly dirty.

All non-compliances were highlighted to the nurse in charge at the time of audit and any equipment with cleanliness issues was rectified immediately.

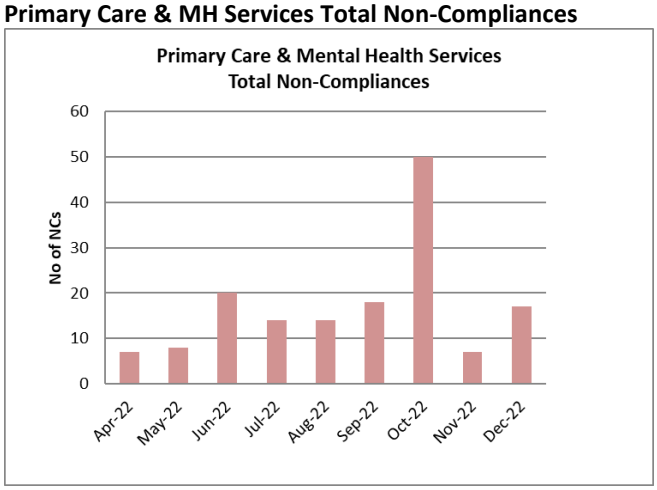
Board Wide Total Non-Compliances



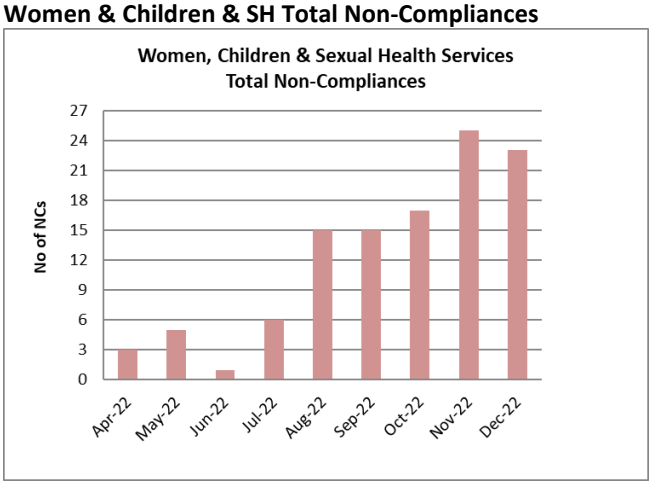
Acute Services Total Non-Compliances



Primary Care & MH Services Total Non-Compliances



Women & Children & SH Total Non-Compliances



Incidence / Outbreaks

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

Healthcare Acquired Infection Incident Template (HAIIT)

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

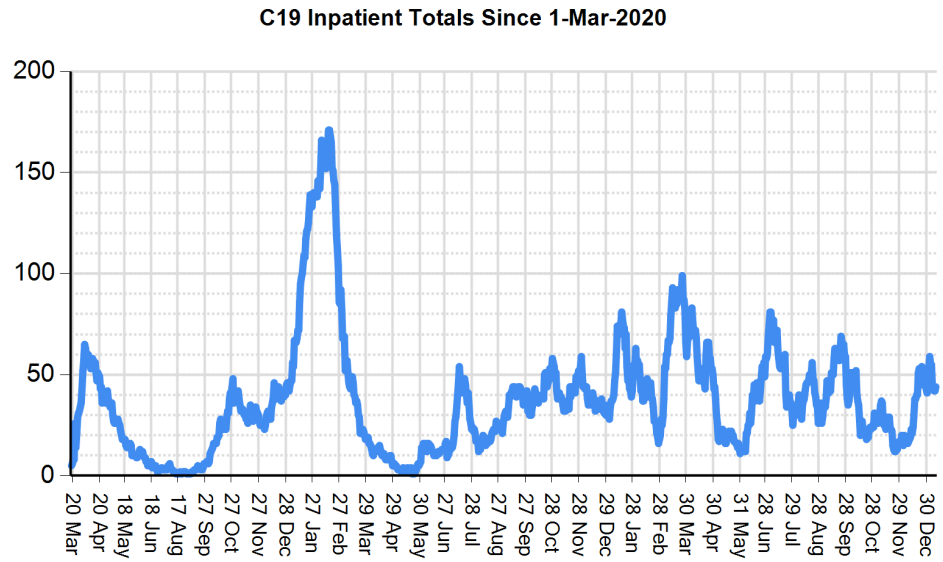
Outbreaks reported this month:

Ward	Type of Outbreak	No of patients affected
Ward A12 FVRH	Covid	16
Ward A22 FVRH	Covid	11
Ward 4 FVRH	Influenza A	5
Ward A11 FVRH	Covid & Influenza A	10

COVID -19 & Influenza

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

See graph below of the inpatient case numbers.



Influenza

Inpatient activity of influenza has been gradually increasing over the month with daily inpatient numbers of around 15 per day. The IPCT is routinely monitoring influenza rates nationally and increases are seen across Scotland with reports of moderate activity throughout the country.

Fortunately given the similarity between influenza and COVID-19 from an IPC point of view, staff are very familiar with the processes required to keep staff and patients safe in the event of influenza rates increasing within the hospital setting.

HEI Inspections to Mental Health Units

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

FORTH VALLEY NHS BOARD
TUESDAY 31 JANUARY 2023

7.2 Performance Scorecard
For Assurance

Executive Sponsor: Mrs Cathie Cowan, Chief Executive

Author: Ms Kerry Mackenzie, Head of Policy & Performance; Ms Claire Giddings, Corporate Performance Manager

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Executive Summary
The overall approach to performance within NHS Forth Valley underlines the principle that performance management is integral to the delivery of quality improvement and core to sound management, governance, and accountability.

The Performance Scorecard is presented to provide the NHS Board with key performance information to support effective monitoring of system-wide performance.

Recommendation
The Forth Valley NHS Board is asked to:

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

Key Issues to be considered
Following a period of remobilisation, the focus remains on recovery as the Board works to stabilise and improve. The Performance Scorecard considers key monthly metrics in relation to system-wide performance as we work to stabilise services and provides a month on month progress overview. Included within the metrics are the eight key standards that are most important to patients: 12 week outpatient target, diagnostics, 12 week treatment time guarantee, cancer targets, access to Psychological Therapies, access to Child & Adolescent Mental Health Services and Accident & Emergency 4-hour waits. Following a review of the Scorecard a number of metrics previously reported pre-covid have been reintroduced and additional metrics have been added to support the provision of a more detailed system-wide picture.

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

The Performance Scorecard is routinely presented to the scheduled meetings of the NHS Board and Performance & Resources Committee, and to the Corporate Management Team on a monthly basis.

Scorecard format

- The scorecard details Key Performance Issues, Key Performance Measures, and Key Performance Graphs

- Notes have been included within the Key Performance Measures and provide additional information including definitions and detail in relation to the indicators and targets
- Measures, Graphs and Key Performance Issues narrative are linked and should be viewed collectively
- The Scotland comparison has been included where possible in the Key Performance Measures and Key Performance Graphs sections.
  Note that the Scotland figures are typically a month or quarter behind.
- Where a Forth Valley wide measure is reported any areas of challenging or poor performance within a specialty will be highlighted in the narrative
- Performance data and graphs continued to be developed within the Pentana Performance & Risk Management System with graph detail from Pentana included in the scorecard.

Key Performance Issues

- ***Unscheduled Care***

Overall compliance with the 4 hour target in December 2022 was 54.9%; Minor Injuries Unit 99.9%, Emergency Department 42.1%. A total of 2,846 patients waited longer than the 4 hour target across both the ED and Minor Injuries Unit (MIU); with 1,260 waits longer than eight hours and 649 waits longer than 12 hours. The main reason for patients waiting beyond 4 hours continues to be wait for first assessment with a cohort of 1,436 patients, noting this is an increase or deterioration from 1,306 in November. Issues in respect of capacity continue to impact on performance.

- ***Scheduled Care***

At the end of December 2022, the number of patients on the waiting list for a first outpatient appointment reduced to 18,952 from 19,022 in November. 55.1% of patients were waiting less than 12 weeks for a first appointment. Activity against the agreed Remobilisation Plan trajectory highlights the cumulative position from April 2022 to December 2022 as 86% compliance.

In December 2022, the number of inpatients/daycases waiting decreased to 4,198 from 4,251 with an increase in those waiting beyond 12 weeks. Activity against the agreed Remobilisation Plan trajectory highlights the cumulative position from April 2022 to December 2022 as 82% compliance against plan.

At the end of December 2022, 844 patients were waiting beyond the 6 week standard for imaging which is 77% compliance; 234 patients were waiting beyond 6 weeks for endoscopy with compliance against the 6-week standard, 53.9%. Activity against the remobilisation plan April to December 2022 is noted as 117% and 111% respectively.

Cancer target compliance in November 2022:

- 62-day target – 70.0% which is a deterioration in performance from the October position of 71.6%.
- 31-day target – 96.1%

- ***DNA***

The new outpatient DNA rate across acute services in December 2022 is noted as 8.8% which is an increase from the position in November.
The return outpatient DNA rate across acute services increased in December 2022 to 8.6% from 7.4% the previous month.

- ***Psychological Therapies***

In December 2022, 77.2% of patients started treatment within 18 weeks of referral. This is an increase or improvement from the previous month position of 72.1% and from 67.9% in December 2021.

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

In December 2022, 60.4% of patients started treatment within 18 weeks of referral. This is an improvement from 33.3% in November 2022 however a reduction from 69.2% in December 2021. The CAMHS waiting list decreased in December 2022.

- ***Workforce***

The sickness absence target is 4.0% with NHS Forth Valley working towards a local milestone target of 4.5% agreed at the Staff Governance Committee. Absence remains above the target at 7.83% in November 2022, which is a deterioration from the October 2022 position of 7.17% and from 6.29% in November 2021.

The absence for Coronavirus reasons is noted as 0.39% in November 2022. Total absence for November 2022 is 8.22%, a deterioration from a total of 7.53% in October 2022.

- ***Delayed Discharges***

The December 2022 census position in relation to standard delays (excluding Code 9 and guardianship) is 68 delays; a reduction from 78 in November. There was a total of 45 code 9 and guardianship delays and no infection codes, with the total number of delayed discharges noted as 113.

The number of bed days occupied by delayed discharges (excluding code 9 and 100) at the December 2022 census was 2,109, this is a reduction from 2,317 in November.

Implications

Financial Implications

Financial implications and sustainability are being considered on an ongoing basis working closely with Scottish Government colleagues and Health & Social Care Partnership Chief Finance Officers. The Finance Report is a standing item on the Performance & Resources Committee and Forth Valley NHS Board meeting agendas.

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

- SRR.005: Financial Breakeven

If NHS Forth Valley financial plans are not aligned to strategic plans and external drivers of change, there is a risk that our cost base for our services over the medium to long term could exceed our future funding allocation, resulting in an inability to achieve and maintain financial sustainability, and a detrimental impact on current/future service provision.

Workforce Implications

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

Infrastructure Implications including Digital

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

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

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

□ *Yes*

✓ *N/A*

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

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

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

Risk Assessment / Management
Recognising that Covid-19 has an exacerbating effect on almost all the strategic risks, and that Covid-19 considerations are now part of business-as-usual planning, Covid-19 considerations are included in the reviews of all existing strategic risks, with additional controls added where necessary.

In terms of performance there are direct links to:

- SRR.002 Urgent & Unscheduled Care

If NHS Forth Valley does not take immediate steps to create capacity and address whole system pressures through delivery of the Urgent and Unscheduled Care programme in the longer term, there is a risk that we will be unable to deliver safe levels of unscheduled care, resulting in potential for patient harm.

- SRR.004 Scheduled Care

If there are delays in delivery of scheduled care there is a risk that NHS Forth Valley will be unable to meet its obligations to achieve the national targets to address the impact of the pandemic on long waiting times for planned care, resulting in poor patient experience and outcomes with the potential for harm.

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

Relevance to Strategic Priorities
Annual Delivery Plan Guidance was received by Scottish Government commissioning a one year plan. The Plan focus is on a limited set of priorities for 2022/23 to enable the system and workforce to recover from the pressure experienced over the past two years. A high level narrative is included setting out our key priorities for recovery and transformation within this period, and how these contribute to national priorities, underpinned by a spreadsheet-based ADP. The Annual Delivery Plan and issues in respect of performance inform on-going engagement with Scottish Government colleagues and service leads within NHS Forth Valley.

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

Further to an evaluation it is noted that:

- Paper is not relevant to Equality and Diversity

Communication, involvement, engagement and consultation
Cognisance has been taken of feedback and comments from Non-Executive and Executive Director colleagues.

Work has been undertaken by the Performance Team with appropriate discussion and support in terms of any technical requirements with the Information Team and other technical experts.

The Performance Scorecard will be kept under review and a full review will be undertaken annually.

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

Appendices

- **Appendix 1**: Performance Scorecard

Key Performance Issues

Unscheduled Care

Overall compliance with the 4 hour target in December 2022 was 54.9%; Minor Injuries Unit 99.9%, Emergency Department 42.1%. A total of 2,846 patients waited longer than the 4 hour target across both the ED and Minor Injuries Unit (MIU); with 1,260 waits longer than eight hours and 649 waits longer than 12 hours. The main reason for patients waiting beyond 4 hours continues to be wait for first assessment with a cohort of 1,436 patients, noting this is an increase or deterioration from 1,306 in November. The high number of patients waiting for first assessment continues to be as a result of issues in relation to capacity. Wait for a bed accounted for 736 patients waiting beyond 4 hours and Clinical Reasons accounting for 187 breaches.

The position over time in respect of ED attendance and compliance highlights an overall increasing trend in the number of attendances from the beginning of the pandemic. It is noted that attendances in December 2022 were higher than December 2021, with 4,911 and 4,537 attendances respectively.

In November there were 489 new attendances to Rapid Assessment and Care Unit (RACU), 157 of which were via ED. This is compared to 327 new attendances in December 2021, 114 of which presented via ED. There were 69 scheduled returns in December 2022 an increase from 64 in December 2021. 346 patients were redirected from ED to a more suitable setting enabling receipt of the right care, in the right place at the right time. This number equates to 7.1% of all ED attendances in December.

The position within ED remains challenging with continued pressure system-wide impacting on compliance with the 4 hour access standard. Factors in relation to bed occupancy, length of stay, delayed discharges, and time of discharge continue to have an impact on flow with issues in respect of capacity significant. Priority is being given to the identification of capacity to relieve pressure within the system with focussed work underway to support decompression of the acute site and sustained recovery. Work is planned to support the withdrawal from contingency spaces where possible, along with the work underway in respect of discharge without delay, ED triage redesign and rapid assessment and discharge.

NHS Forth Valley has agreed with Scottish Government colleagues a whole system Urgent & Unscheduled Care Collaborative plan with implementation work commenced. A refocussed programme of priority workstreams has been developed and support from the Scottish Government has been agreed. Improvement trajectories are being confirmed focussing on delivering 70% compliance with the Emergency Access Standard by summer 2023.

A comprehensive Urgent and Unscheduled Care Update was presented to the Performance & Resources Committee in August 2022. This detailed concerns in respect of patient harm, the strategic response to the challenges face including detail of redesign work underway, winter capacity planning, and daily operational management.

Scheduled Care

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

At the end of December 2022, the number of patients on the waiting list for a first outpatient appointment reduced to 18,952 from 19,022 in November; 8,503 were waiting beyond 12 weeks. Note 55.1% of patients were waiting less than 12 weeks for a first appointment; a reduction from 58.8% the previous month. Activity against the agreed Remobilisation Plan trajectory highlights the cumulative position from April 2022 to December 2022 as 86% compliance. Compliance against the plan for the month of December is 75%.

In December 2022, the number of inpatients/daycases waiting decreased to 4,198 from 4,251. An increase in those waiting beyond 12 weeks was noted from 2,040 in November to 2,188 patients in December. Activity against the agreed Remobilisation Plan trajectory highlights the cumulative position from April 2022 to December 2022 as 82% compliance. Compliance against the plan for the month of December is 71%.

Diagnostics

Imaging

At the end of December 2022, 844 patients were waiting beyond the 6 week standard for imaging which is 77% compliance, a reduction or deterioration from the previous month. Activity against the agreed Remobilisation Plan trajectory highlights the cumulative position from April 2022 to December 2022 as 117% compliance, with the position for December 2022, 107%. Patients continue to be seen on a priority basis with waiting lists actively monitored and managed on an ongoing basis. The total number of patients waiting for imaging in December 2022 was 3,675 patients. This highlights a reduction from a high of 6,419 in March 2022.

Endoscopy

At the end of December 2022, 234 patients were waiting beyond 6 weeks for endoscopy with 49.8% compliance against the 6-week standard. This is noted to be a reduction in compliance from the previous month. However, as with imaging services, activity against the agreed Remobilisation Plan trajectory remains better than plan. The cumulative position from April 2022 to December 2022 is noted as 111% compliance with December compliance against plan, 91%. The total number of patients waiting for endoscopy has reduced in December 2022 to 466 patients from 544 in November 2022 and from 589 in December 2021.

Cancer

Cancer services remain a priority for scheduled care. All Urgent Suspicion of Cancer referrals are tracked to support achievement of the 31 and 62 day access targets. In areas where this is not reached priority measures are taken to address this. A robust monitoring system has been established to identify reasons for breaches and ensure a plan is in place to prevent further non-compliance.

The number of patients being tracked on the 62-day cancer pathway is currently approximately 1,091 of which 16% are confirmed cancer patients.

The November 2022 position is noted as:
- 62-day target – 70.0% which is a deterioration in performance from the October position of 71.6%. The highest number of breaches are within Urology with 14 out of 31 patients meeting the standard. Note there continues to be challenges in within the pathway in terms of tertiary services.

The Scotland position is noted as 69.9%
- 31-day target – Compliance has increased to 96.1% from 94.5% in October when it had dropped below target for the first time since January 2022. Note the November position for Scotland at 93.9%.

The position for the June to September 2022 quarter is that 74.9% of patients were treated within 62 days of referral with a suspicion of cancer. This is noted to be an improvement from the previous quarter. During the same period, 98.3% of patients were treated within 31 days of the decision to treat.

A Cancer Services Update was presented to the Performance & Resources Committee in December 2022. The drive for continuous quality improvements in cancer care was described using benchmarking against the Framework for Effective Cancer Management and tumour group quality performance indicators. Issues in relation to increasing referrals, performance against the 62-day and 31-day standards and specific areas of challenge were described along with work underway to support improvements in performance and for patients.

Unavailability

Monitoring of patient unavailability is an Audit Scotland recommendation and refers to the percentage of outpatient or inpatient/daycase unavailability as a proportion of the total waiting list size.
- Outpatient unavailability in December 2022 was 0.7% of the total waiting list
- Inpatient/daycase unavailability in December 2022 reduced to 5.7% from 6.8% in November 2022. The unavailability rate is less than 9% for all specialties except for Oral and Maxillofacial Surgery 15.1% and General Surgery – Plastics 9.1% (1 patient). This position is monitored on an ongoing basis.

Did Not Attend (DNA)

The new outpatient DNA rate across acute services in December 2022 is noted as 8.8% which is an increase from the position in November of 8.1%. Variation across specialties continues with rates ranging from 37.5% (3 patients in Infectious Diseases) to 1.4%. The biggest impact in terms of the number of DNAs can be seen in Dermatology 10.3% (81 patients), Ophthalmology 12.0% (73 patients) and Orthopaedics 6.6% (44 patients).

The return outpatient DNA rate across acute services in December 2022 was 8.6%. There continues to be a high number of DNAs in Ophthalmology with 281 patients (10.5%), Orthopaedics 158 patients (10.5%), Dermatology 153 patients (9.6%) and Diabetes 110 patients (10.7%).

A plan to modernise Outpatients will see the implementation of a digital solution of a patient hub system that will manage outpatient referrals and appointments electronically to support effective communication with patients and realise cost and flow improvements. This system will have the ability to screen patients in advance of appointments and provide advice to patients attending for appointment electronically. Patient hub systems have the ability to improve efficiencies, reduce print costs and can have a positive impact on the reduction of DNA rates.

Actions in place to support an improvement in the DNA position include:
- Update and full implementation of Access policy with training for staff
- Active Clinical Referral Triage (ACRT) - with a lot of less appropriate referrals (or referrals were patients don't quite understand why their coming) being returned.
- Opt-in
- Patient Initiated Review.
- Admin validating on waiting lists (i.e. often patients are referred to 3 specialties for same issue, or have 2 separate referrals for same specialty and episode of care)
- Clinical validation of waiting lists
- Admin review to understand the capacity allocated to each specialties booking / scheduling
- Specialties do not routinely overbook however some specialties, e.g., dermatology, are being asked to review and consider this approach

New Acute Outpatient DNAs - December 2022

New Acute OP DNA's

...	Code & Title	Value ▼	Numerator	Denominator
🔴	**DNA.NEW.A6** New outpatient appointment DNA - Infectious Diseases	37.5%	3	8
🔴	**DNA.NEW.A81** New outpatient appointment DNA - Endocrinology	14.81%	8	54
🔴	**DNA.NEW.J4** New outpatient appointment DNA - Haematology	13.46%	7	52
🔴	**DNA.NEW.A82** New outpatient appointment DNA - Diabetes	12.7%	8	63
🔴	**DNA.NEW.C7** New outpatient appointment DNA - Ophthalmology	12.03%	73	607
🔴	**DNA.NEW.AB** New outpatient appointment DNA - Geriatric Medicine	11.9%	5	42
🔴	**DNA.NEW.AG** New outpatient appointment DNA - Renal Medicine	11.11%	2	18
🔴	**DNA.NEW.C31** New outpatient appointment DNA - Pain Management	11.11%	5	45
🔴	**DNA.NEW.A9** New outpatient appointment DNA - Gastroenterology	10.37%	14	135
🔴	**DNA.NEW.A7** New outpatient appointment DNA - Dermatology	10.33%	81	784
🔴	**DNA.NEW.D5** New outpatient appointment DNA - Orthodontist	9.8%	5	51
🔴	**DNA.NEW.CB** New outpatient appointment DNA - Urology	9.07%	39	430
🔴	**DNA.NEW.ACU** New outpatient appointment DNA - Forth Valley (Acute OPD Servic...	8.81%	486	5,514
🔴	**DNA.NEW.AR** New outpatient appointment DNA - Rheumatology	8.57%	9	105
🔴	**DNA.NEW.A2** New outpatient appointment DNA - Cardiology	8.39%	26	310
🔴	**DNA.NEW.AH** New outpatient appointment DNA - Neurology	8.33%	17	204
🔴	**DNA.NEW.C5** New outpatient appointment DNA - Ear, Nose and Throat (ENT)	8.15%	19	233
🔴	**DNA.NEW.C8** New outpatient appointment DNA - Orthopaedics	6.58%	44	669
🔴	**DNA.NEW.A1** New outpatient appointment DNA - General Medicine	6.13%	13	212
🔴	**DNA.NEW.C12** New outpatient appointment DNA - Vascular Surgery	5.88%	5	85
🔴	**DNA.NEW.C1** New outpatient appointment DNA - General Surgery	5.39%	40	742
🔺	**DNA.NEW.AQ** New outpatient appointment DNA - Respiratory Medicine	5%	10	200
✅	**DNA.NEW.H2** New outpatient appointment DNA - Clinical Oncology	1.35%	1	74
❓	**DNA.NEW.AP** New outpatient appointment DNA - Rehabilitation Medicine	n/a	0	0
❓	**DNA.NEW.PO** New outpatient appointment DNA - PRE-OP	n/a	0	0

Psychological Therapies

In December 2022, 77.2% of patients started treatment within 18 weeks of referral. This is an increase or improvement from the previous month position of 72.1% and from 67.9% in December 2021. The Scotland position for the quarter ending September 2022 was 80.7% with Forth Valley 59.7%.

As one of the Board areas receiving a programme of enhanced support, NHS Forth Valley submitted a comprehensive Psychological Therapies Improvement Plan to the Scottish Government. This provides details of improvement actions, anticipated trajectories and plans for use of the allocation from the Mental Health Recovery & Renewal Fund. As part of this, trajectory modelling was completed. Work is underway to revise the modelled trajectory to take into account several factors including current staffing levels and the reduction in waiting list size. Achievement of the standard remains challenging, with national workforce availability presenting the most significant risk. While the service has recently recruited to a number of posts, there remain several core vacancies, and national published data indicates that Forth Valley remains below the Scottish average for Psychological Therapies staff per 100,000 population.

Psychological Services are continuing to redesign to make best use of all available resources. As part of this, the service has now contacted all patients on the Adult Psychological Therapies waiting list to offer them an assessment appointment. Following assessment, patients have been allocated to the appropriate type of treatment, some of which are available without a further wait (e.g., digital therapies). Detailed analysis of the assessment outcomes is underway, which will support ongoing work to align current capacity to best match the assessed type of clinical demand.

There is also considerable development within the Psychological Therapies support services, including new roles for a waiting list co-ordinator and an information analyst, and an expansion of online therapies administration support. There is a focus on staff wellbeing to aid both retention of existing staff and recruitment of new staff.

A comprehensive Psychological Therapies Update was presented to the Performance & Resources Committee in October 2022 detailing the performance against waiting times standards, improvement plan actions (reducing the queue and increasing capacity), data issues, trajectory modelling and next steps. A further update to the Improvement Plan was submitted to the Scottish Government on 3 December 2022.

Child and Adolescent Mental Health Services (CAMHS)

In December 2022, 60.4% of patients started treatment within 18 weeks of referral. This is an increase from 33.3% in November 2022. The CAMHS assessment waiting list has reduced to 261 at 14 January 2022, an improved position from 325 at the end of November.

Referral demand continues to increase with a higher than anticipated number of referrals received during November and December 2022. On review of these referral there does not seem to be specific reasons for this increase, therefore the team intend to review this closely during January to establish if this is the beginning of an increasing trend, or a seasonal spike due to festive school holidays.

CAMHS continue to progress a combined Quality Improvement and Waiting Times Improvement Plan. This is multi-factorial and includes the implementation of the Choice and Partnership Approach (CAPA), the redesign of the service to meet the CAMHS Service Specification as well as improvements to ensure that performance is sustainable. The Service is now seeing positive impacts on this wider improvement work, in particular the volume, and shape, of the wating list continues to show improvements with the longest undated wait being 30 weeks and only 63 children waiting over 18 weeks (both at 14 January 2023).

The Treatment Waiting List Trajectory was remodelled December 2022, to take account of current job planned capacity and activity, additional Healios resources and additionality provided by overtime and staff working additional hours. Whilst the improved performance for December was due to additional capacity identified by Healios as well as an increase in unscheduled care presentations, (normal for the festive period). As the service continues to prioritise those waiting the longest this improved RTT position is unlikely to be sustained in January, with trajectory modelling indicating a dip in performance against the target prior to an increase. CAMHS remain confident they are on track to achieve the LDP standard within Q1 2023/24 (April-June 2023).

A validation of the whole waiting list has been completed to identify children suitable for Healios on a matched care basis, which assisted in supporting the improved RTT position. Healios completed a site visit in January 2023 and the service is preparing an options appraisal around the continued use of Healios. It remains clear that we require to re-contract to support the Paediatric NDD pathway, however there may be a further opportunity for Healios to assist with children waiting on treatment specifically for Cognitive Behavioural Therapy (CBT. An options appraisal is under review in this regard.

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

Workforce

The sickness absence target is 4.0% with NHS Forth Valley working towards a local milestone target of 4.5% agreed at the Staff Governance Committee. Absence remains above the target at 7.83% in November 2022, which is a deterioration from the October 2022 position of 7.17% and from 6.29% in November 2021. The 12 month rolling average December 2021 to November 2022 is noted as, NHS Forth Valley 6.59%; Scotland 5.87%.

From 1st September 2022 coronavirus absences are included within the sickness absence totals however there are some still instances recorded as Special Leave and are not included within the sickness absences. The Special Leave absence for Coronavirus reasons is noted as 0.39% in November 2022. This is a slight increase from 0.36% in October2022.

Total absence for November 2022 is 8.22%, a deterioration from a total of 7.53% in October 2022.

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

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

Delayed Discharges

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

The December 2022 census position in relation to standard delays (excluding Code 9 and guardianship) is 68 delays; a reduction from 78 in November. There was a total of 45 code 9 and guardianship delays and no infection codes, with the total number of delayed discharges noted as 113.
In addition, there were 3 code 100 patients. (These patients are undergoing a change in care setting and should not be classified as delayed discharges however are monitored).

The number of bed days occupied by delayed discharges (excluding code 9 and 100) at the December 2022 census was 2,109, this is a reduction from 2,317 in November. Local authority breakdown is noted as Clackmannanshire 132, Falkirk 1,406, and Stirling 269. There were a further 302 bed days occupied by delayed discharges for local authorities' out with Forth Valley.

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

Clackmannanshire
2 – allocated and assessment commenced (1 patient over two weeks and 1 under two weeks)
4 - await move to Care Home (4 patients over two weeks)

Stirling
2 – allocated and assessment commenced (2 patients over two weeks)
3 - await move to Care Home (3 patients over two weeks)
5 - awaiting care packages for home (1 patient over two weeks and 4 under two weeks)
4 – awaiting social work allocation (2 patients over two weeks and 2 under two weeks)

Falkirk
13 - awaiting move to care homes (11 patients are over two weeks and 2 under two weeks)
13 - awaiting care packages for home (4 patients over two weeks and 9 under two weeks)
13 - allocated and assessment commenced (6 patients over two weeks and 7 under two weeks)
2 – await housing provision (2 patients over two weeks)

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

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

Actions continue linked to Health & Social Care Partnership Recovery Planning and Winter Planning. Included are actions enabling the right short term support at home through responsive community care and support, coordination of community support with less duplication and a more efficient support model, care home multi agency working, interim placements to care homes and third sector link worker based on the acute site. A number of further supporting actions continue to be developed.

KEY PERFORMANCE MEASURES

BETTER CARE												
REF	Target Type	FREQUENCY	MEASURE	DATE	TARGET	CURRENT POSITION	PREVIOUS POSITION	RUN CHART	DIRECTION OF TRAVEL	SCOTLAND POSITION	SCOTLAND DATE	NOTES
HOSPITAL STANDARDISED MORTALITY RATE												
MR1	SG	Rolling 12 mth	Hospital Standardised Mortality Ratio (HSMR)	30-Jun-22	</= 1.00	1.01	1.00	-	▼	1.00	30-Jun-22	Hospital Standardised Mortality Ratio (HSMR) is a measure of mortality adjusted to take account of some of the factors known to affect the underlying risk of death. The data is calculated on a rolling 12 months and published quarterly.
UNSCHEDULED CARE												
US1	SG	Monthly	Number of ED Attendances	31-Dec-22	Reduction	4,911	4,709	-	▼	-	-	Number of ED attandances and a target of 'Reduction' is relevant in relation to capacity and flow. National standard for A&E waiting times is that new and unplanned return attendances at an A&E service should be seen and then admitted, transferred or discharged within four hours. This standard applies to all areas of emergency care such as EDs, assessment units, minor injury units, community hospitals, anywhere where emergency care type activity takes place. The measure is the proportion of all attendances that are admitted, transferred or discharged within four hours of arrival. 95% of patients should wait no longer than four hours from arrival to admission, discharge or transfer for A&E treatment.
US2	SG	Monthly	Emergency Department % compliance against 4 hour access target	31-Dec-22	95%	42.1%	48.7%	✓	▼	64.1%	30-Nov-22	
US3	S5	Monthly	Number that waited >4 hours in ED	31-Dec-22	Reduction	2,845	2,417	-	▼	-	-	
US4	SG	Monthly	Number that waited >8 hours in ED	31-Dec-22	Reduction	1,260	859	-	▼	-	-	
US5	SG	Monthly	Number that waited >12 hours in ED	31-Dec-22	Reduction	649	236	-	▼	-	-	
US6	SG	Monthly	Number of MIU Attendances	31-Dec-22	Reduction	1,395	1,567	-	▲	-	-	
US7	SG	Monthly	Minor Injuries Unit % compliance against 4 hour target	31-Dec-22	95%	99.9%	99.9%	-	◄►	-	-	
US8	SG	Monthly	NHS Forth Valley Overall % compliance against 4 hour target	31-Dec-22	95%	54.9%	61.5%	✓	▼	67.5%	30-Nov-22	
US9	FV	Monthly	Number of ED attendances - Mental Health	31-Dec-22	Reduction	48	60	-	-	-	-	Attendances at A&E with a cause of injury recorded as Intentional Self Harm
US10	FV	Monthly	Emergency Department % compliance against 4 hour access target - Mental Health	31-Dec-22	95%	8.3%	40.0%	-	▼	-	-	
US11	FV	Monthly	Number of Rapid Assessment and Care Unit New Attendances	31-Dec-22	-	489	508	-	-	-	-	
US12	FV	Monthly	Number of Rapid Assessment and Care Unit Scheduled Return Attendances	31-Dec-22	-	69	95	-	-	-	-	
US13	FV	Monthly	Number of Re-directions from ED	31-Dec-22	-	346	347	-	-	-	-	Redirections from ED to a more suitable setting enabling receipt of the right care, in the right place at the right time
US14	FV	Monthly	Re-directions from ED %	31-Dec-22	-	7.1%	7.4%	-	-	-	-	
US15	FV	Monthly	Number of Emergency Admissions	31-Dec-22	Reduction	3,042	3,193	-	▲	-	-	Admission to a hospital bed following an attendance at an A&E service.
OUT OF HOURS												
OH1	FV	Monthly	Number of Out of Hours Presentations	31-Dec-22	Reduction	5380	4580	-	▼	-	-	
	FV	Monthly	Advice	31-Dec-22	-	4422	3702	-	-	-	-	
	FV	Monthly	Home Visit	31-Dec-22	-	97	104	-	-	-	-	
	FV	Monthly	Attend OOH Appointment	31-Dec-22	-	861	774	-	-	-	-	
OH2	FV	Monthly	Out of Hours % Rota Fill	31-Dec-22	-	82%	81%	-	▲	-	-	
SCHEDULED CARE												
OUTPATIENTS												
SC1	SG	Monthly	Total Number of New Outpatients Waiting	31-Dec-22	Reduction	18,952	19,022	✓	▲	-	-	An outpatient is categorised as a new outpatient at his first meeting with a consultant or his representative following an outpatient referral. Outpatients whose first clinical interaction follows an inpatient episode are excluded. Scotland position quarterly
SC2	SG	Monthly	Number of New Outpatients waiting over 12 weeks	31-Dec-22	Reduction	8,503	7,844	✓	▼	-	-	
SC3	SG	Monthly	New Outpatients waiting under 12 weeks %	31-Dec-22	95%	55.1%	58.8%		▼	46.3%	30-Sep-22	
SC4	SG	Monthly	Compliance with Annual Delivery Plan trajectories - New Outpatients	31-Dec-22	100%	75%	92%	-	▼	-	-	
SC5	SG	FYTD	Compliance with Annual Delivery Plan trajectories - New Outpatients	31-Dec-22	100%	86%	88%	-	▼	-	-	
SC6	Audit	Monthly	Outpatient Unavailability	31-Dec-22	Monitor	0.7%	0.7%	✓	◄►	0.7%	30-Sep-22	Unavailability, for patients without a date for treatment, is a period of time when the patient is unavailable for treatment. Unavailability can be for medical or social reasons. Scotland position quarterly
SC7	FV	Monthly	New Acute Services Outpatient % DNA	31-Dec-22	5%	8.9%	8.1%	-	▼	7.6%	30-Sep-22	A patient may be categorised as did not attend (DNA) when the hospital is not notified in advance of the patient's unavailability to attend on the offered admission date, or for any appointment. Scotland position quarterly
SC8	FV	Monthly	Return Acute Services Outpatient % DNA	31-Dec-22	5%	8.2%	7.5%	-	▼	-	-	
DIAGNOSTICS												
SC10	SG	Monthly	Total number waiting - Imaging	31-Dec-22	Reduction	3,675	3,941		▲	-	-	Waiting times standard is that patients should be waiting no more than six weeks for one of the eight key diagnostic tests and investigations - Xray, Ultrasound, CT, MRI, Colonoscopy, Upper Endoscopy, Lower Endoscopy, Cystoscopy Scotland position monthly, available quarterly
SC11	SG	Monthly	Number waiting beyond 42 days - Imaging	31-Dec-22	0	844	626	-	▼	-	-	
SC12	SG	Monthly	Percentage waiting less than 42 days - Imaging	31-Dec-22	100%	77.0%	84.1%	✓	▼	50.2%	30-Sep-22	
SC13	SG	Monthly	Compliance with Annual Delivery Plan trajectories - Imaging	31-Dec-22	100%	107%	121%	-	▼	-	-	
SC14	SG	FYTD	Compliance with Annual Delivery Plan trajectories - Imaging	31-Dec-22	100%	117%	119%	-	▼	-	-	
SC15	SG	Monthly	Total number waiting - Endoscopy	31-Dec-22	Reduction	466	544		▲	-	-	
SC16	SG	Monthly	Number waiting beyond 42 days - Endoscopy	31-Dec-22	0	234	251	-	▲	-	-	
SC17	SG	Monthly	Percentage waiting less than 42 days - Endoscopy	31-Dec-22	100%	49.8%	53.9%	✓	▼	53.5%	30-Sep-22	
SC18	SG	Monthly	Compliance with Annual Delivery Plan trajectories - Endoscopy	31-Dec-22	100%	91%	129%	-	▼	-	-	
SC19	SG	FYTD	Compliance with Annual Delivery Plan trajectories - Endoscopy	31-Dec-22	100%	111%	114%	-	▼	-	-	

CANCER												
SC20	SG	Monthly	62 Day Cancer Target - Percentage compliance against target	30-Nov-22	95%	70.0%	71.6%	✓	▼	69.9%	30-Nov-22	
SC21	SG	Monthly	62 Day Cancer - Number seen within target against total	30-Nov-22	-	70/100	63/88	-	-	-	-	
	SG	Monthly	62 Day Cancer - Breast - Percentage compliance against target	30-Nov-22	95%	94.4%	100.0%	-	▼	86.1%	30-Nov-22	
	SG	Monthly	62 Day Cancer - Breast - Number seen within target against total	30-Nov-22	-	17/18	15/15	-	-	-	-	
	SG	Monthly	62 Day Cancer - Colorectal - Percentage compliance against target	30-Nov-22	95%	76.9%	60.0%	-	▲	58.1%	30-Nov-22	
	SG	Monthly	62 Day Cancer - Colorectal - Number seen within target against total	30-Nov-22	-	10/13	6/10	-	-	-	-	
	SG	Monthly	62 Day Cancer - Cervical - Percentage compliance against target	30-Nov-22	95%	-	-	-	◄►	40.0%	30-Nov-22	
	SG	Monthly	62 Day Cancer - Cervical - Number seen within target against total	30-Nov-22	-	0/0	0/0	-	-	-	-	
	SG	Monthly	62 Day Cancer - Head & Neck - Percentage compliance against target	30-Nov-22	95%	66.7%	20.0%	-	▲	78.4%	30-Nov-22	
	SG	Monthly	62 Day Cancer - Head & Neck - Number seen within target against total	30-Nov-22	-	2/3	1/5	-	-	-	-	
	SG	Monthly	62 Day Cancer - Lung - Percentage compliance against target	30-Nov-22	95%	62.5%	82.4%	-	▼	80.6%	30-Nov-22	
	SG	Monthly	62 Day Cancer - Lung - Number seen within target against total	30-Nov-22	-	10/16	14/17	-	-	-	-	Cancer services remain a priority for scheduled care. All Urgent Suspicion of Cancer referrals are tracked to support achievement of the 31 and 62 day access targets. In areas where this is not reached priority measures are taken to address this. A robust monitoring system has been established to identify reasons for breaches and ensure a plan is in place to prevent further non-compliance.
	SG	Monthly	62 Day Cancer - Lymphoma - Percentage compliance against target	30-Nov-22	95%	100.0%	80.0%	-	▲	65.7%	30-Nov-22	
	SG	Monthly	62 Day Cancer - Lymphoma - Number seen within target against total	30-Nov-22	-	4/4	4/5	-	-	-	-	
	SG	Monthly	62 Day Cancer - Melanoma - Percentage compliance against target	30-Nov-22	95%	100.0%	100.0%	-	◄►	88.2%	30-Nov-22	
	SG	Monthly	62 Day Cancer - Melanoma - Number seen within target against total	30-Nov-22	-	2/2	3/3	-	-	-	-	
	SG	Monthly	62 Day Cancer - Ovarian - Percentage compliance against target	30-Nov-22	95%	50.0%	-	-	-	82.4%	30-Nov-22	
	SG	Monthly	62 Day Cancer - Ovarian - Number seen within target against total	30-Nov-22	-	1/2	0/0	-	-	-	-	
	SG	Monthly	62 Day Cancer - Upper GI - Percentage compliance against target	30-Nov-22	95%	90.9%	100.0%	-	▼	82.9%	30-Nov-22	
	SG	Monthly	62 Day Cancer - Upper GI - Number seen within target against total	30-Nov-22	-	10/11	7/7	-	-	-	-	
	SG	Monthly	62 Day Cancer - Urology - Percentage compliance against target	30-Nov-22	95%	45.2%	50.0%	-	▼	52.0%	30-Nov-22	
	SG	Monthly	62 Day Cancer - Urology - Number seen within target against total	30-Nov-22	-	14/31	13/26	-	-	-	-	
SC22	SG	Monthly	31 Day Cancer Target - Percentage compliance against target	30-Nov-22	95%	96.1%	94.5%	✓	▲	93.9%	30-Nov-22	
SC23	SG	Monthly	31 Day Cancer Target - Number seen within target against total	30-Nov-22	-	99/103	103/109	-	-	-	-	
SC24	SG	Quarterly	62 Day Cancer Target - Percentage compliance against target	30-Sep-22	95%	74.9%	73.8%	✓	▲	73.8%	30-Sep-22	
SC25	SG	Quarterly	31 Day Cancer Target - Percentage compliance against target	30-Sep-22	95%	98.3%	98.9%	✓	▼	94.2%	30-Sep-22	
INPATIENTS & DAYCASES												
SC26	SG	Quarterly	Number of patients that waited >12 weeks - Completed Wait	31-Dec-22	0	1016	1217	-	-	-	-	
SC27	SG	Quarterly	% Compliance with 12 week TTG Standard	31-Dec-22	100%	55.2%	49.8%	-	▲	56.3%	30-Sep-22	
SC28	SG	Monthly	Total Number of Inpatients/Day cases Waiting	31-Dec-22	Reduction	4,198	4,251	✓	▲	-	-	Treatement Time Guarantee (TTG) - There is a 12 week maximum waiting time for the treatment of all eligible patients who are due to receive planned treatment delivered on an inpatient or day case basis. Scotland position quarterly
SC29	SG	Monthly	Number of Inpatients/Day cases waiting over 12 weeks	31-Dec-22	Reduction	2,188	2,040	✓	▼	-	-	
SC30	SG	Monthly	Percentage of Inpatients/Day cases waiting under 12 weeks	31-Dec-22	100%	47.9%	52.0%	✓	▼	31.2%	30-Sep-22	
SC31	SG	Monthly	Compliance with Annual Delivery Plan trajectories - Inpatients/Day cases	31-Dec-22	100%	71%	74%	-	▼	-	-	
SC32	SG	FYTD	Compliance with Annual Delivery Plan trajectories - Inpatients/Day cases	31-Dec-22	100%	82%	83%	-	▼	-	-	
SC33	Audit	Monthly	Inpatient/Day case Unavailability	30-Nov-22	Monitor	5.7%	6.8%	✓	▲	3.1%	30-Sep-22	Unavailability, for patients without a date for treatment, is a period of time when the patient is unavailable for treatment. Unavailability can be for medical or social reasons. Scotland position quarterly
READMISSIONS												
R1	FV	Monthly	Readmissions - Surgical 7 day	31-Dec-22	Reduction	2.4%	2.1%	-	▼	-	-	This is the measure of patients readmitted as an emergency to a medical/surgical specialty within 7 days or 28 days of the index admission. Emergency readmissions as a percentage of all admissions.
R2	FV	Monthly	Readmissions - Surgical 28 day	31-Dec-22	Reduction	5.3%	5.4%	-	▲	-	-	
R3	FV	Monthly	Readmissions - Medical 7 day	31-Dec-22	Reduction	1.6%	1.0%	-	▼	-	-	
R4	FV	Monthly	Readmissions - Medical 28 day	31-Dec-22	Reduction	4.1%	3.5%	-	▼	-	-	
MENTAL HEALTH												
PSYCHOLOGICAL THERAPIES												
MH1	SG	Monthly	Psychological Therapies - 18 week RTT compliance	31-Dec-22	90%	77.2%	72.9%	✓	▲	-	-	The 18 Weeks RTT is a whole journey waiting time standard from initial referral to the start of treatment. The standard has been determined by the Scottish Government and states that 90.0% of patients should have a completed pathway within 18 weeks.
MH2	FV	Monthly	Total Number Waiting for Pyschological Therapies Initial Assessment	31-Dec-22	Reduction	677	796	-	▲	-	-	
MH3	SG	Quarterly	Psychological Therapies - 18 week RTT compliance	30-Sep-22	90%	59.7%	66.4%		▼	80.7%	30-Sep-22	
CHILD & ADOLESCENT MENTAL HEALTH SERVICES												
MH4	SG	Monthly	Child & Adolescent Mental Health Services - 18 week RTT compliance	31-Dec-22	90%	60.4%	33.3%	✓	▲	-	-	
MH5	FV	Monthly	Total Number Waiting for CAMHS Initial Assessment	31-Dec-22	Reduction	290	325	-	▲	-	-	
MH6	SG	Quarterly	Child & Adolescent Mental Health Services - 18 week RTT compliance	30-Sep-22	90%	31.6%	35.8%		▼	67.9%	30-Sep-22	
SUBSTANCE USE												
SM1	SG	Quaterly	% Compliance with the 3 Week target - ADP (excluding Prisons)	30-Sep-22	90%	89.1%	94.2%	✓	▼	92.2%	30-Sep-22	The Scottish Government set a Standard that 90% of people referred for help with problematic drug or alcohol use will wait no longer than three weeks for specialist treatment that supports their recovery.
SM2	SG	Quaterly	% Compliance with the 3 Week target - Prisons	30-Sep-22	90%	97.7%	91.8%	✓	▲	96.0%	30-Sep-22	
COMPLAINTS												
C1		Monthly	% Compliance Forth Valley	30-Nov-22	100%	79.0%	76.0%	✓	▲	-	-	Complaints monitoring and feedback is a standing item on the Clinical Governance Committee agenda
C2		Monthly	% Compliance Stage 1	30-Nov-22	100%	100.0%	100.0%	✓	◄►	-	-	
C3		Monthly	% Compliance Stage 2	30-Nov-22	100%	54.0%	49.0%	✓	▼	-	-	

BETTER WORKFORCE

REF		FREQUENCY	MEASURE	DATE	TARGET	CURRENT POSITION	PREVIOUS POSITION	RUN CHART	DIRECTION OF TRAVEL	SCOTLAND POSITION	SCOTLAND DATE	
WF1	FV	Monthly	COVID-19 Special Leave - number of employees	30-Nov-22	-	118	111	-	▼	-	-	From 1st September 2022 coronavirus absences are included within the sickness absence totals however there are some still instances recorded as Special Leave and are not included within the sickness absences. Hours lost due to sickness absence / total hours available (%). Short Term Absence - a period of sickness absence of 28 days or less Long Term Absence - a period of sickenss absence lasting over 28 days Absence Management is a standing item on the Staff Governance Committee
WF2	FV	Monthly	COVID-19 Special Leave	30-Nov-22	-	0.39%	0.36%	✓	▼	-	-	
WF3	SG	Monthly	Overall Absence (excluding Covid Special Leave)	30-Nov-22	4.5%	7.83%	7.17%	✓	▼	6.75%	30-Nov-22	
WF4	FV	Monthly	Short Term Absence	30-Nov-22	-	3.24%	2.71%	-	▼	-	-	
WF5	FV	Monthly	Long Term Absence	30-Nov-22	-	4.58%	4.45%	-	▼	-	-	
WF6	FV	Rolling 12 mth	Overall Absence (excluding Covid Special Leave)	30-Nov-22	-	6.59%	6.48%	-	▼	5.87%	30-Nov-22	

BETTER VALUE

REF		FREQUENCY	MEASURE	DATE	TARGET	CURRENT POSITION	PREVIOUS POSITION	RUN CHART	DIRECTION OF TRAVEL	SCOTLAND POSITION	SCOTLAND DATE	
DELAYED DISCHARGES										-	-	
VA1	FV	Monthly	Delayed Discharges - excl. Code 9 & Guardianship (Standard Delays)	31-Dec-22	Reduction	68	78	✓	▲	-	-	A delayed discharge is a hospital inpatient who has been judged clinically ready for discharge by the responsible clinician in consultation with all agencies involved in planning that patient's discharge, and who continues to occupy the bed beyond the ready for discharge date
			Falkirk	31-Dec-22	Reduction	44	42	✓	▼	-	-	
			Clackmannanshire	31-Dec-22	Reduction	6	15	✓	▲	-	-	
			Stirling	31-Dec-22	Reduction	15	15	✓	◄►	-	-	
			Outwith Forth Valley	31-Dec-22	Reduction	6	6	✓	◄►	-	-	
VA2	FV		Code 9 & Guardianship Delays	31-Dec-22	Reduction	45	47	✓	▲	-	-	
			Falkirk	31-Dec-22	Reduction	26	28	✓	▲	-	-	
			Clackmannanshire	31-Dec-22	Reduction	10	9	✓	▼	-	-	
			Stirling	31-Dec-22	Reduction	7	8	✓	▲	-	-	
			Outwith Forth Valley	31-Dec-22	Reduction	2	2	✓	◄►	-	-	
VA3	FV		Total Bed Days Occupied by Delayed Discharges	31-Dec-22	Reduction	2,109	2,317	✓	▲	-	-	
			Falkirk	31-Dec-22	Reduction	1,406	1,453	✓	▲	-	-	
			Clackmannanshire	31-Dec-22	Reduction	132	227	✓	▲	-	-	
			Stirling	31-Dec-22	Reduction	269	330	✓	▲	-	-	
			Outwith Forth Valley	31-Dec-22	Reduction	302	307	✓	▲	-	-	
AVERAGE LENGTH OF STAY												
VA4	FV	Monthly	FVRH Acute Wards Average Length of Stay (Days)	31-Dec-22	Reduction	7.83	7.95	-	▲	-	-	This is the mean length of stay (in days) experienced by inpatients in FVRH Acute wards, does not include MH or W&C.
EFFICIENCY												
E1	FV	Monthly	ED Attendances per 100,000 of the population - Forth Valley	31-Dec-22	Reduction	1,606	1,540	-	▼	-	-	
E2	FV	Rolling 12 mth	Acute Emergency Bed days per 1,000 population - Forth Valley	30-Nov-22	Reduction	804	800	-	▼	-	-	
E3	FV	Monthly	% Bed Occupancy - FVRH	31-Dec-22	Reduction	113.0%	112.0%	-	▼	-	-	The percentage occupancy is the percentage of average available staffed beds that were occupied by inpatients during the period. 85% is the nationally agreed standard supporting optimum flow
E4	FV	Monthly	% Bed Occupancy - Assessment Units	31-Dec-22	Reduction	111.1%	106.7%	-	▼	-	-	
E5	FV	Monthly	% Bed Occupancy - ICU	31-Dec-22	Reduction	77.4%	77.4%	-	▼	-	-	
FINANCE												
F1	SG	FYTD	Year to date revenue position	31-Dec-22	Breakeven	-£1.5m	-£1.8m	-	▲	-	-	

Scorecard Detail

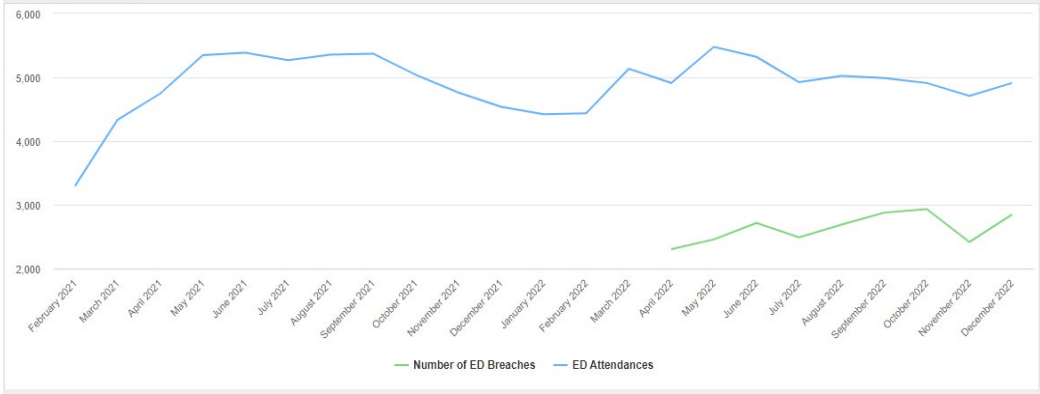
Target Type	FV - Local target/measure set and agreed by NHS Forth Valley; SG - Target/measure set by Scottish Government
Frequency	Frequency of monitoring in relation to scorecard
Measure	Brief description of the measure
Date	Date measure recorded
Target	Agreed target position
Current Position	As at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

MONTHLY KEY PERFORMANCE GRAPHS

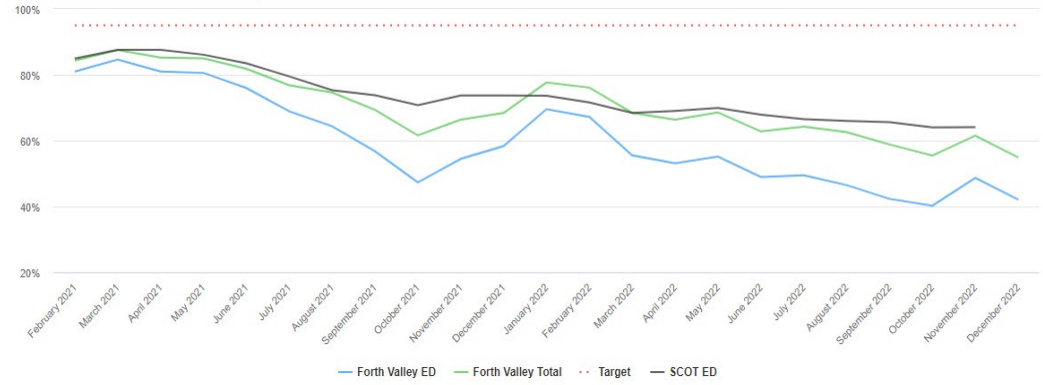
BETTER CARE

UNSCHEDULED CARE

US1&2 - ED Attendances

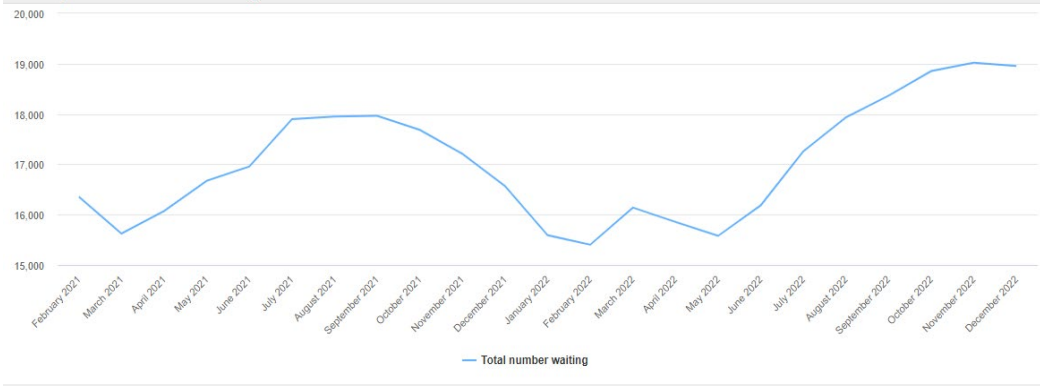


US2 & 7 - Unscheduled Care: 4hr access Target

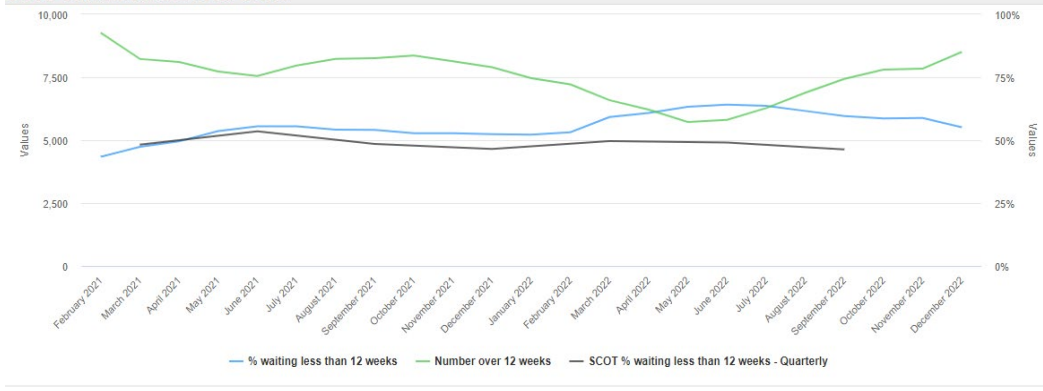


SCHEDULED CARE

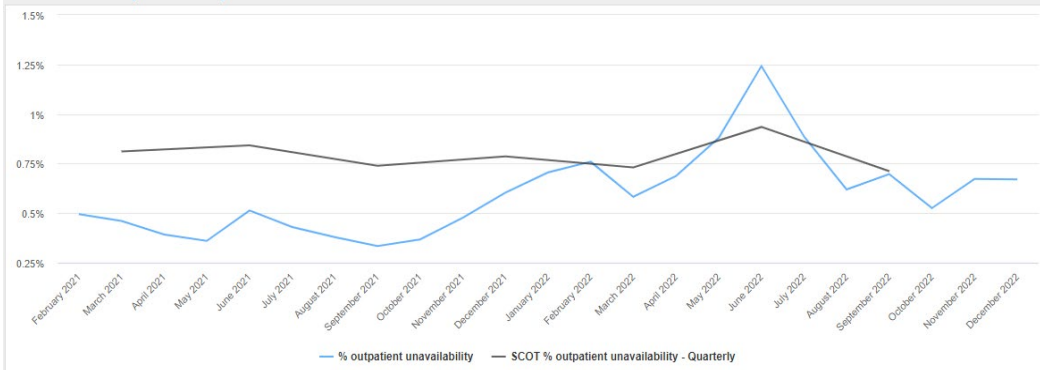
SC1 - Outpatient Waits: Total number waiting



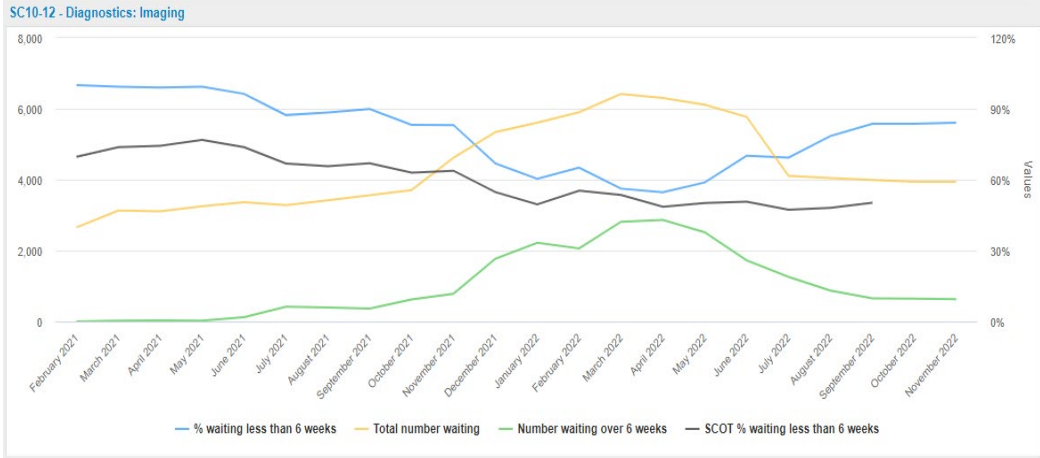
SC2 & 3 - Outpatient Waits: Number over 12 weeks



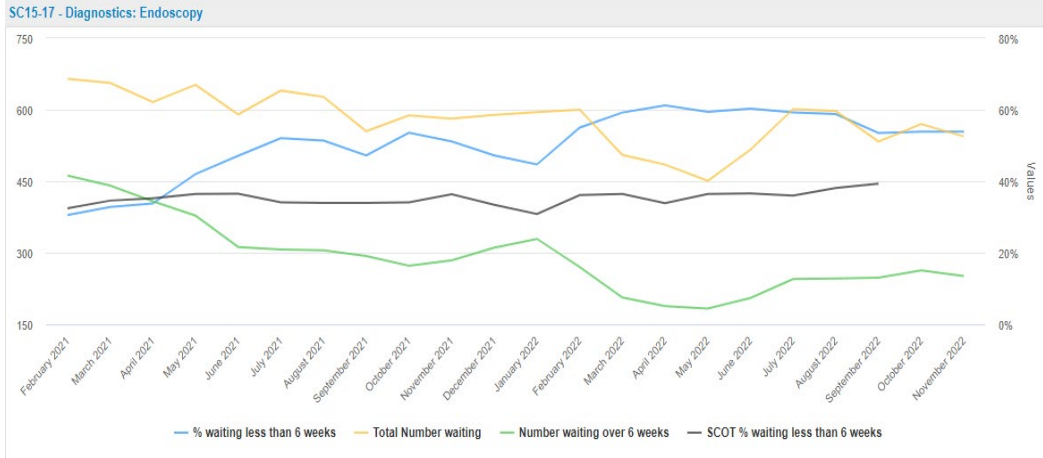
SC6 - OP Unavailability for Forth Valley



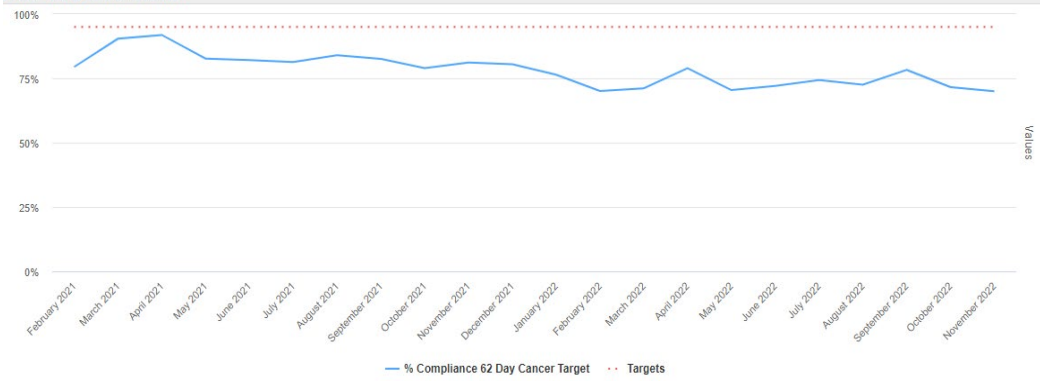
SC10-12 - Diagnostics: Imaging



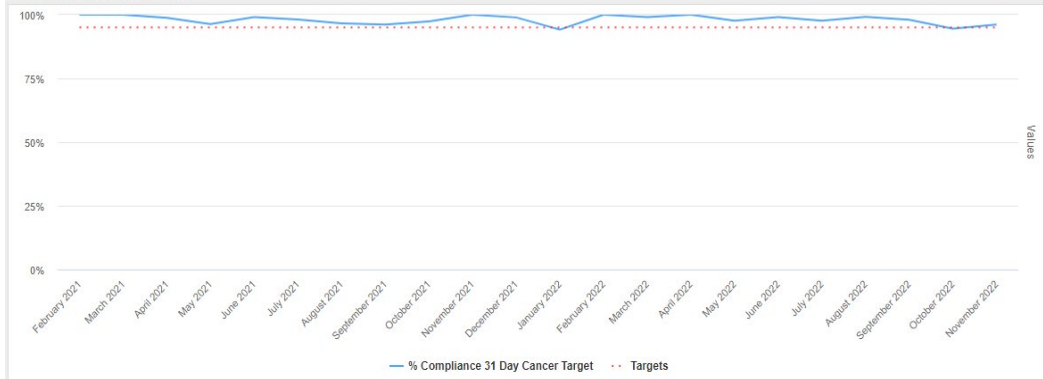
SC15-17 - Diagnostics: Endoscopy



SC20 - 62-Day Cancer Standard



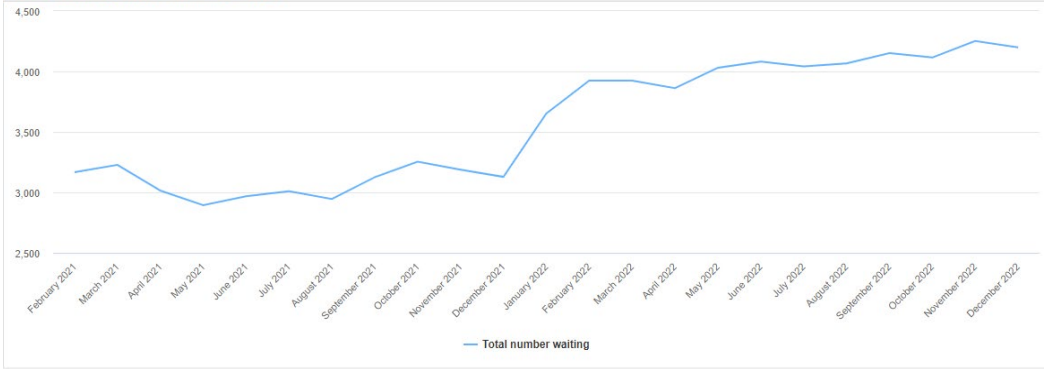
SC22 - 31-Day Cancer Standard



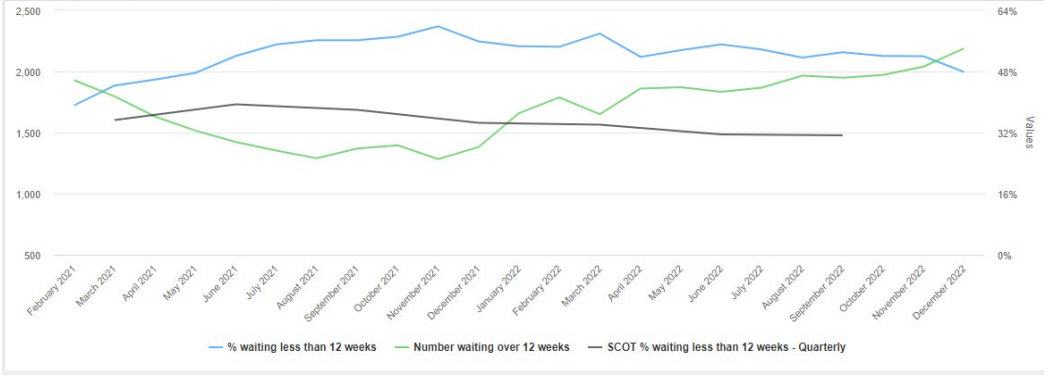
SC25 - 62-Day Cancer Standard - Quarterly total

SC25 - 31-Day Cancer Standard - Quarterly total

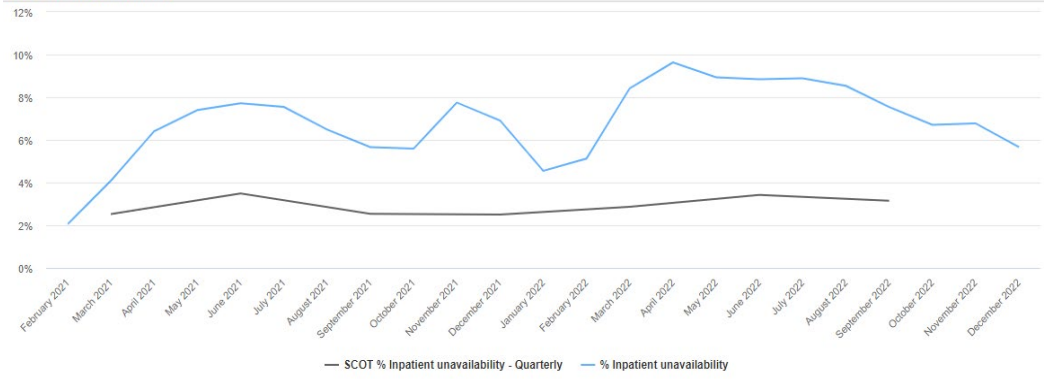
SC28 - Inpatient/Daycases: Total number waiting



SC28-30 - Inpatients/Daycases: Number waiting over 12 weeks

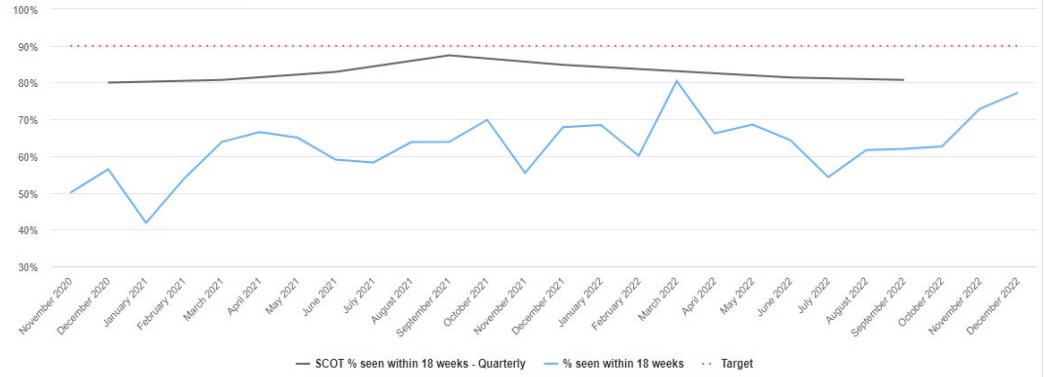


SC33 - Inpatient Unavailability

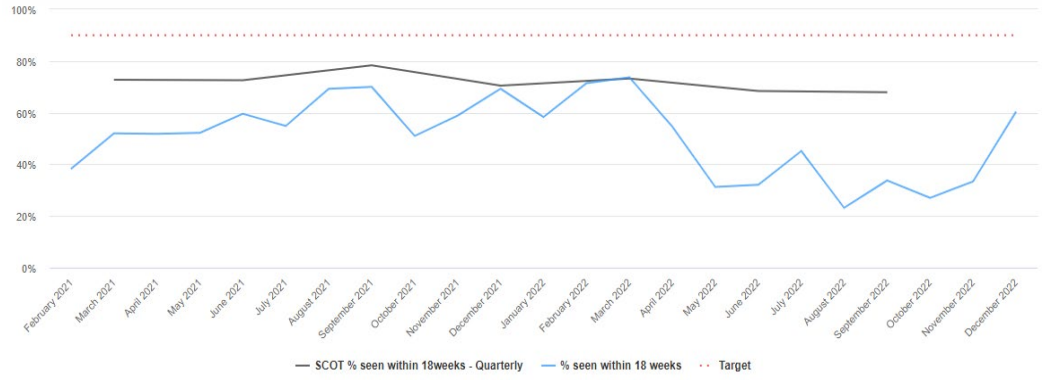


MENTAL HEALTH

MH1 - Access to Psychological Therapies

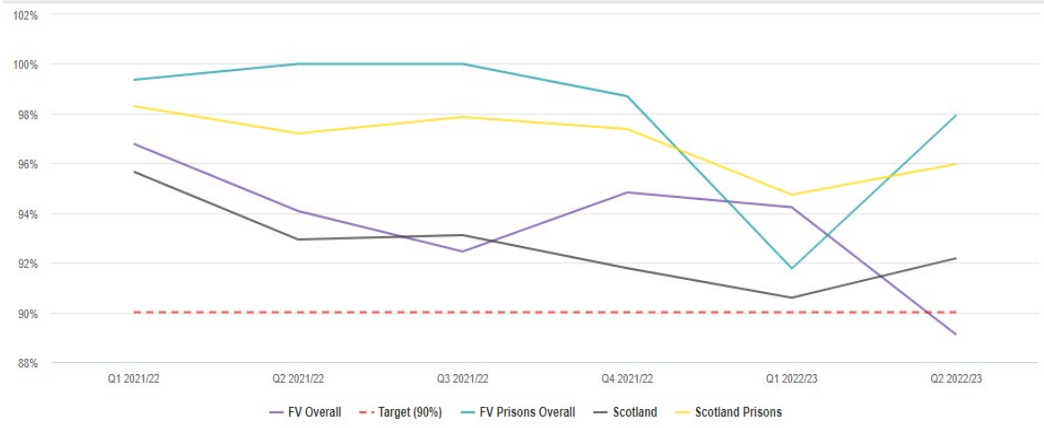


MH4- Access to Child & Adolescent Mental Health Services



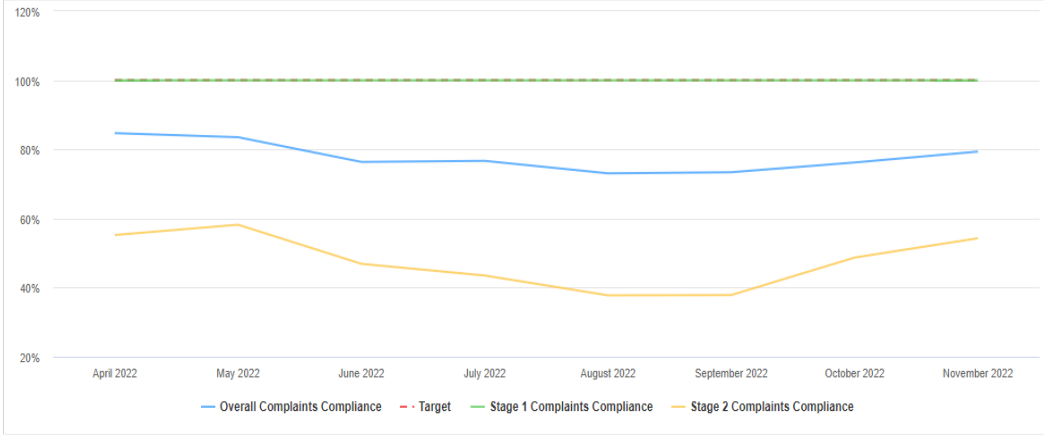
SUBSTANCE MISUSE

SM1 & 2 - Substance Use - % commenced treatment within 3 weeks of referral



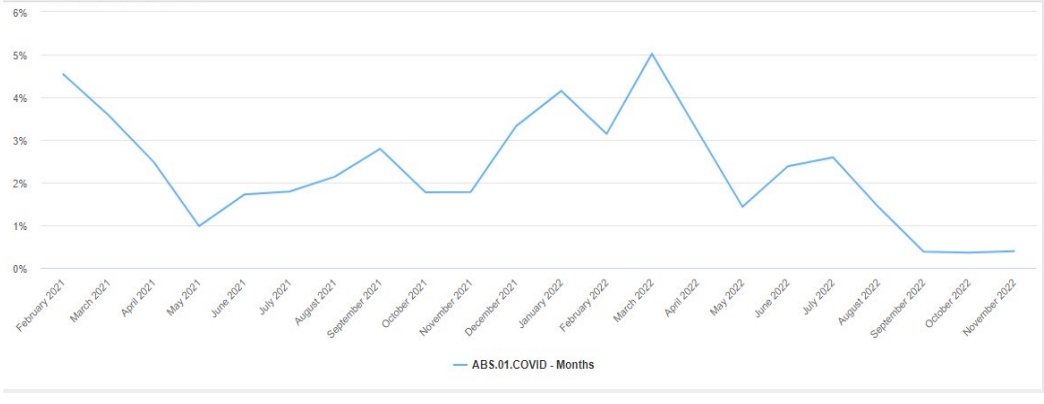
COMPLAINTS

Forth Valley Complaints

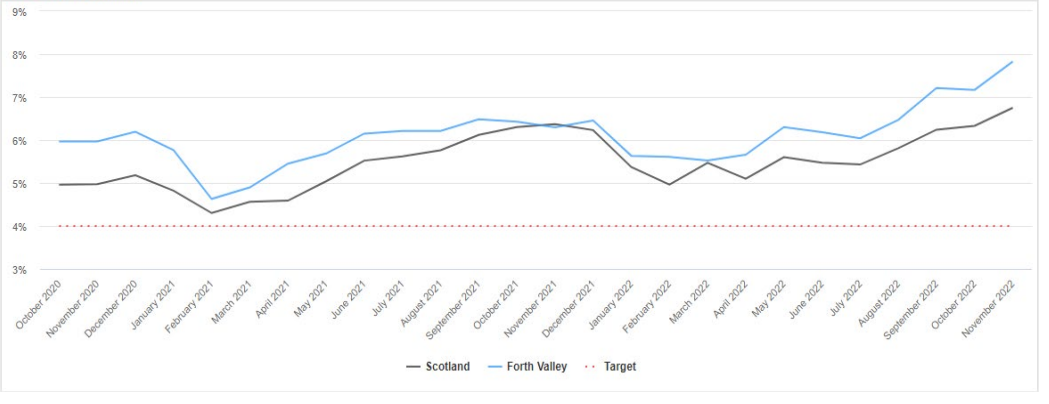


BETTER WORKFORCE

WF2 - Coronavirus Related Absence

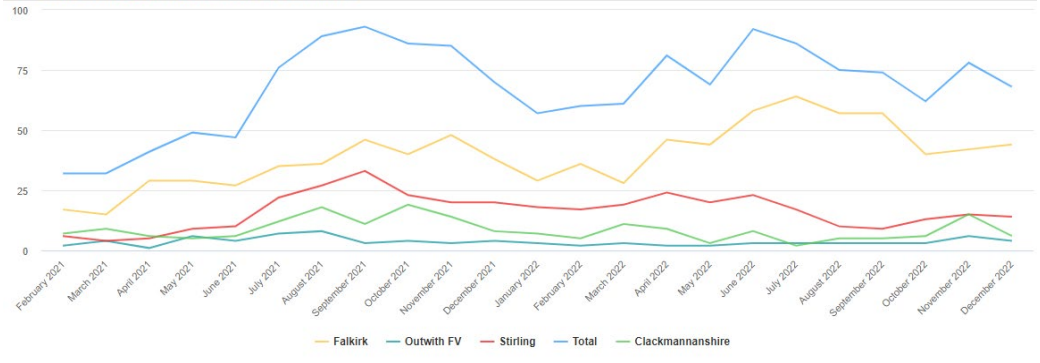


WF3 - Sickness Absence

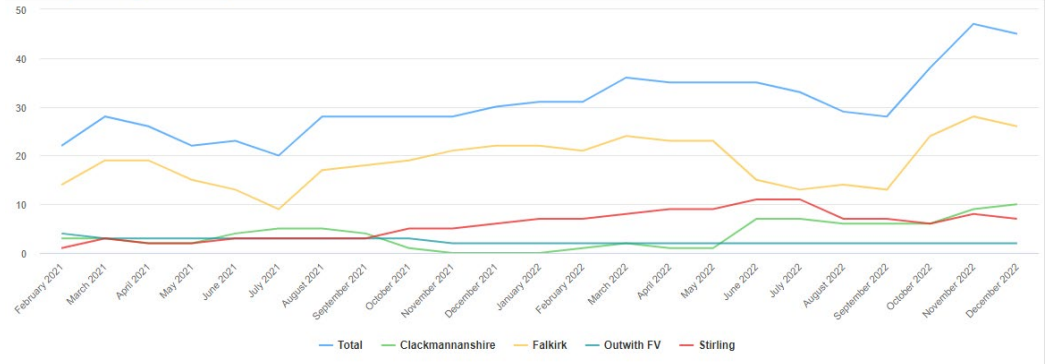


BETTER VALUE

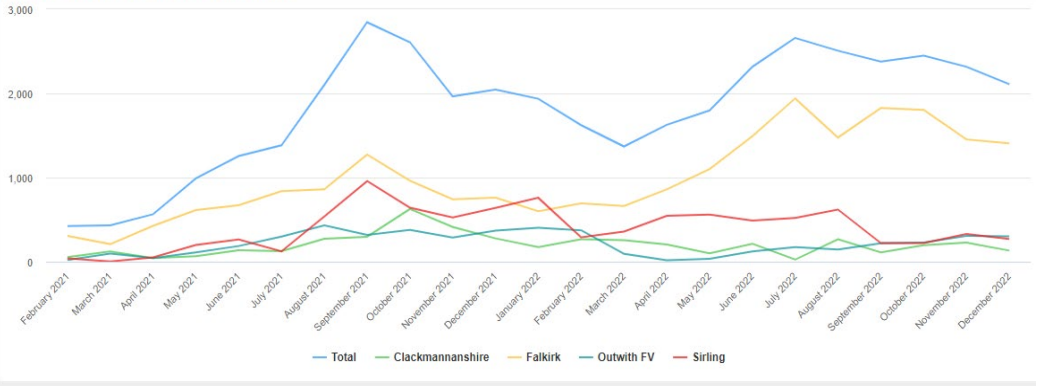
VA1 - Delayed Discharges: Delays excl. Code 9 & Guardianship



VA2 - Delayed Discharges: Guardianship & Code 9



VA3 - Delayed Discharges: Total Occupied Bed Days



FORTH VALLEY NHS BOARD
TUESDAY 31 JANUARY 2023

7.3 iMatter Report 2023
Assurance

Executive Sponsor: Miss Linda Donaldson, Human Resources Director

Author: Mrs Margaret Kerr, Head of Organisational Development, Learning and Education

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Executive Summary
The purpose of this paper is to provide an overview of the key outcomes of the 2022 Board report, themes from the National report and learning to take forward for this year's cycle. In addition, aims to provide assurance to the Board of the ongoing OD support to managers, local administrators, and teams across the organisation to continue to embed the iMatter staff experience continuous improvement model within their teams.

Recommendation
The Forth Valley NHS Board is asked to: -

- **note** the contents of this paper and receive future updates as required

Key Issues to be Considered

iMatter Staff Experience Continuous Improvement Model

iMatter is based on the Staff Governance Standards which require all NHS boards to demonstrate that staff are

- Well Informed
- Appropriately Trained and Developed
- Involved in Decisions
- Treated fairly and consistently with dignity and respect, in an environment where diversity is valued
- Provided with a continuously improving and safe working environment, promoting the health and wellbeing of staff, patients, and the wider community

The iMatter questionnaire enables staff the opportunity to feed back their experience within their team and at organisational level on a real-time basis. iMatter results are directly reported at all levels throughout an organisation. Once team reports are received, group members come together to review the results and collectively share responsibility for developing an action plan within an 8-week period. Key to the success of this process is the quality conversations that take place within the team and the ongoing review of actions and progress made throughout the year.

Following the 2022 iMatter survey, the National Report results for NHS Forth Valley have shown a steady improvement.

Board Report Data

Response Rate	**2018** 62%	**2019** 68%	**2021** 54%	**2022** 56%
Employee Engagement Index Yearly components report outlined similar themes to previous years	75	75	73	76
Action Plan Completion within 8-week timeline. The OD team offered support for managers on action planning, encouraging teams across the organisation to have quality conversations about their team reports, to agree action plans which can be reviewed on an ongoing basis.	80%	72%	58%	58%
Board Yearly Components Report				
Performance Management	2018 64	2019 63	2021 59	2022 62
Confidence and Trust in Management	64	63	58	60
Partnership working. Involved in decisions relating to my organisation	56	55	52	54
Visibility of Board Members	60	60	51	52
Staff Stories Examples of staff stories were featured in the National Report included several from HR	➢ OD Stories: Corporate Induction, Talent Management and Succession Planning Framework, Bursary support for staff, wellbeing: Spaces for Listening ➢ Recruitment including improvements made for Senior Recruitment Process and the success of international recruitment. ➢ Operational HR support on Once for Scotland Policies ➢ Occupational Health The success of the team Newsletter			

Comparisons Nationally and Locally

National Report	**NHS Forth Valley**
Overall response rate 55%	56%
EEI 76	76
Action Plan Completion within 8 weeks 47	58%

The 2023 timeline has been issued by SGT, outlined below

iMatter 2023

Timeline for 2023 iMatter cycle

Outlined below is timeline for NHS Forth Valley approved by SWAG.

Changes must be made locally within portal and list of teams included in distribution must be sent to Webropol 2 weeks prior to distribution date	Distribution date Mon 10am – Manager Team checking stage	Team confirmations end date Fri 5pm – all teams need to be confirmed by this date/time	Questionnaire go-live date Mon 11am	Questionnaire end date Mon 5pm	Last day to receive paper questionnaires	Paper input end date	Reports published date & notification Mon 12pm	Action plan Reminder (2 wks. after reports) Mon 12pm	Action plan reminder (4 weeks after reports) after closing date Mon 12pm	8 week Action Plan Completion Date Mon 12pm	Anniversary cycle new distribution date
05/04/23	19/04/23	13/05/23	16/05/23	06/06/23	13/06/23	17/06/23	20/06/23	04/07/23	18/07/23	15/08/23	18/04/24

Recommendations for 2023

- Ongoing support from senior level and partnership colleagues for the further embedding of iMatter moving forward.
- Managers require to personally confirm their teams on the system. Despite the offer of support and training, there were several teams who did not confirm their teams despite repeated reminders from the LET team.
- There is a need for Directorate/Local Administrators (LA) in all Directorates to provide direct support locally who will be supported by the Board Administrators currently within the LET Team.
- Ongoing review and reporting of iMatter KPI data, including action plan completion, reinforcing local ownership and the opportunities for continuous improvement. We have placed significant emphasis on encouraging managers to have quality conversations with their teams to agree action plans which can be reviewed on an ongoing basis.

Recommendations for 2023

- Ongoing support from senior level and partnership colleagues for the further embedding of iMatter moving forward.
- Managers require to personally confirm their teams on the system. Despite the offer of support and training, there were several teams who did not confirm their teams despite repeated reminders from the LET team.
- There is a need for Directorate/Local Administrators (LA) in all Directorates to provide direct support locally who will be supported by the Board Administrators currently within the LET Team.
- Ongoing review and reporting of iMatter KPI data, including action plan completion, reinforcing local ownership and the opportunities for continuous improvement. We have placed significant emphasis on encouraging managers to have quality conversations with their teams to agree action plans which can be reviewed on an ongoing basis.

Implications

Financial Implications
None

Workforce Implications
iMatter provides a valuable opportunity aligned to the Staff Governance Standards to ensure staff feel informed, engaged in decisions, feel valued, respected, supported with training, personal growth and work in a safe environment which takes cognisance of their health and wellbeing.

This is a valuable opportunity for staff across the organisation to give feedback on their experience and contribute to quality conversations within their teams to develop action plans.

Infrastructure Implications including Digital
Line managers require to update the webropol system confirming their team structure and contact details. Training and support are provided.

Sustainability Implications
None

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

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

Quality / Patient Care Implications
As outlined above in Staff Governance Standards, iMatter is based on the Staff Governance Standards which require all NHS boards to demonstrate that staff are provided with a continuously improving and safe working environment, promoting the health and wellbeing of staff, patients, and the wider community

Information Governance Implications
None

Risk Assessment / Management
N/A

Relevance to Strategic Priorities
iMatter is aligned to the Staff Governance Standards and to NHS Forth Valley Strategic priorities.

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

Consultation Process
Updates on iMatter are reported and discussed at Directorate Performance meetings, Area Partnership Forum, Staff Governance Committee and HRSLT

iMatter 2022
NHS Forth Valley

Staff Governance Committee

December 2022

iMatter 2022

- Overview of 2022 iMatter cycle
- Board Report and iMatter 4KPI data
- Themes from National Report
- Learning from this cycle
- 2023 Imatter dates

2022 Timeline

Team Confirmation

16/05/22-10/06/22

Questionnaire

Go live 13/06/22

Closed 04/07/22

Reports

Electronic: 07/07/22

Combined Electronic and Paper

19/07/22

Action planning

Electronic:01/09/22

Combined:12/09/22

Loaded on webropol by 12 midday

Health and Social Care iMatter Questionnaire for Administrator (NHS Forth Valley)

Up to date response rate

56%

Employee Engagement Index

76

Board Report 2022

Yearly EEI

Yearly Response Rates

Board Yearly Components Report

Action plans 2022

iMatter 4 KPI Report 2022

Yearly Response Rates

NHS Forth Valley

	Response rate	Response rate		Response rate		Response rate	
Organisation	**2018**	**Improvement**	**2019**	**Improvement**	**2021**	**Improvement**	**2022**
NHS Forth Valley (Cathie Cowan SMT)	62%	↑	68%	↓	54%	↑	56%
NHS Forth Valley	**62%**	↑	**68%**	↓	**54%**	↑	**56%**

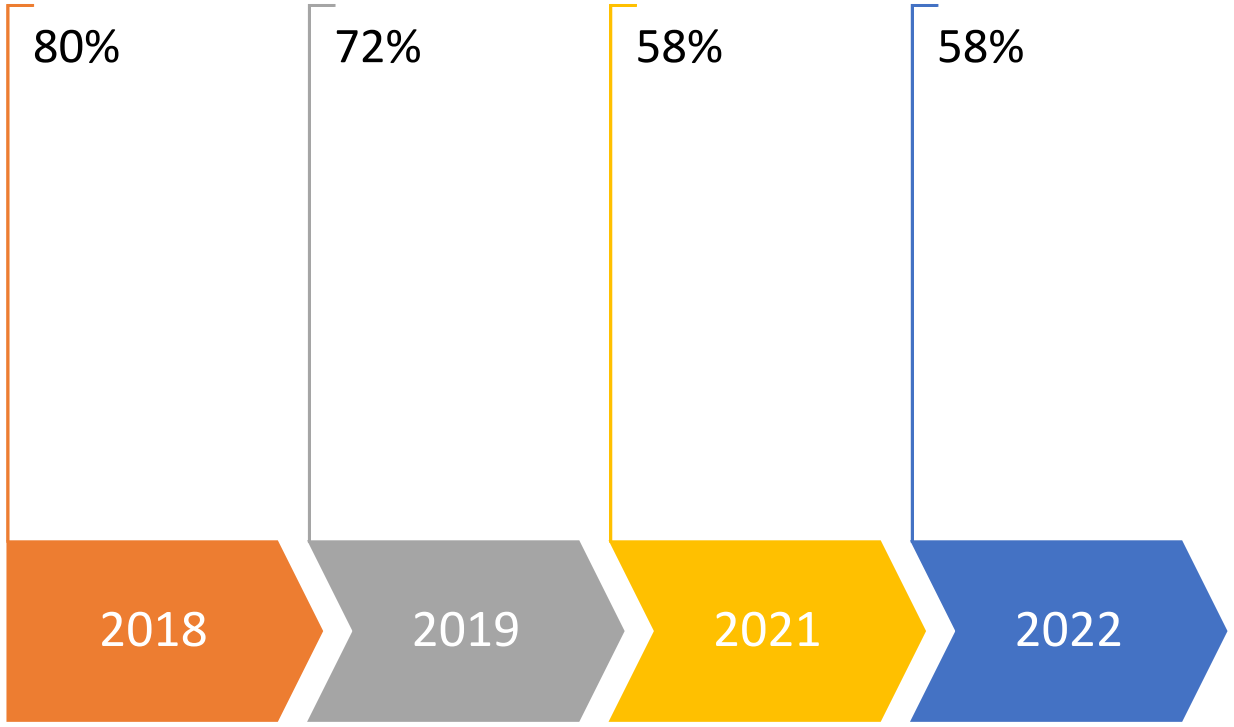
Yearly EEI

NHS Forth Valley

EEI numbers and improvements from last year

Organisation	2018	Improvement	2019	Improvement	2021	Improvement	2022
NHS Forth Valley (Cathie Cowan SMT)	75	→	75	↓	73	↑	76
NHS Forth Valley	**75**	→	**75**	↓	**73**	↑	**76**

Action Plans Completed within 8 weeks



Comparisons Nationally

National Report

- **Overall Response Rate**: 55%
- **EEI:** 76
- **Action Plans within 8 weeks:** 47%

NHS FV

Response Rate: 56%

EEI: 76

Action Plans :58% within 8 weeks

Board Yearly Components Report

iMatter Questions	Staff Experience Employee Engagement Components	Average Response			
		2018	2019	2021	2022
My direct line manager is sufficiently approachable	Visible and consistent leadership	85	85	86	88
I am clear about my duties and responsibilities	Role Clarity	87	87	86	87
I have confidence and trust in my direct line manager	Confidence and trust in management	82	82	83	86
I feel my direct line manager cares about my health and well-being	Assessing risk and monitoring work stress and workload	83	83	83	86
I am treated with dignity and respect as an individual	Valued as an individual	82	82	82	85
I would recommend my team as a good one to be a part of	Additional Question	81	83	82	84
I am treated fairly and consistently	Consistent application of employment policies and procedures	81	80	80	83
My team works well together	Effective team working	80	81	81	83
I understand how my role contributes to the goals of my organisation	Sense of vision, purpose and values	81	81	81	82
I get the information I need to do my job well	Clear, appropriate and timeously communication	81	80	78	81
My work gives me a sense of achievement	Job satisfaction	80	80	79	81
I have sufficient support to do my job well	Access to time and resources	77	76	75	78
I am confident performance is managed well within my team	Performance management	76	76	75	78
I am confident my ideas and suggestions are listened to	Listened to and acted upon	74	75	74	77
I feel involved in decisions relating to my team	Empowered to influence	75	75	74	77
I feel appreciated for the work I do	Recognition and reward	72	72	71	75

I would be happy for a friend or relative to access services within my organisation	Additional Question	77	77	74	75
I get enough helpful feedback on how well I do my work	Performance development and review	72	71	71	74
I am confident my ideas and suggestion are acted upon	Listened to and acted upon	71	70	70	73
I would recommend my organisation as a Good place to work	Additional Question	73	73	71	73
I am given the time and resources to support my learning growth	Learning & growth	70	70	68	72
I feel involved in decisions relating to my job	Empowered to influence	70	69	69	72
I get the help and support I need from other teams and services within the organisation to do my job	Appropriate behaviours and supportive relationships	71	70	68	70
I feel my organisation cares about my health and wellbeing	Heath and well being support	69	69	67	69
I am confident performance is managed well within my organisation	Performance management	64	63	59	62
I have confidence and trust in Board members who are responsible for my organisation	Confidence and trust in management	64	63	58	60
I feel sufficiently involved in decisions relating to my organisation	Partnership working	56	55	52	54
I feel that board members who are responsible for my organisation are sufficiently visible	Visible and consistent leadership	60	60	51	52

67 - 100 Strive & Celebrate

51 - 66 Monitor to Further Improve

34 - 50 Improve to Monitor

0 - 33 Focus to Improve

Themes : Yellow- Monitor to improve

Visibility of board members

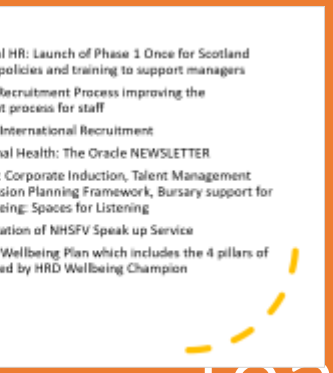
Confidence and trust in board members

Involvement in decisions relating to my organisation

Confidence that performance is managed well in the organisation

Yearly Components

iMatter Staff Experience Employee Engagement Components	Average Response			
	2018	2019	2021	2022
Performance Management	64	63	59	62
Confidence and Trust in Management	64	63	58	60
Partnership Working-Involved in Decisions relating to my organisation	56	55	52	54
Visibility of Board Members	60	60	51	52



Team Stories

NHSFV featured in the National Report

- Operational HR: Launch of Phase 1 Once for Scotland workforce policies and training to support managers
- HR Senior Recruitment Process improving the recruitment process for staff
- Success of International Recruitment
- Occupational Health: The Oracle NEWSLETTER
- OD Stories: Corporate Induction, Talent Management and Succession Planning Framework, Bursary support for staff, wellbeing: Spaces for Listening
- Implementation of NHSFV Speak up Service
- Workforce Wellbeing Plan which includes the 4 pillars of wellbeing led by HRD Wellbeing Champion

Learning for 2022

Managers responsibility to confirm their teams

Support of Directorate administrators

Managers access of webropol site to monitor progress in areas, e.g. iMatter 4 KPI data

Reinforce the importance of action planning across the service and the value of having quality career conversations

iMatter 2023

Timeline for 2023 iMatter cycle

Outlined below is timeline for NHSFV approved by SWAG.

Changes must be made locally within portal and list of teams included in distribution must be sent to Webropol 2 weeks prior to distribution date	Distribution date Mon 10am – Manager Team checking stage	Team confirmations end date Fri 5pm – all teams need to be confirmed by this date/time	Questionnaire go-live date Mon 11am	Questionnaire end date Mon 5pm	Last day to receive paper questionnaires	Paper input end date	Reports published date & notification Mon 12pm	Action plan Reminder (2 wks after reports) Mon 12pm	Action plan reminder (4 weeks after reports) after closing date Mon 12pm	8 week Action Plan Completion Date Mon 12pm	Anniversary cycle new distribution date
05/04/23	19/04/23	13/05/23	16/05/23	06/06/23	13/06/23	17/06/23	20/06/23	04/07/23	18/07/23	15/08/23	18/04/24

FORTH VALLEY NHS BOARD
TUESDAY 31 JANUARY 2023

7.4 Equality & Inclusion Strategy Progress Update
For Assurance

Executive Sponsor: Miss Linda Donaldson, Director of Human Resources

Author: Ms Charlene Condeco, Disability Advisor

Executive Summary
NHS Forth Valley Equality & Inclusion Strategy "Everyone Means Everyone" 2021-25 (appendix 1) was approved by the NHS Board in November 2021,

NHS Forth Valley has a legal duty under the terms of the Equality Act 2010 (Specific Duties) (Scotland) Regulations 2012: to produce and publish a report of a fresh set of Equality Outcomes at least every four years. The duties also require NHS Boards to publish a report on the progress made to achieve their equality outcomes at intervals of not more than two years.

NHS Forth Valley is aware that there are groups within our communities who do not enjoy equal rights and outcomes compared to the rest of the population. This includes the right to the highest attainable standard of physical and mental health. The right to health is a fundamental part of our human rights. Our health and life expectancy should not be dependent on our socio-economic status, where we live, our racial group, disability or identity.

This paper reflects how NHS Forth Valley is making progress and creating effective solutions in advancing equality of opportunity for all people, eliminating unlawful discrimination and fostering good relationships between communities.

This paper is presented to the Board as an update on progress since the last paper, reflecting the pause on essential activity across the system and addressing where we are in remobilising services.

Recommendation

The Forth Valley NHS Board is asked to:

- **note** the progress update on the implementation of the Equality & Inclusion Strategy "Everyone Means Everything" 2021-25.

Key issues to be considered

1. Purpose of the Paper

1.1 This paper is presented to Board for an update on progress since the last paper, reflecting the pause on essential activity across the system and addressing where we are in remobilising services.
1.2 NHS Forth Valley has a legal duty under the terms of the Equality Act 2010 (Specific Duties) (Scotland) Regulations 2012 to:

- produce and publish an Equality Outcomes Report every four years

- update reports every two years,
- set out what we wish to achieve in the area of each of the "protected characteristics" of equality as defined by the Equality Act 2010.

This Equality & Inclusion strategy and development plan supports implementation of these requirements.

2. Background

2.1 As an NHS organisation, we have a statutory duty to promote equality across our services and to demonstrate fairness and equality. We recognise the need to advance equality and are committed to developing as an organisation in which all our patients, users of our services, informal carers and/or their advocates, families and our staff feel valued, respected and able to be themselves.

2.2 The Equality & Inclusion strategy sets out how we will deliver our ambition and the high standards we expect of ourselves. It demonstrates the efforts we will undertake to build an inclusive culture within our workforce and organisation. It also sets out how we will shape services which actively address inequality and exclusion and address the progressive building of good relations between different communities.

2.3 The strategy is integral to NHS Forth Valley's annual operating plan and is underpinned by the belief that equality, equity and inclusive practice enhance our service delivery, patient, informal carers and/or their advocates experience and staff fulfilment.

2.4 The Equality & Inclusion bi-annual reports to the ELT and the NHS Board to ensure that our governance supports and enables us to:

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

2.5 Equality & Inclusion Strategy is aligned to the NHS Boards objectives for 2022/23 and integrated across the NHS Boards strategies and annual operating plan. The supporting implementation plan has been designed to ensure focus across the Executive/Senior Leaders and their teams objectives and performance will be monitored via the CMT and onward to the NHS Board. Equality and Inclusion is integrated as part of Forth Valley wide person-centred work.

3. Approach

3.1 Our 8 strategic objectives are outlined in the table below. The implementation plan is designed to ensure that we can have flexibility and agility to amend our approach if required to meet our longer term strategic objectives. We will review the objectives annually and amend the implementation plan as required to enable us to meet our identified outcomes. In turn the learning from these reviews will then identify the objectives being taken forward for the remaining 2023-2025 periods ensuring we deliver on the outcomes.

Objective 1	Users of services have a positive experience, have their dignity, rights and needs respected, are provided with person centred care and are equal partners in the planning of it. We aim to remove barriers and reduce inequalities experience by those users of our services.
Objective 2	Staff and users of our services will know how to recognise, identify

	and report hate crime incidents and feel confident and supported in the process of doing so.
Objective 3	All people accessing or receiving palliative and end of life care will not experience inequalities, with a specific focus on barriers experienced by those in protected characteristic groups.
Objective 4	To prevent, treat and improve access to mental health services for all people, with a specific focus on barriers experienced by ethnic communities and young transgender people.
Objective 5	People accessing sexual health services will not experience inequalities, with a specific focus on understanding barriers experienced by those in protected characteristic groups
Objective 6	All staff, experience a care and work environment which is free from discrimination, specific focus will be given to monitoring experiences of those from protected characteristic groups
Objective 7	Robust data on the characteristics of the people in Forth Valley (including equality and socio-economic disadvantage data) will be collected.
Objective 8	All staff will have a better knowledge of EQIA processes and the importance of them in relating to the nine protected characteristics and in giving due consideration to areas of disadvantage as set out by the Fairer Scotland Duty.

3.1 The implementation plan has been developed to support the delivery of the 8 objectives.

3.2 Due to the ongoing pressures our equality and inclusion leadership group has been paused, however we have taken the opportunity to continue to capture our activity in relation to the priority areas and the objectives, which is reflected in the implementation plan. Due to the covid restrictions the ability to engage with key stakeholders remains limited to a virtual space and our planned face to face engagement events will be rescheduled for early Spring 2023.

3.3 Our key areas of progress

- Interpretation and Translation Services: after collation of audit information and reviews of interpretation and translation usage the tender and procurement process can now be progressed. The initial paperwork will be submitted by February. The process has several legal stages and a set timeline. The current top five languages utilised are Polish, Arabic, British Sign Language, Hungarian and Urdu. There are over four thousand people registered on our system who utilise interpretation for appointments.

  Requirements and usage can change quickly when responding to local needs, for example refugee resettlement in the area. Five years ago Arabic was rarely requested and is now our second most utilised language. From 2018 - 2022 interpretation in Ukrainian was requested twice however from 2022 - 2023 it was requested over five hundred times as people impacted by the war in Ukraine were resettled in Forth Valley. Consideration is required when providing Ukrainian interpreters as many are of Russian decent and we must be mindful of the political implications of the situation and how we manage that in providing person centred care.

- Equality Impact Assessment: the updated EQIA portal is in its final stage and is being pre-tested by specific users before going live at the end of January. Initial feedback has been positive and the reporting facility search fields including unique identification, protected characteristic, service submitting, title of policy/service change will provide easier access for review of the documents, evidence of engagement etc. Email confirmation of the submission of an EQIA will be received with a unique ID number, a prompt email three weeks prior to review date will automatically be provided. When EQIA has been successfully completed a PDF document is emailed to submitter for their records and an email is provided to Communication Team enabling the EQIA to be placed on the public web page.

  Initial meetings have taken place with IJB Service Managers in Falkirk, Stirling and Clacks to address crossover of services provided within this geographical area and the implications this has for the EQIA process.

- Sexual Health Services: Project underway with specific focus on attracting those less likely to engage groups, addressing access concerns, linguistic challenges, rurality etc. Identified post, in collaboration with the charity Amazing Harmonies, leading work which will progress blood borne virus education, advise and support.

- Disability Confident Leader: NHS Forth Valley already holds Disability Confident Employer accreditation; work is now underway to progress to Level Three of the programme Disability Confident Leader. This work requires submission of evidence of positive leadership in recruiting and retaining staff who have a disability.

3.4 Our next steps will be to:

- Collate information gained from recent engagement event in relation to the creation of NHS Forth Valley Ethnic Minority Staff Network. This work will include networking across other boards, identifying resources, education and a future programme of events.
- Disability Equality and Access Service will be engaging with members of the community with lived experience of the protected characteristics who are interested in participating in Equalities training for staff.
- Discussions to take place relating to Neurodiversity in the workplace and support for managers and staff.
- Review learning opportunities for Hate Crime and Reporting, prepare programme of events for early autumn.
- Equality and Inclusion Leadership Group and other partners to be identified as we progress with the bi-annual E&I report enabling full participation.
- Finalise the update of our Equality and Inclusion Delivery Plan in preparation for the publication of progress in April.
- To continue work relating to our identified objectives and highlight completed work and that which is being progressed.

4 Wider Organisational Impact

Governance and Accountability:

- This Equality & Inclusion Strategy and the Equality outcomes ensures that the NHS Board meets legal duties

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

Corporate Objectives:

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

Implications

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

Workforce Implications
There are no workforce implications at this time.

Infrastructure Implications including Digital
There are no infrastructure implications currently.

Sustainability Implications
There are no sustainability implications currently.

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

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

Quality / Patient Care Implications
To ensure equality of access to health services for the population of Forth Valley.

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

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

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

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

- Full Equality Impact Assessment completed – report available on request.

Communication, involvement, engagement, and consultation
Consultation and engagement across the protected characteristic groups is undertaken as each objective is progressed. This ensures good communication and involvement, appropriate to individual interest, can be achieved enabling relationships to be built on mutual trust.

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

Appendices

- **Appendix 1:** Equality & Inclusion Strategy "Everyone Means Everyone"

NHS Forth Valley

NHS Forth Valley Equality and Inclusion Strategy 2021-2025

‘everyone means everyone’

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Foreword

Equality, diversity and inclusion matters greatly to us as an organisation and plays a key role in demonstrating who we are, what we do and what we stand for. There is no place in NHS Forth Valley for any form of discrimination and we want to be recognised as an organisation that values equality, diversity and inclusion in our workforce, for the people who use our services and in the local communities we serve.

We believe everyone should have the opportunity to make healthy choices, live healthy lives and have access to high quality health and care services. Although Covid-19 started as a health crisis it has also impacted on every aspect of our lives, including the economy.

The global pandemic has deepened existing differences in the health of our population, and it is more important than ever to create opportunities to improve health and wellbeing. Our recovery, remobilisation and redesign plans therefore seek to address the inequalities gap in a number of our communities, working closely with our partners we will use our 'anchor' community wealth building influence to help rebuild the local economy.

We are committed to delivering personalised care where patients are involved in decisions about their care and treatment and set the outcomes and goals that matter to them. As an employer, we want NHS Forth Valley to be a great place to work, where people want to join us and stay to develop their careers. There is strong evidence that diverse organisations with inclusive cultures deliver higher levels of performance so there are real, tangible benefits to supporting equality, diversity and inclusion.

As a Board, we are taking this opportunity to review and refresh our Equality and Inclusion Strategy to reflect the many changes, innovations and improvements we have made during the past two years. Covid-19 has tested everyone's ability to address the differing needs of our local population while responding rapidly to challenging new situations. We know the pandemic has increased the challenges faced by many people who were already deeply affected by health and economic inequalities.

Our Equality and Inclusion Strategy sets out our ambition 'to shape the future of health and care by ensuring equality, diversity and inclusion is at the heart of what we do' and outlines how we intend to drive forward this important work over the next four years.

We are in no doubt that equality, diversity and inclusion is a collective responsibility, the Board also has a duty to ensure this work is at the heart of our business to help create an environment that allows everyone to thrive and to feel valued and respected.

Janie McCusker,
Chair

Cathie Cowan,
Chief Executive

NHS Forth Valley Board Membership; Board Diversity Statement

NHS Forth Valley continues to make a clear and consistent commitment to Equality and Human Rights throughout the organisation. Our aim is to demonstrate diversity at a senior level and amongst Board members.

Across the NHS Forth Valley Board members are committed to support and champion Equality and Human Rights throughout the organisation. Vacancies on the Board are widely advertised across the organisation including a dedicated communications focus aimed at local community stakeholders, to ensure a wide and diverse group of applications for these Board appointments.

The overall purpose of the NHS Board is to ensure the efficient, effective and accountable governance of NHS Forth Valley and to provide strategic leadership and direction for the system as a whole, focussing on agreed outcomes.

NHS Forth Valley is managed by a Board of Executive and Non-Executive Directors who are accountable to the Scottish Government through the Cabinet Secretary for Health and Social Care.

The role of the Board is specifically to:	The functions of the NHS Board comprise:	The Board comprises 17 members, as follows
• Improve and protect the health of local people	• Strategy development	• Chairperson (female)
• Improve health services for local people	• Resource allocations	• 12 Non-Executive members, including the designated whistleblowing champion (6 are female and 6 are male. We have 1 non-executive director whose term will be completed in Summer 2021 and 1 whose term will be completed in April 2022. These posts are both at shortlist and interview at time of writing)
• Focus on health outcomes and people's experience of their local health system	• Implementation of an annual operating plan	• 1 stakeholder member nominated as representatives from the Area Clinical Forum (female)
• Promote integrated health and community planning by working closely with other partners	• Performance review and management	• 3 Local Authority Members, Clackmannanshire Council (male), Falkirk Council (female), Stirling Council (female)
• Provide a single focus of accountability for the performance of the local NHS system		• the Chief Executive of NHS Forth Valley (female)
		• 5 Executive Directors (2 female and 3 male)

"The Gender Representation on Public Boards (Scotland) Act 2018 sets a "gender representation objective" for the boards of listed Scottish public authorities that 50% of the board's nonexecutive members are women, and it requires appointing persons and public authorities to take certain steps towards achieving the objective. NHS Forth Valley currently achieves this objective and with the two vacancies currently at advert we are encouraging gender diversity". It is worthwhile noting that this is a public appointment process.

Introduction

NHS Forth Valley has built a reputation of being a values based and learning organisation that focuses on ensuring that all care delivered to patients by staff has a truly person centred focus. We believe that the only way to consistently provide the highest possible level of care is through being truly inclusive, creating the right conditions for staff to flourish and for patients to receive the services that they need, in the way that they need them and in the right environment based on their individual needs.

We do this by meeting the requirements set by the Equality Act 2010 and the Equality Act (Specific Duties) (Scotland) Regulations 2012.

In our day to day business our work continues to ensure that we:

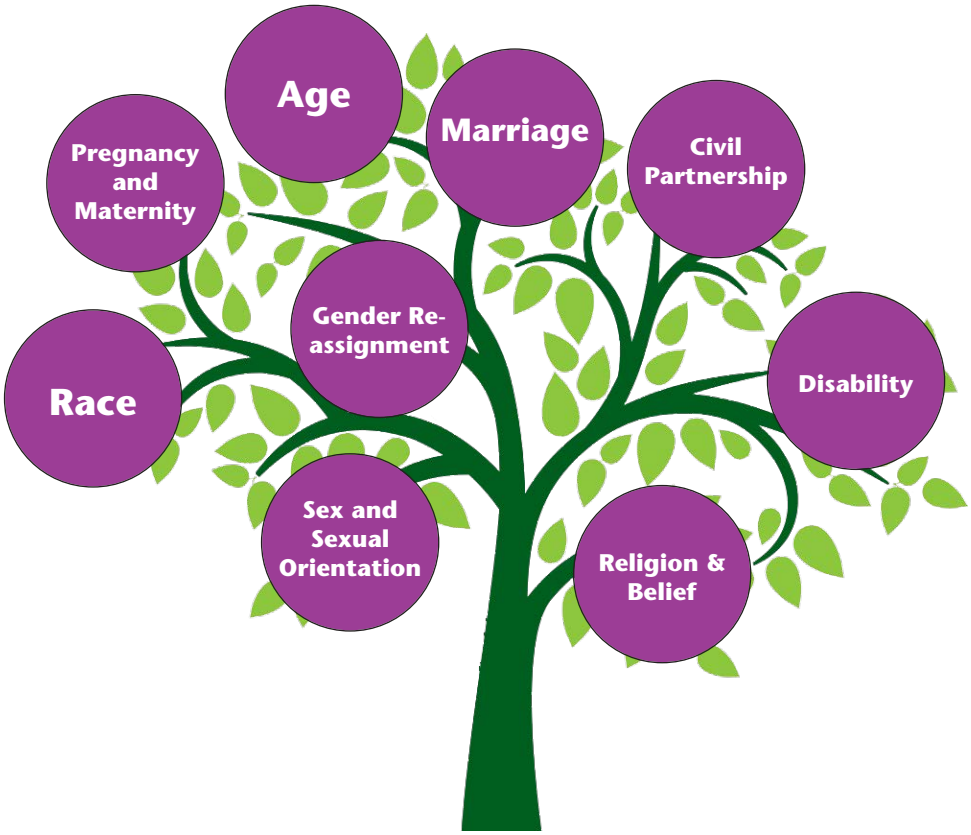
- Eliminate unlawful discrimination, harassment and victimisation
- Advance equality of opportunity between groups of people with different protected Characteristics
- Foster good relations between these different groups

The protected characteristics referred to, as listed in the Equality Act 2010 are: age; marriage and civil partnership; disability; religion and belief; gender reassignment; pregnancy and maternity; race; sex and sexual orientation.

There may be more than one protected characteristic which makes up our individual identities.

The Board will also consider the Fairer Scotland Duty, paying due regard to how the organisation can reduce inequality of outcome caused by socio-economic disadvantage.

Equality, diversity and inclusion are very much an integral element of the Person Centred Strategy, therefore delivering excellence whilst creating an environment and culture in which equality, equity and inclusion is recognised, considered and valued is a priority.



Our Aim

Is to shape the future of healthcare, to help improve the access, experiences and health outcomes for all our patients and communities and to become a more inclusive employer by making full use of the talents of our diverse staff and the communities we serve.

How we will do this

By establishing and sharing a clear evidence-base to understand and address key and emerging issues, by strengthening opportunities for NHS Forth Valley staff and our networks to participate in challenging and strategic conversations to influence change, and by raising awareness of our vision among patients, users of our services, communities and our workforce.

We know that a diverse and inclusive workforce can help to develop new ways of thinking leading to improvement and innovation in the way we work. For us, it is vital that colleagues, and the learners we support, are treated fairly and are enabled to reach their full potential.

Why an equality and inclusion strategy?

As an NHS organisation, we have a statutory duty to promote equality across our services and to demonstrate fairness and equality. We recognise the need to advance equality and are committed to developing as an organisation in which all our patients, users of our services, informal carers and/or their advocates, families and our staff feel valued, respected and able to be themselves.

The strategy highlights our vision for a personal, fair and diverse health care system, where everyone counts, and the values of the organisation are brought to life. The strategy demonstrates our commitment to achieving our vision, setting out clear equality outcomes, reporting structures, engagement processes and is supported by an implementation plan with key milestones.

We are committed to ensuring that this strategy is not seen as being separate, but is clearly linked with existing strategies and through our ways of working, so that it can successfully act as a lever for change and service improvement. The expectation being that all leaders and managers will be familiar with this strategy and ensure that equality considerations are an integral part of our daily business including: service delivery, staff recruitment and retention, professional development and staff training, service redesign and development, and procurement and commissioning of any goods and services.

What are equality, diversity, inclusion and human rights?

- **Equality**

  Equality is about fair treatment – making sure everyone is treated fairly and given the same life opportunities. It is not about treating everyone in the same way, to achieve the same outcomes. Different people have different needs. For example making reasonable adjustments for disabled people (providing correspondence in audio for visually impaired patients removes barriers to equality of opportunity and helps prevent discrimination). Equality recognises that people's needs may need to be met in different ways.

- **Diversity**

  Diversity is about recognising difference. It recognises that everyone is an individual with their own background, experiences, styles, perceptions, values and beliefs and that we need to understand, value and respect these differences.

- **Inclusion**

  Inclusion is a sense of belonging, of feeling respected and valued for who you are.

- **Human rights**

  Human rights are the basic rights all individuals have, regardless of who they are, where they live or what they do. Human rights represent all the things that are important to human beings, such as the ability to choose how to live their lives and being treated with dignity and respect

Our legal duties

NHS Forth Valley has a legal duty under the terms of the Equality Act 2010 (Specific Duties) (Scotland) Regulations 2012, as amended, to produce and publish an Equality Outcomes Report every four years, update reports every two years, setting out what we wish to achieve in the area of each of the 9 "protected characteristics" of equality as defined by the Equality Act 2010. We are delighted to introduce our Equality and Inclusion Strategy 2021-2025 as part of the Public Sector Equality Duty Review. The review is intended to deliver improvements in the processes for mainstreaming equality by public authorities in Scotland, in turn delivering improved outcomes for equality groups.

Meeting the requirements of Equality Legislation

Reviewing Progress

Our previous Equality Outcomes were:

Equality Outcome: 1	NHS Forth Valley staff and service users can identify hate crimes and incidents and feel confident in reporting them
Equality Outcome: 2	NHS Forth Valley people will deliver high-quality individualised end-of-life care
Equality Outcome: 3	Within NHS Forth Valley people from the LGBTi community will not experience barriers to accessing or receiving end of life care services
Equality Outcome: 4	NHS Forth Valley service users are equal partners in planning, developing and monitoring their care through informed choice and personal responsibility
Equality Outcome: 5	Within NHS Forth Valley there will be a reduction in the sexual health inequalities experienced by communities through fostering a culture of positive sexual health which encompasses age, disability, gender, gender reassignment, race/ethnicity, religion and sexual orientation.
Equality Outcome: 6	NHS Forth Valley delivers services and employment practices in which transgender and gender variant people experience a care and work environment free from discrimination
Equality Outcome: 7	People where appropriate receive planned care as close to home as possible

These outcomes, after review and consultation have been updated to reflect our learning and current need. We are proud of the progress we have made over the last four year, some examples of which include:

Partnerships with Forth Valley Sensory Centre, The Meadows, Scottish Prison Service, Police Scotland, Central Scotland Regional Equality Council, and other local and national organisations

forth valley sensory centre

Increased use of Health Now and Contact Scotland services with Deaf BSL users

BSL

Contact us through an online sign language interpreter contactSCOTLAND-BSL

Increased use of Near Me appointments, reducing travelling, cost etc. Linking with interpretation services, supporting communication need

Near Me

Discharge groceries packs for elderly and socio-disadvantaged groups. Person centred approach for protected groups

Person Centred Care

"What matters to you, matters to us"

Maternity Services equality network set up, special celebrations and information events carried out across cultures faiths and traditions

Disability Confident Employer in place, now seeking Disability Confident leader status.

Third Party Reporting Centres for hate crime identified across Forth Valley, appropriate staff trained in receiving and processing referrals

Staff wellbeing resources in place both physically and via Intranet/web based information and support modules

Sexual health information to targeted seldom heard from groups, projects supported by community organisations

Pride badge development in collaboration with national network to support our LGBT+ staff locally

Additional progress

- Provision of face to face interpretation, on average 6546 interactions took place, meeting personal needs and cultural sensitivities
- Onsite Spiritual Care Centre, multi-faith prayer rooms for patients, visitors and staff, separate areas available for reflection or contemplation
- Palliative Cancer Care pathways identified across protected characteristics, staff guidance and further contacts information
- E-learning modules for pharmacies- improving health literacy and removing barriers for Gypsy/Traveller communities
- Development of a local Ethical Advice and Support Framework Group
- Keep well programme supporting most disadvantaged, excluded and deprived members of our local population
- Development of EQIA and Fairer Scotland Duty Portal on target for summer 2021
- Establishment of BAME staff network underway
- Creation of staff personal experience “Videobytes” first topic “Experiencing racism at work” rolling programme addressing staff issues

Being ambitious for the next 4 years

The Board recognises, however, that there is more that needs to be done. Whilst Board and senior management leadership is essential, it is leadership at all levels that is key to achieving the aims. NHS Forth Valley is therefore asking all staff to adopt and embrace the Strategy within their individual roles and workplaces. Achieving the aims and objectives set out in this Strategy will also require joint working with communities and partners. On this basis we look forward to continuing to build on the positive working relationships with our Staff, our Community, Health and Social Care Partners and Third Sector Organisations.

Our Ambition - to shape the future of healthcare by ensuring equality and inclusion is at the heart of all we do.

Equality, Equity and Inclusion are vital in achieving our values in how we behave and interact with each other. We promote a culture that inspires, empowers and encourages shared leaning and innovation; a culture that listens and engages with people, partners and our staff to promote teamwork and collaboration. Intertwining with our, Forth Valley Healthcare Strategy, Strategic Plans, Health Improvement Strategy, Nursing Strategy, Person Centred Health and Care Strategy, Quality Strategy and Our People Strategy, this foundation drives a culture that focuses on the long term and setting direction in ways that align equality, equity and inclusion with our organisational priorities. It provides a framework for action focussing on interrelated aims which are:

Staff	Patients
Aim: A representative and supported workforce	**Aim: Improved patient access, safety and experience**
• Understand the potential impacts of the decisions we make on staff, through their protected characteristic groups, and identify mitigating steps to reverse barriers and reduce or remove adverse impacts • Continue being a Disability Confident employer, recruiting, retaining and developing disabled staff, whilst working towards becoming a Disability Confident leader 2021-2022 • Strengthen our workforce planning and development including recruitment, retraining and retention • Further development of staff networks • Take a zero tolerance approach to bullying, abuse, racism and harassment in order to ensure all of our staff feel safe in their workplace. • Implement the findings from our iMatter process, involve staff in decision making • Implement “Joy at Work” ethos • Implement “Speak Up” and ”Whistleblowing” processes andprovide training to support this • Sustain our workforce wellbeing platforms and opportunities	• To better understand the potential impacts of the decisions we make on patients, their families, carers and users of our services through their protected characteristics, and identify mitigating steps to remove adverse impacts. • To identify any variations in access, safety and experience of service provision and develop plans to address these. • To meet the information and communication needs of patients, their families, carers and users of our services. Provide appropriate high quality interpretation and translations services alongside materials adapted for those with a sensory loss or those with a learning disability. • To capture data robust data on the characteristics of the people in Forth Valley (including equality and socio-economic disadvantage) data will be collected, allowing policies and services to be developed, delivered and adjusted in ways which align with the ambition to reduce inequalities. • To utilise the information from Equality Impact and Fairer Scotland Duty Assessments and ensure equality and inequality impact are considered
Leadership	
Aim: Inclusive Leadership	
• Board members and senior leaders champion equality and diversity and human rights and apply a consistently inclusive approach. • Seek to have a more representative board membership which provide leadership support across specific protected characteristic groups. Board Leads in place for Equality, LGBT and BEM communities. • Organisation promotes a culture of fairness and equity, one that inspires innovation, shared learning, collaboration and opportunity for all. • Commitment to supporting our workforce to deliver integrated services across Forth Valley	

Our Key Priorities

Our key priorities are to:

- **Improve the Health and Wellbeing of the people of Forth valley whilst reducing health inequities**
  We recognise that the key to measuring the success of our actions is to ensure that patients and staff have the opportunity to share their experience and feedback with us. This helps us to better understand the potential impacts of the decisions we make on patients, carers and/or their advocates, families, users of our services and staff by protected characteristic group, and identify mitigating steps to remove adverse impacts.

- **Enhance our focus on safety and quality**
  All staff will have a better knowledge of EQIA processes and the importance of them in relating to the nine protected characteristic groups and in giving due consideration to areas of disadvantage as set out by the Fairer Scotland Duty. Undertaking equality impact assessments helps us to understand how our policies, practices and service provision affect different groups of people.

- **Promote and build integrated services locally and regionally**
  Achieving the aim and objectives set out in this Strategy will require joint working with communities and partners. On this basis we look forward to continuing to work effectively and build on the positive working relationships with our Staff, our Community, Health and Social Care Partners and Third Sector Organisations

- **Value and develop our people**
  Whilst Board and senior management leadership is essential, it is leadership at all levels that is key to achieving our aim. We recognise that by training and educating our staff, we can develop more inclusive leaders to drive forward inclusion and diversity and support a fully inclusive culture and service provision. NHS Forth Valley is therefore asking all staff to adopt and embrace the Strategy within their individual roles and workplaces.

Our Equality Objectives 2021-23

In reviewing our previous outcomes and taking into consideration all we have learnt over that time the following outcomes will focus on the period April 2021- April 2023. We feel an initial two year plan will be more effective in delivering sustained organisational change as we remobilise from the Covid 19 pandemic taking cognisance of the **"four harms"** framework for decision making. Our strategic objectives below, described in further detail **(appendix 1)** and implementation plan will provide us flexibility and agility to amend our approach if required to meet our longer term strategic objectives. We will review the objectives annually and amend the implementation plan as required to enable us to meet our identified outcomes. The learning from these reviews will then identify the objectives being taken forward for the remaining 2023-2025 periods. https://www.gov.scot/publications/covid-19-framework-decision-making-assessing-four-harms-crisis/pages/1/

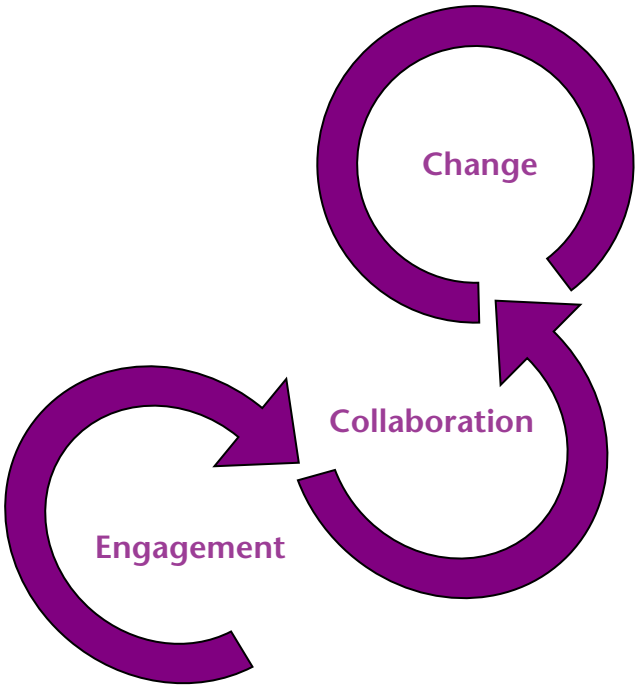
Objective 1	Users of services have a positive experience, have their dignity, rights and needs respected, are provided with person centred care and are equal partners in the planning of it. We aim to remove barriers and reduce inequalities experience by those users of our services.
Objective 2	Staff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

How this strategy supports Board Wide Objectives

Equality Objectives	Board Objectives
Objective 1 Users of services have a positive experience, have their dignity, rights and needs respected, are provided with person centred care and are equal partners in the planning of it. We aim to remove barriers and reduce inequalities experience by those users of our services.	**Improve the Health and Wellbeing of the people of Forth Valley whilst reducing health inequities**
Objective 2 Staff and users of our services will know how to recognise, identify and report hate crime incidents and feel confident and supported in the process of doing so.	**Enhance our focus on safety and quality**
Objective 3 All people accessing or receiving palliative and end of life care will not experience inequalities, with a specific focus on barriers experienced by those in protected characteristic.	**Promote and build integrated services locally and regionally**
Objective 4 To prevent, treat and improve access to mental health services for all people, with a specific focus on barriers experienced by ethnic communities, young transgender people and those with a learning disability.	
Objective 5 People accessing sexual health services will not experience inequalities, with a specific focus on understanding and removing barriers experienced by those in protected characteristic groups.	**Demonstrate behaviours that nurture and support transformational change across our health and care system**
Objective 6 All staff, experience a caring and listening work environment which is free from discrimination, specific focus will be given to monitoring the experiences of those from protected characteristic groups.	**Value and develop our people**
Objective 7 Robust data on the characteristics of the people in Forth Valley (including equality and socio-economic disadvantage data) will be collected.	**Demonstrate best value using resources**
Objective 8 All staff will have a better knowledge of EQIA processes and the importance of them in relating to the nine protected characteristics groups and in giving due consideration to areas of disadvantage as set out by the Fairer Scotland Duty.	**Plan for the future**

Engagement and Consultation

Over the last four years many forms of engagement have taken place with our communities including BSL Plan Road shows, Understanding Primary and Acute Care for Arabic families, Interpretation and Translation audits, Maternity Experience Questionnaires and drop in "equality" and "what matters to you" cafes.



During this last year, engagement with all groups has been impacted as we respond to the needs and recommendations of the Covid-19 pandemic across our health board. We were however able to engage with stakeholder meetings led by Healthcare Improvement Scotland during December 2020. These included discussions relating to:

- People with a disability
- Diverse Communities
- Mental Health

Outcomes from events across the last four years, our local consultation and from these on-line events have been a valuable opportunity for listening, learning and developing. Themes highlighted have been considered and where possible linked to the identified outcomes for NHS Forth Valley or to local equality work streams across the organisation.

Engagement with our staff continues and we have completed Staff Survey's, iMatters questionnaires, LGBTi Big Breakfast, equality and communication training events, "what matters to you" café sessions and more. All staff feedback is greatly appreciated; the personal experience of working and caring for patients in NHS Forth Valley is extremely important and has been influential in the development of our reviewed equality outcomes.

Over the period of this strategy we will continue to engage with patients, users of our services, informal carers and/or their advocates, our staff, partners, other health boards and the people of Forth Valley.

Implementation of the strategy

The Strategy focuses on the long term vision for equality, equity and inclusion, while also highlighting our immediate and short term strategic priorities.

The principles to be patient centric, an employer of choice, evidenced based, mainstreamed and integrated, ambitious and realistic have been embraced during the development of the strategy.

By listening to feedback from users of our services, their families, those who care for them, our staff and our local partners we aim to better understand the equality needs of those within Forth Valley. We hope also to better understand inequalities which impact on health including poverty, stigma, marginalization and discrimination and how this information can be captured and the needs responded to effectively. We aim to work co-productively with communities to build better relationships and increase information sharing.

A Consultation Draft was prepared with input from staff, Fair for All Group, Central Scotland Regional Equality Council, partner organisation and other groups and individuals in Forth Valley representing people with a protected characteristic. The Consultation Draft was distributed electronically due to limited opportunities to meet in person as we followed current COVID-19 regulations. We will continue to maintain contacts and make progress in set objectives, but for understandable reasons, some aspects of this work may be delayed due to COVID-19".

Workforce data

Human Resources

NHS Forth Valley believes in active involvement with our workforce. The collation of our workforce data forms part of the equality information that we use to help us meet our duty to eliminate discrimination and harassment, promote equality of opportunities and foster good relations between different groups within our workforce.

We believe that a supported inclusive workplace, where staff services users and partner agencies are treated with dignity and respect, is everyone's responsibility: these and other values, such as fairness, guide the way we work.

The diversity of our staff as one of our key strengths, and we value the range of knowledge, skills and experience they bring to our work.

Respect for each other and recognition of our differences lie at the heart of our values.

Our staff are our most important asset and we want to continue to create an organisation where they can flourish. Furthermore, create a culture that enables and encourages them to make the best contribution they can – a culture in which they feel valued and supported.

Workforce Monitoring

NHS Forth Valley is committed to equality and uses the data produced by our monitoring processes to enhance a culture of fairness and equality for all through continuous improvement in all areas. Workforce Monitoring information is produced on a quarterly basis to the Area Partnership Forum, the information contained in these reports is used to analyse trends, highlight areas requiring attention and assess the impact of appropriate actions.

The report for October – December 2020 is attached. V:\Carseview HR\Linda R - Staff Governance\NHSFV Quarterly Equality and Diversity Monitoring Report Q3 draft.docx

HR Policies

NHS Forth Valley is committed to ensuring that all our employment policies and practices for staff are fair, advance equality of outcome, eliminate discrimination and foster good relations. A range of HR policies have been developed to support staff.

Employment (HR) Policies – Corporate Policies

Equal Pay

NHS Forth Valley's Equal Pay Statement is agreed in partnership and reviewed on a regular basis by NHS Forth Valley and the Staff Governance Committee. Its objective is to eliminate unfair, unjust or unlawful practices that impact on pay equality.

NHS Forth Valley supports the principle of equal opportunities in employment and believes that staff should receive equal pay for the same or broadly similar work, or work rated as equivalent and for work of equal value, regardless of their gender, race, colour,

Reporting and Governance

In line with good practice we will look at ways to incorporate the Fairer Scotland Duty and human rights commitments, as well as the Equality Act protected characteristic groups as part of our Equality and Inclusion Strategy.

The Fair for All Group continues to support the organisation in meeting our equality duties, by monitoring our progress, identifying issues and advising on change. Prior to the Covid pandemic the group were working to review and refresh our approach, after an adjournment this work continues to progress. We aim to have a representative membership across users of our service, our staff, staff side advisor, HR advisor, integrated boards attendees and specific representation from individuals with lived experience and from groups working within the protected characteristic fields.

We will ensure progress against this strategy is monitored via an implementation plan which will be presented quarterly at the Corporate Management team (CMT) and features regularly in internal communications to colleagues summarising progress against our equality and inclusion objectives and outlining any challenges we are facing in moving forward.

Bi-annually the board will publish an update report. We will continue to have key directors as executive leads for BAME, LGBT+, Mental Health and Equalities.

We will hold annual equality and inclusion events with partner organisations and interested groups to discuss progress, identify upcoming issues and celebrate successes. We will carry out regular intelligence-gathering and liaison between representatives of the equalities fair for all steering group and other groups with an interest in this agenda.

Conclusion and commitments

Recognising diversity and the strength which it brings, alongside our values of teamwork, excellence, respect, accountability, compassion and integrity provide a robust framework for behaviours to underpin everything we do in NHS Forth Valley.

We believe that investing in making staff, patients and other stakeholders feel comfortable and respected as individuals, is a critical part of maintaining our values driven culture and retaining our status as a welcoming service provider and employer.

"In diversity there is beauty and strength"

Maya Angelou

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Alternative formats info

This publication has been produced in line with NHS Forth Valley's Accessible Information Guidelines. It is available in a range of formats and languages.
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本刊物按照 NHS Forth Valley 的可获取信息指导方针而制作，刊物设多种形式及语言。
若您希望取得另一个语言版本，请拨打 01324 590870 与我们联络，告知您的姓名、电话号码及您的语言。我们安排翻译员后将与您电话联系。

ਇਹ ਪ੍ਰਕਾਸ਼ਨ ਐੱਨ.ਐੱਚ.ਐੱਸ. ਫੋਰਥ ਵੈਲੀ ਦੀ ਪਹੁੰਚਯੋਗ ਜਾਣਕਾਰੀ ਸਬੰਧੀ ਦਿਸ਼ਾ-ਨਿਰਦੇਸ਼ਾਂ ਮੁਤਾਬਕ ਤਿਆਰ ਕੀਤਾ ਗਿਆ ਹੈ। ਇਹ ਵੱਖ-ਵੱਖ ਪ੍ਰਾਰੂਪਾਂ ਅਤੇ ਭਾਸ਼ਾਵਾਂ ਵਿੱਚ ਉਪਲਬਧ ਹੈ।
ਜੇ ਤੁਸੀਂ ਕਿਸੇ ਹੋਰ ਭਾਸ਼ਾ ਵਿੱਚ ਇੱਕ ਨਕਲ ਲੈਣੀ ਚਾਹੋਗੇ ਤਾਂ ਕਿਰਪਾ ਕਰਕੇ ਸਾਨੂੰ 01324 590870 'ਤੇ ਕਾਲ ਕਰੋ ਅਤੇ ਆਪਣਾ ਨਾਮ, ਆਪਣਾ ਫ਼ੋਨ ਨੰਬਰ ਅਤੇ ਆਪਣੀ ਭਾਸ਼ਾ ਬਾਰੇ ਦੱਸੋ। ਅਸੀਂ ਦੁਭਾਸ਼ੀਏ ਨਾਲ ਤੁਹਾਨੂੰ ਮੋੜਵੀਂ ਕਾਲ ਕਰਾਂਗੇ।

تم اعداد هذا المنشور وفقاً لإرشادات خدمات الصحة الوطنية فورث فالي NHS Forth Valley المتعلقة بالوصول إلى المعلومات. وهو متوفر في عدد من الصيغ واللغات.

إذا كنت ترغب في الحصول على نسخة بلغة أخرى، فيرجى الاتصال بنا على الرقم 01324 590870 وانكر اسمك ورقم هاتفك ولغتك. و سوف نعاود الاتصال بك مع مترجم.

یہ اشاعت این ایچ ایس فورتھ ویلی کی ایکسیسیبل انفارمیشن گائیڈ لائنز (معلومات کے آسانی سے سمجھ میں آنے کے قابل ہونے سے متعلقہ رہنما ہدایات) کے مطابق تیار کی گئی ہے۔ یہ کئی ایک شکلوں (فارمیٹس) اور زبانوں میں دستیاب ہے۔
اگر آپ اس کی کاپی کسی اور زبان میں پسند کریں گے تو برائے مہربانی ہمیں 01324 590870 پر ٹیلیفون کریں اور اپنا نام، اپنا ٹیلیفون نمبر اور اپنی زبان بتائیں۔ ہم ایک انٹرپریٹر (ترجمان) کے ساتھ آپ کو واپس ٹیلیفون کریں گے۔

Niniejsza broszurka została przygotowana zgodnie z zaleceniami NHS Forth Valley dotyczącymi udostępniania informacji (*NHS Forth Valley's Accessible Information Guidelines*). Broszurka jest dostępna w wielu różnych formatach oraz wersjach językowych.
Jeśli pragną Państwo uzyskać kopię tej broszurki w innej wersji językowej, prosimy się z nami skontaktować dzwoniąc pod numer 01324 590870 i podając swoje imię i nazwisko, numer telefonu oraz wybrany język. Oddzwonimy do Państwa wraz z pomocą tłumacza.

Appendix 1

Improve the Health and Wellbeing of the people of Forth Valley whilst reducing health inequities

Equality Objective 1

Users of services have a positive experience, have their dignity, rights and needs respected, are provided with person centred care and are equal partners in the planning of it. We aim to remove barriers and reduce inequalities experience by those users of our services.

Why this matters

Creating the culture which embeds equality and inclusion across our activities, and adopting the right leadership model, structures and processes will enable us to achieve the high standards we have identified for ourselves. NHS Forth Valley has duties and powers to provide a wide range of services, many of these services can play a key role in creating a more level playing field for people who face inequality or exclusion.

What we are doing now and will be doing in future

We will

- Identify any variations in equity of access, safety and experience of service provision.
- Enhance staff knowledge of possible inequalities.
- Utilise patient feedback to inform learning, regularly training colleagues on good equality and inclusion practices, prioritising areas/ teams where feedback and evidence suggests there may be bias hotspots. Bias hotspots might be identified by clusters of complaints or concerns relating to attitude or language used.
- Meet the information and communication needs of patients, their families, carers and users of our services

We will achieve this by

- Ensuring information gathering tools can provide data of protected characteristic groups in reporting mechanisms and utilise this information to review service provision is accessible
- Ensuring feedback processes are fully accessible to those from protected characteristic groups
- Providing high quality accessible communications including interpretation and translations services for health interactions.
- Involving patients, their families and informal carers and/or their advocates in decision making and inclusive design.

Improving our understanding

Equality Objective 2

Staff and users of our services will know how to recognise, identify and report hate crime incidents and feel confident and supported in the process of doing so.

Why this matters

Hate crime incidents across Scotland continue to rise across all categories of Disability, Sex, Gender reassignment, Race Religion and Belief, and Sexual Orientation. Racial crime remains the most reported hate crime.

NHS Forth Valley has zero tolerance towards Hate Crime. We wish to enable staff and users of our services to better understand hate crime, the impacts of its actions and the longer term implications for those affected by it. We wish to enable better reporting mechanisms and local support for the people of Forth Valley.

What we are doing now and will be doing in future

We will

- Continue to support staff trained to receive hate crime reports, including refresher training and feedback sessions
- Review the number of hate crimes reported in Forth Valley and highlight any geographical areas of concern
- Continue to provide training as part of partnership team
- Increase knowledge of Hate Crime, Reporting Mechanisms and Reporting Centres

We will achieve this by

- Working in partnership with Police Scotland and other local agencies
- Providing Hate Crime Awareness sessions across the organisation
- Highlighting reporting centres and contacts
- Sharing learning from incidents

Access to services

Equality Objective 3

All people accessing or receiving palliative and end of life care will not experience inequalities, with a specific focus on barriers experienced by those in protected characteristic groups..

Why this matters

Care is provided where there is no cure for the condition, but which improves the quality of each day for people who have a limited time to live. In NHS Forth Valley we aim to support every person as a unique and valued individual, to respect their dignity and listen to and respect the wishes of people. We want to help people to live as actively as they can to the end of their lives - however long that may be and where ever that may be. Care is provided across a number of places including people's own homes, in healthcare settings and in care homes.

Palliative and end of life care not only takes care of people's physical needs but looks after their emotional, spiritual and social needs too. We aim to reduce any additional barriers experienced by individuals from protected characteristic groups as part of care planning processes.

What we are doing now and will be doing in future

We will

- Continue to support those receiving palliative or end of life care, their families and carers
- Continue to provide care in the most appropriate setting in collaboration with our partners
- Address any highlighted inequality, inequity or access requirements identified during planning processes or referrals

We will achieve this by

- Working in partnership with colleagues in other settings e.g. care homes, prisons, homeless support
- Providing Palliative & End of Life Care Pathway information and support to staff
- Providing specialist care and support pathways for those with additional equality requirements
- Working in partnership with Maggie's Forth Valley and McMillian Cancer Care

Reduce inequalities

Equality Objective 4

To prevent, treat and improve access to mental health services for all people, with a specific focus on barriers experienced by ethnic communities, young transgender people and those with a learning disability.

Why this matters

Research shows that people from ethnic minority communities are less likely to access mental health services and that in their lived experience may have found barriers/difficulties in accessing those services. We aim to investigate these finding from a Forth Valley perspective and implement changes in the way we engage and work with ethnic minority communities.

Referral processes and mental health support for young transgender people in NHS Forth Valley is under review. We hope to engage with young transgender people and external organisations that support them to discuss possible inequalities and how we can address those in our health services.

Research shows that mental health problems among people with a learning disability are often overlooked, under diagnosed and left untreated as a result of poor understanding or awareness, and symptoms being mistakenly attributed to the person's learning disability.

What we are doing now and will be doing in future

We will

- Review how we collect ethnicities data in mental health.
- Work in partnership with the Mental Health Commission on their national project Ethnicity and Mental Health 2020/21
- Make appropriate links with organisations working with young transgender people including LGBT Youth for central Scotland
- Make appropriate links with our local specialist learning disability teams and psychological services.

We will achieve this by

- Ensuring information gathering tools can provide data of protected characteristics groups in reporting mechanisms
- Engagement with LGBT Youth, setting up link with CAMHS Lead Nurse and Head of Equality
- Holding two ethnic minority engagement events and two engagement events for young transgender people addressing mental health access and barriers to it.
- Holding an event for people with a learning disability to discuss mental health and wellbeing
- Hold an event for people with a learning disability, their carers and staff teams to discuss access to mental health services and the specific barriers they encounter.

Increase community knowledge

Equality Objective 5

People accessing sexual health services will not experience inequalities, with a specific focus on understanding and removing barriers experienced by those in protected characteristic groups

Why this matters

Sexual Health Promotion aims to improve the positive sexual health of the population of Forth Valley and to reduce inequalities in sexual health. We take a partnership approach to build capacity in a range of organisations to enable them to positively influence the sexual health of the people they provide services for. We use various techniques such as providing information, staff training and development, conducting research and needs assessment or developing staff policy and guidance. Our work is aligned to meet the outcomes of the National Strategy for Sexual Health and Blood Borne Viruses and The Pregnancy, Parenthood and Young People Strategy

What we are doing now and will be doing in future

We will

- Continue to prioritise young people, vulnerable people and those people in sexually high risk taking groups.
- Continuing to work with third sector, local authority and NHS partners to address inequality.
- Review feedback from telephone survey undertaken with users of our young people's service, addressing the impact of the Covid pandemic on their experiences of receiving sexual health support across Forth Valley. E.g. suspended services, no collection points.

We will achieve this by

- Amending how we provide our services; telephone, near me and postal options where face to face services have been suspended.
- Supporting relationships, sexual health and parenthood education in schools and we will support families on communicating with children about growing up.
- Facilitating Learning and Education for Staff, including better understanding relating to Challenging HIV Stigma, Positive sexual health for men who have sex with men, trans health, and supporting people with learning disabilities to experience positive relationships.

Value and develop our people

Equality Objective 6

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

Why this matters

To achieve our vision we must develop a culture that has inclusion and equality at the heart of everything we do, a culture that encourages and values diversity. Unless leaders and managers role model inclusive behaviours and oversee practices that support equality and inclusion, our policies will not have the impact that we need to see. A genuinely inclusive organisation is the foundation for commissioning and delivering services that meet the needs of Forth Valley's diverse communities and one which treats all people with respect. Inclusive cultures do not just happen - unconscious biases and unwitting prejudices get in the way, as do time pressures and lack of knowledge or confidence - so creating this culture will involve conscious effort and co-ordination over the whole period of this strategy.

What we are doing now and will be doing in future

We will

- Review how recruitment processes operate in practice with a view to better understanding why some groups, e.g. Black, Asian and minority ethnic applicants, and disabled applicants, are proportionately less likely to apply/succeed in getting jobs than other group
- Explore reasons behind grievances and disciplinary actions taking appropriate steps to investigate any equality issues identified
- Look at ways of supporting career progression to diversify our leadership, including how effectively we make reasonable adjustments and take positive action.

We will achieve this by

- Involving staff in decision making and by establishing staff networks e.g., BAME staff network
- Systematically reviewing our policies and practices for potential bias and discriminatory language
- Continuing to be a Disability Confident employer when recruiting, retaining and developing disabled staff, whilst working towards becoming a Disability Confident leader 2021-2022

Greater input into service provision and transformation – equality analysis

Equality Objective 7

Robust data on the characteristics of the people in Forth Valley (including equality and socio-economic disadvantage data) will be collected.

Why this matters

By capturing robust data on the characteristics of the people in Forth Valley (including equality and socio-economic disadvantage) we will be able to provide person centric care, data will influence policies and services to be developed, delivered and adjusted in ways which align with the ambition to reduce inequalities. Linking with the Scottish Government National Performance Framework, NHS Forth Valley Health Improvement Strategy and with our Community Planning Partnerships we will build better services which are continually improving, efficient and responsive, meeting the needs of our local population.

We are required under the Fairer Scotland Duty to actively consider how we can reduce inequalities of outcome caused by socio economic disadvantage when making strategic decisions. Having good quality data allow us to work proactively across work streams whenever possible.

What we are doing now and will be doing in future

We will

- We will review data currently collected through an equality lens and update where possible as required.
- Enhance the knowledge of our staff and users of our services regarding the importance of and why we collect equalities data
- Where appropriate collaborate with others to review national data, sharing learning and good practice.

We will achieve this by

- Ensuring information gathering tools can provide data of protected characteristics groups in reporting mechanisms
- Updating information for users of our services regarding data collection, why we ask for information, what we do with it and where we store it.
- Working with our Information Governance, Information Technology, Strategists and Analysts teams to improve safe information sharing portals in NHS Forth Valley.

Developing more inclusive services

Equality Objective 8

All staff will have a better knowledge of EQIA processes and the importance of them in relating to the nine protected characteristics groups and in giving due consideration to areas of disadvantage as set out by the Fairer Scotland Duty.

Why this matters

Our aim is to provide inclusive services which actively address inequality and exclusion and enable all of Forth Valley's people to realise their potential and live healthy lives.
We want our decision makers to have appropriate information about equalities impacts in the lead up to decisions at the time they are made, to ensure they understand their responsibility to pay due regard to this information and exercise it in practice.
Share good equality practice and improve outcomes for all those

What we are doing now and will be doing in future

We will

- Enhance staff knowledge of possible inequalities.
- Review our EQIA governance structure.
- Commission services in ways that will eliminate discrimination and harassment, advance equality, including socio-economic equality, and foster good relations wherever it is possible and relevant to do

We will achieve this by

- Developing a systematic risk-based approach to reviewing service areas to identify and address potential unconscious bias in service design or delivery arrangements
- Designing an on-line EQIA and Fairer Scotland Duty recording system which is compatible with local information gathering systems
- Supporting service areas to identify local equalities gaps, issues and priorities and in the creation of an annual implementation plan for addressing them

Appendix 2

Terminology

Accessible communications - means communications that can be understood by all members of the community, including Deaf and disabled people and people who use English as a second language.

BAME stands for Black, Asian and minority ethnic. Although 'BAME' can be a useful acronym for statistical purposes, it is not appropriate to use as a description for specific individuals or groups because it lumps many different ethnic groups together into a label.

Disability - the Equality Act 2010 defines disability as a physical or mental impairment that has a substantial and long-term negative effect on a person's ability to do normal daily activities. NHS Forth Valley is committed to the Social Model of Disability which says that people are disabled by barriers in society not by their impairment or difference, whether that impairment or difference is physical, mental, or cognitive. Barriers can be physical, like buildings not having accessible toilets, or they can be caused by people's attitudes, like assuming disabled people are unable to do certain things.

Discrimination 'direct discrimination' occurs if you treat someone less favourably because they have, or you think they have a protected characteristic – for example refusing to employ them or offer them a service which they would otherwise be able to receive. 'Indirect discrimination' is where a practice, policy or rule applies to everyone in the same way, but ends up having a disproportionately negative impact on some people – for example a dress code that restricts certain ethnic groups or faith communities more than others.

Diversity is about recognising the many ways in which people are different from each other and the impact these differences can have on the opportunities people have. These differences go beyond the Equality Act protected characteristics and include class and family background.

Equality Act 2010 is the main UK law which protects people who may be discriminated in the workplace or in wider society. It replaced previous anti-discrimination laws with a single Act, making the law easier to understand and strengthening protection in some situations. For more information see: www.equalityhumanrights.com/en/ equality-act/equality-act-2010

Fairer Scotland Duty (the Duty) interim– Part 1 of the Equality Act 2010 set out a new Duty on socio-economic inequalities. The Duty came into force in Scotland on 1 April 2018 (but not in other parts of the UK at that time). It required public bodies to pay due regard to narrowing the inequalities of outcome, caused by socio-economic disadvantage, when making strategic decisions. A government review of the findings from this duty and guidance are currently being addressed with a final Fairer Scotland Duty and guidance for public bodies expected summer 2021

Hate crime is defined as: 'Any criminal offence which is perceived by the victim or any other person, to be motivated by hostility or prejudice based on a person's race or perceived race; religion or perceived religion; sexual orientation or perceived sexual orientation; disability or perceived disability and any crime motivated by hostility; prejudice against a person who is transgender or perceived to be transgender or gender or perceived gender'2 www.cps.gov.uk/crime-info/hate-crime We recognise there are six different types of hate crime: racial, religious, gender, disablist, transgender, and LGBT.

Health inequalities are defined by Public Health Scotland and others as "avoidable and unjust differences in people's health across the population" They can exist across groups affected by many factors as listed below, but this list is not exhaustive.
Socio-economic position and deprivation (low income, unemployment, poor housing, poor education).

Those in the protected characteristic groups (age, sex, sexual orientation, race, disability, pregnancy and maternity, religion or belief). Vulnerable groups in society such as asylum seekers, migrants, people with learning disabilities, homeless people and rough sleepers, Gypsy, Roma and Traveller groups, sex workers, prisoners.

Geographical areas (urban compared to rural, island compared to mainland).

Human Rights Act 1988 is UK legislation which incorporates most aspects of the European Convention on Human Rights including those articles which relate specifically to equality, diversity and inclusion: The right to freedom of thought, conscience and religion (Article 9); The right to freedom of expression and to receive and impart information (Article 10); The right not to be discriminated against (Article 14).

Inclusive design creates environments that everyone can use to access and benefit from the full range of opportunities available in society. It enables people to participate, confidently, independently and with choice and dignity. Inclusive design avoids separation or segregation and is made up of places and spaces meet the needs of everyone in society. Inclusion means taking active steps to create equality, ensuring equal access and opportunity for all and tackling discrimination and injustice.

LGBT+ stands for Lesbian, Gay, Bisexual and Transgender (with a plus sign to include Genderqueer, Non Binary, Questioning, Intersex and Asexual etc.). LGBTQ+ is also used to specifically include Queer.

Positive action is voluntary, lawful activity taken to address an existing imbalance, or to meet the needs of a particular group where this is objectively justified. Positive action in employment may include initiatives to overcome disadvantage or to improve the diversity of a workforce so it is more representative of the overall population. Positive action should not be confused with positive discrimination, which is unlawful e.g. the setting of quotas. Protected characteristics are the nine characteristics protected under the

Poverty is defined relative to the standards of living in a society at a specific time. People live in poverty when they are denied an income sufficient for their material needs and when these circumstances exclude them from taking part in activities that are an accepted part of daily life in that society.

Public Sector equality Duty – this Duty requires public bodies to have due regard to the need to eliminate discrimination, harassment, victimisation and any other conduct prohibited by the Equality Act 2010; advance equality of opportunity between persons who share a relevant protected characteristic (as defined by the 2010 Act) and persons who do not share it; and foster good relations between persons who share a relevant protected characteristic and persons who do not share it.

Reasonable Adjustments the 'reasonable adjustments 'duty under the Equality Act 2010 has three requirements that organisations must consider for their workplace and services that apply in situations where a disabled person would otherwise be placed at a substantial disadvantage compared with people who are not disabled. There are: changing the way things are done e.g. opening times; changes to overcome barriers created by the physical features of premises; and providing auxiliary aids e.g. extra equipment or a different or additional service.

Socio-economic duty is covered by Section 1 of the Equality Act 2010, which is not currently in force. It would require a public body 'when making decisions of a strategic nature about how to exercise its functions, [to] have due regard to the desirability of exercising them in a way that is designed to reduce the inequalities of outcome which result from socio-economic disadvantage'.

Socio-Economic Disadvantage - In broad terms, 'socio-economic disadvantage' means living on a low income compared to others in Scotland, with little or no accumulated wealth, leading to greater material deprivation, restricting the ability to access basic goods and services. Socio-economic disadvantage can be experienced in both places and communities of interest, leading to further negative outcomes such as social exclusion.

Transgender - Trans people may describe themselves using one or more of a wide variety of terms, including (but not limited to) transgender, transsexual, gender-queer (GQ), gender-fluid, nonbinary, gender-variant, crossdresser, genderless, agender, nongender, third gender, bi-gender, trans man, trans woman, trans masculine, trans feminine and neutrois. https://www.stonewall.org.uk/helpadvice/faqs-and-glossary/glossary-terms#t

FORTH VALLEY NHS BOARD
TUESDAY 31 JANUARY 2023

7.5 Whistleblowing Standards and Activity Report
For Assurance

Executive Sponsor: Prof Frances Dodd, Executive Nurse Director / Executive Lead
Mr Gordon Johnston, Whistleblowing Champion

Author: Ms Claire Peacock, PA to Executive Nurse Director / Whistleblowing Liaison Officer

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Executive Summary

The new National Whistleblowing Standards were launched on 1 April 2021 and a significant amount of work was and continues to be undertaken to ensure that the standards are implemented across NHS Forth Valley.

This paper is presented to the NHS Board to provide an update on the Whistleblowing activity in NHS Forth Valley during Quarter 2 (Q2) 2022/23

Recommendation

The NHS Board is asked to: -

- **note** Whistleblowing activity in NHS Forth Valley in Quarter 2 of 2022/23

Key Issues to be Considered

1. Purpose of the Paper

This paper is presented to the NHS Board to provide an update on the Whistleblowing activity across NHS Forth Valley.

2. Position

2.1 NHS Forth Valley's approach to the implementation of the standards was key to ensuring that staff feel safe, supported and have confidence in the fairness of the processes should they feel the need to raise concerns. NHS Forth Valley's local guide which sets out the procedures for raising a concern under the national Whistleblowing Standards is available via the staff intranet, NHS Forth Valley Website and in turn has been shared with key contractors. The guide includes details of the local arrangements, confidential contacts and procedures in place for staff.

2.2 The Independent National Whistleblowing Officer (INWO) introduced its first Speak Up initiative which took place from 3-7th October 2022. The purpose of the initiative was to promote a speak up culture and to support Boards with their continued work in raising awareness of speaking up and accessing the standards.

2.3 During Speak Up Week the Whistleblowing Champion in conjunction with the Confidential Contacts raised awareness of the standards and emphasised the importance of promoting a culture where staff are free to raise concerns by feeling safe and supported.

2.4 Furthermore, work is underway to widely promote the TURAS training modules and encourage staff to complete the training appropriate to their roles and responsibilities.

2.5 NHS Forth Valley are looking to expand the number of Confidential Contacts and Lead Investigators to support whistleblowing. These staff will be supported to develop their knowledge and skills in relation to whistleblowing.

3 Whistleblowing Activity

3.1 The format of this section of the report reflects the Scottish Government's mandate to capture performance of the Board against the 9 Key Performance Indicators

Whistleblowing Key Performance Indicators RAG status

The table below provides an overview of the overall performance during 2021/22 against each of the Key Performance Indicators. Further details on each of the indicators are provided throughout the report.

Measure	Status	As at	RAG Status
KPI 1 Learning from Whistleblowing Concerns	Detailed in the report	Sept-22	
KPI 2 Whistleblowing Procedure Experience	Detailed in the report	Sept-22	
KPI 3 Self Awareness & Training	Detailed in the report	Sept-22	
KPI 4 Total Number of Concerns Received	9	Sept-22	
KPI 5 Concerns Closed at Each Stage	8	Sept-22	
KPI 6 Concerns Upheld or Not Upheld	8	Sept-22	
KPI 7 Average Times	Within target	Sept-22	
KPI 8 Closed in full within the timescales	8	Sept-22	
KPI 9 Number of Cases where an extension is authorised	0	Sept-22	

Key Performance Indicator One: Learning from Whistleblowing Concerns

The Indicator requires NHS Forth Valley to demonstrate any changes or improvements to services or procedures as a result of a Whistleblowing concern.

At this time activity is too low to extrapolate any meaningful themes, this is consistent across NHS Scotland but is a key focus and will evolve over time.

A current key focus is working to build into NHS Forth Valley's approach to the standards, an ongoing impact evaluation and learning system with feedback and improvements captured and shared as its core to build the confidence of the staff in these new standards over time. NHS Forth Valley are considering how they build this into existing Governance processes and reporting.

<u>Independent National Whistleblowing Officer (INWO)</u>

If a colleague remains unhappy with the response received from NHS Forth Valley, they have the right to contact the Independent National Whistleblowing Officer (INWO) to request an investigation into their complaint. The INWO is the final opportunity for the colleague in the NHS Whistleblowing Procedure and offers an independent view on whether the NHS has reasonably responded to a Whistleblowing concern.

The INWO has received 0 cases relating to NHS Forth Valley Whistleblowing concerns during Q2.

The table below provides detail of the overall outcomes as at quarter 2 2021/22 from the investigations

2021/22 INWO Outcomes	Total Number
Fully Upheld	0
Partly Upheld	0
Not Upheld	0
No Investigation Conducted	1
Withdrawn	0

Key Performance Indicator Two: Whistleblowing Procedure Experience

The Whistleblowing Procedure requires NHS Forth Valley to gather feedback from the person making the complaint regarding their experience of the process.

To note that a feedback and learning system is being explored. In the meantime, any individual wishing to have concerns considered under the Whistleblowing procedure is supported and followed up by the confidential contacts. Feedback is sought from reporters on the use of the process which will allow us to further develop our local processes. Furthermore, a Whistleblowing Network will be established to create the space for shared learning in relation to further refining the process.

Key Performance Indicator Three: Self Awareness and Training

There is a requirement to report on levels of staff perceptions and awareness of training.
As part of the Whistleblowing Standards there is requirement for staff to complete the training developed by the INWO. Whistleblowing training reports are now accessible from TURAS which in turn will support the developments of training arrangements.

The table below provides an overview of numbers of staff who have completed the training to date, and it is worthwhile noting that numbers have increased since the last update in Q1 2022.

Whistleblowing Training	Numbers
All Staff	873
Line Manager	39
Senior Manager	45

Furthermore, it is evident that there is a need to focus on the line/senior manager training and the development of a focussed approach in this area.

Key Performance Indicator Four: Total number of Concerns Received

During Q2 there was 1 case considered and investigated under Stage 1 and 2 cases under Stage 2 of the Whistleblowing procedure.

The table below details the number of concerns received during Q2.

Concerns Type	Number of Concerns	Number of concerns closed at each stage
Stage 1	1	1
Stage 2	2	1 *(1 still being investigated)*
Stage 2 after escalation	0	0

Key Performance Indicator Five: Concerns Closed at Each Stage

The table below details the number of concerns closed at each stage during Q2.

Concerns Type	Number of concerns closed at each stage
Stage 1	1
Stage 2	1
Stage 2 after escalation	0

Key Performance Indicator Six: Concerns Upheld and Not Upheld

To meet the requirements of Indicator Six, a breakdown of the formal outcome (upheld, partially upheld, or not upheld) against Stage 1 and Stage 2 concerns is provided below:

The table below provides a breakdown of the formal outcome of the total number of concerns closed at Stage 1 during Q2.

Stage 1	No. Of Concerns Closed	% of Concerns Closed at Stage 1
Upheld Concerns	0	Not Applicable
Not Upheld Concerns	1	100%
Partially Upheld Concerns	0	Not Applicable

The table below provides a breakdown of the formal outcome of the total number of concerns closed at Stage 2 during Q2.

Stage 2	No. Of Concerns Closed	% of Concerns Closed at Stage 2
Upheld Concerns	0	Not applicable
Not Upheld Concerns	1	100%
Partially Upheld Concerns	0	Not applicable

Key Performance Indicator Seven: Average Times

A reporting requirement of the Whistleblowing Procedure is to report on the average times in working days to close concerns at each stage and a detailed breakdown is provided in the table below:

	Closed Concerns
Stage 1	between 3-5 working days
Stage 2	between 15-20 working days

This section of the report will continue to be developed overtime as activity increases.

Key Performance Indicator Eight: Closed in Full within the Timescales

Overall Whistleblowing Performance - Stage 1 and Stage 2

During Q2 there was 1 concern investigated under Stage 1 of the Whistleblowing procedure and 2 concerns under Stage 2. All concerns were responded to within the national targets.

A breakdown of the numbers of concerns received and investigated at each stage during Q2 is detailed in the table below:

	Stage 1	Closed	Stage 2	Closed
Acute	1	1	1	0
Corporate	0	0	0	0
Mental Health/Learning Disabilities/Prisons	0	0	0	0
HSCP	0	0	0	0
Estates & Facilities	0	0	0	0
Medical	0	0	1	1

Key Performance Indicator Nine: Number of Cases where an Extension is Authorised

It is important that we respond to concerns timeously however not all investigations will be able to meet this deadline; however the Whistleblowing Procedure allows an extension where it is necessary to complete the investigation.

The table below details the number of concerns whereby an extension has been authorised against the total number of concerns received at each stage.

Concerns Type	Extension
Stage 1	0
Stage 2	0
Stage 2 after escalation	Not applicable

4 Conclusion

4.1 The introduction of the Independent National Whistleblowing Standards aims to ensure everyone delivering NHS services in Scotland is able to speak up to raise concerns when they see harm or wrong doing, putting patient safety at risk, confident that they can do so in a protected way that will not cause them personal detriment. It also aims to promote a culture of speaking up in the NHS and continues to be a key priority in NHS Forth Valley.

4.2 Whistleblowing figures remain relatively low but it is worth noting that activity has and continues to increase. NHS Forth Valley strive to ensure that staff feel safe, supported and have confidence in the fairness of the process whilst raising their concerns under the whistleblowing procedure.

4.3 A key focus is to build into NHS Forth Valley's approach an ongoing impact evaluation and learning system with feedback and improvements captured and shared as its core to build the confidence of the staff in these new standards overtime. This work will evolve overtime.

Implications

Financial Implications
No major impact other than the potential post noted in Workforce Implications, and in addition a small one off cost of £1500.00 and a recurring cost of approximately £500 per annum to support the development within safeguard to data capture the Whistleblowing process.

Workforce Implications
We had agreed an interim model of corporate support for the implementation of the standards and ongoing co-ordination of Whistleblowing processes. A dedicated admin post has been developed and a request for funding for a Band 4 post. This post is currently being supported within the nursing directorate.

The cohort of Speak Up Ambassadors and Advocates have been established and time is allocated to fulfil these roles in addition to their substantive posts.

There are no further workforce impacts at this time although supervision and support will be required for Speak Up Ambassadors, Advocates and Confidential Contacts is a key element of our approach.

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

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

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

□ *Yes*
☑ *N/A*

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

Quality / Patient Care Implications
Whistleblowing is viewed by NHS Forth Valley as an important source of information that may highlight serious risks to the effectiveness and efficiency of the organisation, with individuals often being best placed to identify deficiencies and problems at the earliest opportunity. If the opportunity to investigate and address these concerns does not result in improvements then there is a potential risk to the quality, safety and experience of patients.

Information Governance Implications
Information must be handled in a confidential and sensitive manner. A breach of information handling could lead to organisation failings or personal detriment towards the Whistleblower.

Risk Assessment / Management

Effective whistleblowing processes can act as both detective and preventative risk management controls to support the organisation and its staff.

NHS Forth valley promote the use of Business as Usual reporting for all areas of concern, however where these have been exhausted, or are felt by the reporter to be unopen to them, then Whistleblowing routes should be used.

Whistleblowing is viewed by NHS Forth Valley as an important source of information that may highlight serious risks to the effectiveness and efficiency of the organisation, with individuals often being best placed to identify deficiencies and problems at the earliest opportunity. If the opportunity to investigate and address these concerns does not result in improvements then there is a potential risk to the quality, safety and experience of patients.

There is also a public confidence and reputation risk, if whistleblowing standards are not fully implemented and visible across the organisation.

Risks to the wellbeing and psychological safety of staff may emerge if NHS FV Senior Leaders are not committed to the process of investigating and learning from any concerns and issues raised by staff.

Relevance to Strategic Priorities

The introduction of the Independent National Whistleblowing Officer Service aims to ensure everyone delivering NHS services in Scotland is able to speak up to raise concerns when they see harm or wrong doing putting patient safety at risk, confident that they can do so in a protected way that will not cause them personal detriment. It also aims to promote a culture of speaking up in the NHS and is a key priority for NHS Forth Valley in 2022.

Equality Declaration

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

Further to an evaluation it is noted that:

- Screening completed - no discrimination noted

NHS Forth Valley is also carrying out a local Equality Impact Assessment as part of the implementation plan.

Communication, involvement, engagement and consultation
This paper has been developed and considered to date by the following groups. The groups have either supported the content, or their feedback has informed the development of the content presented in this report.

- Staff Governance Committee

Additional Information
None

Appendices

Appendix 1: Key Performance Indicators

Appendix 1

Key Performance Indicators

A statement outlining learning, changes or improvements to services or procedures as a result of consideration of whistleblowing concerns
A statement to report the experiences of all those involved in the whistleblowing procedure (where this can be provided without compromising confidentiality
A statement to report on levels of staff perceptions, awareness and training;
The total number of concerns received
Concerns closed at stage 1 and stage 2 of the Whistleblowing procedure as a percentage of all concerns closed
Concerns upheld, partially upheld and not upheld at each stage of the Whistleblowing procedure as a percentage of all concerns closed in full at each stage
The average time in working days for a full response to concerns at each stage of the Whistleblowing procedure
The number and percentage of concerns at each stage which were closed in full within the set timescales of 5 and 20 working days
The number and percentage of concerns at each stage which were closed in full within the set timescales of 5 and 20 working days
The number of concerns at stage 1 where an extension was authorised as a percentage of all concerns at stage 1
The number of concerns at stage 2 where an extension was authorised as a percentage of all concerns at stage 2.

FORTH VALLEY NHS BOARD
TUESDAY 31 JANUARY 2023

8.1 Finance Report
For Assurance

Executive Sponsor: Mrs Cathie Cowan, Chief Executive

Author: Mr Scott Urquhart, Director of Finance / Mrs Jillian Thomson, Deputy Director of Finance

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Executive Summary
This report provides a summary of the financial results reported for the 9-month period ended 31 December 2022 together with an updated forecast outturn for the year.

Recommendations
The Forth Valley NHS Board is asked to: -

- **note** the in-year revenue overspend of £1.5m and balanced capital position as at 31 December 2022
- **note** the year-end revenue projection to 31st March 2023 has been updated to reflect a breakeven forecast position following confirmation of additional funding sources not previously anticipated.
- **note** that the strategic risk on financial sustainability remains very high given the current financial environment and operating context.
- **note** the requirement submit to a 3-year financial plan to the Scottish Government by 16 March 2023.

Key Issues to be Considered
Breakeven is now forecast for the year which represents a further improvement against the position previously reported to the Board in November. This reflects confirmation of funding allocations which were higher than original planning assumptions on medicines and CNORIS.

The position remains subject to risk and it is recognised that the reliance on non-recurring measures to breakeven increases the financial challenge and recurring savings requirement for future years. This will be reflected in the 3-year financial plan which will be presented to the NHS Board on 28th March 2023.

Implications

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

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

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

Sustainability Implications

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

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

□ *Yes*
☑ *N/A*

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

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

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

Risk Assessment / Management
Financial sustainability continues to be reported as very high risk in the NHS Board's strategic risk register. This reflects the significant and inherent uncertainty surrounding a number of key financial planning assumptions and the ongoing impact of operational service pressures.

Relevance to Strategic Priorities
This report outlines the total resources available to deliver the NHS Board's strategic priorities. It is essential that strategic priorities are delivered on a sustainable financial basis within the statutory Revenue and Capital Resource Limits set by Scottish Government.

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

Further to an evaluation it is noted that: (*please tick relevant box)*
☑ Paper is not relevant to Equality and Diversity

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

Additional Information
N/A

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

1.0 OVERVIEW OF MONTH 9 FINANCIAL RESULTS

1.1 Revenue position 2022/23

The total annual net revenue budget for 2022/23 is currently estimated at £780.4m as summarised in Table 1 below. This reflects the opening baseline Revenue Resource Limit (RRL), confirmed in-year allocations plus anticipated funding sources. A small number of anticipated allocations still remain outstanding at this stage in the financial year and this is being followed up with Scottish Government colleagues given the uncertainty this introduces to the forecast outturn at this late stage. There are two high value outstanding allocations which have a material impact on our forecast outturn, namely: the National Treatment Centre (£8.7m) and the balance of funding required to meet the uplift for Pay Awards (c. £15m).

The Emergency Budget Review published on 2 November 2022 reinforced the scale of financial challenge facing NHS in Scotland and confirmed the reprioritisation of £400m from the Health and Social Care portfolio across a range of services to support spending priorities including the anticipated pay award. The Scottish Government and Trade Unions have not yet reached agreement on the pay award and an imposed settlement has been actioned (equivalent to an average 7.5% increase for staff under Agenda for Change terms and conditions). The planning assumption is that the cost impact of the pay settlement will be funded although the mechanism for allocating funding to NHS Boards has not yet been confirmed.

TABLE 1: NHS Forth Valley 2022/23 Finanical performance	**Annual Budget £m**	**Apr - Dec Budget £m**	**Apr - Dec Expenditure £m**	**Underspend/ (Overspend) £m**
Clinical Directorates	343.378	234.812	237.093	(2.281)
Clackmannanshire & Stirling HSCP	145.727	104.811	106.003	(1.192)
Falkirk HSCP	155.686	112.549	111.167	1.382
Facilities and Infrastructure	107.345	79.373	79.304	0.069
Corporate Functions	28.232	17.516	17.042	0.474
Total	**780.368**	**549.061**	**550.609**	**(1.548)**

As summarised in Table 1, an overspend of £1.5m is reported as at 31 December (this compares to an underspend of £0.015m in the same period during 2021/22). As previously reported, this reflects ongoing capacity and staffing pressures (including temporary workforce costs to cover additional supplementary beds on the acute hospital site), increases in drug costs across both hospital and primary care settings, ongoing covid related expenditure and inflationary pressures affecting energy costs and a range of contracts which are linked to RPI. An element of the adverse year to date position also reflects unachieved recurring savings targets. Further detail on specific year to date issues are presented in Section 2 and appendix 1 of this report.

In terms of the year end forecast outturn, a breakeven position is currently forecast for 2022/23. This represents an improvement of £2.5m compared to the position reported in the previous month due to the identification of further one-off balance-sheet opportunities, additional slippage on projects/service developments and confirmation of the new medicines fund allocation which was significantly higher than our original planning assumption.

Achievement of breakeven remains subject to risk, particularly due to the potential impact of winter related demand and capacity pressures in the final quarter of the financial year and emerging issues in relation to Junior Doctor rota compliance. If financial support is required from the Scottish Government to deliver breakeven this will be repayable and will require a recovery plan setting out a return to financial balance over the next 3 years.

Total Covid-19 costs for 2022/23 remain forecast at £18.1m. This is comprised of £1.6m in respect of test and protect, £5.1m in respect of set aside services, £6.8m relating to vaccinations and £4.6m across other core NHS service areas. The Scottish Government have confirmed that Test and Protect costs will be funded by a separate allocation. However, the remaining balance of £16.5m is set against a resource limit of £12.3m (resulting in an unfunded pressure of £4.2m – this is included in the forecast outturn). The Scottish Government have made clear that there is no further Covid funding available for 2023/24 onwards, other than for vaccinations and test and protect, therefore all other local Covid measures will require to be stood down as soon as possible (where clinically appropriate) to reduce the risk of costs carrying forward into the new financial year.

In respect of bank and agency workforce costs, the year to date cost of temporary staffing equates to £24.4m (up £5.1m or 26% on the same period in the previous year). Around £17.6m (72%) of this total relates to nurse bank and agency staffing (with the Acute Services Directorate responsible for c91% of the nurse agency usage to date). Further detail is provided in appendix 2. Targeted reductions in bank and agency costs will form a key focus of the cost improvement programme for 2023/24 in line with the Scottish Government's Sustainability and Value framework and a further update will be presented to the February meeting of the Performance and Resources Committee.

In the meantime, we will continue to closely monitor the forecast outturn position to mitigate financial risk as far as possible.

1.2 Capital position 2022/23

The total annual net capital budget for 2022/23 remains at £18.2m as summarised in table 2 below. This reflects the core Capital Resource Limit (CRL) of £6.4m as advised by the Scottish Government, together with £13.1m of anticipated allocations, £1.1m of Property Sales retained by the Board, and other adjustments which are expected to be applied to the CRL during the course of the year for indirect Capital charged to Revenue.

TABLE 2: 2022/23 NHS Forth Valley Capital position	Annual Budget £m	Apr - Dec Budget £m	Apr - Dec Expenditure £m	Underspend/ (Overspend) £m
Core Capital Resource Limit	6.389	4.638	4.638	0.000
Anticipated allocations	13.109	3.783	3.783	0.000
Indirect Capital Charged to Revenue	(2.400)	0.000	0.000	0.000
Property sales	1.139	0.185	0.185	0.000
Total	**18.237**	**8.606**	**8.606**	**0.000**

As reported in table 2, a balanced position is reported for the 9-month period ending 31 December, with expenditure of £8.6m incurred to date, an increase of £2.1m compared to the cumulative expenditure reported last month (largely due to the National Treatment Centre and purchase of medical equipment). This leaves a balance of £9.6m to be spent over the remaining 3 months of the financial year (i.e. £12.0m of capital expenditure less £2.4m of Indirect Capital Expenditure that will be charged to revenue).

A further review of the capital forecast outturn is currently underway to assess any final changes to the Capital Resource Limit for the year in discussion with Scottish Government.

2.0 YEAR TO DATE FINANICAL PERFORMANCE

2.1 CLINICAL DIRECTORATES

Clinical Directorates reported a combined overspend of £2.3m as at 31 December 2022 as summarised in table 3 below.

TABLE 3: Clinical Directorates*	Annual Budget £m	Apr - Dec Budget £m	Apr - Dec Expenditure £m	Underspend/ (Overspend) £m
Acute Services	211.347	158.917	162.313	(3.396)
Cross Boundary Flow	59.490	44.567	44.448	0.119
Community Services incl Prisons	14.837	11.010	11.184	(0.174)
Women & Children	51.158	39.340	39.415	(0.075)
Specialist Mental Health	17.877	13.010	13.764	(0.754)
Ringfenced and Contingency Budgets	29.336	1.550	0.000	1.550
Income	(40.667)	(33.582)	(34.031)	0.449
Total	**343.378**	**234.812**	**237.093**	**(2.281)**

* Note that these budgets include specialties defined as "large hospital services" which form part of IJB Set Aside budgets. The total Set Aside budget included in the total of £343.378m above is £68.065m

Acute Services – an overspend of £3.4m is reported for the first 9 months of the financial year. As previously reported, the overall adverse position continues to reflect ongoing service pressures within A&E and inpatient specialties due to demand and length of stay, together with additional workforce costs to staff additional contingency beds, cover vacancies and sickness absence and to maintain separate covid/non-covid patient pathways. £13.3m of additional temporary staffing costs have been incurred during the first 9 months of the year within the Acute Services Directorate. Of this total, £10.3m (77%) relates to nurse bank and agency use. Key service areas where bank and agency staff are being deployed include Acute Assessment, Wards A11, A21 and A32, Ward B11 and B23, the Emergency Department and ICU.

The adverse year to date position is also exacerbated by ongoing staffing challenges across other parts of the health and care system which is impacting on an element of the planned discharge profile from the hospital. Unachieved recurring savings is also a key factor (whilst it was always acknowledged that the expected profile of achievement was skewed towards the latter half of the financial year, it is clear that there have been a number of delays in the implementation of a number of savings schemes).

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

Cross Boundary Flow – expenditure for the first 9 months of the year is broadly in line with the budgeted position. This will continue to be kept under review in the remaining 3 months of the financial year.

Community Services, including prisons – an overspend of £0.2m is reported for the first 9 months of the year. Similar to the position reported last month, this reflects the release of bridging funding for Prisons pending a formal response from the Scottish Government to the Prison developments business case and offset by bank/agency use due to ongoing vacancies and staff turnover.

Women and Children – an overspend of £0.1m is reported for the first 9 months of the financial year. This is broadly in line with the position reported in the previous month and is expected to improve as we approach year end due to receipt of additional funding in respect

of high-cost drugs (namely Eculizumab and Palivuzimab) together with non-recurring underspends due to vacancies within Health Visiting and CAMHS.

Specialist Mental Health – the position reported for specialist mental health services is broadly in line with the position reported last month with the year to date overspend remaining at £0.8m. This reflects the benefit of additional funding provided from month 6 onwards in line with the recently approved business case to address historic staffing issues and capacity. This is expected to lead to a corresponding reduction in staff bank and agency expenditure. Note that Nurse bank and agency expenditure during the months of October to December was lower than the previous month and the year to date average. The position will continue to be monitored during the remainder of the year.

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

Income – an over recovery of £0.4m is reported against income budgets for the first 9 months of the year in respect of Externals and Junior Doctors (via NHS National Education Scotland).

2.2 CORPORATE SERVICES AND FACILITIES

A combined underspend of £0.5m is reported for Corporate Services and Facilities as at 31 December 2022 as summarised in table 4 below.

TABLE 4: Corporate Functions and Facilities & Infrastructure	Annual Budget £m	Apr - Dec Budget £m	Apr - Dec Expenditure £m	Underspend/ (Overspend) £m
Facilities & Infrastructure	107.345	79.373	79.304	0.069
Corporate Functions				
Director of Finance	3.752	2.817	2.770	0.047
Area Wide Services	(3.225)	(4.575)	(4.338)	(0.237)
Medical Director	10.027	7.105	6.657	0.448
Director of Public Health	4.510	2.855	2.933	(0.078)
Director of HR	5.236	3.611	3.142	0.469
Director of Nursing	3.597	2.466	2.571	(0.105)
Chief Executive	2.240	1.665	1.529	0.136
Portfolio Management Office	0.505	0.379	0.250	0.129
Immunisation / Other	1.590	1.193	1.528	(0.335)
Corporate Functions sub total	28.232	17.516	17.042	0.474
Total	**135.577**	**96.889**	**96.346**	**0.543**

Facilitates and Infrastructure - expenditure is broadly in line with budget for the 9 month period ending 31 December 2022. This position incorporates receipt of funding to fully offset £0.6m of covid costs that are included in the year-to-date position. Covid exit strategies are currently being implemented with marquee hire at Forth Valley Royal Hospital having now ceased. Covid related excess patients transfer costs (due to restrictions in number of patients per vehicle in line with social distancing) and hire of vehicles/fuel/drivers to transport lab samples to Glasgow now requires review in conjunction with Public Health and Infection Control colleagues. Whilst an overall favourable position is reported to date, note that this masks pressures within support services specifically relating to waste, patient transport and postage and franking.

Corporate Functions - a combined underspend of £0.5m is reported for the first 9 months of the financial year. This reflects a number of non-recurring benefits arising from vacancies within the Medical Director and Corporate Portfolio Management Office areas, together with release of Covid funding to meet year to date costs incurred within Public Health.

2.3 HEALTH AND SOCIAL CARE PARTNERSHIPS

Delegated health services reported under the Health and Social Care Partnerships (HSCPs) returned a combined underspend of £0.190m as at 31 December 2022 as summarised in table 5 below.

TABLE 5: Health & Social Care Partnerships	Annual Budget £m	Apr - Dec Budget £m	Apr - Dec Expenditure £m	Underspend/ (Overspend) £m
Clackmannanshire and Stirling HSCP				
Operational Services	55.628	40.478	39.426	1.052
Universal Services	86.402	64.333	66.577	(2.244)
Ringfenced and Contingency Budgets	3.697	0.000	0.000	0.000
Subtotal	145.727	104.811	106.003	(1.192)
Falkirk HSCP				
Operational Services	69.318	51.480	48.451	3.029
Universal Services	82.047	61.069	62.716	(1.647)
Ringfenced and Contingency Budgets	4.321	0.000	0.000	0.000
Subtotal	155.686	112.549	111.167	1.382
TOTAL	**301.413**	**217.360**	**217.170**	**0.190**

Note that the HSCP budgets summarised in table 5 *exclude* budgets in respect of large hospital services, also referred to as set aside, which amount to £68.1m. Responsibility for operational management of the Set Aside functions currently sit with NHS Forth Valley, whilst responsibility for demand and capacity sits with the HSCPs as part of the IJB's strategic planning role.

In terms of the year to date position, the key financial challenge experienced by both HSCPs continues to relate to primary care prescribing which is reported under universal services. Volume growth and the average cost per item remains higher than original planning assumptions (up 3.3% and 3.9% respectively compared to the same period last year) and delays in achieving prescribing efficiency savings also contribute to the adverse position.

A significant underspend continues to be reported in respect of Community Healthcare Services under Falkirk HSCP primarily due to wards 1 to 4 at Falkirk Community Hospital remaining closed. These wards were closed as a result of fire related Health and Safety risks associated with the building, with associated HSCP revenue budgets including staffing, remaining in place.

Proposals for 2022/23 financial risk share arrangements have been shared with IJB colleagues for consideration as summarised below. This will be discussed with IJB CFOs in more detail in the coming weeks:

- Set Aside budget – NHS Forth Valley will assume responsibility for any overspend on the set aside budget during 2022/23 on a non-recurring basis;
- Clackmannanshire & Stirling integrated budget – NHS Forth Valley will assume a 50% of share of the overall delegated integrated budget outturn across Health and Social Care services. Note that breakeven is currently forecast for the year.

- Falkirk Integrated budget – a net underspend is currently forecast for the year primarily as a result of a material change in planning and funding assumptions (i.e. the permanent closure of the wards 1 to 4 at FCH).

Longer term risk sharing arrangements require to be agreed for 2023/24 onwards as part of the review of the integration schemes of both IJBs.

2.4 CAPITAL

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

TABLE 6: 2022/23 NHS Forth Valley Capital position	Annual Budget £m	Apr - Dec Budget £m	Apr - Dec Expenditure £m	Underspend/ (Overspend) £m
Elective Care	8.412	1.856	1.856	0.000
Information Management & Technology	2.932	1.437	1.437	0.000
Medical Equipment	4.327	3.756	3.756	0.000
Facilities & Infrastructure	3.741	1.327	1.327	0.000
NHS Board corporate projects	1.225	0.230	0.230	0.000
Indirect Capital Charged to Revenue	(2.400)	0.000	0.000	0.000
Total	**18.237**	**8.606**	**8.606**	**0.000**

Elective Care – works continue on the Elective Care Modular Build (National Treatment Centre) and associated car park with the sum of £1.9m being incurred as at 31st December in addition to the £4.1m accounted for in the previous financial year.

Information Management & Technology – during December reported expenditure increased by £0.1m, taking the total year to date expenditure to £1.4m.

Medical Equipment – As at 31st December expenditure committed to date on Medical Equipment items equates to £3.8m (an increase of £0.7m in the month). During December new orders were raised for Stryker Trolleys (funded by the National Infrastructure Board), additional beds as part of the Bed Replacement programme and Scopes as part of the Endoscopy Replacement Programme.

Facilities & Infrastructure - total expenditure of £1.3m is reported as spent or committed as at 31st December 2022 (an increase of £0.3m during the month of December). Key items of expenditure to date include staff costs recharged to capital and flooring works at various Health Centres throughout Forth Valley. A review of all projects is currently underway to update the forecast outturn.

NHS Board Corporate Projects – key items of expenditure incurred to date relate to is Capital Grants paid to Denny Cross Medical Centre and professional fees related to the redevelopment of the Primary Care Estate and the Falkirk Community Hospital masterplan. Following advice from Scottish Government colleagues both projects have been paused to allow a review of key timelines in light of capital funding constraints.

3.0 EFFICIENCY SAVINGS

As previously reported, delivery of the 2022/23 savings target of £29.3m is unlikely to be fully achieved in year due to the lead in time necessary to develop and implement the associated project plans, coupled with the limited availability of key staff to drive progress as they continue to be required to focus on immediate frontline service pressures.

Detailed review of the savings plan continues in order to accelerate delivery of recurring targets as far as possible in year and to ensure that going forward all schemes are aligned to the Scottish Government's Sustainability and Value framework.

To date savings of £17.5m (60% of the total target) have been achieved as at 31 December 2022 as summarised in table 7 below.

TABLE 7: NHS Forth Valley - 22/23 savings plan progress at November	**Target £m**	**Achieved £m**	**Balance remaining £m**	**RAG status**
Service Redesign				
Patient flow & demand management	3.0	0.0	(3.0)	Red
Other	0.2	0.5	0.3	Green
Sub total	3.2	0.5	(2.7)	
Drugs & Prescribing (Acute Services Division)				
Reducing waste & unwarranted variation	3.4	0.0	(3.4)	Red
Technical Switches/Biosimilars	0.7	0.0	(0.7)	Amber
Rebates - externals	0.0	0.4	0.4	Green
Patent expiry	0.0	0.0	0.0	Red
Sub total	4.1	0.4	(3.7)	
Workforce				
Consultant job planning process	1.7	0.0	(1.7)	Red
eRostering programme	0.0	0.0	0.0	Red
Reductions in non-core staffing	1.7	0.0	(1.7)	Amber
MS teams productivity savings	0.0	0.0	0.0	Red
Sub total	3.3	0.0	(3.3)	
Infrastructure, Innovation & Digital Developments				
M365, Near Me, Community System, Unified Comms	0.3	0.0	(0.3)	Red
Energy Efficiency, Theatre System	1.0	0.0	(1.0)	Green
Bookwise, Telematics, Vehicle Leases	0.4	0.0	(0.4)	Red
PFI Contract efficiencies, Teams based approach	0.1	0.1	0.0	Green
Miscellaneous	0.2	0.2	0.0	Green
Sub total	2.0	0.3	(1.7)	
Primary Care Prescribing (Integration Joint Boards)				
Full year effect impact of Prescribing Improvement Scheme	0.1	0.1	0.0	Green
National tariff reductions/Margin sharing	0.0	0.8	0.8	Green
Reducing waste & unwarranted variation in Primary Care Prescribing	1.4	0.0	(1.4)	Red
Care Home Prescribing	0.5	0.0	(0.5)	Amber
Non-medical Prescribing	0.5	0.0	(0.5)	Amber
Formulary review respiratory	0.5	0.0	(0.5)	Green
Sub total	3.0	0.9	(2.1)	
Financial Management & Controls				
Overseas Visitors income EHIC	0.1	0.0	(0.1)	Red
Balance sheet opportunities	3.2	11.0	7.8	Green
Slippage on planned investments	1.9	3.1	1.2	Green
Review of Annual Leave Policy	0.7	0.0	(0.7)	Amber
Reversal of employer NICs w/e/f 1 Nov	0.0	0.9	0.9	Green
Miscellaneous	1.6	0.4	(1.2)	Amber
Sub total	7.5	15.4	7.9	
Unidentified savings	6.2	0.0	(6.2)	Red
Total	**29.3**	**17.5**	**(11.8)**	**Red**

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

New savings schemes are also currently being developed following a positive response to the recent "Spending Well" staff engagement campaign. Key themes identified to date relate to climate change initiatives, innovative working practices, procurement and digital opportunities. These are currently being assessed in terms of feasibility and risk, Further feedback and formal responses will be provided to staff on how their ideas are being implemented.

In addition, the new proposals received from Clinical and Pharmacy colleagues were recently approved which are expected to generate a £1.1m gross cash releasing saving. However additional pharmacy resource will be required to implement the necessary changes which introduces a minimum 3-month lead in time before savings will be realised.

4.0 3 YEAR FINANICAL PLAN 2023/24 TO 2025/26

The 2023/24 budget was announced by the Scottish Government on 15 December 2022 and an indicative funding settlement for NHS Boards has now been received. This indicative settlement will inform the development of our 3-year financial plan and confirms the following funding assumptions:

- Baseline funding will be issued in respect of the recurring impact of the Agenda for Change and Medical and Dental 2022/23 imposed pay settlements. Negotiations are currently underway regarding 2023/24 uplifts.
- A baseline funding uplift of 2%
- Additional NRAC funding to remain at 0.8% from parity
- Boards to retain National Insurance levy funding despite change in policy, with flexibility for Boards to determine use.
- Significant reduction in Covid-19 funding and requirement to drive down associated costs.

These funding assumptions are currently being assessed against estimated inflationary pressures and the cost impact of a range of local and national service developments, with early indications suggesting a significant risk to delivering a balanced plan position in 2023/24 This reflects the following key cost pressures:

- The underlying recurring deficit brought forward from 2022/23
- The impact of inflation on various contract and supplies prices, further pay uplifts, increases in drug costs and the uptake of expensive new medicines
- Local whole system issues and developments, including ongoing capacity and bed pressures together with a range of unavoidable and unfunded compliance and legislative requirements

The scale of the financial challenge is unprecedented and it's clear that long term reform and redesign is required to support a return to underlying recurring financial balance. NHS Boards are expected to reflect the national Sustainability and Value workstreams within their financial plan submission. Draft 3 year financial plans are to be submitted to the Scottish Government by 9th February, with a further update by 16 March 2023. The financial plan will be considered for approval by the NHS Board at its meeting on 28th March 2023.

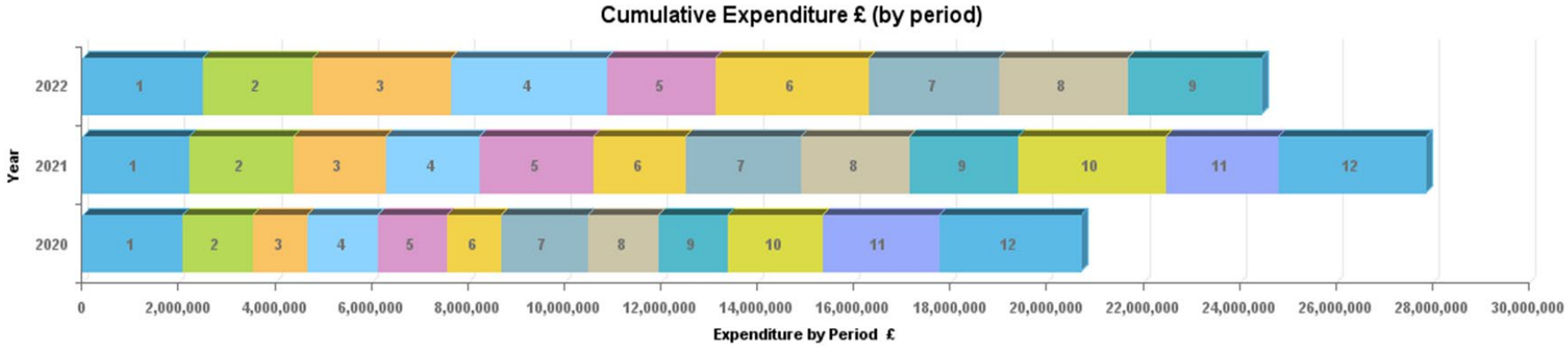
In the meantime, work is underway in conjunction with the CPMO, to review and further develop our cost improvement programme to inform the 3-year financial plan submission. Detailed saving proposals will be presented at the February Performance and Resources Committee meeting for approval in advance of the submission to the Scottish Government.

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

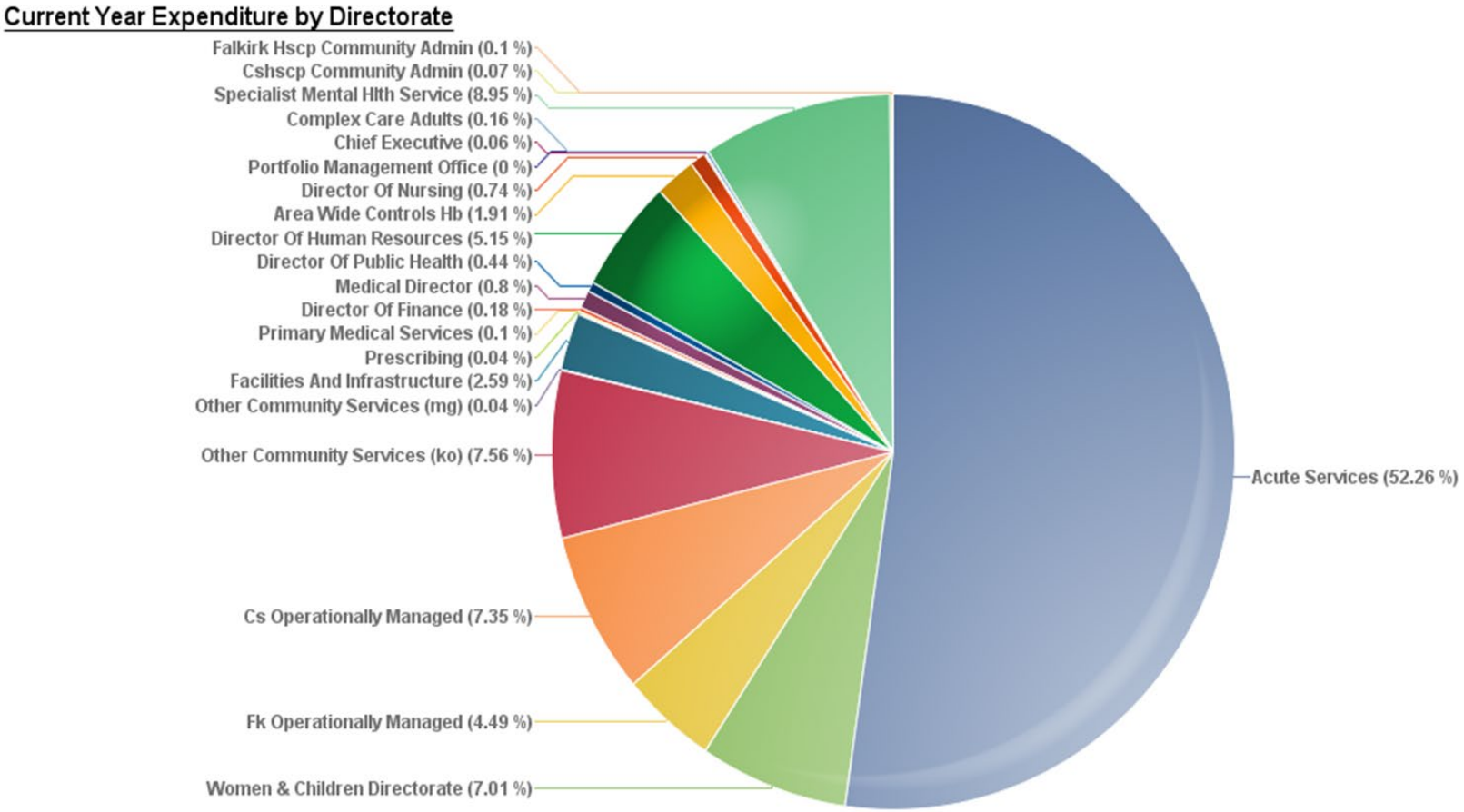
TABLE 1: NHS Forth Valley 2022/23 Finanical performance	Annual Budget £m	Apr - Dec Budget £m	Apr - Dec Expenditure £m	Underspend/ (Overspend) £m
NHS Services (incl Set Aside)				
Clinical Services				
Acute Services	211.347	158.917	162.313	(3.396)
Cross Boundary Flow	59.490	44.567	44.448	0.119
Community Services incl Prisons	14.837	11.010	11.184	(0.174)
Women and Children	51.158	39.340	39.415	(0.075)
Specialist Mental Health	17.877	13.010	13.764	(0.754)
Income	(40.667)	(33.582)	(34.031)	0.449
Non- Clinical Services				
Facilities and Infrastructure	107.345	79.373	79.304	0.069
Corporate Services	28.232	17.516	17.042	0.474
Other				
Ringfenced and Contingency Budgets	29.336	1.550	0.000	1.550
NHS Services sub-total	**478.955**	**331.701**	**333.439**	**(1.738)**
Health & Social Care Partnerships				
Clacks/Stirling HSCP	145.727	104.811	106.003	(1.192)
Falkirk HSCP	155.686	112.549	111.167	1.382
HSCP sub-total	**301.413**	**217.360**	**217.170**	**0.190**
Total	**780.368**	**549.061**	**550.609**	**(1.548)**

Appendix 2: non-core staffing expenditure as at 31 December 2022

Year/ Period	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Annual Total £
2020	2,047,576	1,468,298	1,137,449	1,460,633	1,417,146	1,145,870	1,780,626	1,474,217	1,440,843	1,973,848	2,399,095	2,952,286	**20,697,885**
2021	2,185,728	2,170,836	1,912,830	1,944,462	2,372,809	1,909,736	2,393,360	2,250,986	2,249,976	3,045,987	2,332,927	3,079,997	**27,849,634**
2022	2,477,115	2,278,167	2,874,458	3,229,489	2,262,816	3,177,961	2,696,991	2,664,402	2,782,831	0	0	0	**24,444,229**



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



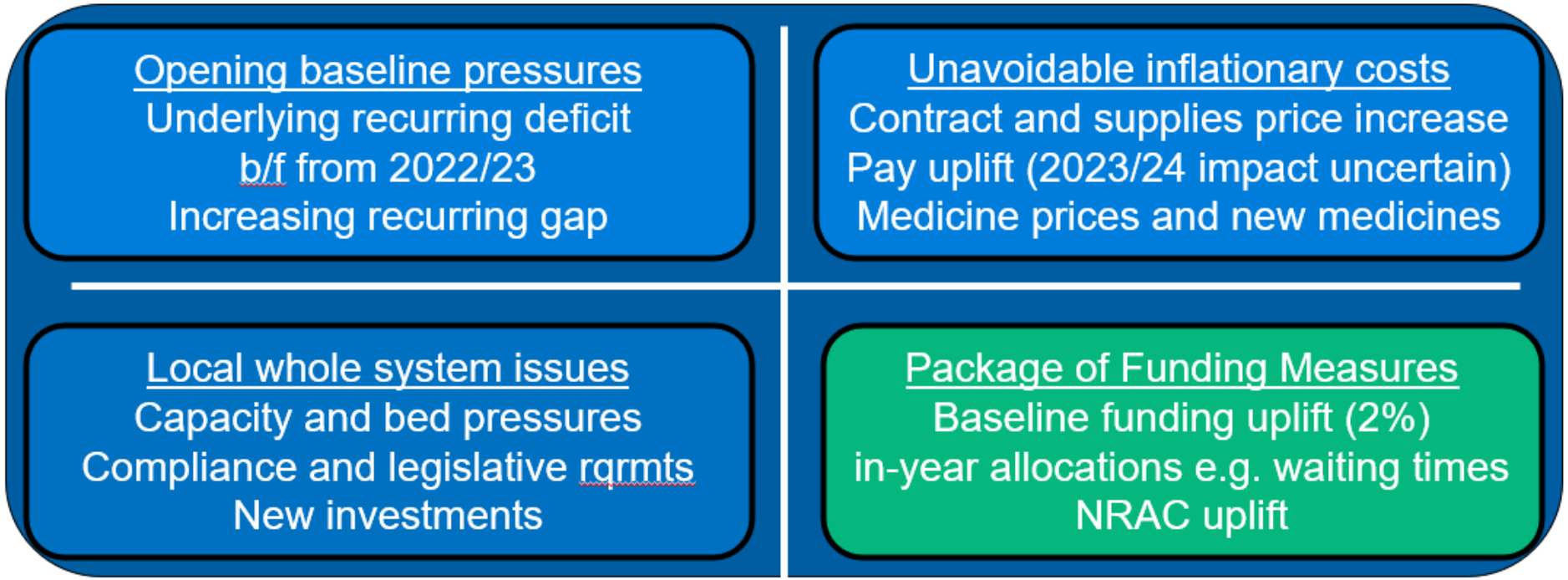
NHS Board
Financial Planning : 2023/24 to 2025/26

- Operating Context and Key Factors
- Strategic Financial Risk
- Sustainability and Value
- Summary and Next Steps

NHS Board
3 Year Financial Plan : 2023/24 to 2025/26

Operating Context and Key Factors

Key Factors
Covid-19 Legacy
High inflation - pay and price cost impact
High staff absence levels – premium cost
Unfunded additional beds across system
Low level of recurring savings delivery past 3 years
Funding uncertainties



Requirement to contain spend within our fixed resource envelope

Strategic Financial Risk

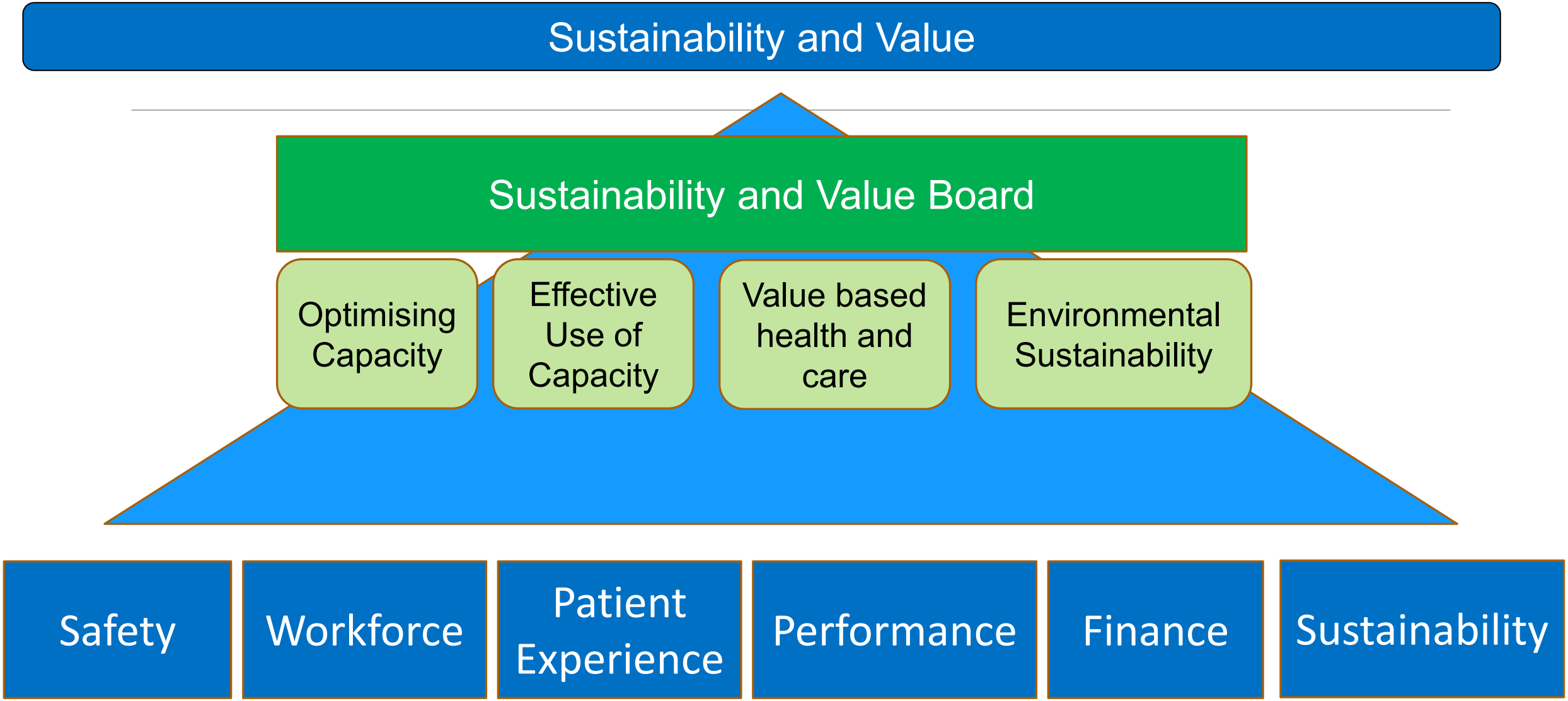
'If NHS FV financial plans are not aligned to strategic plans and external drivers of change, there is a risk that our recurring cost base for our services over the medium to long term could exceed our future funding allocation, resulting in an inability to achieve and maintain financial sustainability,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

The long term financial sustainability risk remains very high (Score : 25)

Financial sustainability requires longer term system transformation and renewal

Efficiency savings alone are no longer sufficient to bridge gap between costs and funding

NHS Board
Financial Plan : 2023/24 to 2025/26



Financial Improvement Actions

Workforce Controls

- Management of workforce costs including vacancies and absence
- Set trajectory for nurse agency cost reduction based on planned actions
- Invest in sustainable workforce in areas of sustained demand.

Affordable Plans

- Clear funding sources for investments
- Safe exit from Covid costs as additional reduces
- Risk based decisions based on safety and quality

Accelerate Savings

- Medicines Optimisation Board
- Bring forward future pipeline proposals
- Non recurring actions - finance
- Staff and staff side suggestions and comms

Longer Term Sustainability

- Innovation and reform activities
- Sustainability and Value priorities
- Whole system bed balance
- VBH&C / Realistic Medicine approaches

NHS Forth Valley

Spending Well

Making the Most of Our Resources

Summary and Next Steps

2023/24 financial planning outlook

- Very challenging set of circumstances – across workforce, medicines and funding.
- Financial sustainability remains at very high risk
- Significant level of savings required in 2023/24 to deliver a balanced budget (6% - 7%)
- Realistic assessment of what is deliverable across the 3 year planning horizon – focus on efficiency, productivity, sustainability and value priorities.
- Financial sustainability must be embedded into future healthcare strategy

Next Steps – Financial Plan Timelines

- Draft 3 year Financial Plan templates to Scottish Government on 6th February
- Draft Financial Plan to Performance and Resources Committee 28th February
- Updated plan submission to Scottish Government 12th March
- Final 3 Year Financial Plan to NHS Board for consideration and approval 28th March

FORTH VALLEY NHS BOARD
TUESDAY 31 JANUARY 2023

9.1.2 Escalation Improvement Plan Update
For Assurance

Executive Sponsor: Mrs Cathie Cowan, Chief Executive

Executive Summary
On the 19 December 2022, the Board of NHS Forth Valley approved the approach to the development and delivery of NHS Forth Valley's Escalation Improvement Plan ('the Plan'), attached at Appendix 5 for reference. This included approving the NHS Board's:

- Escalation Improvement Plan and actions to strengthen leadership, governance, and culture and, in doing so, deliver sustainable improvements in patient and staff experience as well as performance in a number of service areas.
- Programme Governance Structure (attached at Appendix 3) to direct and oversee the delivery of effective operational services, workforce and budget management, sustainable improvements, and organisational strategy.

Since approving the Plan, changes and improvements have been implemented in a number of areas at pace to demonstrate the NHS Board's commitment to strengthen leadership and governance and improve culture. This includes ongoing work to respond to the recent Health Improvement Scotland (HIS) report and ensure all of the report recommendations are addressed.

Work is also underway to develop a measurement framework to enable the NHS Board and its Assurance Committee Members to monitor and measure progress against key actions, timescales, and outcomes. This Framework will also help ensure any issues are identified, escalate, and managed in a timely manner. Update reports will also be shared with the two local Integration Joint Boards and the Scottish Government's Assurance Board.

Recommendation
The Forth Valley NHS Board is asked to:

- **note** progress to date and planned next steps
- **approve** the Governance Terms of Reference attached at Appendix 4 (note this has been shared and comments incorporated into this final draft)

Key Issues to be Considered

- Purpose and Progress

The purpose of this paper is to update Board Members on progress up to end of January 2023, the governance structure and arrangements supporting the delivery of the approved Improvement Plan and planned work and priorities for the period up to end of March 2023. ELT, through the Escalation Programme Board governance arrangements, informed this update and future planned work at its meeting on 30 January 2023 - attached at Appendix 1. This paper also provides an update on the NHS Board's work to respond to the recommendations of the HIS report of 5th December 2022, following their unannounced visit to Forth Valley Royal Hospital in September 2022 - attached at Appendix 2.

- Governance Arrangements

The NHS Board, in December 2022, approved a governance structure to direct and oversee the delivery of the Plan and the ongoing sustainable improvement whilst the NHS Board remains in escalation. An Escalation Programme Board, led by the Chief Executive and whose membership is made up of the Chairs of the Area Clinical Forum and Area Partnership Forum and members of the Executive Leadership Team, has met on three occasions up to end of January 2023. The Programme Board reports to an Escalation Performance and Resources Committee, which, in turn, provides assurance on progress, including identifying and escalating any potential issues and risks to the NHS Board.

In addition, the Governance Review Terms of Reference are attached at Appendix 4 for approval.

- Performance

A number of performance related concerns were highlighted in the Escalation letter issued by the Director General of Health & Social Care and CEO of NHS Scotland. These related to:

- GP Out of Hours (OOH) Services
- Unscheduled Care
- Mental Health - Child & Adolescent Mental Health Services (CAMHS) and Psychological Therapies
- Health and Social Care Integration

A **GP Out of Hours** (OOH) Redesign & Sustainability Improvement Plan (the 'Action Plan') has been developed in response to the findings from the visit by Sir Lewis Ritchie on 5th October 2022. Twelve recommendations were shared with the NHS Board at it November 2022 meeting and thereafter reported to the Board's Performance & Assurance Committee. The Action Plan will be presented to the P&R Committee (P&R) as part of the NHS Board's Performance Scorecard report. This addresses the Sir Lewis Ritchie report recommendations to continue to develop and support NHS Forth Valley's GP and Primary Care OOH Service, have accountability and regular reporting mechanisms in place to better understand the issues and to oversee the implementation of Action Plan within the agreed timescales. It also ensures that the Action Plan will continue to be developed, implemented, and scrutinised regularly.

Work is underway to recruitment an GP and Primary Care OOH Service Manager as part of the approved transfer of operational management of the GP and Primary Care OOH service, staff, and budget responsibilities to the Falkirk (Lead) Health & Social Care Partnership (HSCP). The Falkirk Chief Officer and Director of the HSCP is leading the recruitment process. In the meantime, the current service manager will manage the GP OOH service, staff and budget and will be attached to the Falkirk HSCP for up to a period of six months. This attachment enables the service manager to fulfil their responsibilities for other urgent and unscheduled services and provide and explore opportunities for further integration with other urgent and community care services, including the Flow Navigation Hub. It will also support learning from other NHS Boards as well as the transfer of knowledge and the building of new system relationships with the HSCPs.

There is 3.5 sessions for clinical leadership and a triumvirate approach (involving the Lead GP, Nurse, and Service Manager) is in place to enhance multidisciplinary working, including the roll out of the Healthcare Support Worker (HCSW) role, training for the Clinical Nurse Advisors to support the OOH service whilst creating a learning environment as evidenced by a number of innovative and hybrid clinical roles working across Emergency Care and GP OOH services.

Partnership working continues with the Scottish Ambulance Service as does regular information, engagement, and development events. The actions being implemented are impacting positively on the experience and wellbeing of both patients and staff.

Unscheduled Care performance is regularly reported to the NHS Board, Integration Joint Boards, NHS Board and Performance & Resources Committee. Scottish Government has supported the secondment (3 months) of a Project Manager to support the implementation of the approved Improvement Delivery Plan including High Impact Changes (HIC) - Redesign of Urgent Care (HIC 2), increasing Virtual Capacity (HIC 3) e.g., expanding Hospital at Home and Discharge without Delay (HIC 7).

Despite the particularly challenging service pressures in early January 2023, including high hospital inpatient and intensive care occupancy rates, higher than normal staff sickness and delayed discharge rates, the 4 hour Emergency Access Standard has reported a small and sustainable improvement. For the month of January (up to 29 January 2023) performance was 48.1% compared to 42.1% for the month of December 2022. The appointment of an interim Director of Acute Services has enabled a number of senior service managers and professional leads in interim roles to return to their substantive posts, creating greater stability across the acute hospital site. These changes are also impacting positively on patient and staff experience and wellbeing. There is a distinct difference and noticeable improvement in the focus and effectiveness of the daily site safety huddles and staff side has reported '*an improvement in the information provided at the daily site morning huddle'.*

Mental Health Services: CAMHS and Psychological Therapies (PT)have reported sustainable improvements, in line with their respective Improvement Plans. CAMHS has continued to tackle long waiting times and has moved from 33.3% Referral to Treatment Time (RTT) in November to 60.4% for the month of December 2022 and follows our agreed trajectory path and achieving the 90% standard in quarter 1 (April to June 2023). Similarly, in PT the RTT reported position has moved from 72.1% in November to 77.2% in the month of December 2022. These improvements are impacting positively on patient and staff experience and wellbeing.

Integration: The approved Escalation Plan set out a number of actions to progress the integration of health and social care services. This includes: the transfer of operational management of pan Forth Valley Primary Care services (including GMS contract and GP and Primary Care Out of Hours services) and specialist mental health and learning disability services, to a Lead HSCP and the realignment of Health Promotion Services to each of the HSCPs. All of these actions have been progressed and staff will be informed by the due 31 January 2023 date. Mental Health and Learning Disability Medical staff have yet to transfer, and the Medical Director and Chief Executive will support the Chief Officer in discussions yet to be finalised.

In addition, the development of a decision making matrix and shared narrative for integration are in the final stages, having been developed by the Chief Financial Officers, Deputy Director of Finance, and the Chief Officers, respectively. The shared narrative is being progressed through the established NHS CEO monthly Local Authority Chief Executive and Chief Officer Group. The Group, whilst focusing on the actions set out in the Escalation Improvement Plan, is also keen to discuss wider public sector partnership opportunities.

Implications

Financial Implications

The Scottish Government has confirmed it is willing to provide programme/project specific support and this is being finalised for consideration by the Assurance Board on 7 February 2023.

Workforce Implications
Programme support is currently being provided by the Head of Policy and Performance. Work is ongoing to identify a dedicated Programme Manager is being sourced to work alongside the Senior Responsible Officers aligned to the Board's Quality and Corporate Programme Management Teams with the intention to have a dedicated Assurance Response Team. In addition, discussions are ongoing to finalise support for a number of the key actions, e.g., governance review, integration due diligence and OD external support to facilitate an ELT OD Programme co-produced by all ELT Members.

Infrastructure Implications, including Digital
Support from both the Quality Improvement and Corporate Programme Management Office, to support the development and reporting on the measurement framework, is being finalised.

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

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

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

Quality / Patient Care Implications
All of the actions set out in the Escalation Improvement Plan are intended to support improvements in service quality and patient experience. The links between good leadership, governance and culture are well evidenced most recently, in the Blueprint for Good Governance[i] '*For NHS Scotland to be successful in delivering quality healthcare, good governance is necessary but not sufficient if NHS Boards are to meet or exceed the expectations of their principal stakeholders. To do that, the organisation must also excel at day to day management of operations and the implementation of change*.'

Information Governance Implications
N/A

Risk Assessment / Management
An 'escalation' risk assessment, in relation to the NHS Board's purpose and aims, corporate objectives and operational priorities, standards and targets, has been completed with regard to the wider strategic and policy context within which the NHS Board operates. A Draft Risk Register has been shared with the ELT to review and approve before being presented to the Escalation P&R Committee to help identify, manage, and escalate to the NHS Board any issues and/or potential new risks.

Relevance to Strategic Priorities
The Escalation Improvement Plan impacts on all of the NHS Boards approved Corporate Objectives, namely:

- Plan for the future
- Protect and improve the Health and Wellbeing of the people of Forth Valley whilst reducing health inequalities
- Improve our focus on safety, quality, and sustainability
- Value and develop our people
- Demonstrate best value using our resources
- Promote and build integrated services locally and regionally
- Demonstrate behaviours that nurture, and support transformational change across our health and care system

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

Further to an evaluation it is noted that:
- Paper is not relevant to Equality and Diversity

Communication, involvement, engagement, and consultation
Engagement and Communication has been referred to in the approved Escalation Improvement Plan. A Communication Plan has also been developed and agreed by the Programme Board and approved by the Escalation Performance & Resources Committee.

Additional Information
N/A

Appendices

- Appendix 1: Escalation Improvement Plan Progress Report
- Appendix 2: Health Improvement Scotland (HIS) Update Report
- Appendix 3: Governance Structure
- Appendix 4: Governance Review Terms of Reference
- Appendix 5: NHS Board - Approved Escalation Improvement Plan (Dec 2022) - for reference

[i] http://www..gov.scot/publications/blueprint-good-governance-nhs-scotland-second-edition/

Appendix 1

Escalation Improvement Plan - Progress Update

The Escalation Improvement Plan set out below aims to strengthen the NHS Board's leadership, governance and culture and improve performance in a number of service areas, guided and informed by the following principles:

- Putting patients first - everyone who uses our services should expect to receive consistently high standards of care and treatment
- Supporting our staff - by ensuring that they have the right working conditions and resources to support their own wellbeing and deliver the best care and services possible
- Working in partnership - building and sustaining a culture of collaboration with partners based on trust and respect, learning, and sharing of best practice

Leadership and Culture			
Approved Action	**Progress Update**	**Planned Work**	**Impact**
Executive Leadership Team Development	As indicated in the Improvement Plan, Stage 1 and Stage 2 were completed on 13th December 2022 following a meeting with the OD advisor and ELT. This process involved 1:1 meetings with all ELT members. The output from this exercise was shared with the collective ELT in a key theme report and the decision to move to stage 3 of the development with this OD facilitator was not supported. Subsequently, alternative approaches were discussed with this OD facilitator, including the development of a memorandum of understanding, which again were not supported by the collective ELT. Further meetings of the ELT explored next steps taking into account lived experiences from the previous OD programmes.	Commission external OD facilitation and support during Feb to 31 March 2023.	Supports and delivers an ambition to be a High Performing Team .This includes plans to work together to develop and agree, as part of Board's Assurance Framework - 2023/2024, key priorities for 2023/2024 (Annual Operating Plan, informed by national and local policy direction and IJB Strategic Commissioning Plans), aligned to team and individual objective setting process. This work will focus on developing stronger leadership, more effective governance whilst influencing culture and holding each other to account.

	On 11th January 2023, the Chief Executive invited ELT members to share their reflections and potential future team development requirements. Using this information, a scoping exercise was commissioned and the Executive Director of Nursing working with the Director of Human Resources developed a draft OD development scope which was presented at the Escalation Programme Board on 30th January 2023. This work incorporates existing, agreed behaviours and values, builds on previous work undertaken and has been co-produced by all ELT members. With minor amendments, this document was approved. Next steps involve the commissioning of an external OD facilitator. It is anticipated that this Stage 3 work will commence before the 31st of March 2023. The scoping document includes clear aims and outcomes.		
Learning from others	The HRD met with HRD's from both NHS GGC and NHS Highland on 14th December 2022 to capture the experiential learning from these Boards who have undertaken actions to improve leadership, culture, and governance as a result of escalation. The discussions provided information on the experience of an escalation process, organisational and experiential learning determining the highlights and lowlights and the sharing of the culture and leadership activities / programmes adopted including outcomes to date. This rich information is allowing further shaping of the next steps of our Culture and Leadership programme in NHS Forth Valley and benchmarking against these key programmes is currently taking place.	Sharing of learning and best practice with NHS Board and ELT Members and written report on learning and improvement actions to be presented to the Escalation P&R Committee in February 2023 for consideration and implementation alongside our planned Culture and Leadership Programme. This will be set out in update report to Assurance Board in March 2023.	Supports a collaborative leadership style and way of working to improve communication, reduce duplication of effort, improve working relationships and staff wellbeing, whilst providing a better experience for people who use local health and care services.

	A presentation of the learning from NHS GGC and NHS Highland will be shared by the Director of HR with ELT on Wednesday 1st February 2023. The HRD is also currently reaching out to other NHS Boards who are not in escalation, to determine what learning can be gleaned from their processes and programmes. The Medical Director also engaged with the Medical Director from NHS Highland on 14th December 2023. An informal network has been established and further meetings are taking place with the HRD's in February 2023.		
Review professional leadership and management arrangements across NHS Forth Valley	Chief Executive, Medical Director and Nurse Directorate triumvirate meeting weekly to progress. Deputy Nurse Director job description reviewed in December 2022 and submitted to review panel. Indicative banding to go out to recruitment, anticipated to be advertised first week in February 2023. AHP Director job description reviewed in December 2022, to go out to recruitment, anticipated to be advertised first week in March 2023 to align with current seconded post holder's contract of employment. Clinical Nurse Manager job description review being undertaken to benchmark against similar roles in other boards for consistency checking and role breadth/depth. This will support development of the CNM role across NHS Forth Valley and is anticipated to be completed by end of February 2023. This was not an anticipated	Implement changes to professional and management arrangements. Complete recruitment of professional leadership senior Director posts and progress Head of Service recruitment between March and June 2023. Review of professional structure (AHP, nursing and midwifery) across Directorates and HSCPs will be complete by the end of March with report to ELT and APF by end of April 2023. Annual planning cycle initiated with NMAHPs to develop and articulate direction of travel, aligned to Board strategy. Dates set up for March/June/September and December 2023. This will align the NMAHP professional	Stabilisation and increased senior leadership capacity notably on the acute site with positive impact on leadership, governance, and culture as evidenced by clarity on roles and responsibilities including accountabilities. This includes a refocus on staff governance standards and the NHS Board's vision and values and operational priorities and performance.

	action at the previous update and has come to light from early review of professional structures. The Nursing Directorate support infrastructures have been reviewed to ensure Directors have the mechanisms in place to enable the leadership and governance arrangements required of their role. The implementation of these developments will be in place by end of March 2023. Appointment of interim Acute Services Director has enabled senior staff to return to their acute services substantive posts. Interim Director leading recruitment to vacant Head of Service post. Appointment of interim Acute Services Director has enabled senior staff to return to their acute services substantive posts. Interim Director leading recruitment to vacant Head of Service post.	offer across the organisation, will develop a strategic plan, as well as a delivery plan. The first draft of this will be in place by end of June 2023. This was not anticipated in the previous update and was planned for later in 2023/24. The Executive Nurse Director, with the Senior Professional Forum, have agreed these needs accelerated to support the cultural aspects of vision, direction, leadership, and professional governance. Senior Charge Nurse/Team Leader leadership development programme being reignited following a partial pause during the pandemic. A full programme will be developed by end of March 2023 to consider the needs of all staff in this cohort.	
Culture diagnostics - Phase 1	The ELT received feedback on the 5th of December 2022 from a number of local staff events and learning from Professor West sessions which were repeated over two days to maximise engagement and involvement of staff. Head of OD has been working with Professor M West and K Steward, OD Lead from NHS England who has previously experience of the programme to identify the approach and evidence base. Ongoing support has been confirmed from both Professor West and K Steward. An action plan detailing organisational requirements has been developed and will be shared with ELT on 8th February 2023.	The scoping piece is planned over Feb/early March 2023 and will inform the Culture Diagnostic Phase. Early wins and practical changes from the learning from other NHS Boards will be considered and implemented to influence organisational culture and improvements as quickly as possible. Prepare for iMatter survey – go live date 16th May 2023 and continue to support the Leadership Safety walk round programme.	Stronger leadership informed and influenced by compassionate, enabling, and inclusive behaviours / to support: • the delivery of consistently high quality, safe and effective care, and services • an environment where staff are supported to speak up, raise any issues or concerns and share ideas and suggestions. This will support continuous improvements in an environment where there is learning, quality and effective system leadership • NHS Board Members are assured on the consistent application of the

	Diagnostic Tools have been obtained from NHS England for use within NHS Forth Valley. Work is underway with staff side to develop and agree the Culture and Leadership programme which will include the recruitment of Culture Change Champions and supported by new governance reporting and oversight arrangements - proposed through the Staff Governance Committee with oversight from the Escalation P&R committee by the end February 2023. iMatter response rates for 2022 56% in 2022 (national 55%), EEI 76 (National 76) Action plan completion within 8 weeks 58% (national 47%) Presentation to NHS Board on 31st January 2023.		national Staff Governance standards
Equality, Diversity, and Inclusion	NHS Forth Valley Minority Ethnic Network Engagement Event took place on 19th January 2023. The Chief Executive gave a commitment to progress this work and support the work of the Network. Best practice experts from NHS Lanarkshire and NHS Lothian shared their local stories of establishing Minority Ethnic Networks and their many achievements thus far. S Government colleagues outlined the expectations of the Board in relation to the establishment of this work and the work of the National Minority Ethnic Network. Evaluation will be concluded on 10th February 2023. The first meeting of the Self-managed Ethnic Minority Network will take place by the end of February 2023.	First meeting of the network will take place by the end of February 2023. Support the network to share the learning across other protected characteristic groups. Recruit and Appoint Equality & Inclusion Manager Band 7 to lead on this work by the end of April 2023. Assessment of network requirement to support all other protected characteristics will be explored and is anticipated to be complete by end of April 2023.	Objective 6 of the Equality and Inclusion Strategy identifies that all staff will experience a care and work environment which is free from discrimination and a specific focus will be given to monitoring experiences of those from protected characteristic groups. The establishment of this network will ensure an improvement in Employee voice for staff who are from the ethnic minority group across NHS Forth Valley. Impacts of decisions made by the organisation on protected characteristic groups will be understood and mitigating steps to reverse barriers or remove adverse impacts will be identified and actioned

Governance			
Approved Action	**Progress Update**	**Planned Work**	**Impact**
Governance Review	Prof John Brown, Chair of NHS GG&C, will undertake an independent review of NHS Board and Assurance Committee governance arrangements. Terms of Reference have been developed and will be agreed by the Board at its meeting on 31 January 2023. The refreshed Blueprint for Good Governance was shared with the Audit and Risk Committee on 20th January. A Board and ELT development session on the revised Blueprint, led by Prof John Brown, is planned for 14th February, in advance of the review process.	The review will be informed by three stages: 1. a series of 1:1 meetings with Board members, ELT members and other key staff, 2. a desktop review of Board governance documentation including Board, Committee and ELT papers, minutes etc 3. attendance to observe meetings scheduled from end of January to 25th May 2023. Findings are expected by end of June 2023 and will be shared with Board, ELT, and Assurance Board members.	Identify improvements to support and sustain the delivery of effective corporate governance arrangements to address the range of performance-related issues as set out in the Escalation Improvement Plan. Use the findings and recommendations to support the NHS Board's continuous improvement 'Blueprint' programme. including the delivery of Active and Collaborative Governance arrangements.
Accountability and Governance	Piloting new Directorate and Partnership Performance meetings in three areas to support ongoing effective performance management arrangements. NHS GG&C has also agreed to share their learning from performance management arrangements. The first performance meeting was held with the Women and Children's Directorate on 21st December 2022, with the next two meetings (Mental Health and Acute Services) being scheduled for 8th February and 7th March, respectively.	Reflections and recommendations from the three pilot meetings will inform future Directorate and Partnership performance meetings which are being scheduled from April 2023. NHS GG&C has agreed to share their arrangements and an ELT session in February 2023 is being planned to review learning and refine future plans.	Greater clarity on roles and responsibilities to support the delivery of the NHS Boards' strategic direction, management of risks and operational standards and targets. Clearer accountabilities and increased focus on supporting performance delivery is aimed at driving a sustainable level of performance improvement across all directorates / partnerships.

Whole System Governance	A new decision making matrix to support good governance across NHS Forth Valley and the IJBs, aligned to the Scheme of Delegation has been produced. It was endorsed by the Executive Leadership Team on 9th January (approved plan date was by end of December 2022) and is currently going through H&SCP governance processes, which is now expected to conclude by mid-February (plan date was by 31st January)	Implement the matrix to guide decision making and review its effectiveness during the months of February and March 2023. The matrix provides a route map for decision making processes within the approved governance framework across NHS Forth Valley and IJBs. As such it is expected to be adopted as a tool to support effective governance and should over time become redundant as these arrangements become business as usual.	Established monthly meetings with Local Authority CEOs and Chief Officers to ensure all parties can influence the delivery of improved healthcare outcomes whilst respecting individual organisational priorities and exploring opportunities for working in partnership to improve population health and wellbeing.
Integration (section)	A draft shared strategic narrative was presented to and discussed at the Chief Officers and Local Authority/NHS Chief Executive meeting on 11 January 2023.	This is due to be approved on the 22 February and launched as a commitment or 'call to action' by all six Leaders.	Leadership commitment to a renewed ambition for how we can support greater collaboration to identify and support delivery of 'integration' opportunities whilst also exploring wider public sector sustainable change and improvement.
Integration of Health and Social Care in Forth Valley	The transfer of operational management of services, staff and budget responsibilities for Specialist Mental Health and Learning Disability Services to Clackmannanshire and Stirling HSCP (Lead HSCP) was concluded on the 9th of January 2023 with the exception of Medical staff – this is being addressed and a meeting involving the Medical Director, Chief Officer and Chief Executive is being progressed. The transfer of operational management of the services including the management of the GMS contract and Primary Care, including GP Out of Hours, staff, and budget responsibilities to Falkirk HSCP (Lead HSCP) has been delayed due to unexpected leave, this was discussed at meeting involving the Chief Officer, interim Director of Acute Services, Chief Executive and Deputy HR	Develop and agree arrangements for a due diligence review by mid-February. This review will highlight opportunities for greater integration and/or gaps in integration capacity and how these can be addressed.	Greater clarity on roles and responsibilities to deliver the IJB strategic commissioning decisions and delivery of the NHS Boards' operational standards and targets - i to support the delivery of improved and sustainable performance across local health and care services.

	and Finance directors on 30 January. Agreement to inform staff with letters from the Chief Officer and HRD will now progress and a management capacity agreement covering 6 months (to allow recruitment to progress) will be finalised by 3 February 2023. Operational management of Health Promotion services, staff, and budget responsibility on an HSCP basis has been completed.		
Acute Services Leadership and Management	Appointed interim Director of Acute Services on 5th January 2023. Resulted in a number of senior managers and professional leads returning to their substantive posts. This, in turn, has increased overall senior management capacity on the acute hospital site. Professional structure (AHP, Midwifery and Nursing referred to in leadership and culture update).	Appoint to vacant Head of Service post, review reporting arrangements and operational business arrangements.	Increased leadership capacity and stability with greater clarity on roles and responsibilities to deliver the NHS Boards' operational standards and targets and support the delivery of improved and sustainable system performance.

NB Integration and performance related actions have been reported on in the tables above and on the covering paper.

Appendix 2

HIS Update

Following the Healthcare Improvement Scotland visit at the end of September 2022, action was quickly taken to address many of the issues highlighted by the inspectors, and NHS Forth Valley welcomed the opportunity to work with HIS to improve the experience of local patients and staff.

Care and comfort rounds were introduced for patients waiting in our Emergency Department and Assessment Units and new triage arrangements put in place to help reduce overcrowding.

Efforts continue to reduce the use of additional contingency beds which have been put in place to manage increased admissions. Additional action has been taken to strengthen the monitoring arrangements for patients being cared for in these areas and help improve their privacy, as well as individualised risk assessments to support patient safety, these are reviewed at least daily.

There has been significant investment in additional clinical staffing and support, including during the overnight period, and new procedures have been introduced to quickly identify and respond to any quality or safety issues across the site. Dedicated support has also been put in place to capture and respond to feedback from local patients and staff.

In response to the HIS Inspection report, the Executive Nurse Director, supported by the Board Medical Director, have developed a governance structure to capture all actions, track progress and develop assurance and measurement systems. This work is being taken forward through a Working Group and an Oversight Group, which bring together a wide and diverse range of service and professional leads from across the whole heath and care system, with support from colleagues from the Acute Directorate, Health and Social Care Partnerships, the quality improvement team, staff side partners, patient representatives, clinical governance, Corporate Programme Management Office (CPMO) and internal audit.

The Oversight Group is using a Project Management Office (PMO) approach to track activity, risks, outcomes and benefits to patients and staff as well as the ongoing monitoring and measurement of progress. The Oversight Group has asked internal audit colleagues to look at the improvement and assurance plan to date, map this against the requirements in the HIS report, to provide assurance that all elements of the report recommendations are addressed.

The Practice Development Unit is supporting the implementation of changes and improvements across the system and will undertake mock inspections and checks, in line with HIS requirements. They will report back to the Oversight Group to provide feedback, evidence and assurance that changes and improvements have been implemented in a consistent and sustainable way.

The Oversight Group has also connected with the improvement arm of HIS, who are working with NHS Forth Valley between January and March 2023 to provide support, advice and share learning. This includes work to build systems of assurance that are embedded in day-to-day

activities and develop a robust measurement plan which makes it easier to monitor compliance and identify and issues or variances at an early stage.

An action plan has been developed to ensure all the outstanding recommendations are addressed and those which have been completed continue to be monitored. The action plan and progress will be discussed at the next NHS Board seminar in Feb 2023 and a detailed update will be provided to HIS in Feb 2023 as part of an 18-week progress report.

Progress will also be monitored via the NHS Board's Clinical Governance Committee to provide assurance to the NHS Board and ensure that any issues and/or risks are identified and mitigated.

Appendix 3

Governance Structure

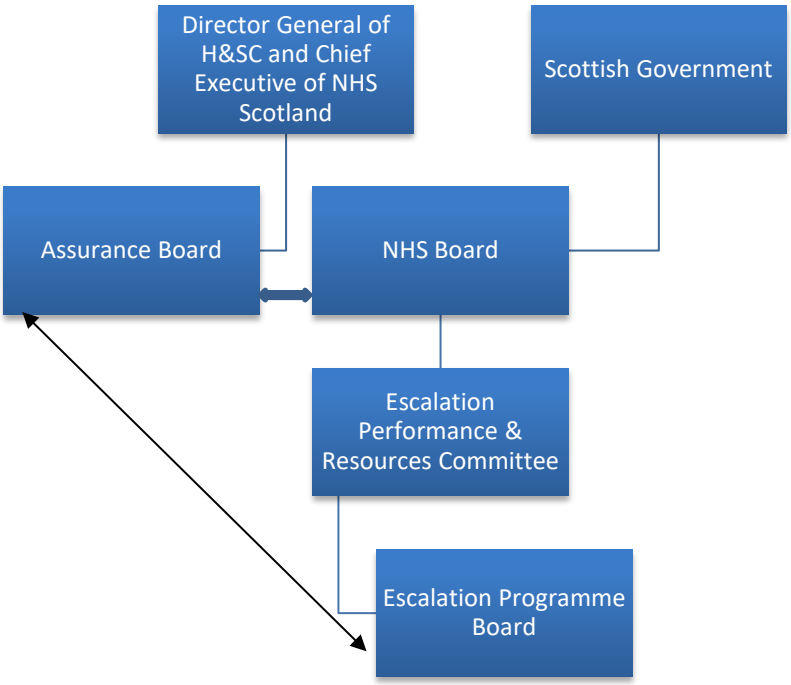
Following escalation to Stage 4 of the NHS Scotland's National Performance Framework for Governance, Leadership and Culture, a governance reporting structure was established to identify, manage, and escalate potential issues and/or risks, as appropriate, to the NHS Board.

An Escalation Programme Board, chaired by the Chief Executive, whose membership includes Chairs of the Area Clinical Forum and Area Partnership Forum and ELT Members, was established to direct, oversee, and ensure delivery of the approved NHS Board's Escalation Improvement Plan. It reports to an Escalation Performance & Resources Committee on progress against the key elements of the plan and how these are contributing to improvements in service delivery, patient experience and staff wellbeing and experience. The Escalation Programme Board is also responsible for preparing a monthly update report to the Scottish Government's Assurance Board and progress report, every two months, to the local Integration Joint Boards.

The Escalation Performance & Resources Committee, chaired by Mr Martin Fairbairn, Non-Executive Director, membership includes the Chair of the NHS Forth Valley Board and the Performance & Resources Committee Non-Executive Directors and Chairs of the Clinical Governance and Staff Governance Committees. It is responsible for providing assurance to the Board of NHS Forth Valley by:

- Monitoring and reviewing performance against the Escalation Improvement Plan (Improvement Plan) ensuring measurable improvements for patients and staff.
- Providing critical challenge and support in the delivery of agreed deadlines, ensuring actions are driven forward at pace.
- Supporting the early identification of any issues and/or risks to delivery of the Improvement Plan and ensuring actions are in place to effectively manage and mitigate these.
- Receiving regular reports on the actions being taken to remove or mitigate the key risks.
- Providing oversight and assurance that any resulting further improvement actions are being actioned appropriately.
- Providing oversight and assurance of the patient, staff, and staff-side engagement processes to ensure appropriate actions are being picked up through the relevant engagement and reporting arrangements.
- Promoting an open culture in which reporting of issues and/or risks are both encouraged and supported.

The reporting relationships are set out in the diagram below.


Director General of H&SC and Chief Executive of NHS Scotland
Scottish Government
Assurance Board
NHS Board
Escalation Performance & Resources Committee
Escalation Programme Board

NHS FORTH VALLEY

Corporate Governance Review

Terms of Reference

1. Introduction

1.1 On the 23 November 2022, NHS Forth Valley (NHSFV) was escalated to Stage Four of the NHS Scotland Performance Management Framework for concerns relating to governance, leadership and culture. In response a comprehensive NHSFV Improvement Plan has been developed by the NHSFV leadership which includes commissioning an external review of the corporate governance arrangements in the organisation.

1.2 The corporate governance review is intended to assist the NHSFV Board in identifying any improvements to their approach to corporate governance that will be required to address the range of performance-related issues included in the NHSFV Improvement Plan.

1.3 The findings and recommendations of the review team will not only be reported to the NHSFV Board and the Executive Leadership Team, but also shared with the Assurance Board established by the Scottish Government to support and scrutinise the delivery of the NHSFV Improvement Plan.

1.4 The following paragraphs describe the scope of the review and the arrangements put in place to deliver the desired outcomes.

2. Scope

2.1 The overarching focus of the external review will be to make an assessment of the effectiveness and efficiency of the corporate governance arrangements currently in place in NHSFV.

2.2 The review team's assessment will be based on the Principles of Good Governance (see Appendix A) as described in the **Blueprint for Good Governance Second Edition.** The review will identify areas of strength and weakness and the extent to which these impact on the conduct of all aspects of NHSFV business, including the delivery of the NHSFV Improvement Plan.

2.3 The review team will be expected to form a judgement about how effective the NHSFV Board is in delivering an active and collaborative approach to corporate governance, and the extent to which the Board has adopted a continuous improvement approach to the implementation of the Blueprint for Good Governance since its introduction in 2018. This will include an assessment of how the NHSFV Board and the Executive Leadership Team demonstrate and enable the organisation's stated culture and values. The arrangements for ensuring that staff, including clinicians, are aware of the NHSFV governance arrangements will also be assessed.

2.4 The review will identify issues and risks within the NHSFV approach to corporate governance that require attention, and the review team will make recommendations to the NHSFV Board and Executive Leadership Team on areas for development and, where necessary, improvement. The review team will also highlight any barriers to change that they identify as part of the review process.

2.5 The review team will also advise the NHSFV Board and the Scottish Government's Assurance Board of any issues outside of the scope of the governance review that could be considered as having an adverse impact on the operational management and leadership of change within NHSFV.

2.6 The review team will also make any other observations as might be necessary, including making recommendations to the Scottish Government on matters relevant to corporate governance in NHS Scotland more widely.

3. Methodology

3.1 The review will bring together a range of evidence from a variety of sources including but not limited to:

- Discussion and engagement individually and collectively with all current Non-Executive, Executive, and Stakeholder Board Members
- Discussion and engagement individually and collectively with the members of the Executive Leadership Team and with other stakeholders in NHSFV as might be necessary to understand the wider context
- Observation at Board meetings, Standing Committees, Executive Leadership Team Meetings, Board development sessions and other opportunities as might arise
- Desk based documentary analysis including but not restricted to, standing orders, code of conduct, standing financial instructions, scheme of delegation, integration schemes, agendas, minutes and papers, and the Board's annual cycle of business
- Evaluation of the NHSFV Board's response to any previous self-assessment or external reviews of the effectiveness of governance arrangements in NHSFV, including any reports produced by internal or external auditors in respect of governance and control systems in the organisation
- Comparisons of corporate governance arrangements in other organisations as considered appropriate.

4. Timescales

4.1 The review will commence by the end of January 2023 with an interim report to be submitted to the NHSFV Board and the Scottish Government Assurance Board by 30 May 2023.

4.2 A final report will be submitted to the NHSFV Board and the Scottish Government Assurance Board by 30 June 2023.

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5. Review Team

5.1 The review will be conducted by Professor John Brown CBE and Mrs Susan Walsh OBE and the necessary administrative support will be provided by NHSFV.

5.2 Any further support and expertise required by the review team will co-opted as necessary.

5.3 The costs associated with the completion of the governance review will be met by NHSFV.

6. Review Outcomes

6.1 Having considered the findings and recommendations highlighted by the governance review, including the improvement activities required to ensure an active and collaborative approach to delivering good governance, the NHSFV Board and Executive Leadership will design and implement a bespoke programme of activities to address the issues and risks identified by the review team.

6.2 The activities included in the governance development programme will focus on the delivery of the Principles of Good Governance and be described in terms of enhancements to the enablers and delivery systems in the Blueprint for Good Governance.

6.3 The governance development programme will be included in the overarching NHSFV Improvement Plan and the activities in the development programme will be aligned with the other actions included in the Improvement Plan that address issues and concerns around leadership and culture.

6.4 The governance development programme will be published and progress regularly assessed by the NHSFV Board and the Scottish Government Assurance Board. It will form part of the evidence being considered when NHSFV's position is reviewed against the NHS Scotland Performance Management Framework.

Version 3

27 January 2023

DRAFT

APPENDIX A

THE PRINCIPLES OF GOOD GOVERNANCE

1. Good governance requires the Board to set strategic direction, hold executives to account for delivery, manage risk, engage stakeholders and influence organisational culture.

2. Good governance requires a Board that consists of a diverse group of people with the necessary skills, experience, values, behaviours and relationships.

3. Good governance requires that roles, responsibilities and accountabilities at Board and executive level are clearly defined and widely communicated.

4. Good governance requires an assurance framework that aligns strategic planning and change implementation with the organisation's purpose, aims, values, corporate objectives and operational priorities.

5. Good governance requires an integrated governance system that co-ordinates and links the delivery of strategic planning and commissioning, risk management, assurance information flows, audit and sponsor oversight.

6. Good governance requires operating guidance that is agreed, documented, widely-communicated and reviewed by the Board on a regular basis.

7. Good governance requires regular evaluation of governance arrangements to ensure it is proportionate, flexible and subject to continuous improvement.

8. Good governance requires an active approach that anticipates and responds to risks and opportunities which could have a significant impact on the delivery of corporate objectives, the Board's relationships with stakeholders and the management of the organisation's reputation.

9. Good governance requires a collaborative approach that ensures the organisation's systems are integrated or aligned with the governance arrangements of key external stakeholders.

10. Good governance requires governance arrangements that are incorporated in the organisation's approach to the management of day-to-day operations and the implementation of change.

(Source: The Blueprint for Good Governance in NHS Scotland Second Edition, November 2022)

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Stage 4 Escalation - Improvement Plan

December 2022

Executive Summary

On the 23 November 2022, NHS Forth Valley was escalated to Stage 4 of the NHS Scotland Performance Escalation Framework for concerns relating to Governance, Leadership and Culture. Concerns have also been raised in relation to the completion of integration of health and social care in addition to a range of performance-related issues, notably in GP and Primary Care Out of Hours services, unscheduled (emergency) care, and mental health. Stage 4 escalation brings direct formal oversight and coordinated engagement from Scottish Government in the form of an Assurance Board chaired by Christine McLaughlin, Director of Population Health.

The purpose of the Assurance Board is to support the NHS Board in providing focus and direction through strong leadership and effective governance and improved culture to deliver the sustainable changes and improvements required.

This Improvement Plan sets out a number of areas of initial focus in response to the NHS Board's Escalation status. It will continue to develop and evolve, informed by the voices of our patients, our staff, and our partners. Our key focus, whilst on strengthening our leadership informed by effective governance and cultural improvement, is centred around three key priority areas:

- Putting patients first - everyone who uses our services should expect to receive consistent and high standards of care.
- Supporting our staff - ensuring they have the right working conditions and resources to support their own wellbeing and deliver the best care and services possible.
- Working in partnership - building and sustaining a culture of collaboration with partners based on trust and respect, learning, and sharing best practice.

The working environment continues to be incredibly difficult due to the legacy and ongoing impact of the Covid-19 pandemic, along with increasing demand for health and social care services. However, we know that by working together and doing things differently we can deliver the success we all aspire to achieve for our patients, for each other and for the communities we serve across Forth Valley. Working with our partners will also be key if we are to tackle the socio, economic and environmental challenges heightened by the Covid-19 pandemic.

As we move into 2023, we will share updates on progress and practical examples of what these improvements mean for local patients, staff, and partners as we look to address the issues responsible for escalation and support sustainable changes and improvements across the organisation.

Overview

NHS Forth Valley, through our staff, is committed to delivering the best possible services to our patients and we know that having clear direction on where we need to be and what we need to do to get there is vital to achieving successful and sustainable change. It is also important that we have meaningful values to enable the NHS Board and our staff to demonstrate the behaviours we expect on a daily basis. In going forward, it is important to acknowledge the continuing exceptional contributions of our staff, partners and volunteers and their ongoing commitment to doing the very best for local patients and their colleagues, often in very difficult circumstances. Our focus, as we look to stabilise our system, will be on improvement, learning and collaboration to make the changes necessary to meet the needs of our staff, patients, and local population, now and in the future.

Refreshing our Healthcare Strategy – Shaping the Future

We are in the process of refreshing our Healthcare Strategy - Shaping the Future and as we look ahead to our future plans and priorities, we are also realistic about the challenges we face, especially in retaining, developing, and attracting staff who will join and help us to deliver our priorities. To date, our priorities have centred around: our patients and wider population, our staff, our partners, and our performance underpinned by a focus on improvement across the organisation. Escalation requires us to reset and reorganise ourselves around this key piece of work to ensure it will deliver the immediate changes and improvements required and ensure that these are sustained and developed further in the medium to longer term to deliver the best possible outcomes for the people of Forth Valley. It is also our intention to revisit our values with our staff as we look to the future.

Our Vision:

'to be a great place to work and an outstanding place to receive care'

Ensuring our patients and our staff are at the heart of everything we do remains a key commitment as we look to:

- deliver high quality services that are led and governed well with a focus on safety and improved patient experience
- creating the right culture and conditions to support the wellbeing of our staff and ensure they have access to the training, development, and opportunities they require to be the best they can be and deliver the high standards of service and care which they want to provide

Our partners equally are important, and we will continue to place significant emphasis on collaboration. The recent launch of our Partnership with the University of Stirling and Forth Valley College followed by our launch of Anchor Institution Board in December 2022 highlights our commitment to working with others, including through our local Community Planning Partnerships, to maximise the collective positive influence we can have in supporting local communities and addressing inequalities.

However, the impact of the operational challenges resulting from the ongoing capacity pressures on our workforce, cannot be underestimated. Whilst the immediate focus is on performance improvement and increased sustainability, it is essential that once these operational pressures are addressed, staff have the time and space to focus on leading and delivering changes and improvements, as well as focussing on their own and their colleagues' wellbeing. The Executive Leadership Team is committed to focussing on leading our teams and frontline staff through these difficult times and be held to account for doing so.

Immediate and Short Term Actions

NHS Forth Valley immediately reached out to other NHS Boards who had been escalated to Stage 4 in the past to learn from their experiences and best practice to help inform and support our own response. The Board's response whilst learning from elsewhere will also take direction from the work underway to refresh our healthcare strategy and be informed by a number of diagnostic reviews notably in determining the effectiveness of our governance arrangements and cultural challenges. The actions set out in Table 1 are intended to help build a shared understanding, commitment, and community around improvement in delivering care to our patients. The NHS Board's leadership, governance, and commitment to creating a culture in which quality is the key and overriding concern will be crucial to support sustainable change influenced by strong patient and staff voices that infuse every part of our organisation.

Whistleblowing is one of a number of ways in which staff can raise concerns and the NHS Board regularly scrutinises Whistleblowing activity on a quarterly basis at its Board meetings.

NHS Forth Valley also used the first national Speak Up week to promote a range of activities including organising drop-in sessions, where staff could chat to our local Speak Up Ambassadors and find out more about the various ways they can share concerns or feedback as well as video messages from our Executive Board member and Whistleblowing Champion Gordon Johnston and one of our local Speak Up Advocates. Information and materials are available on the NHS Board's Whistleblowing and Speak Up web pages these include reference and signposting to the Independent National Whistleblowing Officer (INWO) Rosemary Agnew.

In addition, there are plans to hold a Staff Support and Wellbeing week in January 2023 which will provide a range of information and advice to support the financial, physical, and mental and social wellbeing of local staff.

Leadership and Culture

Table 1

Issue	Action	Projected Impact	Timescale
Executive Leadership Team Development	Stage 1: One-to-one interviews to be carried out by external OD Adviser to capture individual views and perspectives on high performing teams. Stage 2: Meeting to be arranged to share feedback on key themes and discuss the key behaviours and competencies of high performing teams.	Further work informed by the one-to-one meetings and feedback will be developed and agreed during early 2023. In the meantime, to support ELT ways of working a MoU will be developed facilitated by the external OD Adviser. Access to dedicated Masterclasses led by the OD Adviser will be scheduled and agreed.	16 Jan 2023
Learning from others	HR Director (HRD) meetings with NHS GGC HRD and with NHS Highland to enable sharing of experiences and best practice and to learn what other NHS Boards have done to improve leadership, culture and governance following escalation. Feedback information will be provided to the NHS Board and Executive Leadership Team in early January 2023. The MD (Medical Director) to meet with NHS Highland MD.	Establishment of a supportive network with HRD's in those Boards where improvement in culture, leadership and governance has been achieved. This will facilitate the sharing of experiences, best practice, learning, tools, and reports to allow NHS Forth Valley to benchmark against these and, were appropriate, adopt. Establish informal network of support and learning through sharing of experiences.	14 Dec 2022 / 23 Dec 2022 Week commencing 12 Dec 2022
Review Professional Leadership and Management Structures across NHS Forth Valley	Leadership and management structures from a service and professional perspective will be reviewed across NHS Forth Valley. There will be a particular focus on reducing the number of interim posts currently in place and, where feasible, establish permanent leadership and management posts.	This will stabilise and create fit for the future leadership and management structures across NHS Forth Valley that will be effective and responsive to organisational requirements to ensure the safe delivery of care for our patients and the support for the wellbeing of our staff.	Dec 2022 / concluded Mar 2023

Culture diagnostics - Phase 1	On the 5th of December 2022, the Executive Leadership Team received feedback from a Staff Event and learning from Professor Michael West and agreed that Forth Valley would begin the diagnostic phase to inform the implementation of a Culture and Leadership Bespoke Programme. This initial work involves agreement of the programme; engagement and approval through the appropriate governance structures, supported with clear communications to highlight the commitment to implement a compassionate leadership and culture programme across the organisation.	The initiation of a Culture and Leadership Programme will demonstrate the NHS Board's commitment and focus on putting patients first, supporting staff and working in partnership. Opportunities for all staff to be actively engaged in this improvement programme will ensure that staff have the right working conditions and resources to support their own wellbeing and to deliver the best care and services possible. The aim of creating psychologically safety and ensuring that compassion is embedded more effectively across Forth Valley, will help staff feel able and free to speak up. Overall, the aim is to ensure NHS Forth Valley is an organisation that celebrates success and focusses on wellbeing to ensure the delivery of the best care for our patients and our communities.	Commenced following agreement at ELT on 5 Dec 2022
Equality, Diversity, and Inclusion: Establish Forth Valley Minority Ethnic Network	The establishment of Forth Valley Minority Ethnic Network will be in place by the end of January 2023. The planning phase will be completed on the 22nd of December 2022. An engagement event involving the Board, Scottish Government colleagues and key advisors from Best Practice Networks in NHS Lothian and NHS Lanarkshire will take place on 19th January 2023 at which time the network will be launched.	NHS Forth Valley is committed to being an inclusive employer. Establishing a Minority Ethnic Network will provide an important avenue that will allow all voices from the network to be heard across the organisation. Our staff will be actively supported to engage at a local and national level with a commitment to ensure involvement in key work and activities.	Planning completed by 22 Dec 2022. Network established from 19 Jan 2023 onwards

Governance

A wide range of actions are planned to review and strengthen existing governance arrangements, ensure that there is organisational grip on the accountability and governance structures and that policies and systems are operating effectively to create a culture of high quality sustainable care. The timeline of key actions is set out in Table 2.

- Undertake a full and independent review of the effectiveness of NHS Forth Valley Board and Assurance Committee governance arrangements led by Prof John Brown, Chair of NHS Greater Glasgow and Clyde. Terms of Refence to be agreed by end of January 2023 with the review commencing in February 2023. Where opportunities for improvement are identified these will be addressed as part of this ongoing improvement implementation plan.
- Whole system decision-making structures will be clearly defined and widely disseminated, building on the work to date on a decision-making matrix which is targeted to be complete by end of December 2022. This will provide a governance framework across the NHS Board and Integration Joint Boards, aligned to the Scheme of Delegation.
- Directorate/Partnership Assurance meetings have been reintroduced to support effective performance management arrangements to ensure 'bed to board' oversight and management of capacity and service pressures across the organisation. Work on clearly defined expectations and priorities will be aligned to those Assurance meetings to ensure clarity of individual and team responsibilities and accountabilities which will then be cascaded throughout the organisation.
- Leadership capability and capacity will continue to be reviewed and developed as an enabler for good governance and to create the conditions for individuals to prioritise delivery of high quality care. Focused work is already underway for groups of staff as part of the response to the recent HIS report recommendations and will be rolled out on a wider basis across the organisation.
- Openness and transparency will be supported by specific measures influenced by our patients, staff, and partners that we can report on internally and externally. Key information and messages from the recently approved NHS Forth Valley Code of Corporate Governance will be produced and aligned to staff engagement plans.

Table 2

Issue	Action	Projected Impact	Timescale
Governance Review	Undertake a full independent review of Board and Assurance Committee governance arrangements.	Terms of Reference being developed and to be agreed by end of January with review commencing February 2023. The outcome of the review is intended to address any governance gaps or areas of improvement.	Dec - Mar 2023
Accountability and Governance	Directorate/Partnership Assurance meetings to support effective performance management arrangements with 'bed to board' oversight.	This will provide a framework for activities to be appropriately monitored, scrutinised, and challenged to ensure that aims, objectives, and performance targets are met, and that responsibilities and accountabilities are clear.	Start from w/c 19 Dec 2022
Whole System Governance	Working with partners to finalise a decision-making matrix which will provide a governance framework across the NHS Board and Integration Joint Boards, aligned to the Scheme of Delegation.	This will provide clarity on decision making processes and roles of all organisations in the integration space, ensure decisions follow the appropriate governance routes, improve engagement with relevant stakeholders, and encourage a culture of effective governance.	End Dec 2022 and approved by governance committees by end of Jan 2023.
Integration of Health and Social Care in Forth Valley	The transfer of pan Forth Valley operational management of specialist mental health and learning disability services, staff and budget responsibility and corporate support including due diligence (staff, budget alignment and staff and staff side engagement) is to transfer to Clackmannanshire & Stirling HSCP as the Lead HSCP.	This will clarify management responsibilities for these services and supports a shared vision and direction for the leadership teams whilst supporting the delivery of change.	Decision taken by both Integration Authorities and NHS Board - Nov 2022

	Develop a shared narrative for Integration of Health and Social Care led collaboratively with the three Local Authority Chief Executives and both Integration Joint Boards.		Implement 9 Jan 2023
	The transfer of pan Forth Valley operational management of primary care services including contract management, staff and budget responsibility and corporate support including due diligence (see above) is to transfer to Falkirk HSCP as the Lead HSCP.	This will clarify management responsibilities for these services and supports a shared vision and direction for the leadership teams whilst supporting the delivery of change.	Decision taken by both Integration Authorities and NHS Board - Nov 2022 Implement by end Jan 2023
Acute Services – Leadership and Management	Strengthen current acute services leadership and management arrangements, including professional leadership, where appropriate.	This will support improved confidence and trust amongst staff, building on existing management and support measures, provide a clearer focus on implementation of improvement actions, and ultimately enhance the delivery of high quality care for patients.	Agree what is needed by end Dec 2022 Implement in Jan 2023

Integration

The Integration Joint Board Chief Officers and NHS Board Chief Executive met with Scottish Government during November 2022 and have jointly agreed to implement at pace, a number of actions, to:

- facilitate the transfer of pan Forth Valley operational management of services, staff, and budget responsibilities
- reposition health improvement services, staff, and budget responsibilities

- work together to produce a shared strategic narrative and vision that expresses a collective (Local Authorities, Integration Joint Boards and NHS Board) ambition for health and social care integration and wider areas of opportunity
- create a decision making matrix that delivers effective governance across and between Integration Joint Boards, Health & Social Care Partnership (HSCP) Leadership Teams, Local Authority Leadership Teams, and the NHS Board Executive Leadership Team

These actions are detailed in Table 3.

Table 3

Issue	Action	Projected Impact	Timescale
Integration of Health and Social Care in Forth Valley	The transfer of pan Forth Valley operational management of specialist mental health and learning disability services, staff and budget responsibility including due diligence (staff, budget realignment and staff and Staff Side engagement) to Clackmannanshire & Stirling HSCP as the Lead HSCP progressing.	Be recognised as an effective partner (e.g., strong leadership) who also contributes to the success of others (e.g., improvement culture) through integration opportunities that improve both access and patient/staff experiences, effective governance, and improved outcomes.	Implement 9 Jan 2023
	The transfer of pan Forth Valley operational management of primary care services including contract management, staff and budget responsibility including due diligence (see above) to Falkirk HSCP as the Lead HSCP is progressing.	As above	End of Jan 2023
	The relocation of Health Promotion service, staff, and budget responsibilities to each of the HSCPs. Falkirk HSCP will retain the Keep Well Service, staff and budget for strategic purposes and this service will be managed by the Falkirk HSCP as the Lead HSCP.	As above	End of Jan 2023
	The shared strategic narrative is being developed by both Chief Officers and will initially be presented to the Chief Executives of all three Local Authorities and the NHS Board by	More visible demonstration on our collective commitment to partnership working and the	End of Jan 2023

	the end of December 2022 and thereafter, during January 2023, shared with Integration Joint Boards, Local Authorities and NHS Board to approve and implement.	impact it can have on our staff, patients, and service users.	
	A decision-making matrix is being developed by the IJB Chief Financial Officers and NHS Forth Valley's Associate Director of Finance. This will be presented thereafter to HSCP Leadership Teams, Local Authority Leadership Teams, and the NHS Executive Leadership Team.	Greater clarity on decision making processes and roles of all organisations in the integration space, ensure decisions follow the appropriate governance routes, improve engagement with relevant stakeholders, and encourage a culture of effective governance.	Work ongoing throughout Dec / Jan. Final draft for approval to IJBs, Local Authorities, and NHS Board - Jan to Mar 2023

Medium and Longer Term Actions

Leadership and Culture

Our Improvement Plan will continue to develop and evolve informed by the voices of our patients, our staff, and our partners. Our key focus (as described in our introduction) whilst on strengthening our leadership informed by effective governance and cultural improvement, is centred around three key priority areas:

- Putting patients first - everyone who uses our services should expect to receive consistent and high standards of care.
- Supporting our staff - ensuring they have the right working conditions and resources to support their own wellbeing and deliver the best care and services possible.
- Working in partnership - building and sustaining a culture of collaboration with partners based on trust and respect, learning, and sharing best practice.

The section that follows focuses on strengthening leadership and culture, as illustrated through the Board's and ELT's values and symbolic leadership where quality is the key and overriding concern as endorsed when we approved NHS Forth Valley's Quality Strategy.

- **Where are we now?**

Work is required to strengthen and improve leadership and management relationships at Board and Executive Leadership Team level.

There are also a number of key senior interim leadership and management positions across NHS Forth Valley that require review and a solution found to achieve sustainable and permanent appointments, where feasible.

Over the past year, NHS Forth Valley has invested in a number of ways to encourage staff to speak up in the organisation but the recent HIS review has demonstrated that staff do not always feel able to speak up and are confident that they will be listened to. Determining how we improve and ensure the voice of our staff and our patients in our work is a key priority for the NHS Board going forward.

NHS Forth Valley does not yet have a Minority Ethnic Network in place.

- **Where do we want to be?**

Our commitment is to create the right culture, conditions and environment that supports the delivery of high-quality, continually improving, and compassionate care, with staff wellbeing at the core, compassionate leadership the norm with a clear vision and approved priorities. The working environment would be safe and supportive, and staff would feel confident in raising concerns and feel empowered to develop and implement new and improved ways of working. It is widely evidenced that the happier the workforce, the better care patients will receive, thus improving patient outcomes and experience and helping to meet local and national performance targets. The voices of our Patient and Our Staff being heard will be critical in achieving success.

- **How are we going to get there?**

The Blueprint for Good Governance provides NHS Forth Valley with a clear framework and approach to driving our leadership and cultural response. Creating both a discipline and commitment from staff across the organisation to embrace the opportunities whilst facing up to our challenges will be necessary to deliver the sustainable improvement required. Collaboration and effective partnership working will be a priority. This will be achieved by:

- Learning from other NHS Boards who have embarked on Culture, Leadership and Governance programmes and improved their performance.
- The completion of Board and ELT ongoing Development sessions/programme with strong support from the NHS Board and Executive Leadership Team to develop the vision, refresh the values of the organisation and deliver the corporate objectives that will achieve the necessary improvements for staff and patients.
- Implement a 4 stage Culture and Leadership Programme that will forecast leadership needs, generate options to address any gaps and issues identified, support the development of compassionate and effective leadership at all levels, create a supportive environment for staff.
- Revisit our vision and values to ensure that they are aligned to our corporate objectives.
- Review leadership structures across NHS Forth Valley - both professional and operational.
- Enhance the voice of staff and patients and determine ways to monitor and act on key themes identified from a number of sources including Patient Complaints, Speak Up; Whistleblowing; Mediation; Exit Interviews; Employee Relations Case Audits; Monthly Workforce

Performance Reporting; Partnership meetings and staff-side feedback, Absence Levels, Serious Adverse Event Reviews and Incident Reports, Inspection Reports and Audits.

- Review the Whistleblowing support structures in NHS Forth Valley with key stakeholders.
- Establish a new NHS Forth Valley Minority Ethnic Network

- **How far along the journey are we?**

The Board and Executive Leadership Team (ELT) development work has commenced supported previously by NHS NES and more recently with the support of an external OD Consultant. Further work in early 2023 will be explored informed by the ELT one-to-one meetings and feedback designed to enhance working relationships and behaviours associated with high performing teams.

This in turn, will support the Executive Leadership Team's aspiration to deliver high quality care; have clearly aligned goals at every level with feedback loops that support continuous improvement; good people management and employee engagement; a commitment to quality improvement and innovation; enthusiastic team working, cooperation, collaboration and partnership working. Further work will continue to focus on building trust; agreeing ways of working that will hold one another to account and determine clear structures and processes for decision making and problems solving.

The Executive Leadership Team has committed to developing and implementing a bespoke Culture and Leadership Programme across Forth Valley. Scoping work has been undertaken with the assistance of Prof Michael West and Phase 1 of a 4 phase programme has commenced.

A meeting has taken place with HRDs in NHS Greater Glasgow and Clyde to share best practice.

- **What is the intended impact?**

NHS Forth Valley would have a clearly defined vision and priorities, lived values and a workforce who are engaged and involved in decisions that affect them, their patients, and the communities that we serve. The organisational culture would be safe and supportive with leadership that is compassionate and collaborative. The staff voice would be heard clearly, listened. and responded to and staff would feel supported and valued within a no blame culture where the values of the organisation are demonstrated by all in their day-to-day practice. There would be a focus on

wellbeing and team working and development would be the norm. NHS Forth Valley would celebrate successes and achievements at all levels and learn from our mistakes.

Staff would have

- the support and resources they require to provide safe, high quality care and services
- a commitment to achieving effective, efficient, high-quality performance
- a working environment that is supportive, compassionate, and inclusive for all patients and staff
- the opportunity to develop and implement new ways of working underpinned by learning, quality improvement and innovation
- a commitment to cooperation, collaboration and teamworking within and across boundaries

Governance

- **Where are we now?**

Forth Valley NHS Board has been escalated for Governance, Leadership and Culture issues as well as performance concerns in a number of service areas.

Good governance is about setting a clear direction for the organisation, effective management and decision making, appropriate management of risk, and creating the conditions that support a positive organisational culture. Effective and robust governance arrangements are important in supporting the delivery of high quality, safe and sustainable services for patients, and for establishing clear accountabilities and values for our staff.

It is recognised that improvements are required across a number of areas of governance in NHS Forth Valley to strengthen arrangements in relation to integration of delegated services, to clearly articulate and clarify decision making processes, particularly as they relate to delegated functions, and to foster a culture of collaboration and improvement. underpinned by positive values and behaviours and effective performance management.

- **Where do we want to be?**

We want to be able to demonstrate and embed effective governance across each of the core functions outlined in the Blueprint for Good Governance as listed below, and to ensure that the enablers and support arrangements are in place to sustain those functions.

- Setting the direction, clarifying priorities, and defining expectations.
- Holding the Executive Leadership Team to account and seeking assurance that the organisation is being effectively managed.
- Managing risks to the quality, delivery, and sustainability of services.
- Engaging with stakeholders.
- Influencing the Board's and the organisation's culture.

- **How are we going to get there?**

Work is in progress which is expected to address a number of immediate priority issues, including the completion of a decision-making matrix, establishment of Performance Assurance meetings, and the transfer of operational management arrangements aligned to integration functions, and these are set out in Table 2.

In addition, Prof John Brown, Chair of NHS Greater Glasgow and Clyde, will undertake an independent review of the effectiveness of Board and Assurance Committee governance arrangements. Terms of Reference will be agreed by end of January 2023 with the review commencing in February 2023. Where opportunities for improvement are identified these will be addressed as part of our improvement plan.

- **How far along the journey are we?**

Progress against the above actions is described in Table 2, with the majority of short-term actions expected to be substantially complete by end of December 2022.

- **What is the intended impact?**

The intended impact of those actions being put in place across governance, together with those actions to develop leadership and culture in response to escalation, is to drive improved performance, support sustained delivery of high quality care, and provide a positive experience for local staff and patients.

Governance: Reporting Arrangements

The Chair of NHS Forth Valley has reached out to other NHS Boards to inform the review of existing governance structures and the revised arrangements which require to be put in place to support the effective implementation and monitoring of NHS Forth Valley's Escalation Improvement Plan.

The learning and recommendations from other NHS Boards supports the development of an Escalation Programme Board which would report to NHS Forth Valley's Performance & Resources Assurance Committee and provide regular updates to the NHS Forth Valley Board. This was discussed at a recent meeting of the NHS Forth Valley Board (19th December 2023) where it was agreed that a Programme Board be established led by NHS Forth Valley's Chief Executive as the Senior Responsible Officer (SRO). The membership will be made up of Executive Leadership Team members, including the Board's Employee Director and the Chair of NHS Forth Valley's Area Clinical Forum will also be invited to attend the new Programme Board. Terms of Reference will be developed and agreed by the NHS Board in advance of the next meeting of the Assurance Board meeting on the 10th of January 2023.

Senior Responsible Officers agreed as set out in performance section. Additional SROs include Culture and Leadership - Ms Linda Donaldson, Director of Human Resources; Governance - Mr Scott Urquhart, Director of Finance, and Integration - Ms Cathie Cowan, Chief Executive

Communication and Engagement

Effective communication and engagement, both internally and externally, will be key to ensure our staff, our patients, our partners, key stakeholders, and the wider population are clear about what we are doing in response to escalation, why we are doing it and the benefits of our approach.

Collaboration and effective partnership working will underpin each area of the improvement plan. We are committed to collaborating very closely with local staff-side representatives and clinical community to take forward the changes required, building momentum, and capturing feedback to help inform this plan as it develops.

We will use a number of different channels to provide regular updates on the work of the Assurance Board as well as progress in developing and implementing a wide-ranging improvement plan.

Key actions include:

- Developing a coalition with both our Area Partnership and Area Clinical Forum to ensure they are kept involved and updated on the development of the improvement plan including having ongoing opportunities to influence and provide feedback as this work progresses. The Employee Director also participates in the regular meetings with the Scottish Government Assurance Board.
- Providing regular updates to local staff to ensure they are involved and kept updated on the work to respond to escalation and key actions being taking forward to strengthen leadership, governance and culture across the organisation and improve performance in a number of service areas. Staff updates have been issued by the Chief Executive and the ELT and a new section has been created on the Staff Intranet to host these updates along with other relevant documents and information relating to escalation.
- Widening our Patient Safety Walk Rounds to reach out to every corner of our organisation.
- Increased visibility of NHS Board members, ELT as well as service and clinical leads to provide greater support and assurance to frontline staff.
- Regular presentations and engagement using our Programme Boards and Directorate Meetings (supported by Improvement Advisors and Staff Side representatives).
- NHS Forth Valley's Chief Executive will meet with council Chief Executives on a regular basis to invite their contributions and to ensure they are kept informed of progress.

- NHS Forth Valley's Chair is meeting with local Council Leaders and briefing updates have and will continue to be issued to local councillors.
- NHS Forth Valley's Chief and Executive and Chair will meet with local MSPs and MPs on a regular basis (initially monthly) to discuss and update on progress in relation to escalation as well as wider service and organisational issues.
- Updates to local media and ongoing work to respond to media enquiries regarding escalation and performance issues.

HIS Inspection Report Recommendations – Forth Valley Royal Hospital

- **Where are we now?**

In relation to the HIS Inspection some immediate actions have been taken to address the concerns of Healthcare Improvement Scotland during their most recent inspection of Forth Valley Royal Hospital which took place at the end of September 2022. An Oversight Board has been established, under the leadership of the Executive Nurse and Medical Directors to oversee the development, implementation, and sustainability of an improvement and assurance plan. This 'Bed to Board' arrangement will monitor, assess progress, and direct the working group, as well as provide updates to the NHS Forth Valley Board.

Existing governance and care assurance processes need to be strengthened to ensure they identify the issues highlighted by HIS. These are being reviewed to ensure a robust approach to care assurance is being delivered across NHS Forth Valley which reflects and takes account of the current context within which care is having to be delivered due to capacity pressures and increased demand.

It is recognised that staff at a local level do not always feel that their concerns regarding patient care are listened and responded to appropriately and work is underway to ensure that the voice of staff and patients is clearly heard and responded to across the organisation.

- **Where do we want to be?**

Through the leadership of the Nurse and Medical Directors, NHS Forth Valley will have delivered a sustainable improvement and assurance plan that addresses the issues raised in the most recent inspection of Forth Valley Royal Hospital, and these improvements will also be implemented across the wider organisation.

NHS Forth Valley envisages a system of local care assurance which provides early identification of issues, supports staff understanding of these issues and works with practice development, local leadership, and improvement colleagues across the organisation toto address these issues, supported by sustainable models of care, governance, and assurance.

NHS Forth Valley wants to enable a culture of openness and transparency where staff are comfortable to raise their concerns, provide feedback, as well as to share their ideas across the organisation in a structured and meaningful way. We want staff to be listened to and heard, as well as receive feedback on their concerns and feel part of the process of developing care and assurance mechanisms. We want staff to have access to operational and professional leadership support which enables them to undertake their role to the maximum benefit of local patients, as well as creating the opportunities which support staff development and wellbeing.

- **How are we going to get there?**

Through the governance of the Oversight Board and Working Group mechanisms we will have a clear understanding of our system, processes, and challenges in relation to care delivery and assurance. Through the implementation of the improvement plan we will strengthen existing arrangements and provide a responsive approach to early identification, escalation, and action to assure the delivery of safe and effective person-centred care.

Within NHS Forth Valley, we will align the revised care assurance processes, using relevant data and intelligence, with an improvement focus, to support robust clinical and care governance arrangements.

There will be a continuing programme of leadership support and development to enhance staff health and wellbeing, as well as an ongoing programme of professional leadership development for existing and new staff to ensure opportunities are maximised, with a compassionate leadership focus.

- **How far along the journey are we?**

The leadership of the Oversight Board has been initiated and the first meeting has been held, Terms of Reference have been agreed and the Working Group is well established and is reviewing its terms of reference and responsibilities in light of the feedback from the Oversight Board. A number of immediate actions in relation to the HIS review findings have been identified and enacted, these can be seen in the Table 4.

NHS Forth Valley has led the way in establishing a system of local care assurance mechanisms. This approach has been highly effective in identifying any gaps or issues and addressing these; however, these mechanisms need to be updated to capture the additional issues and concerns when there is overcrowding, and capacity pressures. Through the leadership of the Nurse Director and the Head of Nursing for Care Assurance and Safe staffing, there will be a formal review of the existing processes and their sensitivity to current capacity challenges and pressures to strengthen the tools used to provide assurance in all contexts. This is being initiated in January 2023.

An evolving communications plan is in place to ensure staff have the information they require to safely deliver care. A feedback mechanism is in development with the reporting aspect of feedback already implemented. The staff wellbeing toolkit is in place and is under continuous review and development.

- **What is the intended impact?**

NHS Forth Valley will provide care which meets the needs of local patients and staff and stands up to scrutiny by us and external bodies.

NHS Forth Valley will have system of care assurance that provides early indication of any patient care issues and professional safety and governance arrangements which enable the organisation and individuals to work together to deliver care which meets and exceeds current standards.

NHS Forth Valley will continue to reflect through their recruitment, retention and development of staff, the values that we want to demonstrate across the organisation. These will be palpable to staff and NHS Forth Valley will be a place where people want to work, where they feel listened to, heard, and developed, where they are able to provide the care, they aspire to and where they are able to satisfy their career ambitions.

Performance Issues

Health Improvement Scotland (HIS) Safe delivery of care inspections - Forth Valley Royal Hospital

Following the unannounced visit to Forth Valley Royal Hospital by Healthcare Improvement Scotland (HIS) at the end of September 2022, action led by the Executive Nurse Director supported by the Medical Director was quickly taken to address many of the issues highlighted by the inspectors to improve the experience of local patients and staff. This included the introduction of care and comfort rounds for patients waiting in our Emergency Department and Assessment Units and new triage arrangements to help reduce overcrowding.

Efforts continue to reduce the use of additional contingency beds which were put in place to manage increased admissions. However, in the meantime, action has been taken to strengthen the monitoring arrangements for patients being cared for in these areas and help improve their privacy.

Over the last few months, there has been significant investment in additional clinical staffing and support, including during the overnight period, and new procedures have been introduced to quickly identify and respond to any quality or safety issues across the site. Dedicated support has also been put in place to capture and respond to feedback from local patients and staff.

We recognise that there is still more work to do, and we are committed to fully addressing all of the HIS report recommendations and working with the Assurance Board set up by the Scottish Government to drive forward the changes and improvements required across the organisation. A timetable of immediate and short-term actions is detailed in Table 4.

Table 4

Issue	Immediate Actions	Impact	Timescale
HIS Inspection Action Plan	**Learning from others:** NHS Forth Valley has met with NHS Greater Glasgow and Clyde and NHS Lothian in relation to safety huddle function.	Immediate: NHS Forth Valley representatives observed other Board's huddles and invited critical friend feedback. This has led to the development of	10 Nov 2022

	Safety strengthening and re-focus of huddles	new huddle arrangements to give a clearer direction and a more safety-centred approach. There has also been development of clear verbal nurse staffing update on the wider site safety huddle. This has given greater clarity and ensures greater transparency for any concerns and actions taken to address these. <u>Anticipated:</u> Continued connection across NHS Scotland, through the UUC work to establish areas of good practice and translate into an NHS Forth Valley context to drive a continuous improvement approach	12 Dec 2022
	NHS Forth Valley has adopted the Workforce RAG rating in relation to safe staffing based on patient acuity and need.	<u>Immediate:</u> The implementation of the Safe Start RAG status across acute services gives a clear, whole site picture of staffing issues, mitigation action, and escalation arrangements, if required. This has also given Senior Charge Nurses (SCNs) a more structured way of highlighting and communicating any concerns as well as providing a clear and transparent overview of nurse staffing across the site. <u>Anticipated:</u> It is anticipated that this will help and support staff in raising staffing concerns through an objective method, to support a more open and	28 Nov 2022

		transparent approach to nurse staffing on the acute site.	
	Safety support nurse role introduced to support patients in ED and Acute Assessment Unit (AAU) to ensure their care and comfort, particularly those experiencing longer waits or being cared for in contingency areas	<u>Immediate:</u> Within AAU, there is an identified 'safety support' nurse who has responsibility for triage and care and comfort of patients awaiting admission to the unit. This has resulted in greater visibility and safer care to those patients. Initial patient feedback has been positive. Within ED, the role of the 'flex' nurse has been further developed in line with 'safety support' to provide care and comfort for patients within the ED. <u>Anticipated:</u> This role will continue to be monitored and evaluated based on patient and staff feedback to ensure it continues to meet patient needs, especially during periods of high demand.	3 Nov 2022
	Recruiting to non-clinical support role in ED to support department stocking/patient support in relation to food and hydration.	<u>Immediate</u>: Recruitment commenced and shortlisting taking place. In the interim, staff bank resources in place to undertake this role. This will support clinical staff in times of pressure to ensure patients receive adequate food, fluid and nutrition and that the department maintains a level of stock to support ongoing patient care and safety.	31 Jan 2023

		Anticipated: This will support patient care in times of high demand to ensure patients receive support to meet their basic food, fluid and nutrition needs. This will allow the clinical staff to concentrate on their role of supporting patient care as well as enabling them time to support patients in their nutritional needs. This will also ensure a higher level of safety within the department during periods of extreme pressure by having the department well stocked, ensuring essential equipment for care and treatment is immediately available to clinical staff.	
	Leadership Release of Senior Nursing team to support implementation of HIS improvement plan on Acute Site.	Immediate: This staffing resource is being freed up to provide a concentrated focus on the requirement of the HIS action plan to deliver actions, improvements, and sustainable solutions in the support of patient care and staff wellbeing. Anticipated: It is anticipated that this will strengthen the professional leadership on the acute site, create clearer understanding of the role and function of senior professional leaders on the site. It will also provide support for the nursing teams to develop robust mechanisms for the	21 Nov 2022

		management and monitoring of care assurance arrangements across the organisation	
	Executive Nurse Director and Executive Medical Director leading HIS improvement plan with teams across NHS Forth Valley.	<u>Immediate:</u> An Oversight group has been established to ensure all recommendations from the HIS report are fully implemented with clear accountability and responsibility of key leads. Clinical leadership has been strengthened to support a more multi-disciplinary approach to delivery of key actions and improvements. <u>Anticipated:</u> It is anticipated that this approach will mirror the leadership approach needed at all levels in the organisation to support the triumvirate structure consolidation, with a strengthening of the multidisciplinary approach to leadership across the organisation.	14 Dec 2022
	NHS Forth Valley Board briefed on HIS report findings and actions.	<u>Immediate:</u> This has resulted in clear and transparent communication of identified requirements and the work underway to address all of the report recommendations and issues raised. <u>Anticipated:</u> Clarity of the seriousness of the HIS reports findings for the organisation and an honest evaluation of the work required to reach the level of assurance required. Non-executive Director colleagues of the Board fully appraised	6 Dec 2022

		of the extent of the work required to fully address the recommendations.	
	Additional equipment ordered to support patient care in ED for any patients experiencing longer waits.	<u>Immediate:</u> Equipment has arrived and is being installed and fitted, as required This will improve the experience of patients and support their food, fluid, and nutrition needs	10 Dec 2022
	Overcapacity escalation processes being developed.	<u>Immediate:</u> Briefing paper to consider risks and benefits of ED decompression recommendations to devise escalation options to support overcapacity and minimise potential risks for patient safety and care. <u>Anticipated:</u> This approach will develop a consistent methodology for dealing with decompression of the ED during periods of extreme pressure that is agreed and delivered consistently within Forth Valley.	End Dec 2022
	Review of contingency beds 24/7	<u>Immediate:</u> Senior nurse and operational support are available for ward areas who have identified patients that are unsuitable or no longer suitable to be cared for in contingency beds/areas. Support is provided to help address issues, wherever possible, with clear arrangements for escalating any concerns. This has resulted in	Implemented Oct 2022

		reduced use of contingency beds in higher-risk areas. Communication of risks and mitigations has improved from ward to ELT. <u>Anticipated:</u> These arrangements aim to support staff to raise concerns and provide a mechanism for leaders on the acute site to work to address any concerns raised and feedback to staff, closing some of the communication gaps that were seen by HIS during their visit to Forth Valley Royal Hospital. Links to feedback on IR1 reporting and the newsletter.	
	Patient Safety Electronic recording of care and comfort rounds have been introduced in all adult inpatient areas	<u>Immediate:</u> Electronic recording of care and comfort rounds provide a more robust system of assurance to monitor and support the care and comfort of patients and ensure the required documentation is completed and easily accessible. <u>Anticipated:</u> It is anticipated that this will be tracked through care assurance mechanisms and any issues with non-completion or compliance will be able to be identified at an early stage and result in quick action to support patient care.	Nov 2022

	Governance Weekly Oversight group which spans the whole system to ensure learning across the system.	<u>Immediate:</u> The Oversight group will receive reports on progress of the Working Group. Clear expectations of the working group agreed, and supportive processes put in place for both groups. This provides clarity of plans and expectations. This demonstrated the multidisciplinary approach to leadership and the approach expected to be mirrored through the working group to deliver the improvements required and ensure all of the HIS recommendations are met. This group has patient representation to ensure the voice of service users is captured. The working group will receive comments and feedback from staff to ensure their views are considered. <u>Anticipated:</u> This work will ensure that NHS Forth Valley take a whole system approach to learning, ensuring that areas not covered in the HIS review will have the opportunity to gain experience from the findings and apply these across the organisation. This will support the development of improvement and assurance mechanisms much wider than the initial inspection visit to Forth Valley Royal Hospital.	First meeting 14 Dec 2022

	Draft Terms of Reference for the Oversight Group produced and shared for comment.	Immediate: Clear roles, responsibilities, and governance structure for both the delivery and oversight of identified HIS inspection requirements for improvement. It has been agreed that this group will report into the Clinical Governance Working group up to the Clinical Governance Committee. Anticipated: Will continually be reviewed to ensure the group continue to meet the agreed terms of reference in their work. It is anticipated that updates on the work of the Oversight group will be shared for noting with the Staff Governance committee.	8 Dec 2022
	Observational audits to establish any practice gaps in ED and AAU by Practice Development Team.	Immediate: Due to capacity in Practice Development Unit (PDU) team, supporting additional beds within the community, observation has been carried out by Clinical Nurse Manager (CNM). Capacity expected to increase in PDU by first week in January 2023 to enable further audits to commence. Anticipated: This will allow objective review of the processes of care and the PDU will work with improvement teams and local nursing	Week commencing 5 Dec 2022

		leadership teams to develop processes to the consistent and safe delivery of patient care. It is anticipated that this work will form part of the care assurance processes going forward, this work will be reported through local governance groups up to the Clinical Governance Working group via highlight reports.	
	Provide training and resources to support the roll out the new triage arrangements/Care &Comfort model in ED.	<u>Immediate:</u> Standard Operating Procedure (SOP) and competency booklet created. Staff training and support is ongoing. This has created a more consistent approach to triage to help ensure patients are given the advice, reassurance and treatment they require as quickly as possible and are redirected to other services, where appropriate. This training and resource is available to support all staff undertaking the new triage role. <u>Anticipated:</u> Support for staff new to the role or developing in their role, to ensure standards of care are delivered as anticipated.	Implemented Oct 2022
	Provide training and resources to support the introduction of care and comfort rounds in AAU	<u>Immediate:</u> SOP and training package has been developed; staff are undergoing training. Observation has shown a positive impact for patients.	

		Anticipated: Support for staff new to the role or developing in their role, to ensure standards of care are delivered as anticipated.	
	Culture Incident reporting system redesigned to ensure feedback to staff who initially reported issues.	Immediate: Within Safeguard reporting system, anyone who reports an issue or concern is now automatically informed of the outcome. This helps provide assurance to the individual of action and learning underway to address the issue raised and reduce the chances of it happening again. This closes the communication gap that was highlighted during the HIS inspection visit and supports and encourages staff to report concerns as they will now be informed of the outcomes. If staff are unable to report concerns via the IR1 process due to extreme operational pressures, they are supported by senior leaders 24/7 whom they can call to articulate their concerns and seek immediate support. Anticipated: This support better communication across the teams, encourages the use of reporting, as well as providing support to staff in understanding of actions taken as a result of their reporting.	Implemented Oct 2022 19 Dec 2022

	Improved Site Chief Nurse communication across the acute site	Immediate: This will open the communication channels across the acute site, coupled with other measures in this plan, to support staff in their role and provide clarity of what is being done to address issues and concerns raised. Anticipated: A newsletter has been developed which has a focus on staff wellbeing, safe staffing and addressing concerns. This will help staff feel more informed, provide signposting to wellbeing support and keep staff appraised of the actions taken in response to issues and concerns raised.	Implemented Oct 2022
	Contingency beds Risk Assessment review team looking at staff and patient feedback, as well as practice in other NHS Boards to inform weekly review.	Immediate: There is ongoing work to assess risks, capture feedback from different groups of staff and patients to help inform decision-making on the use of contingency beds and wider capacity and flow issues across the acute site. Learning from complaints, adverse events, staff, and patient feedback is discussed to inform any required action, improvements and learning. Anticipated: This will continue to respond to feedback from patients and staff and will be a mechanism to enhance the delivery of care in times of extreme pressure.	

Urgent & Unscheduled Care (UUSC) - Senior Responsible Officer: Mr Andrew Murray, Medical Director

- **Where are we now?**

Throughout 2022, NHS Forth Valley has demonstrated poor 4hr Emergency Access Standard (EAS) compliance which can adversely impact on the safety, quality, and experience of care despite a wide range of improvement work. This 4hr performance, currently approximately 45% compliance, although measured in the Emergency Department, is the result of substantial whole system pressures impacting on bed occupancy, capacity, and flow of patients through that system. These pressures are also evidenced by the significant number of people delayed in their discharge from local hospitals.

- **Where do we want to be?**

We want an unscheduled care system that spans across the community and hospitals and accepts no delays for our patients and delivers on our improvements. This will be most clearly demonstrated by improvement of our 4hr EAS, with our trajectory showing no further deterioration over winter and then improvement, month on month, reaching and maintaining 70% consistently by summer 2023.

- **How are we going to get there?**

Strategically, NHS Forth Valley has agreed with Scottish Government colleagues, and has begun implementing, its whole system Urgent & Unscheduled Care Collaborative plan. This plan identified a range of whole system improvements to introduce specifically High Impact Changes (HIC) focussing on those that will bring the biggest gains in flow and capacity. Current work with Scottish Government colleagues is helping to hone the delivery of these improvements, with the provision of support to NHS Forth Valley to help scale them up. We will therefore work towards achieving the targets for this plan by ensuring this external support, in conjunction with our internal improvement resources, is fully aligned to the changes we are pursuing. By building on our strong whole system unscheduled care leadership and our clear oversight and strong governance arrangements, we will ensure that the plan delivers effectively, and any challenges are identified and resolved.

We will also ensure appropriate daily operational grip and oversight of unscheduled care is in place, including the use of whole system Gold Command meetings to support rapid decision making over the difficult winter period.

- **How far along the journey are we?**

With the UUCC plan in place, we are in the implementation and monitoring phase. Initial successes, with more patients being seen sooner in the Emergency Department, and improved site capacity, have confirmed our priority areas to be supported to achieve further improvements and we are confident there is significant potential to improve flow and capacity that we will deliver with the support from Scottish Government colleagues.

- **What is the intended impact?**

The effective delivery of the range of actions in our improvement plan will incrementally improve capacity, flow, and performance across our system, as described in our improvement trajectory, reaching a 4hr EAS of 70% by summer 2023. This will reduce patients waiting excessively and will deliver a better and safer experience for the people of NHS Forth Valley and a better working environment for our staff.

Out of Hours (OOH) - Senior Responsible Officer: Ms Patricia Cassidy, Chief Officer/Director of Health & Social Care, Falkirk

- **Where are we now?**

The external review of OOH by Sir Lewis Ritchie has been completed and formal recommendations made to support the redesign and sustainability of a pan Forth Valley OOH Service. A detailed action plan has been developed identifying key deliverables, leads and associated timescales to deliver the recommendations. Monitoring progress of the action plan will be through the Urgent & Unscheduled Care Collaborative governance structure and through the monitoring of our Improvement Plan in response to escalation.

- **Where do we want to be?**

We want to deliver a resilient and sustainable OOH service that meets the needs of the population of Forth Valley and is integrated with wider OOH support services. In addition, we want to deliver an improved staff experience, where team members feel valued and have the opportunity to gain experience and develop. Lastly, we want to improve operational responsiveness and identify further opportunities for service development through the use of Demand, Capacity, Activity and Queue (DCAQ) data and Key Performance Indicators (KPIs).

- **How are we going to get there?**

We have developed a service wide improvement action plan and appropriate governance structure for regular monitoring and review. We are also looking to develop an OOH dashboard to support service management.

- **How far along the journey are we?**

All actions are currently on track for delivery within anticipated timescales. The programme of work is due to be completed by April 2023. Based on our improvement plan we are currently 39% complete, with current trajectory of 52% completion by end of December 2022 and 61% completion by end of January 2023. The outstanding risk will be the ability to recruit to vacant clinical roles.

- **What is the intended impact?**

The intended impact will improve staff and patient experience within the OOH service and also improve patient safety through a more sustainable service.

Child and Adolescent Mental Health Services (CAMHS) - Senior Responsible Officer: Ms Gillian Morton, Director of Women & Children's Services & Director of Midwifery (Professional Lead)

- **Where are we now?**

NHS Forth Valley CAMHS performance against the 18-week LDP standard continues, as predicted, to be challenging and is declining as we focus on seeing the children who have waited longest. The service predicts RTT performance will continue to be low in the quarter ending December 2022 and into the quarter ending March 2023 as the longest waiters continue to be seen however, we are committed and continue to focus our efforts working to achieve the standard by the end of March 2023.

- **Where do we want to be?**

Improving performance and reducing waiting times for children and young people remains a key priority for the CAMHS Service. Sustaining the LDP Standard of 18 weeks is equally important therefore the service is taking forward a multi-level improvement plan to include the implementation of the Choice and Partnership Approach (CAPA), the redesign of the service to meet the CAMHS Service Specification as well as improvements to ensure that performance is not only achieved but is sustainable.

The service aims to be fully staffed and committed to continuing to grow and develop our multi-disciplinary workforce, which will mean that we no longer require to use an independent provider to supplement our workforce.

Whilst we have been successful in recruiting to posts, there can be a gap in capacity as recruitment can take a considerable time. It is therefore important to retain staff, and although we have been successful in retaining talent this is often due to career enhancement, the consequence of which sees higher banded staff having less clinical time, as promoted posts often have clinical management responsibility. Therefore, the service requires to retain, attract new staff but also nurture and develop our existing staff with a programme of staff wellbeing and staff development.

- **How are we going to get there?**

CAMHS has developed a joint Quality Improvement & Waiting Times Plan (QI&WT) to drive through service improvement as well as improved performance. There is evidence that we are now seeing improvements across a range of key areas, performance being one of these.

In order to support the Service to take forward the Plan at pace, CAMHS have been supported to use an independent provider of both assessment and treatment of children with mental health problems. The aim of this was to use Healios as an extension of the CAMHS team, to allow the team to focus on improvements and offered additional capacity.

- **How far along the journey are we?**

Although CAMHS are not currently meeting the LDP standard and reported data indicates a further decline in Quarter 2, this was anticipated and in line with agreed national trajectory modelling. In line with these trajectories, it was anticipated that improvement will be evident from November 2022 (mid-way through Quarter 3 2022/23) and continue into Quarter 4 2022/23.

In November 2022, 33.3% of patients started treatment within 18 weeks of referral. This is a slight increase from 27.0% in October 2022.

The implementation of CAPA job planning for each professional working within CAMHS and with this job planning, a further trajectory remodelling was completed in September 2022, which provided assurance that CAMHS was in line to achieve the 90% LDP standard within Quarter 1 2023/24. This continues to be dependent on sustaining our current workforce and will require remodelling in response to actual activity/demand e.g., consider the impact of a sustained period of higher demand than originally identified.

- **What is the intended impact?**

The impact of the QI&WT Plan is to progress a range of improvements including redesigning service delivery to comply with the national CAMHS Service Specification, continue to deliver high quality care aimed at delivering the right care and the right time and achieving and sustaining the Local Delivery Plan target by April 2023.

The Plan and projections have been shared with Scottish Government colleagues both within the Mental Health Directorate but also Data Analysts, who share our confidence, based on current data, that CAMHS will be able to achieve the LDP Standard within Q1 (April to June) of 2023/24.

Psychological Therapies - Senior Responsible Officer: Ms Annemargaret Black, Chief Officer/Director of Health & Social Care, Clackmannanshire & Stirling

- **Where are we now?**

Forth Valley has consistently had difficulty in achieving the LDP Standard of 90% of patients who require psychological therapy starting treatment within 18 weeks. Since the initial impact of Covid-19, performance has stabilised to be between 60% and 70%, with November 2022 performance improving to 72.1%, the highest since March 2022. However sustained improvement against the Standard has not been achieved.

Note that five out of ten teams currently achieving the 18 weeks standard (digital, older people, forensic, arts therapies, psychotherapy).

- **Where do we want to be?**

NHS Forth Valley is committed and continues to strive to achieve the LDP Standard by March 2023. Due to the number of people currently waiting for treatment, trajectory modelling indicates that additional staff would be required to achieve the Standard in this timescale however sustained improvement over a longer period is achievable. Initial modelling in September 2021 indicated that the Standard could be achieved by September/October 2023 with three requirements:

1. Stable demand
2. Full staffing
3. Additional investment in 14.3 WTE clinical staff

Trajectory modelling has recently been revised to take account of current referral rates and staffing levels. This is in the process of being validated and, with support from the Scottish Government's Psychological Therapies Information Analyst, further developed at team level.

- **How are we going to get there?**

Psychological Services have a comprehensive Improvement Plan in place, which has been developed and shared with the Psychological Therapies Enhanced Support Team. Originally submitted in September 2021, it was updated and re-submitted in early December 2022. Some of the key improvement areas are workforce, data, Adult Psychological Therapies, and specialty teams. Detailed plans for each area are in place, with work continuing throughout 2023.

- **How far along the journey are we?**

Although there has not yet been sustained improvement against the RTT target, the work described above has resulted in demonstrable improvements in terms of both length of waits and also the number of people on the waiting list.

This performance is slightly ahead of that predicted by the most recent trajectory modelling. However, it is important to note that further progress toward the Standard is contingent upon the three factors highlighted above:

- Stable demand - and referrals have increased in recent months.

- Recruitment to all current and future vacant posts – currently 3.3 WTE unappointed clinical vacancies, with a further 2.3 WTE vacant but with staff appointed.
- Additional investment - modelling is in the process of being reviewed, but the most recent model indicated an increase in clinical staffing of 9.6 WTE was required to achieve the Standard.

- **What is the intended impact?**

All actions in the Improvement Plan are aimed at improving Forth Valley's performance against the LDP Standard, some directly and some indirectly. The ongoing assurance work around trajectory modelling, supported by the significant improvements in data quality, will give greater confidence in the reliability of predicted future performance.

FORTH VALLEY NHS BOARD
TUESDAY 31 JANUARY 2023

9.2 Best Value Framework 2022
Seek Assurance

Executive Sponsor: Mrs Cathie Cowan, Chief Executive

Author: Ms Kerry Mackenzie, Head of Policy & Performance

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

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

Recommendation
The Forth Valley NHS Board is asked to:

- **note** the detail within the Best Value Framework Summary
- **note** the Best Value Framework summary was considered by the Audit & Risk Committee on 20 January 2023

Key Issues to be Considered

Key issues and actions are detailed within the NHS Forth Valley Best Value Framework at appendix 1.

Implications

Financial Implications
There are no specific implications in respect of this report.

Workforce Implications
There are no specific implications in respect of this report.

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

Sustainability Implications
Sustainability is considered as a cross-cutting theme within the Best Value Framework.

Sustainability Declaration
Further to consideration the author can confirm that due regard has been given to compliance with the key aims of the NHS Scotland Climate Emergency & Sustainable Development Policy

(DL (2021) 38) as part of the decision-making process A policy for NHS Scotland on the climate emergency and sustainable development.

✓ *Yes*

□ *N/A*

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

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

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

Risk Assessment / Management
No risk assessment has been undertaken in respect of this report.

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

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

Further to an evaluation it is noted that:

- Paper is not relevant to Equality and Diversity
- Note that Equality is a cross-cutting theme detailed within the paper

Communication, involvement, engagement, and consultation
The Best Value Framework was considered at the Audit and Risk Committee on 20 January 2023.

Additional Information
Not applicable

Appendices

- **Appendix 1**: NHS Forth Valley Best Value Framework

Appendix 1

NHS FORTH VALLEY
BEST VALUE FRAMEWORK

INTRODUCTION

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

The duty of Best Value is:

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

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

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

In addition, there are two cross cutting themes:

- Equality; and
- Sustainability.

KEY ISSUES

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

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

In support of Good Governance, assurance mapping work is ongoing which aims to deliver an effective and efficient framework that provides continuous and reliable evidence of assurance on NHS Forth Valley’s stewardship and the management of the strategic risks. Deep dives in relation to strategic risks commenced in October 2021 with the finance risk examined in detail

at the Performance & Resources Committee. This work was paused in 2022 however recommenced in December 2022 with the Cyber Risk examined at the Performance & Resources Committee. A programme of deep dives in 2023 is being supported by the Corporate Risk Manager and Risk Management Team. In addition, following an internal audit recommendation a formal forward planner has been developed for the Performance & Resources Committee linking the Terms of Reference to the agenda and activities of the Committee ensuring it fulfils its remit. A revised Board and Assurance Committee cover paper is currently being trialled noting that work to agree how assurances received by Board Assurance Committees is presented within the documentation is currently ongoing.

VISION AND LEADERSHIP

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

REQUIREMENT	MEASURE/ EXPECTED OUTCOME	RESPONSIBILITY	TIMESCALE	OUTCOME/ EVIDENCE
Executive and Non-Executive leadership are involved in setting clear direction and organisational strategy with a mechanism for internal scrutiny of performance and service outcomes	The Annual Operational Plan is agreed by Forth Valley NHS Board along with supporting strategies.	NHS Board Performance & Resources Committee	Annual/ Bi-monthly Bi-monthly	Annual Delivery Plan 2022/2023. Quarterly Annual Delivery Planning Template. Full Recovery & Performance Scorecard to NHS Board and Performance & Resources Committee bi-monthly. Circulated to Board members on a weekly basis. Note Scorecard reviewed in November and now Performance Scorecard.
Strategic priorities are agreed, reviewed, and updated on a regular basis and leaders communicate the strategy to all staff and stakeholders and ensure that it is translated into meaningful actions and outcomes.	Programme Board Structure in place to support delivery of the Healthcare Strategy.	NHS Board Programme Boards Executive Leadership Team Corporate Management Team	Programme boards reinstated throughout 2022 Monthly	Performance & Resources Committee. Progress has been made with refreshing the healthcare strategy, including completion of a stocktake of the current Strategy: Shaping the Future 2016-2021, and identifying the key themes and priorities for inclusion in the refreshed strategy. Strategy Working Group established. Staff events on Culture and compassionate

				leadership held in June 2022. Corporate Management Team workshop held in August 2022 to inform future shape of services focussing on vision, corporate objectives, and priorities, with a view to financial and workforce implications. Corporate Communication Strategy. Regular staff briefings.
Executive and Non-Executive leadership and senior managers have developed a vision of how Best Value contributes to achieving effective outcomes for the organisation and that this is communicated clearly in relevant corporate and operational documents.	Annual Delivery Plan implemented as the key document defining NHS Forth Valley's objectives with the ethos of Best Value at its core.	NHS Board Board Assurance Committees Executive Leadership Team Corporate Management team	Annual	Annual Delivery Plan 2022/2023. Quarterly Annual Delivery Planning Template. Document published on NHS Forth Valley website.
Both the setting of priorities and the assessment of performance are undertaken transparently and openly.	Forth Valley NHS Board conducts its business in public.	NHS Board	Bi-monthly	Normally 6 Board meetings held throughout the year in public. Board meetings have returned to being held in person following restrictions imposed by the pandemic. Assurance Committee minutes presented to NHS Board meetings. All relevant documentation and papers published on the NHS Forth Valley Website.
Executive and Non-Executive leadership ensure accountability and transparency through effective performance reporting for both internal and external stakeholders and that there is a willingness to be open to external scrutiny, for example, through formal external accreditation tools.	Forth Valley NHS Board fulfils its role in terms of ensuring scrutiny of organisational performance	NHS Board Board Assurance Committees	Bi-monthly Minimum of quarterly	Recovery & Performance Scorecard to NHS Board and Performance & Resources Committee. Note Scorecard reviewed in November

				and now Performance Scorecard. Forth Valley NHS Board papers published on the NHS Forth Valley Website. External and Internal Audit invited to Performance & Resources Committee and in receipt of papers. Internal and External Audit represented at the Audit & Risk Committee.
Executive and Non-Executive leadership demonstrate a commitment to high standards of probity and propriety and that the organisation has, and implements, appropriate codes of conduct for all staff, directors, and trustees.	NHS Forth Valley staff live the organisations values and behaviours for success and champion work to ensure staff feel and are supported in carrying out all aspects of their role.	NHS Board Staff Governance Committee Executive Leadership Team Corporate Management Team	Bi-monthly Quarterly Weekly Monthly	Code of Corporate Governance incorporating Code of Conduct. Grievance Policy. Whistleblowing Arrangements. Speak Up initiative. NHS Forth Valley Values: Person Centred, Respectful, Integrity, Committed Team Member, Ambitious & Supportive.
The organisation has a strategy with realistic and achievable objectives and targets which are matched to their financial, asset base and other resources and which is explicitly translated into clear responsibilities for implementation.	NHS Forth Valley works to ensure that targets and objectives are agreed and supported by the necessary resources and that these are managed appropriately to ensure delivery of objectives.	NHS Board Performance & Resources Committee Staff Governance Committee Executive Leadership Team Corporate Management Team	Annual	Annual Financial Plan. Savings Plans - savings schemes and associated governance arrangements are in line with the four aims of the Scottish Government's new Sustainability and Value Board. Workforce Plan. Property & Assets Management Strategy. 'Shaping the Future' – A Supporting Digital &

				eHealth Strategy 2018-2022.
Statements, strategies and plans clearly show a systematic approach by the organisation towards risk management.	NHS Forth Valley assesses and manages its risks at the appropriate level within the organisation ensuring that appropriate plans are in place to mitigate such risks. Strategic level risks are highlighted to the NHS Board.	NHS Board Board Assurance Committees Executive Leadership Team Corporate Management Team Programme Boards	Quarterly	Strategic Risk Register. NHS Forth Valley Risk Register Guidance Risk Management Strategy 2022-2025 Strategic Risks are aligned to Board Assurance Committees to enable appropriate oversight and scrutiny. Strategic Risk Register presented to NHS Board and Assurance Committees including Audit & Risk Committee.
There are clear statements about how the organisation is working with partner organisations to provide joined up services that meet stakeholder and community needs in the most effective manner, including through Community Planning Partnerships where relevant.	NHS Forth Valley encourages and supports staff to work in partnership with external agencies for the benefit of patients and stakeholders.	NHS Board Performance & Resources Committee Executive Leadership Team Corporate Management Team	Bi-monthly Community Planning Partnership updates to Performance & Resources Committee	Progress has been made with refreshing the healthcare strategy, including completion of a stocktake of the current Strategy: Shaping the Future 2016-2021, and identifying the key themes and priorities for inclusion in the refreshed strategy. Health & Social Care Strategic Commissioning Plans under review and being considered in terms of the Healthcare Strategy refresh. Work with the three Community Planning Partnerships in Forth Valley. Community Planning Partnership Strategic Plans; Falkirk SOLD, Clackmannanshire Local Outcome Improvement Plan, Stirling Local Outcome Improvement Plan.

There are mechanisms within the organisation to develop leadership skills and that Executive and Non-Executive staff in leadership roles have the key skills and exhibit the behaviours which make them highly effective.	All staff receive an annual appraisal and have a personal development plan in place. Non-Executives receive appropriate induction, development, and support.	NHS Board Staff Governance Committee	Bi-monthly Quarterly On-going	TURAS Appraisal. iMatter. Learning Zone – NHS Forth Valley Intranet. NHS Forth Valley Training Events. Our People Strategy. Leadership and Management Development Programme. Talent Management and Succession Plan. Non-Executive induction pack reviewed per guidance from Scottish Government.
There is an explicit and systematic approach to integrating continuous improvement into everyday working practices and involving all staff in developing the organisation's approach to Best Value.	NHS Forth Valley supports staff to ensure they have the skills and knowledge to embed continuous improvement into their working practices.	NHS Board Board Assurance Committees Executive Leadership Team Corporate Management Team	Bi-monthly On-going	Shaping the Future NHS Forth Valley Healthcare Strategy – current focus on NHS Forth Valley's 10 priorities however stocktake of current Healthcare Strategy carried out with work to determine vision and priorities underway. • Prevention • Person-Centred • Inequalities • Personal Responsibility • Closer To Home • Partnership Working • Planning Ahead • Minimising Delays • Reducing Variation • Workforce Corporate Programme Management Office model with links to Strategy, Savings and Forth Valley Quality.

EFFECTIVE PARTNERSHIPS

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

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

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

				Social Care Partnership Strategic Commissioning Plan 2019/2022 (currently under review). Anchor Board.
The organisation is clear about the intended outcomes and likely impacts of partnership working and that it has identified, and is sensitive to, the needs of the potentially different communities it and its partners serve.	NHS Forth Valley works with partner agencies to ensure that all populations receive the same advantages ensuring that the diverse population is provided for.	NHS Board Nurse Director Corporate Management Team Executive Leadership Team	On-going	Fair For All Group. Nursing & Midwifery Strategy. Person Centred Health & Care Strategy. Clinical and Care Governance Committees. Community Planning Partnership Local Outcome Improvement Plans. Falkirk Health & Social Care Partnership Strategic Plan 2019/2022 (currently under review). Clackmannanshire & Stirling Health & Social Care Partnership Strategic Commissioning Plan 2019/2022 (currently under review).
Partnership plans have agreed a set of measures and targets to track progress and can clearly demonstrate (and regularly reports on) the impact of, and the outcomes from, any partnership working.	NHS Forth Valley works with local authority colleagues in terms of measuring and monitoring the performance of all joint activities including Integration Joint Boards, Community Planning Partnerships	NHS Board IJBs Executive Leadership Team Corporate Management Team Performance & Resources Committee	On-going	Community Planning Partnership Updates received by Performance & Resources Committee. IJB Performance Reports. Development of partnership portals in Pentana linking to Local Authorities - work underway.
Where the partnership is involved in joint delivery, governance arrangements include: (a) agreeing appropriate respective roles and commitments and	Clear governance arrangements are in place or being finalised, with reporting to relevant	NHS Board IJBs Health & Social Care Partnerships	On-going	Joint performance reports. Integration Schemes.

areas of collective responsibility; (b) integrated management of resources where appropriate; (c) effective monitoring of collective performance; and (d) joint problem-solving and learning.	committees detailing the performance management and governance position.	Executive Leadership Team Corporate Management Team		Clinical and Care Governance Committees. Development of partnership portals in Pentana linking to Local Authorities - work underway.
Where appropriate, the organisation participates effectively in Community Planning Partnerships and other joint working initiatives, working openly to agreed objectives, performance management and reporting mechanisms and integrating these into local planning mechanisms to deliver outcomes. The organisation seeks to explore and promote opportunities for efficiency savings and service improvements through shared service initiatives with partners.	NHS Forth Valley participates in Community Planning with all relevant partners and supports the activities of the Community Planning Partnerships in delivering their plans in respect of improving outcomes for the local population, whilst exploring opportunities to ensure that appropriate efficiencies are made.	NHS Board and partner organisations IJBs Health & Social care partnerships Director of Public Health & Strategic Planning Executive Leadership Team Corporate Management Team	On-going	IJB meeting papers. Community Planning Partnership Updates received by Performance & Resources Committee. Community Planning Partnership Local Outcome Improvement Plans.
Leaders address impediments and barriers which inhibit integrated approaches to joint funding and joint management of activities with internal and external partners and undertake appropriate engagement (including with the Scottish Government) where this would help promote more effective use of resources and better value for money.	NHS Forth Valley is working with partners to ensure that any barriers to joint funding and management are minimised by ensuring a shared vision, common language, and on-going dialogue	NHS Board HSCP Chief Officers Director of Finance HSCP Finance Officers IJBs Executive Leadership Team	On-going	IJB meeting papers including Finance Report. NHS Board meeting papers including Finance Report. Corporate Programme Management Office projects.

GOVERNANCE AND ACCOUNTABILITY

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

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

REQUIREMENT	MEASURE/ EXPECTED OUTCOME	RESPONSIBILITY	TIMESCALE	OUTCOME/ EVIDENCE
The organisation has developed a corporate plan which is focussed on the successful delivery of outcomes, takes account of statutory responsibilities, and is translated into specific actions to be carried out at both corporate and operational levels to achieve those outcomes.	The Annual Operational Plan is agreed by Forth Valley NHS Board along with supporting strategies.	NHS Board Performance & Resources Committee Executive Leadership Team Corporate Management Team	Monthly	Corporate Objectives 2022/2023 approved by NHS Board in March 2022. Annual Delivery Plan 2022/2023.
Plans, priorities, and actions are informed by an understanding of the needs of its stakeholders, citizens, customers, and employees.	NHS Forth Valley has identified its stakeholders and works with them to ensure shared understanding and goals.	NHS Board IJBs Health & Social Care Partnerships Staff Governance Committee Executive Leadership Team Corporate Management Team	On-going	Person Centred Health & Care Strategy 'What matters to you, matters to us.' Person Centred Health Care section on NHS Forth Valley Intranet. NHS Forth Valley Complaints Handling Procedure. Care Opinion. Workforce Plan. Staff Governance Standard.

Decision-making processes are open, transparent, and clearly based on evidence that can show clear links between the activities and the outcomes to be delivered to customers and stakeholders.	NHS Forth Valley has a clear structure of delegation and decision making.	NHS Board Board Assurance Committees	On-going	NHS Board papers. Assurance Committee papers. Code of Corporate Governance.
The approach to Public Performance Reporting is balanced, enabling the discharge of statutory requirements together with provision of concise, relevant, and accessible reporting of information that is useful for the public and other stakeholders, including information on use of financial resources.	To ensure transparency, NHS Forth Valley Board meets in public bi-monthly with meeting papers published on the NHS Forth Valley website.	NHS Board	Bi-monthly	Availability of NHS Board papers • On website • At public meeting
Where delivery is through others, a robust framework of corporate governance is in place to manage that delivery which sets out roles and responsibilities, objectives and outcomes and a process for performance and risk management and reporting.	Integration Joint Boards meet as per their meeting schedule but no less than quarterly with meeting papers published on the respective websites.	NHS Board IJBs	On-going	Integration Schemes. IJB Directions.
The organisation has a framework for planning and budgeting that includes detailed and realistic plans linked to available resources together with an effective system for financial stewardship and reporting in order to achieve the organisation's goals, ensure appropriate financial governance, deliver high-quality and efficient services and ensuring continuous improvement in both performance and delivery of outcomes.	NHS Forth Valley has a robust financial plan in place which links to all activities across health and social care.	NHS Board Performance & Resources Committee Executive Leadership Team	On-going	Financial Plan. Savings Plans - savings schemes and associated governance arrangements are in line with the four aims of the Scottish Government's new Sustainability and Value Board. Cost Improvement Programme. Corporate Programme Management Office. Finance Reports received by NHS Board and Performance & Resources Committee. Capital & Infrastructure Projects, Property Transactions, Medical Equipment and Digital & eHealth Update to Performance &

				Resources Committee.
Organisational budgets and other resources are allocated and regularly monitored to ensure that they are not only delivering agreed objectives but also (crucially) outcomes in a manner which is keeping a suitable balance between cost, quality, and price in making the best use of resources.	The NHS Board, its Committees and the IJB work together to ensure that the decision-making process is evidence based and has clear links to activity and outcomes.	NHS Board IJBs	On-going	Finance and Performance Reports received by NHS Board and IJBs. NHS Board and IJB meeting papers. Cost Improvement Programme.
The organisation has a robust framework of corporate governance to not only manage delivery of, and reporting on, outcomes but also provide assurance (using quantitative as well as qualitative indicators) to relevant stakeholders that there are effective internal control systems in operation which comply with the SPFM and other relevant guidance.	NHS Forth Valley has a robust framework of governance to provide assurance to relevant stakeholders that there are effective internal control systems in operation	NHS Board Board Assurance Committees	Annual	Forth Valley NHS Board Annual accounts and Performance report. Blueprint for Good Governance and Governance Improvement Plan Update to NHS Board. Assurance Committee Annual Reports.
The approach to external accountability is supported by its governance arrangements, including an Outcomes Based Approach continually improving the clarity of reporting structures, responsiveness, and accessibility for all stakeholders	The Annual review was held on 27 April 2022 and was chaired by Maree Todd, Minister for Public Health, Women's Health and Sport. The meeting was attended by NHS Forth Valley Chair and Chief Executive. Meeting was held via video conference	NHS Board Health & Social Care Partnerships Executive Leadership Team	Annual	Forth Valley NHS Board Annual accounts and Performance report. 2022 Annual Review paperwork available on NHS Forth Valley website. Annual Review follow up letter from Maree Todd presented to the NHS Board in July 2022 and published on the website.
The organisation regularly conducts review and option appraisal processes of all areas of work that are rigorous and transparent and develop improvement actions which are clearly described, readily understood, clearly explained in terms of importance, relevance, and priority, and demonstrably integrated into the organisation's management arrangements.	NHS Forth Valley continually monitors its own performance through the scrutiny of areas of poor performance.	NHS Board Board Assurance Committees Executive Leadership Team IJBs Corporate Management Team	On-going	Meeting papers, presentations, and minutes.
The organisation has developed and implemented an effective and accessible complaints system in line with all relevant Scottish Public Services Ombudsman	NHS Forth Valley has developed an appropriate complaint handling system	NHS Board Clinical Governance Committee	Bi-monthly Quarterly Annual	NHS Forth Valley Complaints Handling Procedure.

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

USE OF RESOURCES

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

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

REQUIREMENT	MEASURE/ EXPECTED OUTCOME	RESPONSIBILITY	TIMESCALE	OUTCOME/ EVIDENCE
The organisation is making the best use of public resources (including employees, ICT, land, property, and financial resources) based on evidence and intelligence-led – keeping a considered and appropriate balance between quality, sustainability, and cost.	NHS Forth Valley reports on the financial position along with operational performance aligned to key targets thus ensuring organisational budgets and resources are effectively managed.	NHS Board Performance & Resources Committee	Monthly	Finance Report. Annual Financial Plan. Savings Plans - savings schemes and associated governance arrangements are in line with the four aims of the Scottish Government's new Sustainability and Value Board. Cost Improvement Programme. Performance Report. Corporate Programme Management Office projects. Corporate Portfolio Management Office Update/Cost Improvement Plan update to the Performance & Resources Committee bi-annually.
Leaders and managers regularly review the management of resources across all activities, including their impact on outcomes. Interdependencies between different activities and outcomes are recognised, organisational budgets and other resources are allocated and regularly monitored to ensure that they are delivering agreed objectives and outcomes and effective co-ordination and	NHS Forth Valley evaluates and assesses opportunities for efficiency savings and service improvements including comparison with similar organisations. This considers the interdependency of varying	NHS Board Performance & Resources Committee Executive Leadership Team	On-going	Finance Plan Savings Plans - savings schemes and associated governance arrangements are in line with the four aims of the Scottish Government's new Sustainability and Value Board.

alignment is actively championed by senior management in making the best use of public resources.	activities and related outcomes.			Cost Improvement Programme. Finance Report. Performance Report. Corporate Programme Management Office projects.
The organisation ensures that it has the organisational capacity to implement its plans makes full use of its staff and that any relevant statutory and professional responsibilities of its staff are appropriately supported through an appropriate policy of Continuous Professional Development (CPD).	NHS Forth Valley manages its staff in a supportive, efficient, and effective manner ensuring safe practice.	NHS Board Staff Governance Committee Area Partnership Forum	On-going	Heath & Safety Strategy and Governance Framework 2021 – 2024. Workforce Plan. Staff Governance Standard. Staff Governance Committee papers and minutes. Area Partnership Forum papers and minutes.
All employees are treated as a key strategic resource and are supported (by an appropriate combination of approaches, ideas, and techniques) in actively managing how they bring further learning to their role and add value to the Public Body. The organisation ensures that all employees are managed effectively and efficiently, that they know what is expected of them, their performance is regularly assessed and they are assisted in improving. The contribution of staff to ensuring continuous improvement is supported, managed, reviewed, and acknowledged by effective management.	NHS Forth Valley staff are performance managed in a way that recognises and monitors contribution to continuous improvement and quality whilst supporting and measuring personal learning and development in support of organisational objectives and standards.	NHS Board Staff Governance Committee Remuneration Committee Area Partnership Forum	On-going	Workforce Plan. Staff Governance Standard. Staff Governance Committee papers and minutes. Monthly Workforce Performance Reports to directorates and teams. IMatter. TURAS/LearnPro training. Organisational Development. Staff Coaching. TURAS Appraisal supporting annual appraisal process. Area Partnership Forum papers and minutes.

The organisation has a strategy for procurement and the management of contracts (and contractors) which treats procurement as a key component in achieving its objectives and outcomes. The organisation is aware of the need to conduct its business in a manner which demonstrates appropriate competitive practice. Organisational procurement processes are economic, sustainable in the longer-term, efficient and ensure the outcomes of efficient contract management and comply with the SPFM and other relevant guidance which may reasonably be regarded as proper arrangements for this purpose.	NHS Forth Valley has a strategy for procurement and the management of contracts/ contractors which complies with the SPFM and demonstrates appropriate competitive practice.	NHS Board Executive Leadership Team Performance & Resources Committee	On-going	Code of Corporate Governance. Standing Financial Instructions. Scheme of delegation. Procurement Strategy. NHS Forth Valley Intranet sections: • Sustainable Procurement (Link to Cross Cutting Theme – Sustainability) • Procurement
The organisation maintains an effective system for financial stewardship and reporting in order to ensure appropriate financial governance as well as provide evidence to support continuous improvement.	NHS Forth Valley maintains an effective system for financial stewardship and reporting in line with the SPFM.	NHS Board Audit & Risk Committee	On-going Annual	Forth Valley NHS Board. Annual accounts.
The organisation has in place a systematic approach to risk management in relation to the organisation's resources which is cascaded as appropriate throughout the organisation.	Risk Management in NHS Forth Valley is supported by a Risk Management strategy. Risk management updates are presented to the Forth Valley NHS Board.	NHS Board Board Assurance Committees including Audit & Risk Committee	On-going	Strategic Risk Register. Risk Management Strategy 2022/2025. Risk Management Annual Report.
There is a robust information governance framework in place that ensures proper recording and transparency of all the organisation's activities and supports appropriate exploitation of the value of the organisation's information.	NHS Forth Valley's information Governance Strategy supports proper recording and transparency of all activities.	NHS Board Performance & Resources Committee	On-going	Information Governance Strategy Information Governance Policies: Corporate Records Management, Cryptographic Controls, Data Breech, Data Protection & Confidentiality, Data Protection Subject Access, FOI, Email & Internet Acceptable Use, Information Security, Moveable Media, Password Policy, Remote

				Access Policy, Remote or Off Site Working, Social Media, Secure Development, Transport of Health Records, Transport & Handling of Confidential or Sensitive Information, Website & Non-Clinical Apps Content and Development. Information Governance Annual Report. P&RC Annual report.
The organisation has evaluated and assessed opportunities for efficiency savings and service improvements, including through joint funding, joint management of activities with internal and external partners and sharing initiatives with partners.	Joint working is encouraged as the norm in terms of service developments. In support of efficiency saving opportunities, this is supported by joint funding bids, and joint funding across organisations where appropriate	NHS Board Health & Social Care Partnerships IJBs Executive Leadership Team	On-going	Meeting papers and minutes – NHS Board, IJBs, Executive Leadership Team. Corporate Programme Management Office projects. Corporate Portfolio Management Office Update/Cost Improvement Plan update to the Performance & Resources Committee bi-annually.
Fixed assets including land, property, ICT, machinery, and vehicles are managed efficiently and effectively and that asset bases are aligned appropriately to organisational strategies.	NHS Forth Valley efficiently manages all assets relating to property	NHS Board Performance & Resources Committee Executive Leadership Team	Annual On-going	Property Assets Management Strategy. Annual state of NHSScotland Assets & Facilities Report. Financial Operating Procedure – Asset & Capital management. Medical Equipment Policy. Capital & Infrastructure Projects, Property Transactions, Medical Equipment and Digital & eHealth Update to Performance & Resources Committee.

PERFORMANCE MANAGEMENT

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

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

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

Performance management is seen as part of the day job – integral to the way in which all staff operate. There is learning across the organisation on how to improve performance with time and opportunities explicitly made available to do so.	report at its quarterly meeting highlighting performance and focussing on areas of poor performance and any key actions to support improvement. The performance management system addresses poor performance, identifies scope for improvement, notes remedial action and monitors implementation.			
The organisation links Performance Management with Risk Management to support prioritisation and decision-making at Executive level and support continuous improvement.	NHS Forth Valley overtly links Performance Management with Risk Management to support prioritisation and decision-making at Executive level, support continuous improvement and provide assurance on internal control and risk.	NHS Board Performance & Resources Committee Executive Leadership Team	On-going	Committee papers and minutes. Strategic risks have been aligned to relevant Assurance Committees. Quarterly update presented to relevant committee in order to effectively track and scrutinise risk mitigation progress, in order to effectively provide assurance to NHS Board on the successful management of risk. Risk Management Strategy 2022/2025. Strategic Risk Register presented to NHS Board quarterly and publish on website.
The performance management system is sufficiently flexible to allow for any necessary differences across the organisation and encourage wide ownership of performance management.	NHS Forth Valley has a system in place which supports all levels within the organisation to take ownership of their own performance.	NHS Board Performance & Resources Committee Executive Leadership Team	On-going	Development of Pentana system-wide to support the linkage, monitoring and reporting of risk, performance, and action plans. The hierarchy system allows data, reports, performance, and

				progress to be split at various levels to support appropriate levels of scrutiny and assurance. Performance Management Framework to be reviewed.
The information provided through public performance reporting allows stakeholders to compare performance against: ◊ objectives, targets, and service outcomes; ◊ past performance; ◊ improvement plans; ◊ where relevant, the performance of other bodies; and allows stakeholders to make a reasonable and informed judgement on how the organisation is likely to perform in future. Information provided in each case is relevant to its audience and clearly shows whether strategic and operational objectives and targets are being met. Reports are honest, balanced, and include information about what improvements are required during the forthcoming period.	Forth Valley NHS Board, its Committees, IJBs and the Senior Management Team receive reports that are honest and balanced. Performance reports are subject to proportionate and appropriate scrutiny and challenge. Information within reports is as accurate and up to date as possible.	NHS Board Board Assurance Committees Health & Social Care Partnerships IJB Executive Leadership Team	On-going	Recovery & Performance Scorecard. Note Scorecard reviewed in November and now Performance Scorecard. Performance Reports. Forth Valley NHS Board Annual accounts and Performance report.

CROSS-CUTTING THEMES

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

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

The outcomes:

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

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

CROSS-CUTTING THEME – SUSTAINABILITY

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

The goal of Sustainable Development is to enable all people throughout the world to satisfy their basic needs and enjoy a better quality of life without compromising the quality of life of future generations. Sustainability is integral to an overall Best Value approach and an obligation to act in a way which it considers is most sustainable is one of the three public bodies' duties set out in section 44 of the Climate Change (Scotland) Act 2009.

The duty to act sustainably placed upon Public Bodies by the Climate Change Act will require Public Bodies to routinely balance their decisions and consider the wide range of impacts of their actions, beyond reduction of greenhouse gas emissions and over both the short and the long term.

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

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

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

A Best Value organisation will demonstrate an effective use of resources in the short-term and an informed prioritisation of the use of resources in the longer-term in order to bring about sustainable development. Public bodies should also prepare for future changes as a result of

emissions that have already taken place. Public Bodies will need to ensure that they are resilient enough to continue to deliver the public services on which we all rely.

A Policy For NHS Scotland on the Climate Emergency and Sustainable Development - DL (2021) 38, was issued on 10 November 2021, with requirements mandatory and with immediate effect. The DL is underpinned by Scottish Government's Climate Emergency and Sustainability Strategy 2022-2026 which was published in August 2022.

Milestones have been set out towards NHS Boards becoming net-zero by 2040 and governance arrangements are detailed. An internal audit of NHS Forth Valley's initial steps in implementing the structure and governance arrangements was undertaken and concluded that reasonable assurance has been provided that the appropriate initial steps have been taken with management structure, governance, and scrutiny arrangements in place.

REQUIREMENT	**MEASURE/ EXPECTED OUTCOME**	**RESPONSIBILITY**	**TIMESCALE**	**OUTCOME/ EVIDENCE**
The organisation is contributing to sustainable development by actively considering the social, economic, and environmental impacts of activities and decisions both in the shorter and longer term, underpinning the principles of *promoting good governance* actively supporting effective participative system of governance in all levels of society – engaging people's creativity, energy, and diversity. • *living within environmental limits* respecting the limits of the planet's environment, resources, and biodiversity – to improve our environment and ensure that the natural resources needed for life are unimpaired and remain so for future generations. • *achieving a sustainable economy* building a strong, stable, and sustainable economy which provides prosperity and opportunities for all, and in which environmental and social costs fall on those who impose them (polluter pays) and efficient resource use is incentivised . • *ensuring a strong, healthy, and just society* meeting the diverse needs of all people in existing and future communities, promoting personal well-being, social cohesion, and	NHS Forth Valley demonstrates that it is contributing to sustainable development by actively considering the social, economic, and environmental impacts of activities and decisions both in the shorter and longer term. NHS Forth Valley demonstrates that it respects the limits of the planet's environment, resources, and biodiversity in order to improve the environment and ensure that the natural resources needed for life are unimpaired and remain so for future generations.	NHS Board Performance & Resources Committee Audit & Risk Committee	Annual Bi-annual	Sustainability and Environmental report incorporated in the Annual Accounts. Property Assets Management Strategy. Refresh underway aligned to refresh if Healthcare Strategy. Timeline presented to Performance & Resources Committee in June 2022. Annual Sustainability update to the Performance & Resources Committee. Moving to bi-annual updates in 2023/2024 to provide early warning of barriers to achievement. Annual state of NHSScotland Assets & Facilities Report Annual Public Bodies Climate Change reports 2020/21 for: • Clackmannanshire & Stirling IJB • Falkirk IJB • NHS Forth Valley Reports reviewed and published by

inclusion, and creating equal opportunity. • *using sound science responsibly* ensuring policy is developed and implemented on the basis of strong scientific evidence, whilst taking into account scientific uncertainty (through the precautionary principle) as well as public attitudes and values. Use of diagnostic questions to assist public bodies in equipping themselves available in the Public Bodies Climate Change Duties Guidance.				Sustainable Scotland Network. Sustainability Strategy 2019-2024 NHS Forth Valley Intranet - Sustainable Procurement (link to Use of Resources section). Anchor Board.

CROSS-CUTTING THEME – EQUALITY

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

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

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

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

REQUIREMENT	MEASURE/ EXPECTED OUTCOME	RESPONSIBILITY	TIMESCALE	OUTCOME/ EVIDENCE
The organisation meets the requirements of equality legislation, has a culture which encourages equal opportunities and is working towards the elimination of discrimination.	NHS Forth Valley meets its requirements in respect of equality legislation	NHS Board NHS Board Governance Committees	On-going	Equality & Inclusion Strategy 'everyone means everyone' 2021/2025. Equality Declaration NHS Board and Assurance Committee papers. Equality impact assessment of policies, procedures and guidelines as laid down in the development framework for policies, procedures, and guidelines. This is also detailed in HR Connect. Equality Act 2010 section on NHS Forth Valley website.
Executive and Non-Executive leadership and senior managers recognise the diversity of their customers and stakeholders, engage in an open, fair, and inclusive dialogue to ensure information on services and performance is accessible to all and commit to contribute to the achievement of equal opportunities in all it does.	Within NHS Forth Valley, the Board and senior managers understand the diversity of their customers and stakeholders.	NHS Board Staff Governance Committee Corporate Management Team Executive Leadership Team	On-going	Equality & Inclusion Strategy 'everyone means everyone' 2021/2025. NHS Forth Valley Equality and Diversity Employment Duties Progress Report NHS Forth Valley website – Disability

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

FORTH VALLEY NHS BOARD
TUESDAY 31 JANUARY 2023

9.3 Nursing & Midwifery Strategy "We Care" 2021-2024 Annual Report 2021-22
For Assurance

Executive Sponsor: Prof Frances Dodd, Executive Nurse Director

Author: Prof Frances Dodd, Executive Nurse Director

Executive Summary

This paper is presented to the NHS Board to give a brief update on the Nursing & Midwifery Strategy 2021-24 and to present the Nursing & Midwifery Annual Report for 2021-22 (appendix 1).

The Nursing & Midwifery Strategy 2021-2024 supported by the Annual Report 2020-21 was approved by the NHS Board in November 2021.

The "We Care" Strategy 2021-2024 was refreshed and repositioned, building on our strong nursing and midwifery foundations and continues to focus most on what matters to patients, families and our staff and is being delivered at a time of significant and ongoing change.

This strategy continues to support and care for our nurses, midwives and healthcare support workers building their resilience, confidence, and commitment, provide a key focus on those we serve, and demonstrate we are listening and learning.

Recommendation

The NHS Board is asked to:

- **note** Nursing & Midwifery Annual Report 2021-22

Key Issues to be Considered

1. Purpose of the Paper

1.1 The purpose of this paper is to give a brief overview of the Nursing & Midwifery Strategy 2021-24 and to present the Nursing & Midwifery Annual Report for 2021-22.

2. Position

2.1 This Nursing & Midwifery Strategy "We Care" was and is designed to ensure that nursing and midwifery is at the heart of service delivery, outlines the impact and contribution of nurses and midwives and ensures a continued focus on the delivery of fundamental nursing and midwifery care.

2.2 Nursing and Midwifery in NHS Forth Valley continues to build on a strong foundation of improving care and experience for those we serve and those in our care. "We Care" was designed to empower our nurses and midwives and their teams to lead and deliver the best care for the people of Forth Valley and was developed using the feedback about what mattered to nurses, midwives, and healthcare support workers.

2.3 Furthermore the strategy is supported by a delivery plan which aligns to the ambitions of our local and national drivers and commits to 5 key priorities which supports the commitment to provide excellence across standards of care.

The 5 key priorities are outlined below:

Priority 1	Promote compassionate, safe and respectful care for patients, families, carers and keep them at the centre of everything we do
Priority 2	To be recognised locally and nationally for our cultured of caring, to be at the forefront of improvement, education, and professionalism and to drive excellence in nursing & midwifery practice
Priority 3	Planning Safe, Effective and Efficient Nursing and Midwifery Staffing
Priority 4	To ensure our workforce have the expertise, knowledge and skills to provide safe and compassionate care for people in our care
Priority 5	Transforming Nursing and Midwifery Roles and Advancing Nursing Practice with people at the centre

2.4 The Annual Report 2021-22 has been designed to capture the outstanding contributions that Nursing & Midwifery have made against the 5 priorities of the Nursing & Midwifery Strategy over the past 12 months.

3. Conclusion

3.1 The Nursing & Midwifery strategy ensures we continue to be at the forefront of the nursing and midwifery practice and in addition ensures that the professions meet and exceeds local and national drivers which influence the delivery of "We Care" strategy.

3.2 The Annual Report for 2021-22 outlines the diversity of our workforce across the fields of nursing and midwifery and captures the outcomes, developments, and successes against the Nursing & Midwifery Strategy over the past year. Furthermore, it demonstrates the invaluable contributions that Nursing & Midwifery have made to meet the needs and supporting the outcomes of the people of Forth Valley.

Implications

Financial Implications
No major financial implications

Workforce Implications
The Strategy identifies that the existing support and leadership from Executive Directors, Chief Nurses, Heads of Nursing, Heads of Service, Operational Managers, Clinical Nurse Managers, Senior Charge Nurses, Team Leads and all staff is crucial to the delivery of this Strategy.

Infrastructure Implications including Digital
There are no areas of infrastructure implications to note.

Sustainability Implications
There are no sustainability implications to note.

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

✓ *Yes*
□ *N/A*

Quality / Patient Care Implications
We recognise the challenges NHS face at this time to deliver person centre care, however the annual report demonstrates excellent care and innovation to support care delivery.

Information Governance Implications
There are no implications relating to Information Governance.

Risk Assessment / Management
This Nursing and Midwifery Strategy is designed to drive a continuous focus on the most fundamental aspects of nursing and midwifery care.

Nursing and Midwifery in NHS Forth Valley continues to build on a strong foundation of improving care and experience for those we serve and those in our care

This is important to both safe and effective care and to NHS Forth Valley's reputation

Relevance to Strategic Priorities

- Plan for the future
- Improve the focus on safety and quality
- Value and develop our people
- Making the best use of our resources
- Improving the health of the population

Equality Declaration

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

Further to an evaluation it is noted that:

- Screening completed - no discrimination noted

Communication, involvement, engagement and consultation

This annual report has been developed in conjunction with our Chief Nurses, Senior Staff and Staff across all directorates and considered to date by the following groups. The groups have informed the development of the content presented in this report.

- Senior Nurse Professional Forum
- Senior Nurse Local Forums

Additional Information
No additional information to note.

Appendices

- **Appendix 1**: Nursing and Midwifery Annual report 2021/22

NHS Forth Valley

Nursing & Midwifery

Annual Report

2021/22

Foreword

I only recently joined NHS Forth Valley at the end of last year and I have been struck by the commitment and professionalism of all the staff I have had the pleasure in meeting so far.

I want to take this opportunity to acknowledge and personally thank everyone for everything that you are doing to look after patients and each other. I want to reassure you that I am committed to working with you to deliver our strategic commitments in line with “We Care”.

We will continue to work together to deliver the agreed outcomes to benefit patients and staff.

Introduction

The Nursing & Midwifery strategy was refreshed and repositioned, building on our strong nursing and midwifery foundations and continues to focus most on what matters to patients, families and our staff.

This strategy continues to support and care for our nurses, midwives and healthcare support workers building their resilience, confidence and commitment, provide a key focus on those we serve, and demonstrate we are listening and learning.

The Nursing & Midwifery Strategy aligns to the ambitions of our local and national drivers and commits to 5 key priorities which support the commitment to provide an excellence across standards of care.

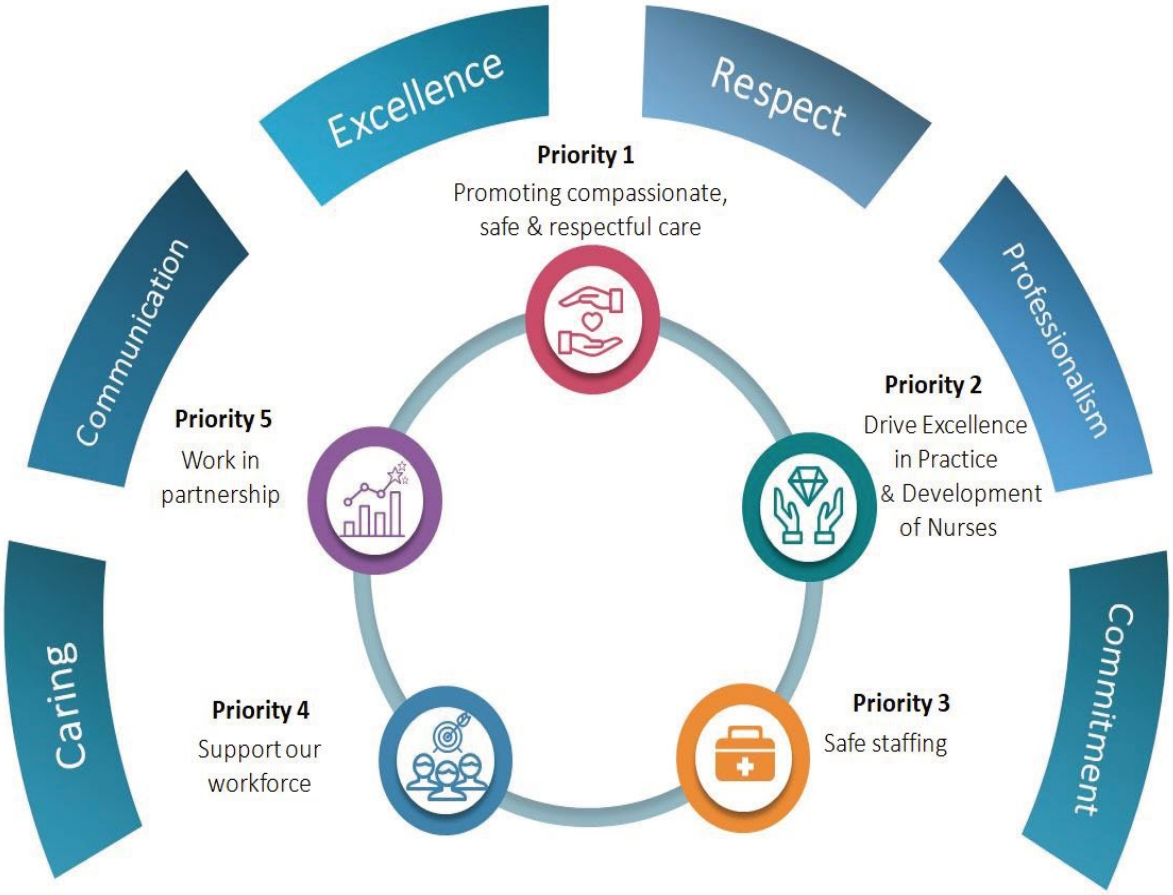
“We Care” continues to commit to 5 key priorities (below) which support our determinations to provide excellent standards of care.

Delivery on our Priorities within the Nursing & Midwifery Strategy Strategic

5 Key Priorities

Priority 1	Promote compassionate, safe and respectful care for patients, families, carers and keep them at the centre of everything we do
Priority 2	To be recognised locally and nationally for our cultured of caring, to be at the forefront of improvement, education and professionalism and to drive excellence in nursing & midwifery practice
Priority 3	Planning Safe, Effective and Efficient Nursing and Midwifery Staffing
Priority 4	To ensure our workforce have the expertise, knowledge and skills to provide safe and compassionate care for people in our care
Priority 5	Transforming Nursing and Midwifery Roles and Advancing Nursing Practice with people at the centre

Along with the key priorities of the NHS Forth Valley Healthcare Strategy ‘Shaping the Future’, our Nursing and Midwifery strategy ‘We Care’ commits to 5 key priorities which will support our determination to provide an excellent standard of care.



The annual report has been developed to capture some of the outstanding contributions that Nursing & Midwifery have made over the past 12 months against the 5 priorities of the Nursing & Midwifery Strategy.

Covid-19 Pandemic Reflections

Care Homes

Care assurance, Infection Prevention Control and Outreach teams

Positive working relationships have continued to develop through regular proactive visits and communication between the support teams and care home managers and staff. This has allowed us to support the care homes and provide assurance that fundamental care needs and infection prevention and control measures are continuing to be achieved.

This last year has also allowed multiagency relationships between Health, HSCP and Care Inspectorate teams to be further strengthened which supports early intervention and support to be offered in a collaborative way to care homes across Forth Valley. Various examples of joint working in the past year have evidenced sustained improvements to delivery of care and outcomes for residents.

Mutual aid support continues to be provided for homes that are experiencing difficulties in relation to staffing, infection control or safety issues.

Training and Education

Moving out of the pandemic has allowed for a training needs analysis to be undertaken with care home staff across Forth Valley to identify local and regional educational requirements. A care home education group consisting of service leads from multiple disciplines has been formed and a full education programme for 2023 will be shared which all care homes will be able to access.

Student placements

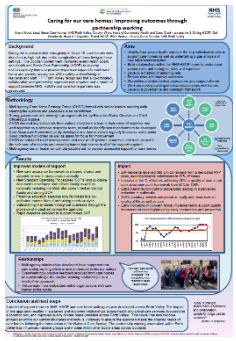
Our care home education facilitator (CHEF) has worked very closely with care home managers and staff to support increased student nurse placements within care home settings. This will allow more students to gain valuable experience within this type of care facility and encourage more people to consider care home nursing as a career choice when they become a registrant

Supporting transitions of care

Joint work is underway to support safe transitions of care between hospital and care home settings. This work will support professional to professional conversations prior to the transition period to ensure quality information is shared in a timely manner.

Sharing good practice (NHS Scotland event)

A poster highlighting the collaborative work across Forth Valley to support care home settings was shortlisted for display at the 2022 NHS Scotland event. This provided an excellent opportunity to showcase our approach and progress to other organisations around the country.



Moving Forward

Exciting plans for the future include:-

- Continuing to develop collaborative working relationships between health, HSCPs and care home managers
- Ongoing development of the support model
- Undertaking work to reduce avoidable admissions to hospital from care home settings
- Continue to increase the number of student nurse placements available
- Deliver and review the planned education programme

Infection Prevention & Control Team (IPCT)

Throughout COVID-19 pandemic, the IPCT has been providing ongoing support to staff and patients/residents across NHS Forth Valley. This has included dissemination of national guidance, managing outbreaks across the hospital sites, staff training as well as supporting Care Homes through Health and Social Care Partnerships.

In May 2022, a new National Healthcare Acquired Infection (HAI) Standards were published replacing the previous 2015 HAI Standards and this Standard has broadened its approach and now applies to care homes across Scotland. This will ensure all patients and residents have the same standards of IPC care in Scotland.

The Care Inspectorate have the responsibility to ensure implementation of this standard in care homes, however the IPCT are working closely with care homes to provide advice and support in maintaining these standards.
In addition to supporting the pandemic, the IPCT continues to support staff across Forth Valley in minimising the risk of infection to our patients during their hospital stay through training, audit and surveillance.

Surveillance and audit are one of the core activities of the IPCT to gather data and intelligence to help develop initiatives to reduce infections across Forth Valley. This has been especially important throughout the pandemic.

Other IC responsibilities that are ongoing is supporting the Project Team for the National Treatment Centre currently being built to ensure building works are in compliance with national IPC building standards and guidance.

Vaccination and Immunisation Team

Over this past year the vaccination & immunisation team have experienced significant change. They have grown from a team of six, to a team of over 100 staff, consisting of registered nurses, vaccinators, nursing support staff, pharmacy and admin teams working together to deliver vaccinations to the whole population of Forth Valley. This rapid expansion over the past 18 months has occurred in response to the Primary Care Improvement Plan which locally and nationally set out the transformation of vaccination services from being GP based to being led as a health board service.

This happened at a time when the team were continually delivering the COVID-19 vaccination programme to the population as a whole as commenced in December 2020. The priorities of NHS Forth Valley's "We Care" Nursing & Midwifery Strategy has underpinned all the transformational work of the vaccination & immunisation team with the team's vision to be recognised for their culture of caring, with a focus on compassionate, safe, and respectful care, which is centred around people and delivered by a skilled workforce who have the knowledge and expertise to work together.

Examples of how the team have achieved their vision over the past year has been demonstrated through the inclusivity work they have developed with communities experiencing adversity which may be getting in the way of them receiving their vaccine. This involves them taking mobile vaccination services out to people affected by disability, poverty, homelessness, mental health, and addiction as well as to any underrepresented groups.

Excellence in Care / Health Care Staffing

Assuring Better Care (ABC)

ABC is the organisational approach to assuring safe and effective nursing and midwifery care in NHS Forth Valley. This approach consists of self-reported data, standards of practice, care assurance senior nurse visits and focused campaigns, which provide the staff with the skills, knowledge and confidence to provide the consistent evidence-based care that matters most to the people who use our services.

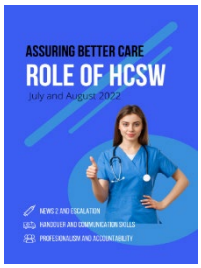
ABC will re-launch and run as a continual series of 3-month long campaigns starting in July 2023, each with a focus on different aspects of fundamental care and based around the 2021-2024 NHS Forth Valley Nursing and Midwifery Strategy Delivery Plan. ABC will be led by the Practice Development Team and supported by our Chief Nurses. It is expected that clinical teams will engage with the campaigns and use ABC as an opportunity to reflect on practice and consider local improvements.

The first campaign taken forward in 2022 under the re-launched auspices of Assuring Better Care was 'The Role of the HCSW' which focussed on the fundamental and essential aspects of the Health Care Support Worker's role. PDU delivered and facilitated face to face sessions on –

- Communication, HCSW Handover and SBAR
- Recognising a Deteriorating Patient
- Professionalism and the HCSW Code of Conduct
- First Impressions
- HCSW Documentation – facilitated by Amy Cawood from Corporate Records

Two in situ simulation-based sessions were delivered also, in Forth Valley Royal Hospital and the Bellfield Centre respectively, with learning outcomes around:

- Managing complex conversations and de-escalation
- Managing symptoms of stress and distress
- Immediate management of a patient found on the floor



In total, 165 HCSW staff from all nursing families engaged in our education and development sessions and provided overwhelmingly positive feedback.

Future planning is underway to launch the next ABC campaign – 'The Role of the Staff Nurse'. This was temporarily paused in 2022, however there is a plan to restart the ABC work early in 2023.

ABC
ASSURING BETTER CARE

Leading Better Care

The Leading Better Care programme restarted again early in 2022 after a brief hiatus due to covid restrictions. In total, 71 senior staff attended the Leading Better Care course in 2022.

Leading Better Care is designed to support Senior Charge Nurse's leadership development, enabling them to maximise their potential within their roles and to support the ongoing change agenda across NHSFV.

The sessions are highly interactive and provide delegates the opportunity to share learning, experience and apply the principles to practice.

Session Objectives

- To support individual participants to reach their leadership potential through developmental workshops. To reflect on areas of personal strength, areas for development and to identify sources of support.
- To increase awareness of the drivers for effective, compassionate leadership to support the delivery of safe and effective care that enhances the patient experience.
- To explore value base and relate this to leadership behaviours.
- To enable participants to understand and work towards a culture of psychological safety in their areas of responsibility.
- To enable participants to lead and empower their teams effectively and establish effective cross-team working.
- Working with the group, to develop strategies for dealing with challenging situations, influencing and problem solving in times of change.

In 2022, we introduced sessions on Care Assurance, Excellence in Care, and Safer Staffing into the agenda. Plans are underway to introduce Quality Improvement into the agenda for Leading Better Care 2023, building an extra day into the course.

Development Sessions

In October 2022, the Practice Development Team delivered an afternoon of Simulation training to a mixed group of Nursing staff in HMP Cornton Vale, including Mental Health nurses, Primary Care nurses and HCSW staff.

Learning outcomes were focussed around the clinically deteriorating patient, including management of seizures, reducing GCS, and recognising an overdose. The final scenario focussed on communication techniques, which led on to some positive and creative discussion on how we can improve our communication with our SPS and Ambulance Service colleagues when phoning for an emergency ambulance.

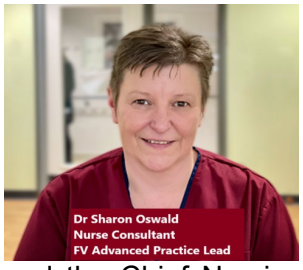
Feedback was overwhelmingly positive, and plans are underway to visit HMPYOI Polmont and HMP Glenochil in early 2023.

The Practice Development Team facilitated a half day clinical skills session for our HCSW colleagues working within the prisons in October 2022, with learning outcomes focussed around venepuncture, ECG recording and communication.

We will continue to explore ways in which we can creatively engage with our colleagues in the prisons to ensure that they have the same access to training and development as our acute staff.

Transforming Nursing Roles

Advanced Practice



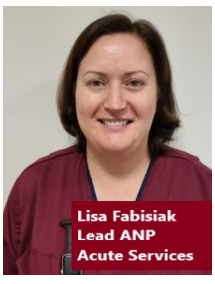
Transforming Nursing Roles and advancing Nursing Practice with people at the centre is a key priority in NHS Forth Valley. Professional Leadership for Advanced Practice is undertaken by Dr Sharon Oswald: Nurse Consultant who represents NHS Forth Valley at a national level and was part of the National Transforming Nursing Roles Advanced Practice Group who developed the national definition, competencies and framework released in publications from the Scotland's Executive Nurse Directors and the Chief Nursing Office at the Scottish Government. Forth Valley is part of the West of Scotland Advanced Practice Academy where Sharon represents the board. As professional lead for advanced practice, Sharon provides professional support to the advanced practice workforce and is responsible for implementing new roles where required and ensuring appropriate governance frameworks. Sharon and the lead ANPs work with local Higher Educational Institutions to develop curriculum to meet the needs of advanced practice roles. By developing competency frameworks and providing opportunities for continuing professional development also ensures our workforce have the expertise, knowledge and skills to provide safe and compassionate care in alignment with priority four.

Currently in NHS Forth Valley we have an established Advanced Practice workforce spanning across the board including acute in-patient services, the Emergency Department and Minor Injury Units, Primary Care, Mental Health and Out of Hours. At present we currently have 103 ANPs & 74 trainees, making a total workforce of 177. In this annual report we will focus on newer developments within advanced practice in NHS Forth Valley.

Acute Services

Within Acute in-Patient services we have sub-specialities including Medicine, Surgery & Critical Care. The lead ANP for these services is Lisa Fabisiak who professionally leads and manages those teams. Within Medicine there is a large team of 17 ANPs and 4 trainee ANPs who cover **Hospital at Night, Acute Medical Receiving Units** & the newer development of an ANP led **Rapid Assessment & Care Unit (RACU).**

Medicine



NHS Forth Valley developed a Medical RACU around **two years ago** with a single room and **one** Advanced Nurse Practitioner (**ANP**). Over the two years it has **expanded** to include several pathways including Low risk Chest Pain, Deep Venous Thrombosis, low risk Pulmonary Embolism, Atrial Fibrillation, Papilloedema and RACU also takes referrals from the Cancer Treatment Helpline. **RACU** provides assessment & treatment to acute patients on an ambulatory- basis providing an alternative to in-patient admission. The unit is predominately **ANP led** and runs seven days per week from 8am to 8.30 pm, currently the unit sees **15-20%** of acute medical admissions.

Other recent advanced practice developments in Medicine include the implementation of the ANP role within the **Haematology** team in FVRH. The role was implemented to meet service demands as over last 8 years there has been....

- **242% increase** in the number of cycles of chemotherapy prescribed
- **137% increase** in complex inpatient chemotherapy

There were also additional pressure on clinics, and there has been....

- 9% yearly increase in new patient referrals since 2016 up to 2019.
- 16% increase in new patients seen year to April 2020 compared to previous year.

Demand for new patients was **exceeding capacity**. Routine new patients were not seen within the 12 week time frame with return patients waiting 200% longer than the planned review date. Haematology services in FV were traditionally consultant delivered and with ever increasing demand, specifically within the haemato-oncolgy workstream, this put the service under considerable pressure.

Service redesign allowed haematology to change the skill mix within the team and supported non-medical staff to deliver aspects of the service.

Along with the Clinical Nurse Specialist Roles, the role of the ANP was implemented in Haematology

Benefits to patients of an ANP in Haematology

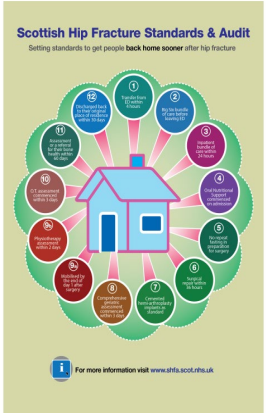
- Timely review by appropriately trained staff
- Some clinics are telephone or near me allowing for patients to avoid unnecessary hospital visits
- Day medicine patients benefit from clinical review if required by the ANP when they attend day medicine for treatment
- Rolling programme for transfusion patients to be monitored in day medicine with more timely symptom management and anticipatory planning for the more frail patients
- Increased consultant clinic capacity and reduced waiting times for new patients allowing those patients with a clinical need to have timely consultant review

Surgery

In Surgery which includes **Surgical Assessment** and **Surgical Ambulatory Care** we have 3 ANPs, 1 trainee ANP and 1 vacancy. **Surgical RACU** began several months after medicine and is staffed by an ANP **5 days a week** with patients directed there by the consultant surgeon or urologist. Surgical RACU has its own space with 3 trolleys & 2 recliners. The Surgical RACU provides assessment & investigations to acute patients presenting with surgical complaints on an ambulatory- basis and provides an alternative to in-patient admission if possible.

We also have 2 ANPs and 1 trainee ANP in the **national treatment centre** with the aim to support any medical needs when patients are undergoing elective surgery. This is currently within the ward environment while we await completion of the new building at the rear of the hospital

We have 2 ANPs working in **Surgical Frailty**, these staff along with other duties undertake **Comprehensive Geriatric Assessment (CGA)** in our frail patients admitted to surgical specialities and have made a significant improvement in meeting the Scottish hip fracture targets.



Comprehensive Geriatric Assessment is a multidimensional, multidisciplinary diagnostic process focussed on determining a frail older person's medical, psychological and functional capability in order to develop a coordinated and integrated plan for treatment and long term follow up.

There is clear Cochrane review evidence of the benefits of CGA which include

- Patients more likely to be alive and at home at 6 and 12 months in comparison to general medical care.
- Patients less likely to be institutionalised.
- Reduced short term mortality.
- Improved physical function at 6 months.
- Reduced hospital admissions and reduced care home placements at 12 months.
- Improved quality of life and cognition at 12 months

Our **Critical Care Unit** are developing 3 Advanced Critical Care Practitioners (ACCPs). They are currently undertaking training in alignment with the national recommendations for competencies agreed by the Royal College of Critical Care Medicine.

In total within acute in-patient & ambulatory services we currently have one lead ANP, 26 ANPs and 9 trainee ANPs / ACCPs.

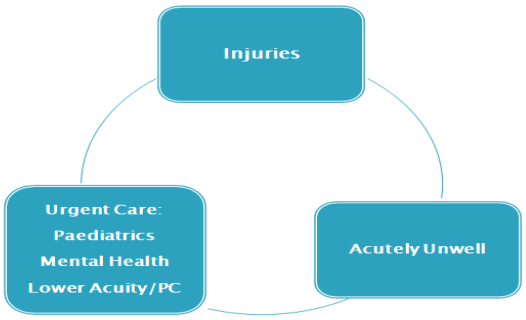
Emergency Department and Minor Injuries

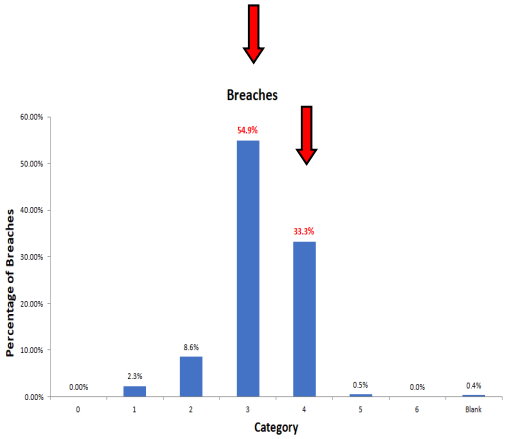
Tracey Archibald
Advanced Practice Lead

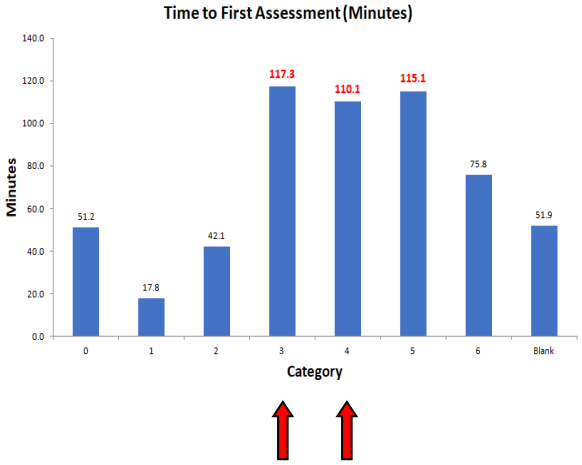
In our **Emergency Department (ED)** we have **5 ANPs** working towards a senior level to see undifferentiated presentations and meet the knowledge and skills required to assess and treat the broad spectrum of clinical presentations seen in ED. The ED ANP was implemented in 2022 and all ANPs are in training and are currently undertaking academic courses and the associated competency frameworks. Although the ANPs are currently able to see some of the triage categories within their training and supervision, the impact of this role on patient assessment times will not be measured until fully qualified and learning is consolidated. The focus of the ED ANP when fully qualified is to improve the patient experience in target triage categories three and four. These are the triage categories which most frequently present to ED. They are also the triage categories which we often struggle to be seen in a timely manner due to department demands. The diagrams below outline the ED triage categories and the knowledge and skills required by the ANP to assess and target those presentations safely. There are also graphs to provide evidence of why we targeted these triage categories as priority for the ANPs. These will not be the only patients the ANP can

see but these triage categories will be the focus of the workload when qualified, we predict that targeting these patients will have the most positive impact on the patient experience

UK national triage scale		
1	Immediate resuscitation	Patient in need of immediate treatment for preservation of life
2	Very urgent	Seriously ill or injured patients whose lives are not in immediate danger
3	Urgent	Patients with serious problems, but apparently stable condition
4	Standard	Standard cases without immediate danger or distress
5	Non-urgent	Patients whose conditions are not true accidents or emergencies







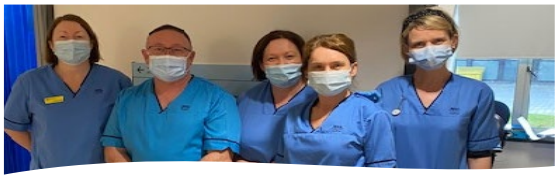
During their current training the ANP team are supported by medical staff within the ED but they are also having protected time to enhance the broad knowledge and skills required for the role. This includes learning from peers within our various advanced practice teams in Forth Valley. The ED ANPs are also having supported time with specialist consultants to augment a broad range of knowledge and skills, with the aim to enhance the patient journey within the ED in the future. This photograph reflects some time spent within the Scottish Simulation centre during induction where they were undertaking prepared clinical scenarios which can commonly present to the ED. The simulation sessions enhance the knowledge and skills required to respond to clinical scenarios however the reflection and learning is provided within a safe teaching environment.

Another cohort of advanced practitioners within the ED and Minor Injuries Unit (MIU) are our **Emergency Nurse Practitioners (ENPs)** and trainee ENPs. At present we have 1 Lead Nurse for advanced practice, **16 ENPs and 6 trainee ENPs.**

We reviewed data over a 6 month period from May 2022 until October 2022. The ENPs saw **12,333 patients** within the MIU situated in the Stirling Care Village.

In the monitored time period **33% of patients were seen, treated and discharged within 1 hour**

L**ess than 1% of those 12,333 patients** waited in the department for more than four hours.



Primary Care

Within Our Primary Care Services, we have since 2018 recruited and trained or are training 64 ANPs through the Primary Care Improvement Plan, however we have a significantly high attrition rate with approximately 50% of those moving on to other posts. Of those leaving 40% moved to other boards and 60% remained within Forth Valley. Predominately those who left have gone on to work with independent contractors in primary care. In response to this, we have developed a senior ANP role to help support the continuous training needs in primary care. This has been a very successful venture however the ongoing training demands in primary care often outweigh the senior ANP resource. As many PCIP ANPs leave post after qualifying and the recruitment to replace those staff is almost always with trainees, we are constantly training new staff. We currently have one lead ANP, 2 WTE senior ANPs, 23 ANPs and 8 trainees and are currently recruiting new trainees. We are working with senior General Practice clinicians to understand their training needs to see how we can work together across NHS Forth Valley to support this.

Out of Hours GP Service

In our GP out of Hours service (OOH) we have also developed the senior role to support a higher level of responsibility and autonomy the ANP undertakes in response to the significant gap in General Practitioner availability. The ANP within OOH undertakes telephone triage and telephone consultation but also sees patients face to face and can undertake home visits.

We currently have one lead ANP and 2.64 WTE senior ANPs, 2.45 WTE ANPs and have recently recruited 3.61 WTE trainees.

Primary Care / OOHs ANP

"Working between both areas gives me an in depth understanding of processes in each area; which I feel improves the patient's journey and relationships between both services."

Advanced Paramedic Practitioner

"Working in out of hours allows me to have the ideal work/family life balance, and as an Advanced Paramedic, gives me the opportunity to expand my knowledge and skills to enhance my scope of practice."

OOHs ANP

"I enjoy working with a team who are highly motivated to provide an excellent service to the residents of Forth Valley in the out of hours period. Working out of hours fits perfectly with my home circumstances and provides a suitable work life balance for mvself and mv familv."

Hospital at Home (H@H) is a multi-professional team who have ANPs as an integral part of the service. Hospital at Home was developed to provide person centred care for frail older people in their own home or homely environment, the service went live in Forth Valley in May 2021. The ANPs act as senior decision-makers and undertake first assessments, diagnosis and management plans for patients within their own home or a homely environment. The service aims to provide hospital level acute care at home as an alternative to hospital admission. Hospital-at-Home have one lead ANP, 5 ANPs and 5 Trainee ANPs.

Hospital at Home reduces unnecessary hospital admissions while improving the patient experience. They provide prompt comprehensive geriatric assessment and interventions and liaise with and complement existing core services to provide effective multi-disciplinary assessment and interventions with shared decision-making towards patient-centred goals. H@H is currently operational with 30 virtual beds. The total number of patients managed since service commenced is 1250. Hospital at home celebrated its 1st Birthday in May 2022 with a bespoke cake made specially, for the team, by a relative of the staff.

Pamela one of our H@H ANPs reflects on her role

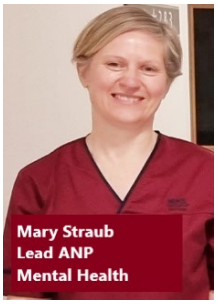
"My experience of working within the Hospital at Home team has been educational and rewarding.
Each day is different, learning from various disciplines within the team whilst providing both acute medical and holistic treatment to our patients. There is constant professional development and training, allowing staff to take on mentor roles. The positive feedback from our patients ensure staff moral is at a constant high and I look forward to the service expanding further"

Some H@H Feedback from Care Opinion

"Treated with such love and care" I wish to express my heartfelt thanks to the hospital at home service. This wonderful team, doctors, nurses, physiotherapists and carers have all treated me with such love and care, I could not have better care anywhere. Many, many thanks to everyone. Thank you, Angels!

"I had anaemia and swollen legs were causing me distress. I was unable to be admitted to hospital due to it being full. I was then referred to hospital at home. Wonderful staff and a reassuring service".

The Mental Health Assessment Team



We now have **5** qualified ANPs in the team along with **9** trainees who are at various stages of training and competency. We are continuing our work with OOH services to reduce unnecessary attendance at ED by improving access to urgent mental health assessments via NHS24. This is along with the direct triage service offered to Police Scotland, these initiatives have improved patient access times and reduced contact with the ED.

For those patients involved with home treatment team, patients are now provided with an equal service similar to in-patients. They are offered a full physical health assessment, which promotes the early identification of physical health issues and therefore improves access to health promotion conversations. Patients are offered opportunities to provide baseline measurements prior to commencing on essential medications leading to the provision of a more holistic service from the mental health services.

Mental Health substance use services are developing Advanced Practice roles in the aim to maximise access to the service, treatments and interventions. The Advanced Practice roles will be delivered in a range of settings to promote engagement with hard to reach patient groups. They currently have 1 ANP who has completed the academic courses and **2** trainees ANPs.

Community Hospitals and Care Homes

A team of Advanced Practitioners support our 4 community hospitals and social care suites within the Bellfield Centre in Stirling. The team also support the medical needs in some mental health areas and learning disability units. Since the COVID-19 pandemic we developed a team in collaboration with our Health & Social Care Partnerships called Care Home Assessment & Response Team (**CHART). The Clinical CHART** team have supported care homes with virus outbreaks seven days per week since April 2020. The team is now an ANP led team who continue to respond to COVID-19 related deteriorating residents and also support all Forth Valley Care Homes and

community hospitals at weekends and public holidays in the endeavour to support our OOH colleagues. The demands often outweigh the resource within care homes and community hospitals. **The community hospital and care home team consists of one lead ANP, 4 ANPs and 3 trainee ANPs.**

As part of the **primary care improvement plan (PCIP)** we developed the ANP role in some areas within Forth Valley however this is not a service aligned across the entire organisation and remains a focus going forward.

The PCIP Care Home ANP team consists of 5 WTE ANPs and 2 Trainee ANPs.

We also have 3 WTE **Frailty trainee ANPs** who are currently undergoing the required academic courses and clinical competencies to support our elderly population. Current supervision is being undertaken within our CHART team, H@H Team and PCIP Care Home teams.

Prison Healthcare

NHS Forth Valley is responsible for the healthcare provision within and HMP YOI Polmont, HMP Glenochil & HMP YOI Cornton Vale. Per head of population there are a significantly higher number of prisons within Forth Valley than in other Health Board areas. The local prisons are all national establishments. There are currently **3 ANPs** employed within our prison services.

District Nursing

NHS Forth Valley have recently supported **3 District Nurses** to transition into Advanced Nurse Practitioners and have very recently been appointed in to post. Advanced Practice District Nurses will have defined high-level generalist competencies and be able to work flexibly and in partnership with patients, carers, communities and a range of other professionals, including social care and voluntary workers and carers. They will be enabled to work across hospital and community boundaries and beyond traditional professional and employment demarcations, with flexible skills and the ability to adapt and innovate.

Initiatives / Service Developments

Mental Health Services
Hope House – Activity Coordinators: commenced from August 2021, supported rehab, providing with structure, developing cooking skills and accessing more in community.

Values based Management commenced, current projects to look at model of care and team development.

4 NQP in post, supporting further recruitment into profession by having 2 Nurses at university & 3 undertaking HNC programme.

Russell Park - increase in successful discharges including patient who had been in hospital for many years, building on community connections with all three sectors. The project with reach out with arts in mind that benefited ward and their clients. Increase in continuity of care which improves successful discharges by community services commencing early work prior to discharge so therapeutic relationships in place.

Positive feedback from MWC including patient's family who believed their family members are receiving gold standard care and parents who stated they thought they had lost their child for ever and RP had given them their child back.

Decider Skills - Staff find Decider training useful from health, social care and third sector settings. It gives staff the tools to deliver skills the people they work with who struggle with emotional dysregulation, distress and relationship difficulties.

Following our initial rollout of training in 2019, this was reduced significantly due to Covid-19, in the subsequent 2 years. Despite this links have been made with numerous third sector partners, who have had staff attend training. Online training became available as a result of Covid.

Work has taken place between NHS Forth Valley, Scottish Prison Service (HMP Stirling) and Children's Education in Falkirk, Stirling and Clackmannan Councils; between these 5 organisations we have bought in over 500 training places. This collaborative working gave us a 60% discount for the online training.

From an NHS FV perspective, this has allowed us to develop all Primary Care Mental Health Nurses. 18 GP's have completed online training. Nursing staff from AAU / ED have completed training, with a roll-out plan agreed.

Face to Face training is now back to normal and we have trained up an additional 4 authorised trainers to support the training going forward.

Psych Sim - Staff find this training valuable as it allows them to simulate clinical events that are often stressful. It allows them to fully debrief and consider key learning.

Following the success of Psych Sim training pre Covid-19. The trainers have all undertaken a couple of refresher sessions. Psych Sim Training will commence roll-out at the end of January 2023, focusing on staff in the Mental Health Unit and Bellsdyke. The plan going forward is to extend this to mental health staff working in our 3 prison health centres.

Prison Healthcare
Successful recruitment of staff to all healthcare teams. Collaborative working with SPS with regard to opening of HMP Stirling. Benefit to staff of onsite implementation of simulation training. Development of clear career pathway options for teams

PODS - Following a high number of restraints, different approaches were explored and PODS (Physical Interventions Equipment | Uk Pods Ltd | The Safety Pod ™) were identified as the best option. 4 PODS were bought to test out in 3 mental health wards and one ward at Lock View. The benefits for patients are more dignified, trauma informed, being able to see what is happening, more comfortable, able to take in fluids when needed and able to monitor their physical condition better. The benefits for staff are, less injuries, more comfortable, able to engage with patients better and easier to step down the restraint.

Following the success of the test of change, PODS were bought for all MH and LD wards.

Acute Services

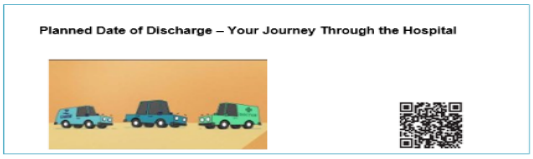
Supporting the Daily Dynamic Discharge (DDD) meetings across the hospital wards, a new initiative promoting Home for Lunch and Planned Date of Discharge (PDD) has been launched.

It's a well-known fact that discharges by noon significantly helps improve the patients experience and most importantly allows the patient time to settle and adjust during 'normal' hours. It also supports flow within the hospital, allowing patients to move from assessment units into appropriate wards earlier and reducing delays in accessing assessment areas safely.

The Home for Lunch initiative will be discussed at each ward's Daily Dynamic Discharge meetings, with a focus on early discharge and use of services such as the discharge lounge and transport.

Underpinning this initiative and the role of DDD, is Planned Date of Discharge. One of the first questions often asked by patients coming into hospital is: "when am I getting home?" Planned date of Discharge (PDD) allows for that question to be answered and for everybody to be informed as the discharge is planned around the patient.

A You Tube video called **Planned Date of Discharge – Your Journey Through the Hospital** has been produced and is available via the Coming Into & Leaving Hospital page on the hospital website.



Inpatient Wards

In ITU…

- Work continues on the creation of a garden area for staff and patients as part of the staff and patient wellbeing initiative.
- HAI surveillance continues with improvement plans for any issues identified. Plans are underway to develop a Quality Nurse Specialist, to encompass HAI, Follow Up and Bereavement service to support this work.

In B23 …

- Development of Fracture neck of Femur Booklet which encompasses the targets of the Scottish National Audit Program.
- Development of Education and Induction pack for new staff to the area to improve staff knowledge, directly improving the care that is provided.

In A12 …

- Quality Improvement Project to improve student performance on placements. A multi-pronged approach has been implemented, by engaging with each student that comes through the ward, we have seen an improvement in their abilities, their understanding, and their willingness to learn. In return we can expect to see enhanced patient care and patient safety, and communication.
- Since implementing the student liaison nurses, we have noticed a profound improvement in the attitude surrounding the students. The culture between the students has also seen improvement, as students are more engaged and enjoy coming to placement. This appears to be reducing the amount of sickness and increasing reliability.

Evidence from survey results: Once the changes had been implemented there was a consensus that 95% of students felt they were a welcome part of the team and as a result their performance improved.

In A32 …

- Ongoing improvement project to minimise lost property, capturing data delirium v those at risk of falls (data for a year) await Quality Improvement support, Day/Night handover sheet received well and now embedded.

Ambulatory, Diagnostics and Theatres

Ophthalmology

The demand for retinal services is continually increasing across NHS Forth Valley. In order to meet the growing demand nursing skills and roles have evolved.

We have a see and treat approach, the treatment being intravitreal injections which are carried out mainly by nurses.

During the pandemic we trained 2 additional nurses to give this treatment and have another coming on board soon, effectively doubling the team from 3 to 6.

One of our Advanced Nurse Practitioners has completed an Optical Coherence Tomography Interpretation degree with the University of Gloucester.

OPAT

The OPAT team have been developing the self-administration for patients. This allows the patient to give their own IV antibiotics at home and only require to attend hospital weekly for bloods and line care. The antibiotics that have been approved for this has expanded therefore we would expect to see more patients being able to do this in the near future.

We have been using 24 hr pumps which has been great for patients who would otherwise be in hospital as they would be on IV antibiotics 3 or 4 times a day. By setting up the 24 hr pumps, this allows these patients to go home and attend OPAT daily for the pump change.

The Nurse Led Cellulitis clinic is also going well. If a patient is in for example, ED or CAU and has a cellulitis, the OPAT nurse will go and review there. We have also created a pathway for out of hours (when OPAT is closed for the night and weekends). The nursing team have recently updated the patient leaflets for Cellulitis.

Urology

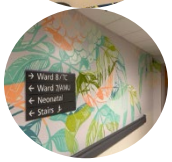
This year saw the formal opening of the Urology Diagnostic Hub by the Scottish Health Secretary. The hub brings together all diagnostic procedures to within one area and increases the number of minor operative procedures carried out, much of these now nurse led.

NHS Forth Valley have further invested nursing and the Surgical Care Practitioner model and have recruited a second Urology SCP.

There has also been recruitment of an Oncology Support Nurse, a role focussed on supporting men with prostate cancer.

Midwifery

NHS Forth Valley's midwifery services continue to work towards achieving the Scottish Government Best Start aims in all areas including Transitional Care, Continuity of Carer, and the development of an Alongside Midwifery Unit. They continue to analyse progress as recorded in data while working with staff to trial new ways of working with the aim of improving the care provided to families.



Over the past year, all women planning their care within Forth Valley were cared for by a continuity care team and have recorded that more than 95% of women who laboured in the Alongside Midwifery Unit achieved a spontaneous vaginal delivery.

We welcome partners to stay overnight within the maternity wards to promote family centred care in transitional care and for all women. To enhance the environmental experience of women, children, and their families, the Women and Children Directorate commissioned an artist to create artwork with the aim of ensuring a calm, relaxed environment

The maternity & neonatal department are currently working alongside NHS Education Scotland as one of two pilot boards in the development of the National Trauma Training programme. As part of this work, we are reviewing how trauma informed our workforce and services are as well as focussing on staff wellbeing as one of the main drivers.

Our aim is to ensure our service is trauma informed with all midwifery and neonatal staff participating in the learning sessions. Connected to this are wellbeing activities which are targeted at supporting staff, so they know how valuable they are in midwifery services when undertaking this work as part of their role with women and their families.

The wellbeing activities have included several initiatives, for example a "grow and recover" garden. This initiative has been driven forward by the leadership and staff in conjunction with Public Health, to give everyone including in-patient children, the opportunity to get their hands dirty by planting, growing and eventually eating the produce created.

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The Scottish Government has set out very clear guidelines mandating learning topics that all midwives must engage with to remain safe and effective in their role. Additionally, multidisciplinary educational calendars covering a variety of topics have been reviewed and established. The format of delivery includes enhanced scenario-based learning sessions as well as short bite sized learning opportunities via MS teams.

A large number of midwives were offered the opportunity to learn aromatherapy for use with women in labour. This service is now being offered and is showing huge benefits to women.

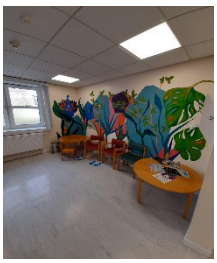
Children and Adolescent Mental Health (CAMHS)

CAMHS practitioners are passionate about keeping children and young people at the centre of everything they do by gathering and responding to their views. These are gathered in two ways - via a parent liaison meeting which has started on Microsoft Teams and was well attended by six families and an online feedback form where children and young people can share their views in relation to services.

So far CAMHS have gathered some fantastic feedback and have plans to create a flexible agenda for the meetings going forward while collating the online views for publication to the team. All feedback is tabled at the Senior Management Team and Clinical Governance meetings.

Two initiatives are being progressed in response to the needs of children, young people, and their parents/carers. The first is CAMHS are reviewing their working hours in accordance with organisational change. Their plans are to extend the working hours of nurses who cover urgent and unscheduled care to ensure that CAMHS are available to children and young people who are unwell and in need of support out of office hours.

Secondly, is the improvement of the CAMHS waiting areas. Clinicians and artists, in collaboration with children, young people and families/carers, considered how they would develop these areas into positive, calming environments. This resulted in waiting room murals on which the artists are adding the final touches. These have received resounding praise



Family Nurse Partnership

Professional Diploma in Family Nursing

The Family Nurse Partnership (FNP) programme is a licensed, evidence based, socio-educative programme, that is offered to all young first-time parents in Scotland. The FNP licence is held by the Scottish Government and licence conditions are measured against the achievements of the Core Model Elements and Minimum Scottish Standards for the programme.

The three aims of the programme are to improve pregnancy and birth outcomes, improve child health and development and to improve client economic self-sufficiency. To achieve these and ensure licence fidelity is maintained, Family Nurses undertake an extensive learning programme which requires them to integrate learning in practice to facilitate the FNP Programme safely and effectively.

In September 2022 the FNP learning programme was the first ever NHS Education for Scotland (NES) programme to be awarded academic credit for learning. This means that all new Family Nurses undertaking the programme will actively be given the opportunity to achieve a Scottish Qualifications Authority (SQA) Customised Award titled Professional Diploma in Family Nursing at Scottish Credit and Qualification Framework (SCQF) level 11 (Postgraduate).

The first cohort of Family Nurses undertaking the credit-based learning included NHS Forth Valley's Family Nurse Shaunee Jamieson with Charlotte Hallows, newly appointed Family Nurse, commencing the programme in March 2023

This year the Scottish Government has asked all health boards to expand the eligibility criteria for the Family Nurse Partnership (FNP) programme from young mothers aged under 19 years to those who are under 21 years of age. This decision is reflective of the national decrease in teenage pregnancy and to allow more young mothers benefit from the FNP programme. The NHS Forth Valley FNP and midwifery teams have been working in partnership to ensure that all eligible people are offered the programme.

The Meadows

The Meadows provides cervical screening for women who have experienced sexual trauma and who attend NHS Forth Valley Clinic. With the support from the Queens Nursing Institute (QNIS) Catalysts for Change community project and the National Lottery Community Fund, the NHS Forth Valley Gender-Based Violence Team and Behavioural Psychotherapy Service Trauma Clinic have progressed this work further by working in collaboration with Resilience Learning Partnership to develop a trauma informed cervical screening programme across primary care.

This project was about women who have experienced trauma reclaiming power over their lives, their bodies, and their choices. The team have been approached by The Scottish Government to see how this process can be implemented on a wider scale and they also recently won the 'Innovations in Improving Physical Health & Wellbeing' and 'Overall Winner' at the Mental Health Nursing Forum and 'Care for Mental Health' award at the Scottish Health Awards 2022.

Gynaecology

NHS Forth Valley Gynaecology service is part of the national Access QI Collaborative which has been designed to support NHS Boards to apply quality improvement methods to help improve waiting and care experience for our patients.

Through the Access QI timeframe our aim is to reduce waiting times for patients attending for Post-Menopausal Bleeding (PMB) clinic but with the overarching aim to impact on all gynaecological waiting times. In turn we aim to increase patient and staff experience with the implementation of a 'see and treat model'. Underpinning the delivery of the Forensic Medical Services (Victims of Sexual Offences) (Scotland) Act 2021, funding was provided by the Chief Medical Officer (CMO) taskforce for priority places on the new Post Graduate Qualification in Advances Forensic Practice at Queen Margaret University, Edinburgh.

Hazel Sommerville, Gender-based Violence & Sexual Assault Lead working in The Meadows has successfully completed this educational programme. This qualification was the first of its kind in Scotland and it is hoped this will pave the way for a multi-disciplinary sexual offence examiner workforce for the future. Excellent work Hazel!

Health Visiting

The health visiting teams across Forth Valley have been working tirelessly over the past year to ensure the services they deliver and the standard they work to professionally are of a high quality and responsive to the ever-evolving needs of the child and family population living in Forth Valley.

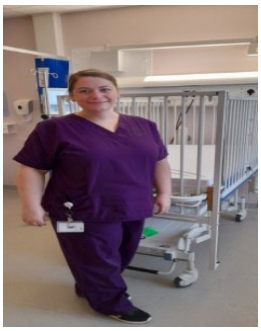
Working collaboratively with allied health professionals (AHP) for children, the health visitors can ensure families are receiving the right support, at the right time by developing a tiered approach to action and response. This means health visitors can offer support to families at an earlier stage (Level 1) in a child's development which will ensure that only children requiring specialist intervention (Level 2 & 3) will be referred to AHP services. This work will reduce waiting times for families requiring additional assessment and support, as well as strengthening the skills of the Health Visitors and families in supporting their children to promote positive developmental wellbeing.

The Stirling Health Visitors have been working in partnership with Babes in the Woods, a not-for-profit social enterprise, to provide warm clothing bundles and baby equipment to families who have needed support. The scope of this partnership initiative is to be extended to include a donate/take clothing bank which will have open access to all families.
The Health Visiting Support Teams have worked hard across Forth Valley to bring back face to face groups for parents, including baby massage and Under Ones groups as these are an invaluable resource to promote health and in supporting families with parenting and socialisation opportunities.

Paediatrics and Neonates

Paediatric and Neonatal services are focused on advancing nursing practice to drive excellence in care for children and families. The team of APNPs have been building robust links with Forth Valley Royal Hospital Emergency Department while networking with Primary Care/Urgent Care colleagues to encourage collaborative working across the organisation.

Advanced Paediatric Nurse Practitioners (APNP)

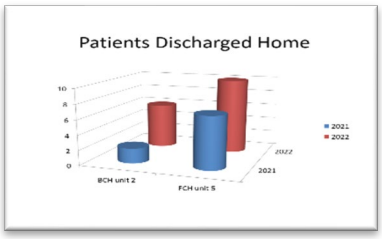


NHS Forth Valley currently has two full-time APNP's who work within the service undertaking work aligned to the Tier 2 medical rota. Over the past year, Emma Inch and Karen Duguid have done an amazing job in working with the nursing and medical teams to keep children healthy and safe. They will continue with this hard work over the coming year while also supporting a newly appointed APNP trainee, who will be upskilled to work alongside the Tier 1 medical rota whilst consolidating her learning.

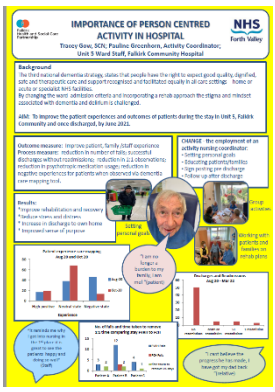
NHS Forth Valley currently has two full time ANNP within our Neonatal Intensive Care Unit. Cathy Brown and Kirstine Stewart are the ANP and they work alongside medical colleagues on the Tier 2 medical rota and support all staff across Neonatal and Maternity services. The service is currently planning to recruit an ANNP trainee – so watch this space as the Paediatric and Neonatal teams go from strength to strength delivering child centred care.

Community Services

The Community Hospital Units worked alongside Falkirk Social Work and the Home 1st policy to look at Patients Discharge. The results were positive highlighting that more patients were going home after recovery from Falkirk and Bo'ness community hospitals, which is where the patients wanted to be and against the evidence that show's patients who have a long stay in hospital have less chance of returning home.



In Unit 5 a poster was presented at the NHS Scotland event which showcased Importance of Person Centred with an aim of improving patient experiences and outcomes during their stay in hospital. The activities we used in the unit are supported by the aid of an activity coordinator.



In Boness Unit 1 received lottery funding for the garden to be refurbished and give the patients a better outdoor space to enjoy on their road to recovery. The Bo'ness fair day queen opened the garden space, and the patients get the Bo'ness Bells visit regularly to lift their spirits with songs.

Support / Developments

Practice Education

Practice education support is provided by a team of Practice Education Facilitators and Care Home Education Facilitators. Additional finance became available from the Scottish Government COVID recovery funding allowing the enhancement of the PEF and CHEF team by 50% until March 2023. This has allowed the team to enhance placement recovery during the recovery from the COVID pandemic, expand the breadth of practice learning experience supported, and provide enhanced support to existing practice learning environments. This has allowed us to increase capacity with projects such as the partnership between the Dementia Outreach team and a care home utilising SSSC registered staff to support student nurses to be facilitated and appropriate training and support provided.

Undergraduate Nursing and Midwifery Practice

In 2022, approximately 2050 Undergraduate Nursing and Midwifery practice learning experiences from our 5 partner universities (University of Stirling, University of Dundee, Glasgow Caledonian University, Edinburgh Napier University, and the Open University) took place in one of our 160 practice learning environments. Over 1460 Practice Assessors have, alongside Practice Supervisor colleagues, supervised and assessed the students in accordance with NMC Standards for Student Supervision and Assessment (2020). The introduction of the electronic Practice Assessment Document for University of Stirling students has been supported by the team, with training sessions, guidance documentation and drop-in sessions available to staff.

The practice education team run a programme of education sessions to equip staff with the knowledge and skills required to undertake the role of practice supervisor and practice assessor, including monthly Practice Assessor (PA) and Practice Supervisor (PS) preparation study days and biweekly PA/PS update sessions (in person or via digital platform).
The new and improved Practice Education Support Hub was launched on the intranet, where resources, contact details, frequently asked questions, practice education related documents and training and support information are available. An area for resources and information for non-NHS areas who support student nurses and midwives has also been added to the NHS Forth Valley intranet page.

Digital platforms continue to be utilised by the team to supplement communication and deliver training. The Flying Start workshops were delivered in this manner to support Newly Qualified Practitioners and facilitate peer support across the professions.

The Return to Practice programme, an employment model for nurses and midwifes to return to the register, is offered in collaboration with Glasgow Caledonian University. Currently, 3 students are being supported in this way.

HNC in Care Administrative Practice

In collaboration with Forth Valley College, **17 HCSW** have been supported to achieve HNC in Care and Administrative practice, with 28 currently on the programme. Completion of this course created the opportunity for direct entry to 2nd year in several universities undergraduate nursing programmes.

Open University

2022 also saw the completion of first year for the 1st Open University cohort in NHS Forth Valley. 3 students, who are current employees of NHS FV, are being supported through this 4-year programme undergraduate nursing programme. A further 4 students have commenced the programme in autumn 2022.

NES Facilitation of Learning Programme

In conjunction with Forth Valley Practice Educator and AHP Practice Education Lead, the practice education team now deliver the NES Facilitation of Learning Programme. This programme is a blended programme with online learning and facilitated workshops (virtually or in person). The team also facilitate delivery of clinical supervisor training as required.
As part of the National PEF/CHEF priorities which encourage the promotion of the professions of Nursing and Midwifery, the team have attended and presented at careers fairs in local high schools.

Education Committee

NHS Forth Valley central Nursing, Midwifery and Allied Health Professionals (NMAHP) funding group has supported approximately **135** academic education courses, 32 of these in Prescribing for Healthcare Professionals in 2021 to 2022. This included funding for nurses from:

- Acute Services
- Primary Care
- Child Protection
- Health Visiting
- Mental Health
- Prison healthcare
- Practise Education/ Emergency Nurse Practitioners
- Care Homes
- Community
- School Nursing
- Occupation
- Health Protection
- Paediatrics
- District Nursing

The spectrum of levels in nursing ranged from registered staff across the services to team leaders and senior charge nurses along with advanced nurse practitioners. Midwives and Allied Health Professionals such as Paramedics along with Dieticians and Physiotherapists were also supported to develop new transformational roles in 2021-2022. The courses that were supported were varied and were from numerous Higher Education Institutions.

Achievements / Awards

In Mental Health
Ward 2 & 3 (Acute Admission Wards) successfully achieved their Accreditation for Inpatient Mental Health Services (AIMS) via the Royal College of Psychiatry. This was a joint venture between nursing, psychiatrist & pharmacy.

The accreditation membership assures staff, patients, carers, commissioners and regulators of the quality of the service being provided.

Accreditation also provides a platform for recognition for wards and units.

CAMHS the creation of a Head of CAMHS Nursing post is having a positive influence on the advancement and profile of nursing within CAMHS.

CAMHS have been piloting extended hours which has been well received.

CAMHS have also been continuing to develop the role of B3 HCSW in the service. In the past year nursing has also been the backbone to implementing CAPA top manage demand and capacity within the service.

Trauma informed cervical screening won the Mental Health award at the **Scottish Health Awards.**
The Trauma Informed Cervical Screening Project Team, which includes staff from The Meadows and Psychological Therapies, won the Care for Mental Health Award at the 2022 Scottish Health Awards for their work to support women who have experienced rape or sexual assault to undergo cervical screening and receive any follow up treatment they require.

<u>RCN Awards Finalists</u>

- Mental Health Award for staff wellbeing finalists – Aimee Kidd and Linda Crothers
- Learning Disability finalist – Norah Quinn
- 4-person centred end to end pathways in development for patients with:
- Psychosis
- EUPD
- Anxiety
- Dementia

The Decider skills have been launched into the prison cells having psychological benefit for the prisoners of Forth Valley.

SilverCloud is an online therapy platform that uses proven methods like computerised Cognitive Behavioural Therapy (CBT) to help people manage their problems by encouraging them to change the way they think and behave. There are various modules for anxiety and depression available to all of NHSFV.
#spacesforlistening has been rolled out across NHSFV to help improve staff wellbeing. Linda McAuslan and Jennie Young from APTs help deliver this every month.

In Paediatrics and Neonates
Queens Nurse Institute Scotland (QNIS): Colette Fotheringham, Team Lead for the Children's Community Nursing team has recently been awarded the title of Queens Nurse after completing the QNIS programme of learning. The programme offers a range of opportunities, workshops and different learning experiences that promote excellence in community nursing.

This is a fantastic achievement by Colette who joins a select group of nurses given the privilege of using a professional title that has only recently been reinvigorated in Scotland. The title is based on the previous learning of Queen Victoria's Jubilee Institute for Nurses who started training Queens Nurses in 1889. This training was stopped in 1968 but reintroduced 2017 as a way of harnessing and focusing the talent of community nurses to promote excellence and improve the health and wellbeing of the people of Scotland. Well done Colette!

Conclusion

We refreshed and repositioned our new “We Care” Nursing & Midwifery Strategy 2021-24, building on these strong nursing and midwifery foundations and we continue to focus most on what matters to patient, families and our staff.

The Annual Report for 2021-22 outlines the diversity of our workforce across the fields of nursing and midwifery and captures the outcomes, developments and successes against the Nursing & Midwifery Strategy over the past year. Furthermore it demonstrates the invaluable contributions that Nursing & Midwifery have made to meet the needs and supporting the outcomes of the people of Forth Valley.

Thank you again for all your ongoing support from our Nurses and Midwives across NHS Forth Valley

FORTH VALLEY NHS BOARD
TUESDAY 31 JANUARY 2023

9.4.1 Performance & Resources Committee Update – 20 December 2022
For Assurance

Meeting Chair: Mr Martin Fairbairn, Non-Executive Director

- **Item 5 Performance & Resources Committee Forward Planner**
  The Performance & Resources Committee Forward Planner was presented noting linkage to the Terms of Reference. All items of business were noted to be included within the planner.

There were no items of business for approval

Better Care

- **Item 6.1 Cancer Services Update**
  A Cancer Services Update was presented to the Performance & Resources Committee in December 2022. The drive for continuous quality improvements in cancer care was described using benchmarking against the Framework for Effective Cancer Management and tumour group quality performance indicators. Issues in relation to increasing referrals, performance against the 62-day and 31-day standards and specific areas of challenge were described along with work underway to support improvements in performance and for patients.

- **Item 6.2 Preparing for Winter, Unscheduled Care response**
  A paper was presented highlighting the position in Unscheduled Care as NHS Forth Valley entered the winter period. The approaches taken to improve capacity and flow were detailed along with the challenges and opportunities. Key points of discussion were in relation to acute services and reducing pressure on ED and front door services by improving patient discharge and redesign of ED triage. In addition, the paper and discussion focussed on increasing bed capacity and alternatives to hospital admission.

- **Item 6.3 Out of Hours Improvement Plan**
  The Out of Hours improvement action plan developed to support NHS Forth Valley to deliver timely improvements in the delivery of Out of Hours services was presented to provide assurance that the 12 recommendations made by Sir Lewis Ritchie and Scottish Government officials following their visit to the Out of Hours (OOH) service on the 5th of October 2022 were being progressed. It was noted that there was no slippage against the plan which was supported by a risk register ensuring service level risks were captured, escalated and actioned in a timely manner.

- **Item 6.4 Performance Scorecard**
  Key areas of performance were highlighted and discussed with a particular focus on performance in urgent and unscheduled care, scheduled care, cancer services, psychological therapies, and Child & Adolescent Mental Health Services. It was noted that the scorecard had been reviewed with a number of metrics previously reported pre-covid reintroduced and additional metrics included to support the provision of a more detailed system-wide picture.

Better Value

- **Item 7.1 Finance Report**
  The Finance Report noted a year-to-date revenue overspend of £1.8m and balanced capital position at 30 November 2022. It was noted that the year-end revenue projection had been updated following further focused work to improve the position and was estimated at a £2.5m overspend. It was highlighted that further work on cost improvement was underway aligned to the national Sustainability and Value framework in a bid to deliver a break-even position by 31 March 2023, however this remained high risk.

- **Item 7.2 Corporate Portfolio Management Office Update / Cost Improvement Plan**
  It was reported that in addition to working on projects aligned to NHS Forth Valley's savings plan, the CPMO continued to support several projects and initiatives considered to be of NHS Board priority. The National Treatment Centre Project required significant input from the CPMO Team to support the NHS Assure process. Project management support had been maintained along with administrative support to ensure compliance with the process. A status report on the programmes of work the CPMO is involved with was presented detailing progress against the agreed objectives.

- **Item 7.3 Cyber Security & Controls**
  A 'deep dive' review was undertaken in respect of Cyber Security noting the challenge of; 1.2m accesses to the internet daily, over 7000 end points and 680 servers across numerous sites, critical systems facilitating patient care and remote access facilitating hundreds of connections daily. The Health Board was noted to be in a reasonable position with year on year improvement noted. This was expected to continue. Investment into Cyber and Information Security would need to continue in order to maintain the current position, and to reduce the likelihood of the risk occurring.

Better Governance

- **Item 8.1 Network & Information Systems Regulations Audit Update**
  Details of the Network and Information System Regulation (NIS) annual audit were presented. The Committee noted that the progress made in controls and recommendations implementation were clear evidence of a commitment by the board to cyber security and the leadership shown by the Cyber and Information Security Manager. This was reflected by the uplift in the Overall Compliance status from 60% to 70% noting good progress from the initial rating of 50% in 2020. Improvements had been made in 15 of the 17 categories with 12 at a compliance level of 60% or more.

- **Item 8.2 Strategic Risk Register**
  The risks aligned to the Performance and Resources Committee were noted as Financial Sustainability, Cyber Resilience, Estates and Supporting Infrastructure, Environmental Sustainability and Climate Change, Information Governance, Healthcare Strategy and IT Infrastructure. It was highlighted that the risks were static at the current review.

Section 9 – For Information

The four items listed below were presented For Information.

- Item 9.1 Community Planning Partnership Update
- Item 9.2 Emergency Planning and Resilience Group Minute: 24 August 2022
- Item 9.3 Information Governance Group Minute: 22 September 2022
- Item 9.4 ED Working Group Minute: 27 October 2022

Section 10 – Any Other Competent Business

- **Dental Update**
  A verbal update was provided in respect of the provision of Dental Services in Callander.

NHS
Forth Valley

PERFORMANCE & RESOURCES COMMITTEE

Minute of the Performance & Resources Committee meeting held on Tuesday 25 October 2022 at 9.00am via Microsoft (MS) Teams

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Present:	Mr Martin Fairbairn (Chair) Ms Kirstin Cassels Mr Robert Clark Cllr Danny Gibson Ms Janie McCusker	
In Attendance:	Dr Jennifer Borthwick Prof Frances Dodd Ms Sharon Horne-Jenkins Ms Kerry Mackenzie Mrs Sara Mackenzie Mrs Gillian Morton	Mr Andrew Murray Mr Jonathan Procter Ms Rebecca Reid (Minute) Mrs Jacquie Sproule Mr Scott Urquhart

1. APOLOGIES FOR ABSENCE

Apologies were received on behalf of Ms Linda Donaldson, Cllr Fiona Collie, and Mrs Cathie Cowan. The meeting was quorate.

2. DECLARATIONS OF INTEREST

There were no declarations of interest offered at this time.

3. Minute of Performance & Resources Committee meeting held on 30 August 2022

The Minute of the meeting held on 30 August 2022 was approved as an accurate record.

4. MATTERS ARISING

There were no matters arising from the minute however Mr Fairbairn informed the committee of a discussion that had taken place ahead of the meeting between himself, Ms Kerry Mackenzie, and Mr Scott Urquhart regarding the new section of assurance statements included in the cover papers. It was agreed that further clarity was required to understand how and to what the assurance was being applied. For the meeting it was suggested that committee members note the proposed assurance level however these would not formally be included as an approved assessment of assurance. The committee members were happy with this approach.

5. Performance & Resources Committee Planner

The Performance & Resources Committee received the 'Performance & Resources Committee Planner' presented by Ms Kerry Mackenzie, Head of Policy and Performance.

The Performance & Resources Committee planner ensures that the Committee takes cognisance of its role and remit as laid down in the Terms of Reference. To ensure the committee fulfils its role, work to update the planner is ongoing.

Ms Mackenzie asked the committee to note that a number of small amendments had been made to the Terms of Reference as it was evident that certain areas of work sat within the remit of the NHS Board rather than the Performance & Resources Committee. These areas were highlighted in the paper.

Mr Robert Clark noted that given it will be the height of winter in December, an urgent unscheduled care update should be provided. Ms Mackenzie confirmed that as an in-depth update was provided at the August Performance & Resources Committee meeting, another one was not scheduled. However, urgent and unscheduled care would be included in the Recovery and Performance Scorecard.

The Performance & Resources Committee:

- ***Noted the Performance & Resources Committee Planner 2022/2023***

6. FOR APPROVAL

6.1 Disposal of Surplus Properties

The Performance & Resources Committee received a paper 'Disposal of Surplus Properties' presented by Mr Jonathan Procter, Director of Facilities & Infrastructure/Digital eHealth

There were two properties highlighted as being surplus to requirement. The first property at 39 Grahams Avenue, Larbert is a residential property that is currently vacant and requires full refurbishment. The second property at 46 Barton Street, Stirling compromises of a converted office building. This property is also vacant and requires full refurbishment. Approval was requested to commence the trawl process as laid out in the NHS Scotland Property Transactions Handbook. Mr Procter highlighted that if no other public sector partner showed interest in these properties, the next step would be to place these properties on the open market.

The Committee was also asked to approve the sale of a property at 2 Bracklinn Road, Callander. The property is currently leased by a Dental Practice and the tenant wishes to purchase the property from NHS Forth Valley. Negotiations were noted to be ongoing however it was anticipated that offer will be more than the 'book value', and it was recommended that the sale be concluded.

Mr Robert Clark asked what the cost of refurbishment would be in terms of the surplus properties. Mr Procter confirmed that both properties would be sold avoiding any unnecessary costs. Mrs McCusker asked what the timeframe would be regarding the properties go to market if no public sector shows interest with Mr Procter confirming a 4-6 week wait.

Mr Martin Fairbairn queried the Performance & Resources Committees remit in terms of approving the sale of 2 Bracklinn Road, Callander. It was proposed that the Performance & Resources Committee recommend the sale to the NHS Board. Mr Fairbairn proposed that a paper requesting approval of the sale be presented to the NHS Board in November.

The Performance & Resources Committee:

- ***Noted the position to date and to declare the 2 vacant properties surplus to the Board's requirements and approved commencement of the trawl process in order to dispose of the properties to another public sector partner or in the absence of any interest, on the open market***
- ***Recommended to the NHS Board the sale of 2 Bracklinn Road, Callander***

7. BETTER CARE

7.1 Psychological Therapies Update

The Performance & Resources Committee received a presentation 'Psychological Therapies Update' from Dr Jennifer Borthwick, Director of Psychological Therapies.

The LPD Standard for Psychological Therapies is that 90% of patients begin treatment within 18 weeks of referral. NHS Forth Valley have consistently struggled to meet this target with the exception of a brief time during the pandemic, as only urgent cases were being treated at that time. Since April 2021 performance against the target has remained stable at between 60% and 70% however the service has struggled to sustain significant improvement. Dr Borthwick highlighted that in quarter 1 the average performance across NHS Scotland was 81.4%with NHS Forth Valley the lowest performing Board.

With Scottish Government support an improvement plan has been developed to focussing on decreasing the waiting list and increasing capacity. Adult Psychological Therapies is one of the largest teams within the service, so a significant piece redesign work was undertaken. Clinical engagement was an important factor within this redesign as the new way or working would have a huge impact on clinical staff.

Dr Borthwick highlighted that between May and October 2022 every patient on the adult services waiting list was offered an individual assessment with a clinician, with 1189 patients being contacted. Of those 1189 patients, 748 patients have been assessed and a total of 440 have been discharged.

Historically the total number of new patients seen remained steady at around 250 but this has increased to 400-450 illustrating the work ongoing. Treatment appointments are not being replaced with assessment appointments. This can be seen with the increase in figures highlighting that the redesign work has been successful.

In addition, the number of patients waiting to begin treatment has reduced from 1513 in May 2022 to 1191 in October 2022. This is noted as a 21% reduction. Dr Borthwick highlighted the number of patients waiting over a year to be seen has reduced by 30% and the number of people waiting over 2 years has decreased to 12 people, all of whom have now been appointed. There is recognition that the waiting list is still too long but that there has been a significant improvement.

The redesign of Adult Psychological Therapy services allows all new patients to receive an early assessment appointment to support patients to be matched with the correct treatment

option e.g., signposting patients to another department, online/digital therapy, group, single model therapy or complex multi-model therapy.

Analysis on the clinical aspect is still ongoing but initial findings demonstrate that highest demand is required in the most complex interventions with 224 people needing multi-model therapy and 179 for complex trauma. Although this information is helpful the workforce supply for highly trained staff to deliver these interventions is in limited supply. This is a situation reflected nationally as the complexity of presentations continues to increase.

Scottish Government has provided Recovery & Renewal funding. Phase 1 saw a total of £271,839 being received and Phase 2, £421,718, this was split between clinical and support posts. Recruitment aligned to the Recovery & Renewal resources has been successful however core vacancies remain. The Committee noted that all Boards received this additional funding which created new opportunities to allow for early promotion and provides more choice for students graduating. It was also noted that vacancy rates had improved.

Dr Borthwick highlighted that it was important the committee was informed of ongoing data issues noting this was not only an NHS Forth Valley issue, with Psychological Therapies data a challenge across Scotland. This was under discussion with Scottish Government. NHS Forth Valley Trakcare System was not designed to support Mental Health Services. Significant work has been undertaken by eHealth, Information Services and Psychological Therapies clinicians to adapt a different aspect of the Trakcare system to include specific measures, including Consultant level information. This has allowed for the continuation of Scottish Government level reporting and the inclusion of other metrics to support measurement of the impact of the redesign work. A Business Support Manager, Waiting List Co-ordinator and Information Analyst have all been recruited to support this work and an eHealth Mental Health & Learning Disabilities group has been established to prioritise Trakcare issues.

Scottish Government requested NHS Forth Valley to begin trajectory modelling and nationally agreed parameters have been implemented in all aspects of modelling. The initial modelling submitted to Scottish Government suggested that NHS Forth Valley could achieve LPD Standard by March 2023 dependant on stable demand, full staffing levels and additional capacity of 14.3 WTE. April 2022 saw that not all conditions were met and that a revised trajectory had to be produced which indicated that NHS Forth Valley could meet the standards by September/October 2023.

Mr Fairbairn asked if Dr Borthwick thought it would be possible to obtain the staffing levels required to meet the trajectory model by September 2023. Dr Borthwick advised that despite available funding she thought it would be a challenge due to the workforce supply not being available.

In response to a question about the nature of the funding streams it was highlighted that the position in terms of recurring or non-recurring would become clearer early in the new year following the budget mid-December.

Mr Clark asked about the impact of the cost of living crisis on increased referrals. Dr Borthwick advised that there was no concrete evidence to suggest this however it was highly likely.

Mrs Cassells highlighted the 30% drop off and asked if this was normal. Dr Borthwick advised that the response seemed consistent and that Netcall seemed to have helped in this regard.

Ms McCusker highlighted that attracting staff to Forth Valley was a generic issue and discussed the possibility of a PR piece in terms of making Forth Valley appealing to prospective employees. Ms McCusker agreed to discuss with Mrs Cowan.

Mr Fairbairn wished to note that the Performance & Resources Committee commended and endorsed the approach and strategies presented.

The Performance & Resources Committee:

- ***Noted the detail within the presentation and the ongoing work to support improvements in Psychological Therapies***

7.2 Children and Adolescent Mental Health Services Update

The Performance & Resources Committee received a presentation 'Children and Adolescent Mental Health Services Update' from Mrs Gillian Morton, Director of CPMO/ Women's and Children's Directorate.

Mrs Gillian Morton introduced Ms Sharon Horne-Jenkins and Mrs Jacquie Sproule to lead this presentation.

Mrs Sproule highlighted that the September 2022 RTT was 33.8% for Child & Adolescent Mental Health Services (CAMHS). Data for quarter 1 in 2022 highlighted that the NHS Forth Valley position against the LDP standard was 39.3% noting this was significantly below the NHS Scotland position of 68.2%.

A projected dip in RTT performance was expected by year end before moving on an upward trend to meet the LPD standard by quarter 1 of 2023. The waiting list for children who had received their first assessment but were yet to begin treatment was projected to achieve the target of 0 children waiting over 18 weeks at this time. Ms Sproule informed the committee that in January/February 2022 a national service model called Choice and Partnership Approach (CAPA) commenced. This service when fully implemented means that children would receive a choice appointment within 4 weeks of referral, the required treatment would be identified, then an estimated 8-10 week wait would occur before treatment would begin. Due to the large number of children on the waiting list it has not been possible to offer the 4-week choice appointments.

An increase in referrals was highlighted also noting an increase in acuity.

Scottish Government has invested to support transform of CAHMS with funding being provide for a number of projects such as mental health and wellbeing services and early intervention projects. CAMHS service specification published in February 2021 indicated that CAMHS should not host children who are referred for straight forward autism, ADHD that does not have a mental health component to it. A separate Neurodevelopmental Pathway has been implemented to support children referred for assessment of these conditions.

Mrs Sproule highlighted that various actions have been taken to implement the ongoing work of the improvement plan including working with referrers to improvement the vetting processes, the creation of whole service job plans, weekly waiting times meetings with a CAPA coordinator recruited to assist. NHS Forth Valley has contracted Healios, an independent contractor, to work with children over the age of seven years to boost service capacity and support achievement of the trajectory. Healios is providing a buffer as we recruit to vacant posts. In addition, the iCAMHS pilot has been launched which enables access to assessments out of hours. This means that children no longer need to be admitted whilst waiting for an assessment.

In response to a question Mrs Sproule highlighted that we would not use Healios if we had available capacity internally. It was noted that children could opt not to use this service.

Mr Fairbairn asked about issues in relation to staffing and recruitment. Mrs Sproule advised that market forces were challenging. It was highlighted that NHS Forth Valley was 20 staff short of core staffing levels. Work to attract staff to Forth Valley included ensuring good student placements, alternative roles and use of alternative workforce. Mrs Morton advised that the notice period remained an issue in terms of maintaining therapeutic relationships noting that no patient on the list of a therapist that had left was to be disadvantaged.

Mr Fairbairn asked if the funding situation was similar to that in Psychological Therapies in terms of the non-recurring status. Mrs Sproule highlighted that this was the case.

Mrs Cassells, in highlighting the recruitment challenges, noted that Ms McCusker would have a discussion with Mrs Cowan around promoting Forth Valley as a good place to work.

Mr Fairbairn wished to note that the Performance & Resources Committee endorsed and commended the work underway within CAMHS and noted that although funding was available recruitment to such specialised positions was challenging.

The Performance & Resources Committee:

- ***Noted the detail within the presentation and the ongoing work to support improvements in Child and Adolescent Mental Health Services***

Items 7.4 and 7.5 were taken at this point

7.4 Preparing for Winter, Developing Future Sustainable Services Update

The Performance & Resources Committee received the paper 'Preparing for Winter, Developing Future Sustainable Services Update' from Mr Scott Urquhart, Director of Finance.

The challenges being encountered across the system were highlighted and acknowledged with particular focus on the difficulties being faced within the Emergency Department. The paper contained an assessment of the anticipated levels of demand during winter noting that these are likely to increase and exceed the available capacity.

The paper provided an update to the Performance & Resources Committee on the progress of the recommendations considered by the NHS Board at its meeting on 28 September 2022. The 3 key areas highlighted were the immediate actions taken in preparation for winter, the Flu and Covid-19 booster vaccination programme and the delivery of productive gains agreed with Scottish Government.

In terms of immediate actions there had been a redesign of triage to improve Flow 1 performance, the minor flow within ED, with initial results positive. The intention was to implement this redesign across all 7 days. Support for discharge without delay was underway with the focus on pre-noon and weekend discharges noted. This had led to some improvements however sustainability was a challenge. The third strand of work being undertaken was to improve capacity to reduce 8 and 12 hour waiting times and to close additional beds in 4 bedded bays and treatment rooms.

Prof Frances Dodd wished to complement the information already presented by Mr Urquhart. Prof Dodd advised that she met with the extended team on Friday and Monday to review a number of areas over and above the actions contained in the paper. It was noted that a review of flow into hospital and out of hospital into community areas was being undertaken. There was an opportunity for an improvement piece at the front door with 15 areas were

being reviewed aligned with unscheduled care and whole system actions to ascertain capacity gains, achievability (level of confidence), linkage to winter plan and modelling. Work will commence with colleagues from Scottish Government to understand the flow of the acute hospital and if there is anything that can be done in community settings.

It was highlighted that one piece of work will not resolve all issues but marginal gains through all the pieces of work will allow for continuous improvement. NHS Forth Valley is in a similar position to other Boards.

Mrs McCusker asked for clarification on whether people up to the age of 64 must book their own appointments for vaccinations or if communications needed to be updated. Mrs Morton advised that people over the age of 50 will be invited to book their vaccination online. She added that the Scottish Government was happy with the program in place and that NHS Forth Valley vaccination program had been adjusted to suit staffing levels.

Mr Fairbairn highlighted that the position on the acute site was worrying noting that it is a complex situation. The assessment of utilising space within Falkirk Community Hospital had previously been discussed. Mr Fairbairn questioned why it was not possible to proceed with this as an option. Mr Procter confirmed that actions to assess the possibility of using Falkirk Community Hospital had been undertaken. It was noted that the site would not pass fire standards and there would be significant cost and significant lead in time if we were to proceed.

Mr Clark added that the Forth Valley Royal Hospital site should not be used as a holding space. We need to ensure discharges from the site.

Ms McCusker highlighted that in the case of care homes, Mrs Cowan would need to work with partners if radical decisions were required.

Mr Fairbairn questioned if planning is in place on the chance that significant changes cannot be made through avenues that were discussed today. Mr Urquhart confirmed that modelling work is being done to manage these scenarios and the conversations are not only withing NHS Forth Valley but with Scottish Government.

The Performance & Resources Committee:

- ***Considered the immediate actions being taken in preparation for winter including the implementation plans by colleagues in social care to increase capacity***
- ***Considered the progress being made to deliver the flu and covid booster vaccination programme***
- ***Considered the progress made in delivering the productive gains/targets agreed with Scottish Government***
- ***Requested the Executive Team to present a holistic assessment of the relative risks being faced in the acute site, what can and can't be done, and how to mitigate any risks in the potential use of other areas to increase capacity.***

7.5 Emergency Department Action Plan Implementation

The Performance & Resources Committee received the 'Emergency Department Improvement Action Plan' from Mr Scott Urquhart, Director of Finance.

The paper detailed the Emergency Department Improvement Action Plan and associated risk register.

On presenting the paper Mr Urquhart informed the committee that an internal audit had been undertaken in relation to the process around the ED External Review. The initial report had been received noting the final agreed report will be submitted to the Audit and Risk Committee.

It was noted that the ED working group had been established to take forward any recommendations in specific areas of focus set out in the ED report. The group had its inaugural meeting and would agree key performance indicators to evidence the impact of actions agreed.

Mr Urquhart asked the committee to note two areas of escalation. The nursing ED induction survey was incomplete as it required to be repeated, noting this was a timing issue, and Clinical Governance - Directorate and Partnership Assurance meetings required to be scheduled.

Following a question, Mr Urquhart clarified that escalation was to the Performance & Resources Committee ensuring sight of the key areas of focus.

Mr Fairbairn noted that the plan stated under the Staff Governance section that items are being handled as business as usual and wished that confirmation could be provided that the substance of these actions had been addressed, and that movement to business as usual was the correct course of action. Mr Urquhart advised he would contact Ms Linda Donaldson clarify the position.

The Performance & Resources Committee:

- ***Considered the updated ED Improvement Action Plan attached at Appendix 1 including those ED specific recommendations discussed (yet to be agreed by the ED Working Group) and identified by the ED Working Group***
- ***Noted the ED Working Group will consider and agree measures to help determine impact on patient and staff experience for those recommendations agreed to be evaluated***
- ***Considered the reviewed Risk Register attached at Appendix 2***
- ***Noted the outcome of the commission of Internal Audit to provide assurance on the Health Board's response to the ED external review is planned to be reported to the Audit & Risk Committee in January 2023***

7.3 Recovery & Performance Scorecard

The Performance & Resources Committee received the 'Recover & Performance Scorecard' presented by Ms Kerry Mackenzie, Head of Policy & Performance.

Ms Mackenzie advised that the Recovery & Performance Scorecard is updated weekly and that monthly updates are provided to the NHS Board and Performance & Resources Committee.

Outpatient and inpatient activity against the remobilisation plan trajectories for September highlighted compliance of 87% for outpatients and 91% for inpatients/daycases. An increase in the number of patients waiting for a first outpatient appointment was noted with a small decrease in those waiting for inpatient/daycases surgery.

Ms Mackenzie wished to highlight that in terms of long waits, targets had been announced in July 2022 to eradicate long waits initially over 2 years then 18 months. NHS Forth Valley was noted to be performing well with 5 inpatients/daycases waiting over 2 years on 12 October, 37 patients waiting longer than 18 months and 169 waiting longer than 12 months.

Diagnostics activity continues to exceed trajectory in both imaging and endoscopy with 112% and 120% prospectively in September 2022. The total number of patients waiting for imaging had reduced along with the number of patients waiting longer than the 6-week standard. Endoscopy had 56.1% compliance against the 6-week standard which was a slight reduction from the previous months with the total number of patients waiting comparatively static.

All urgent cancer referrals continue to be tracked to support achievement of the 62-day and 31-day access targets. Priority measures are in place for areas that are not achieving this target. August 2022 saw 72.5% compliance against the 62-day target which was a slight reduction from the July position of 74.4%. The 31-day target continued to be achieved.

There has been an increase in the percentage of patients DNA for both new and returning appointments. This continues to fluctuate monthly and there is a program of work to reduce the number of DNA's.

Although workforce is not usually highlighted Ms Mackenzie felt it was important to inform the committee that absence rate continues to remain above target. The Committee noted that the Staff Governance Committee focuses on staff absence and absence management to provide assurance to the NHS Board and is not normally a focus for discussion at the Performance & Resources Committee.

There were 102 delayed discharges in September 2022 at the point of census. There were 74 standard delays and 28 code 9 and guardianship delays. The number of bed days occupied by delayed discharges (excluding code 9 and 100) at the September 2022 census was 2,378, which can be broken down to Clacks 112 delays, Falkirk 1826 delays and Stirling 221 delays. Over and above these figures there were a further 219 bed delays for patients out with our local authority areas. Ms Mackenzie highlighted that as of 25 October 2022 there were 111 delays across the system which consists of 12 delays in Clacks, 73 in Falkirk and 26 in Stirling.

The Performance & Resources Committee:

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

8. BETTER GOVERNANCE

8.1 Strategic Risk Register

The Performance & Resources Committee received the paper 'Strategic Risk Register' presented by Mrs Sara Mackenzie, Corporate Risk Manager.

Mrs Mackenzie provided the update for the risks aligned to the Performance and Resources Committee for Quarter 2. Risks have remained static in this quarter however it was highlighted that there were two hotspot areas for discussion: Financial Sustainability due to the projected overspend of £11m, and Environmental Sustainability and Climate Change, which has had the target score increased to reflect challenges in the funding position, and that the current risk score remains the same.

Mrs Mackenzie confirmed that the risks aligned to the Performance and Resources Committee are SRR.005 Financial Sustainability, SRR.15 Cyber Resilience, SRR.010 Estates and Supporting Infrastructure, SRR.017 Environmental Sustainability and Climate Change, SRR.003 Information Governance, SRR.014 Healthcare Strategy and SRR.011 IT

Infrastructure. Mrs Mackenzie went on to discuss SRR005 Financial Sustainability in more detail, apprising the committee that some work had been done to rationalise the number of current controls listed, and new controls had been added to mitigate the financial risk in-year. There has been progress of risk controls across all the risks aligned to P&R, noting that additional internal controls have been implemented this quarter.

Mr Fairbairn drew the committee's attention to the fact that for SRR.005 Financial Sustainability has a current score which is the same as the untreated score, and that this wasn't necessarily an indication that the controls are ineffective, but that more is required in support of those controls to mitigate against the pressures arising from the external environment.

The Performance & Resources Committee:

- ***Considered the assurance provided regarding the effective management and escalation of Performance & Resources risks***
- ***Endorsed the Performance & Resources Strategic risks for Quarter 2, 2022/23 for onward reporting to NHS Board***

9. BETTER VALUE

9.1 Finance Report (including Financial Recovery Plan)

The Performance & Resources Committee received the 'Finance Report' from Mr Scott Urquhart, Director of Finance.

The report highlights the financial position for the first 6 months of the financial year with a year-to-date revenue overspend of £2.3m and balanced capital position.

The total annual net revenue budget for 2022/23 is currently estimated at £776.8m. This reflects the opening baseline Revenue Resource Limit (RRL) of £598.1m plus £19.3m of confirmed allocations received at the end of September. A further £159.4m of additional anticipated allocations are expected to be added to the RRL during the financial year. As previously reported, a year end revenue overspend in the region of £10m to £15m was identified for 2022/23, with an estimate of £11m reported to the Scottish Government. NHS Forth Valley received a letter from Scottish Government in September requesting a recovery plan to achieve break even position.

Following the letter from Scottish Government improvement work took place with ELT colleagues to accelerate savings plan and explore various avenues to reduce the current overspend projection. Through recovery actions the predicted overspend has been reduced to £5m. This overspend is subject to key assumptions including the anticipated allocation of funding yet to be received which Scottish Government have confirmed that the assumptions are valid.

Mr Urquhart informed the committee that a 'spend well' campaign has been launched supported by the communications team to enable a better understanding of the financial position across the organisation and encourage staff to work within their resource limit.

It is acknowledged that many of the recovery actions identified to date are non-recurring which increases the financial challenge and recurring savings requirement for future years, noting that this is a key risk. The Scottish Government budget announcement in December will provide a better indication of spending priorities for the next year which will be considered in the financial planning process.

Mr Urquhart highlighted that the capital budget for 2022/23 is currently estimated at £20.6m with spend against this capital budget being relatively low with just over £2m in the first 6 month, noting that there are several high spend items that are expected in the next few months. At the previous NHS Board meeting it was confirmed that a trajectory spend plan would be provided by year end to provide assurance that the capital budget commitments and plans are still in place to produce a breakeven point against the capital budget.

Mr Fairbairn pointed out that the report stated that one avenue of spending reduction is the management of vacancies and questioned if this information was provided on an informed evaluation. Mr Urquhart confirmed that the letter from Scottish Government outlined an expectation of rigorous vacancy management being in place. Mr Urquhart confirmed that a meeting between himself and Ms Linda Donaldson was scheduled to take place to agree how this can be done without added burden to staff.

Mr Fairbairn asked what the consequences of a £5m deficit would be. Mr Urquhart advised the committee that the letter from Scottish Government stated that this overspend would mean that NHS Forth Valley would require a brokerage arrangement with Government. The impact of this would be seen in the next financial year as a loan to be repaid. It is important to aim for a breakeven position as there is no clear plan on how NHS Forth Valley could repay such a significant loan.

It was noted that going forward the two biggest unknown factors impacting the financial position and that require to be considered are the Scottish Government budget announcement and the pay uplift costs.

Mr Urquhart advised that an update will be provided at the next Performance & Resources Committee regarding the national conversation along with an in-depth review of savings plans and progress.

The Performance and Resources Committee:

- ***Noted the year-to-date revenue overspend of £2.3m and balanced capital position as at 30 September 2022.***
- ***Noted that the potential year-end revenue overspend has been revised downwards to £5m following identification of a number of recovery actions to improve the position as requested by the Scottish Government. These actions are largely non-recurring which represents a significant financial risk for future years***

9.2 Capital & Infrastructure Projects, Property Transactions, Medical Equipment & eHealth Update

The Performance & Resources Committee received the 'Capital & Infrastructure Projects, Property Transaction, Medical Equipment & eHealth Update' from Mr Jonathan Procter, Director of facilities & Infrastructure/Digitial eHealth.

In terms of Primary Care Premises, the Capital Investment Group considered the Initial Agreement at their meeting on 29 June 2022 with positive feedback. It had been advised that the Group was recommending approval, however, the formal letter had not yet been received. Work on the first tranche of Outline Business Cases had commenced, in the Stirling with Eastern Villages, Bridge of Allan and Dunblane Locality with anticipated completion of the first draft in the Spring of 2023.

The Falkirk Community Hospital Development Strategic Assessment (SA) was supported through internal governance and was submitted to the Chair of the Capital Investment Group

in August 2022. The Initial Agreement was to be progressed and preparation for the necessary workshop programme was being made. For both the Community Hospital, and Primary Care Programme, it was noted that resourcing would be key.

The project for the new National Treatment Centre continued to be progressed, however, slippage in completion from that previously anticipated is noted. Portakabin are now estimating completion in early March 2023 and with operational commissioning thereafter, it is estimated that patients will be seen in the new ward in the April 2023.

The energy efficiency works at Forth Valley Royal Hospital are ongoing. It was highlighted that work continued on the phased installation of electric vehicle charging infrastructure for the NHS fleet. Mr Procter advised that £527k has been secured from Scottish Government to deliver a 'hybrid heating' pilot in a variety of healthcare sites across NHS Scotland (varying size, location, usage etc) that would help to understand whether the sites can operate on heat pumps alone. The pilot project will help NHS Boards understand what the revenue implications of all electric heating systems are likely to be.

Mr Procter reminded the Committee that the Property Asset Management Strategy (PAMS) was due for a full refresh this year and will interconnect with the Capital Plan in future years as appropriate. Linkages are being made with the emerging new Healthcare Strategy and is anticipated to be presented to the Committee in March 2023.

Mr Procter highlighted that progress with the purchasing of medical equipment is progressing as planned and lead times for these pieces of equipment will be monitored. The Digital & eHealth delivery plan highlights 27 ongoing projects with 1 project in the category of red on the RAG status. This project has remained at this status for some time but is a national issue rather than a local issue. Mr Procter highlighted that as of the morning of this meeting further work could begin on this red project as one of two suppliers who was scheduled for the accreditation process had withdrawn. This supplier was our current provider for GP system which does present some challenges.

The Performance & Resources Committee:

- ***Noted the updates for Capital & Infrastructure, Medical Equipment and Digital / eHealth***
- ***Noted the ongoing position with surplus land in Kinnaird/Bellsdyke.***
- ***Note the progress with the PAMs Strategy refresh.***
- ***Note the progress with the Digital Strategy refresh***

10. FOR INFORMATION

10.1 The Performance and Resources Committee **noted** the Code of Corporate Governance

10.2 The Performance and Resources Committee **noted** the Information Governance Group Minute from 23 June 2022

10.3 The Performance and Resources Committee **noted** the Emergency Planning and Resilience Group Minute from 31 March 2022

11. ANY OTHER COMPETENT BUSINESS

There was no other competent business.

12. DATE OF NEXT MEETING

Tuesday 20 December 2022 at 9.00am via MSTeams

FORTH VALLEY NHS BOARD
TUESDAY 31 JANUARY 2023

9.4.2 Audit and Risk Committee Update – 20 January 2023
For Assurance

Chair: Cllr Fiona Collie, Non-Executive Director

Meeting Highlights

- Minute of meeting held on 21 October 2022 was approved as a correct record.

- Deputy Director of Finance provided an update on the South-East Payroll Consortium programme. Staff will be TUPE transferred from 1 February 2023 to National Services Scotland (NSS), and there will be an initial six-month stabilisation period.

- Director of Finance presented a draft Action Log for the Audit and Risk Committee that would be used to monitor business presented that would require future work or follow up action. The Head of Policy and Performance highlighted that she had drafted a Corporate Action Log to be used by all Governance Committees.

- Internal Audit presented a Progress Report to brief the Committee on the status of delivering the 2022/23 Internal Audit Plan and also on the work progressing on the Internal Control Evaluation (ICE) review.

- The Chief Internal Auditor presented the Internal Audit Framework that provides the Committee with the background and operational oversight of the internal audit function and allow the Audit and Risk Committee to meet the requirements of Public Sector Internal Audit Standards (PSIAS).

- The Chief Internal Auditors presented the Internal Control Evaluation report that aims to provide early warning of any significant issues that may affect the Governance Statement that forms part of the Board's statutory accounts.

- The Director of Finance provided a paper on Year End Planning Arrangements that outlined a draft timetable for the completion of External Audit's Annual Accounts review for financial year 2022/23.

- The Regional Audit Manager presented the Audit Follow Up report that provided the Committee with an update on the status of all internal audit recommendations and the action required to ensure identified control weaknesses are being addressed. The Committee were asked to note that the report provided Limited Assurance that action to address identified control weaknesses was being implemented as expected.

- The Corporate Risk Manager presented the Strategic Risk Register Update and asked the Committee to endorse proposed changes to the Quarter 2 Strategic Risk Register.

- The Head of Policy and Performance presented a paper on the Best Value Framework that highlighted the arrangements that were in place by which the Board of NHS Forth Valley ensures it can demonstrate continuous improvement in performance whilst maintaining a balance between quality and cost.

- The Chief Executive presented a paper on the Escalation - Governance Arrangements being put in place following NHS Forth Valley being escalated to Stage 4 of the NHS Scotland Performance Escalation Framework on the 23 November 2022.

- The Fraud Liaison Officer summarised the latest Counter Fraud Services Report for period ending 30 September 2022 and highlighted the key issues.
- The Chief Executive provided a verbal update on the Blueprint for Good Governance guidance document issued by the Scottish Government in November 2022.

AUDIT AND RISK COMMITTEE

Minute of the Audit and Risk Committee meeting held on Tuesday 21 October 2022 via Microsoft (MS) Teams

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Present:	Mrs Fiona Collie (Chair) Mr Robert Clark
In Attendance:	Mr Graeme Bowden, Capital Accountant Mrs Cathie Cowan, Chief Executive Mr Tony Gaskin, Chief Internal Auditor, FTF Audit Services Mrs Jocelyn Lyall, Regional Manager, FTF Audit Services Mrs Kerry Mackenzie, Head of Performance Ms Shona Slayford, Principal Auditor, FTF Audit Services Mrs Jillian Thomson, Deputy Director of Finance Mrs Vicky Webb, Risk Manager Mr Scott Urquhart, Director of Finance

1/ APOLOGIES

An apology for absence was intimated from Mr John Stuart.

2/ DECLARATIONS OF INTEREST

There were no declarations of interest intimated.

3/ MINUTES OF PREVIOUS MEETING

The Minute of the Audit & Risk Committee meeting held on 22nd June 2022 was approved as a correct record.

4/ MATTERS ARISING – ACTIONS FROM PREVIOUS MEETINGS

4.1 National Shared Services – Payroll

Mrs Thomson provided the Committee with an update on the current status of progress on the South-East Payroll Consortium. Mrs Thomson highlighted that progress to implement the preferred service delivery model had picked up pace in recent months and payroll staff in NHS Forth Valley, NHS Fife, NHS Lothian and the Scottish Ambulance Service are scheduled to TUPE transfer to NHS National Services Scotland on 1st February 2023. The local TUPE process is now underway

in conjunction with NHS National Service Scotland. with a number of activities underway including:

- Ongoing staff engagement by both NHS Forth Valley and NSS, including group sessions and individual one to one meetings.
- a 90-day formal consultation period on the TUPE arrangements in conjunction with staff side (due to end on 16 January 2023).
- Employee Liability Information is currently being collated as part of the due diligence process associated with the transfer to be passed to NSS 28 days prior to the transfer date.

Mrs Thomson advised that the next steps would include a six-month stabilisation period following the TUPE transfer, and also the development of a Service Level Agreement (SLA) between NSS and the NHS Board members of the consortium.

Mr Gaskin queried how Boards would receive assurance on continued Payroll service delivery and Mrs Thomson confirmed this would be outlined within the SLA and there would also be a Quality Assurance Board developed. Mrs Collie also queried if there was a risk that local staff may leave the service due to the transfer and Mrs Thomson confirmed that this was indeed a risk and that NHS Forth Valley had already suffered resignations.

The Committee noted the National Shared Services-Payroll update.

5/ INTERNAL AUDIT

5.1 Internal Audit Progress Report

Mrs Lyall presented the Internal Audit Progress Report that summarised the audit work achieved since the last Committee meeting and also asked the Committee to note that the new NHS Forth Valley cover paper template had been used for drafting the update. Mrs Lyall advised that two NHS Forth Valley reports had been issued as final and there were a further five issued in relation to Integration Joint Boards.

Mrs Lyall summarised the Audit Findings within Internal Audit reviews concluded since the previous meeting and in particular A27/22 Electronic Employee Support System, and A29/22 Estates Departmental Payroll Review. Mrs Lyall also asked the Committee to note that the ongoing work of Internal Audit incorporated assurances provided by the Chief Internal Auditor in relation to internal control that forms part of the consideration of the Audit and Risk Committee and the Board prior to finalising the Governance Statement which is included and published in the Board's Annual Accounts.

The Committee noted the Internal Audit Progress Report.

6/ EXTERNAL AUDIT

6.1 External Audit arrangements 2022/23

Mr Urquhart advised the Committee that Deloitte had been appointed as NHS Forth Valley's External Auditors for a period of five years commencing in financial year

2022/23. An initial introductory meeting had been arranged for December 2022 and it was envisaged that systems work would commence in January 2023.

The Committee noted the update on External Audit arrangements for 2022/23.

7/ AUDIT FOLLOW-UP

7.1 Audit Follow-Up Report

Mrs Lyall presented the Audit Follow-Up (AFU) report and indicated this was the first report presented by Internal Audit since the Audit and Risk Committee approved a revised AFU procedure and agreed that, to enhance the effectiveness and efficiency of the AFU system and to ensure robust assurance is provided over the implementation of agreed actions, Internal Audit would assume responsibility for managing the AFU system. Mrs Lyall highlighted that the report summarised the status of recommendations raised within Internal as at 14th October and at that point of time of the 34 recommendations being followed up, 9 had been completed and 24 were partially complete of which 21 had been granted extended completion dates.

Mrs Cowan thanked Mrs Lyall for the very comprehensive report and confirmed that it would be presented to the Executive Leadership Team for noting.

the Committee noted the Audit Follow-Up report.

8/ RISK MANAGEMENT

8.1 Quarter 1 2022/23 Strategic Risk Report

Ms Webb presented the Quarter 1 Strategic Risk Report and highlighted that since the previous review of the Strategic Risk Register presented to the Audit and Risk Committee in June 2022, one new risk was proposed, namely:

- **SRR.017 Environmental Sustainability and Climate Change – current score 20 -** This new risk is in relation to the level of funding and resources required to comply with Scottish Government letter DL38 in relation to the Scottish Government's Climate Emergency & Sustainability strategy requirements.

Ms Webb reported that the Strategic Risk Register will comprise a total of 12 risks, 7 Very High, and 5 High. In addition, Ms Webb highlighted that as part of the Quarter 2 review of Strategic Risks, SRR.002 Unscheduled Care was undergoing significant revisions with the title being amended to "Urgent and Unscheduled Care". Ms Webb also noted the description of this risk would be amended to read "If NHS Forth Valley does not take immediate steps to create capacity and address whole system pressures through delivery of the Urgent and Unscheduled Care Programme in the longer term, there is a risk that we will be unable to deliver safe levels of unscheduled care, resulting in potential for patient harm".

Mrs Cowan confirmed that Sir Lewis Ritchie had undertaken a review of Out of Hours services and noted the significant risks in relation Unscheduled Care and Financial Sustainability.

The Committee noted the Quarter 1 2022/23 Strategic Risk Report.

9/ GOVERNANCE ISSUES

9.1 Code of Corporate Governance

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

Ms Mackenzie summarised the amendments made since the Code of Corporate Governance was last approved by the NHS Board in March 2022 and highlighted that further amendments may be required to reflect changes in policy or guidance. The updated document being presented to the Audit and Risk Committee had been approved by the NHS Board in September 2022 with a further review and update scheduled for March 2023.

The Committee noted the update paper on the Code of Corporate Governance.

10/ FINANCIAL & PERFORMANCE ISSUES

10.1 Appointment of Endowment and Patient Funds Auditors

Mr Urquhart presented a paper on the Appointment of Endowment and Patient Funds Auditors and noted that following a competitive tendering process, two bidders were assessed against the specification of Audit Services and scored independently by a small team. The outcome of the assessment was that Dickson Middleton, Chartered Accountants were awarded and accepted the appointment as Auditors for Endowments and Patient Funds for a period of 3 years, commencing 1st November 2022.

The Committee noted the paper on the Appointment of Endowment and Patient Funds Auditors.

11/ COUNTER FRAUD SERVICES

11.1 Counter Fraud Services Quarterly Report ~ Quarter ending 30 June 2022

Ms Slayford presented the Counter Fraud Services (CFS) Quarterly Report for the period ending 30th June 2022 and highlighted that there had been one new referral

made relating to NHS Forth Valley during the quarter. The referral related to an allegation that an employee had misappropriated Board funds and an internal investigation was progressing. Ms Slayford also updated the Committee on the status of the live investigations.

Regarding Patient Exemption Checking, Ms Slayford indicated that for the period 1st April 2020 to 31st March 2021 NHS Forth Valley had made patient recoveries to the value of £9,963 that represented 5.36% of the Scotland wide total.

The Committee noted the Counter Fraud Services Quarterly Report for period ending 30th June 2022.

12/ ANY OTHER COMPETENT BUSINESS

12.1 Post Transaction Monitoring

Mr Urquhart presented a paper on Post Transaction Monitoring and highlighted to the Committee that the Scottish Government Health and Social Care Directorates (SGHSCD) require that Boards follow procedures laid out in the Property Transactions Handbook and post-transaction monitoring is an integral part of the internal audit programme. The Audit and Risk Committee is responsible for the oversight of the programme and, to assist in the process, this paper advises the Audit and Risk Committee of the completed relevant property transactions identified within the scope of the Handbook for financial year 2021/22. It is also a requirement to submit nil returns when appropriate.

Mr Urquhart indicated that a report would be submitted to the Scottish Government by 31st October 2022, and for financial year 2021/22:

- NHS Forth Valley purchased no new properties.
- NHS Forth Valley sold no properties.
- No new Property Leases were negotiated.

The Committee noted the Post Transaction Monitoring report.

13/ DATE OF NEXT MEETING

The next meeting of the Audit & Risk Committee will take place on Friday 20th January 2023 via Microsoft Teams at 9.00am.

FORTH VALLEY NHS BOARD
TUESDAY 31 JANUARY 2023

9.4.3 Endowments Committee Update – 20 January 2023
For Assurance

Chair: Cllr Fiona Collie, Non-Executive Director

Meeting Highlights

- Minute of meeting held on 21st October 2022 was approved as a correct record.

- Rathbones Investment Managers Stephen Hall & Fiona Gillespie provided an update on the investment performance up to 31st December 2022. In light of the recent market volatility, the implications of changing the risk level which is currently set as 'relatively high risk' were presented to the Committee. Rathbones agreed to report back on whether the inflation plus 4% target return had been achieved over the last ten-year period.

- The decisions from the previous meeting (non-quorate) were formally ratified by the Committee.

- The Director of Facilities and Infrastructure (Lead Director) presented the Agenda Items Plan to the Committee. It was agreed that an Action Log will be presented at each future Endowment Committee meeting.

- The Endowments Finance Manager presented the Financial Performance Report for the nine months to 31st December 2022. The Committee approved the report.

- The Fundraising Manager presented the Fundraising Manager Progress Report and NHS Charities Together Grants & Monitoring Report. The Committee agreed to note the reports.

- The Director of Facilities and Infrastructure (Lead Director) presented the Review of Endowment Committee's Terms of Reference, Objectives and Policies. It was highlighted to the Committee that there had been no update from the Scottish Government on the implications of the National Review of Endowment Fund Governance Arrangements. The Committee approved the report.

- The Director of Facilities and Infrastructure (Lead Director) presented the Endowment Fund's Risk Strategy highlighting that progress had been made since the last review (January 2022) in implementing further controls. The Committee approved the report.

AUDIT AND RISK COMMITTEE

Minute of the Endowment Committee meeting held on Tuesday 21 October 2022 via Microsoft (MS) Teams

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Minute of the Forth Valley NHS Board Endowment Committee meeting held via Microsoft Teams 21st October 2022.

Participating:

Cllr. Fiona Collie, Falkirk Council Representative (Chair)
Mr. Robert Clark, Non Executive Director - Employee Director, Forth Valley NHS Board

Present:

Susan Bishop, Head of Improvement, Efficiency & Innovation, NHS Forth Valley
Mrs. Christine Crosbie, Finance Manager Endowments, NHS Forth Valley
Mr. Mark Fairley, Senior Finance Manager, NHS Forth Valley
Mr. Craig Holden, Fundraising Manager, NHS Forth Valley
Mr. Jonathan Procter, Director of Facilities and Infrastructure (Lead Director), NHS Forth Valley

1. APOLOGIES FOR ABSENCE

Mrs. Cathie Cowan, Chief Executive, NHS Forth Valley.
Mr. Scott Urquhart, Director of Finance, NHS Forth Valley.
Mr. John Stuart MBE, Non-Executive Member.
Cllr Danny Gibson, Stirling Council Representative.

The meeting was not quorate therefore the recommendations for approval were issued to Committee members for ratification following the meeting.

2. DECLARATIONS OF INTEREST

There were no declarations of interest.

3. MINUTE OF THE FORTH VALLEY NHS BOARD ENDOWMENT COMMITTEE MEETING HELD ON FRIDAY 10TH JUNE 2022

The Committee approved the minute of the Forth Valley NHS Board Endowment Committee meeting.

4. MATTERS ARISING

It was confirmed that Rathbones had been contacted with regard to advice around preserving the value of the portfolio. Rathbones have provided reassurance that their focus is on long term gains. A means of reducing the current level of volatility would be to lower the risk level set for the portfolio. The risk level is currently 5 (highest level is 6), so the portfolio is currently heavily weighted towards equity. Rathbones are going to attend the January Endowment Committee Meeting and present the implications of changing the risk level of the portfolio.

5. ANCHORS COMMUNITIES FUND

Susan Bishop, Head of Efficiency, Improvement & Innovation outlined the proposal to the Committee. The Health Board is supporting the formation of an NHS Forth Valley Anchor Board, with potential to contribute to the local communities' health and wellbeing. A proposal and an approach to the use of resources to support the Anchor Board and the program of work were presented at the September Anchor Board Meeting, and are currently under review. There were three components of the proposal as follows:

1. The program of work would be made up of a series of projects that would be prioritised and that there needed to be existing resources or new resources secured in order for those particular projects to go ahead.
2. A small Infrastructure fund to support particularly the employability work which is a large proportion of what the anchor program work is about. Employing people to meet our needs as an NHS Forth Valley organisation, but also remembering that a large number of our staff both live and work in Forth Valley. Therefore there would be a benefit to current staff, and also providing the opportunity to bring more people into work than have been before. The Infrastructure funding is yet to be agreed.
3. Creation of an Anchor Community Grants Program funded by NHS Forth Valley Endowments.

The development of a carefully considered purpose and criteria for the Anchor Community Grants Program is required to ensure no duplication with other community grant funding programs available within Forth Valley. It is proposed that the detailed proposal will be brought to the November Anchor Board Meeting. Thereafter, the Community Grants detailed proposal would be brought to the January Endowment Committee Meeting for approval.

Committee members confirmed that the proposal would need to be in line with OSCR regulations as well as the Endowment Committee Terms of Reference. Mr Craig Holden agreed to liaise with OSCR, Hazel Meechan, and Susan Bishop to ensure any proposal was compliant with charity law.

The Committee also requested that the financial amount/strategy is included within the proposal.

6i) FINANCIAL GOVERNANCE REPORT

Mrs Crosbie provided a summary of the receipt/ (utilisation) of funds during the reporting period. It was confirmed that for the six month period to 30th September, there was a net reduction in funds of £319,311. This decrease was driven by investment portfolio unrealised losses (+£344k) and realised losses (+£18k). The investment losses were partially offset by a net receipt (£42k) arising from charitable activities. The cumulative Endowment Fund balances at 30th September 2022 were £3,071,255.

Mrs Crosbie reported on Unrestricted Funds. There was an under-utilisation of £6,645 for the six months ending 30th September 2022. The key drivers were outlined to the Committee.

Mrs Crosbie also reported on the Restricted Funds movement during the reporting period with a net receipt of £32k, and a future net receipt of £114k in respect of the NHS Charities Together funding.

As at the end of September 2022, NHS Charities Together Second Wave projects had remaining expenditure of £6,925 relating to the NHS Charities Together funding. Three

projects have been awarded an extension to March 2023 for spending the grant funding. It was confirmed that Craig Holden, Fundraising Manager & Christine Crosbie, Finance Manager are in the process of finalising the position for the remaining projects.

The Stage 2 Community Partnership grant projects had spent a total of £34,138 vs total funding of £70,157 by the end of September. The Stage 3 Staff Recovery & Post Pandemic grant projects had spent £4,180 vs £31,561 by the end of September. The Committee were asked to note that the Fundraising Manager has reminded the Stage 3 project holders that spend should be underway. The Committee were also asked to note that Stage 2 & Stage 3 grant funding is awarded in six monthly instalments subject to satisfactory monitoring reports to NHS Charities Together.

Mrs Crosbie reported on designated funds. The total balance of designated funds as at the end of September was £321k. The majority of the balance relates to the D G Cochrane legacy (£203k) intended for Falkirk Royal Infirmary. It was confirmed that £23,568 from legacies and a further £5,206 from the 'Society of Friends Stirling Community Hospital' Fund has been allocated to the three approved large grants projects.

Mrs Crosbie updated the Committee on the performance of the Investment Portfolio (Appendix 5). It was highlighted that the value of the investment portfolio had decreased by c£384k since the start of 2022/23, and the unrealised gain balance was £277k at the end of September 2022.

Mrs Crosbie also updated the Committee on the investment management performance (Appendix 6). In relation to this, Ms Crosbie highlighted that the total return for the last three quarters had been lower than the investment manager targeted return. The Committee were also asked to note that the five year annualised return up to 30th September (2%) was lower than the investment benchmark targeted return of 2.3%.

Mrs Crosbie concluded by reporting on the small grant applications. Two applications had been received since the June Endowment Committee Meeting and have been directed to the relevant wards/units with a view to using the respective ward endowment funds. The outcome of the applications will be presented at the January Committee Meeting.

The outcome of the small grants application for the 'Psychological Therapies Team Water Coolers' was presented to the Committee. It was confirmed that £5,050 funding had been secured from restricted ward funds. The Endowment Committee were asked to approve remaining expenditure of £1,674 from the Stirling Community Hospital Society of Friends Endowment Fund, and £128 for sanitisation and cups for one year from the General Unrestricted Fund. The Committee recommended the expenditure for approval on the condition that the cups can be recycled therefore complying with the health board's commitment to sustainability.

The Committee recommended the approval of the Financial Performance report for the 6 months ended 30th September 2022.

6ii) INVESTMENT MANAGER REPORTS

It was confirmed that the investment manager reports for April to June 2022, and July to September 2022, had been included in the suite of papers.

7) SLOW-MOVING & OBSOLETE FUNDS REVIEW

Mrs Christine Crosbie reported that a review of the restricted funds had been carried out in accordance with the Financial Operating Procedure. There were 4 proposed obsolete funds

and 113 (of a total of 148) slow-moving funds. The four obsolete funds recommended for closure are as follows:

Fund Code	Name of Fund	Current Balance (Aug-22)	Aug-22 Status
8145	Loch View Garden Project	-£3.45	Obsolete - Residual balance of £3.45 to be transferred to 8100-Loch View General Fund
T318	Ward A22 Stroke Specific Rehab	-£6,294.29	Obsolete - Transfer balance to S402 – B21/22 Acute Stroke Unit.
T416	Acute Stroke Team	-£1,250.82	Obsolete - Transfer balance to S402 – B21/22 Acute Stroke Unit.
S419	Stroke Services Staff Educ'N.	-£310.19	Obsolete - Transfer balance to U756 – Wallace Suite Stroke Specific Rehab.

If the above is approved by the Committee, this will result in the consolidation of five stroke funds to two stroke funds. The T318-Ward A22 Stroke Specific Rehabilitation unit has been incorporated into Ward B21/B22 Acute Stroke unit therefore it makes sense to consolidate the funds. The T416-Acute Stroke Team fund balance originated from Stirling Royal Acute Stroke Team, therefore the balance can be transferred to S402 –B21/B22 Acute Stroke Unit. The S419-Stroke Services Staff Education fund has a small remaining balance so it is recommended that it is transferred to U756-Wallace Suite Stroke Specific Rehab, the smaller of the two proposed remaining stroke funds.

Following the meeting, a further Wallace Suite fund was identified. It is proposed that the U756 – Wallace Suite Stroke Specific Rehab fund is made obsolete, and the balance of £8,619.30 is transferred to 8401-SCH Wallace Suite. This will result in a total balance of £18,765.61 for Wallace Suite. ***This proposal was also added to the recommendations for approval that were issued to Committee members for ratification following the meeting.***

There are various spending plans under consideration by the wards/units for spending some of the slow-moving funds and these are included in the paper. The Committee pointed out that the plans to spend c£40k on a garden area for ICU patients would need to be considered by Facilities & Infrastructure to ensure it is in line with other plans for the Forth Valley hospital site. Christine Crosbie agreed to follow this point up. In order to reduce the volume of slow-moving funds, there are some recommendations being considered for approval as part of the formal policy on the length of time monies can remain in funds. This will be presented at the January Endowment Committee Meeting.

The Committee agreed (in principal) to the recommendations to make the 4 funds obsolete.

8i) FUNDRAISING MANAGER PROGRESS REPORT

The Fundraising Manager continues to focus on the NHS Charities Together Grant Programmes (see Item 8ii). A number of public donations have been processed during the reporting period, and the Fundraising Manager continues to liaise with Endowment

colleagues on a number of key areas. A reporting template for Artlink Central Key Performance Indicators has been produced which will accompany the Annual Report to be considered in March 2023. The Friends of Forth Valley Royal Hospital have signalled their intention to disband. Support has been offered to address issues but this has been refused. A letter of thanks will be issued from the Committee to acknowledge the support of the Friends of Forth Valley Royal Hospital.

8ii) NHS CHARITIES TOGETHER GRANTS & MONITORING

NHS Forth Valley Endowments have secured a total of £355,313 of grant funding from NHS Charities Together. The funding is split across various grant programmes.

Stage 1 Urgent Response Grant Projects
The Stage 1 Urgent Response Grant Projects are now complete. The Stage 1 Impact Report has been submitted.

Second Wave COVID Grants Programme
Sixteen of the projects are now complete. The Sensory Garden project has incurred an overspend which is being followed up by the Finance Manager Endowments. The Grow & Recover Together project is non-compliant as final spend is not yet complete. Three projects have received an extension to their finish date of 31st March 2023. All projects have returned their Six Monthly Monitoring Reports, and End of Project reports have been issued to 16 projects. A total of £6,322.72 of Second Wave funding remains unutilised as at 31st August 2022.

Stage 2 Grants Programme
NHS Charities Together have approved a Stage 2 Community Partnership Grants Programme adaptation request for the Stirling District Unpaid Carers Specialist Welfare Rights Project. The total amount of unutilised grant has been reduced by £15,000. Eleven projects remain on track with four projects yet to commence. Six Monthly Monitoring Reports will be issued to all projects between January 2023 and March 2023.

Stage 3 Staff Recovery & Post Pandemic Grants Programme
Four projects are currently on course. The other four projects have not incurred any expenditure to date, and this is being followed up by the Endowments Finance Manager. Six Monthly Monitoring Reports will be issued to all projects between December 2022 and February 2023. £75,000 of Stage 3 Recovery & Post Pandemic Grants Programme remains unallocated. It is recommended that the Fundraising Manager is authorised to invite bids for the remaining £75,000 Stage 3 Grant monies and consider projects currently under review, with the number of projects being restricted to two.

NHS Charities Together Development Grant
An NHS Charities Together Development Grant of £30,000 is available to NHS Charities. It is recommended that the NHS Forth Valley Endowment Fund apply for this development grant.

Recommendations for Approval
The Endowment Committee agreed (in principal) to note the progress of the NHS Charities Together Grants Programmes and associated projects.

The Endowment Committee agreed (in principal) to invite bids for the remaining £75,000 of the Stage 3 Grants Programme and restrict the number of projects submitted to a maximum of two. It was confirmed that bids will be presented at the January Endowment Committee for approval.

The Endowment Committee agreed (in principal) to authorise the Fundraising Manager and the Endowments Finance Manager to complete the self-assessment tool and the submission of the application form for the NHS Charities Together Development Grant. A review of other NHS Charities and discussions with the Director of Facilities & Infrastructure and the Chair of the Endowment Committee are to take place prior to submitting the application.

8iii) LARGE GRANTS PROGRAMME

At the Committee meeting held on 10th June 2022, the Trustees agreed to split the £23,567 large grants funding allocation for 2022/23 across the three large grants bids from Public Nutrition, Livilands and Artlink. Following this decision, the Fundraising Manager undertook additional consultation with the applicants in order to ascertain how they proposed to utilise this funding.

It is proposed that £7,856 is allocated to each of the following projects:

- Wellbeing Co-ordinator Greenspaces (Public Health Nutrition Team).
- Area for staff reflection in Courtyard J (Artlink Central)
- Health Inequalities & Early Intervention (Livilands Resource Centre)

It is proposed that an additional sum of £5,206 from the former Friends of Stirling Community Hospital is also allocated to the Investing in Health Large Grants Programme 2022/23 and that this is also allocated to the Health Inequalities & Early Intervention (Livilands Resource Centre) Project.

The Endowment Committee recommended the projects for approval.

9 EXTERNAL AUDIT TENDER

Mark Fairley, Senior Finance Manager provided an update (for noting) to the Committee. A similar update has been provided to the Audit Committee for noting. A number of bids were invited via the Procurement portal. Two bids were received, both of which were very high quality. The determining factor was price. The successful bid is our current external auditor Dickson Middleton and the contract is for 3 years, applicable to financial years 2022/23, 2023/24 and 2024/25. The last contract was for 3 years plus a 1 year extension. The fee is c£10,000 per annum and is in line with the previous contract.

10 RESEARCH & DEVELOPMENT FUNDING APPLICATION

This item was removed from the agenda as the application was not yet ready for approval.

11. ANY OTHER COMPETENT BUSINESS

The Endowment Committee Chair requested that members are reminded of the requirements for 3 non-executives to attend the Committee meetings to make them quorate. The meeting lasted 1 hour and 5 minutes and was concluded at 12.05pm.

12. DATE OF NEXT MEETING

The date of the next meeting of the Forth Valley NHS Board Endowment Committee is scheduled for Friday 20th January 2023.

FORTH VALLEY NHS BOARD
TUESDAY 31 JANUARY 2023

9.4.4 Staff Governance Committee Minute – 16 September 2022
For Assurance

Chair: Mr Allan Rennie, Non-Executive Director

Minute of the Virtual Staff Governance Committee meeting held on Friday 16 September 2022 via MS Teams

Present:	Mr Allan Rennie (Chair)	
	Mr Robert Clark	
	Cllr Wendy Hamilton	
	Mr Gordon Johnston	
	Mrs Karen Morrison	
	Ms Janette Sneddon	
In Attendance:	Mr Michael Brown	Mrs Gillian Morton
	Mrs Jacqui Bryceland	Ms Hilary Nelson
	Mrs Cathie Cowan	Mr James O'Kane
	Ms Linda Donaldson	Mr Jonathan Procter
	Mr Nicholas Hill	Miss Rebecca Reid (minute)
	Mrs Margaret Kerr	Mrs Linda Robertson
	Mrs Sara Mackenzie	Ms Rachel Tardito
	Ms Jackie McEwan	Miss Vicky Webb

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1. Welcome and Introductions

The Chair welcomed everyone to the meeting.

2. Apologies for Absence

Apologies were noted on behalf of Mr Cameron Raeburn, Ms Janie McCusker, Ms Karen Morrison, Mrs Elaine Bell, and Mr Stephen McAllister.

3. Minute of Meetings

The minute of the Staff Governance Committee meeting held on Friday the 13 May 2022 was approved as an accurate record.

4. Matters Arising from the Minute

There were no matter arising from the minute.

5 STAFF GOVERNANCE STANDARD ACTIVITY

5.1 Staff Governance Committee Workplan

The Staff Governance Committee considered a paper 'Staff Governance Committee Workplan' presented by Miss Linda Donaldson, Director of Human Resources.

Miss Donaldson informed the Committee that there had been key areas identified that should have been presented at the meeting but will not be presented until the Staff Governance Meeting December 2022. Committee members noted that the People Strategy 2022-2025 would not be presented as NHS Forth Valley had not yet received information from the National Culture and Wellbeing Strategy which will need to be incorporated into the refresh. The Workforce Plan had not been completed so the information required from the report was not available to be incorporated into the People Strategy 2022-2025 refresh.

The Well informed and Involved in Decisions report was anticipated to be presented at the meeting but had also been moved to December 2022. The Whistleblowing Annual Report was anticipated to be presented to the committee in December but had been moved forward and added the agenda for this meeting.

The Staff Governance Committee:

- ***Noted the changes to the schedule regarding the Staff Governance Committee Workplan.***

5.2 HR Director – Staff Governance Report

The Staff Governance Committee received the paper 'HR Directors Report' from Miss Linda Donaldson, Director of Human Resources

Miss Donaldson advised the committee that Mrs Linda Robertson would be presenting the first half of this paper and that the second half will be presented by herself along with a presentation from Mr Michael Brown with an update on eRostering and international recruitment.

Mrs Robertson informed the committee that the Supporting Worklife Balance Policy was under development and that there would be a one-month consultation of the policy in October which will allow individuals to provide feedback. Committee members noted that the National Once for Scotland Flexible Working Location policy had not yet been released due to ongoing unresolved terms and conditions issues.

A new interim Retire & Return policy was recently released which allows current members of staff to retire from their position and return on a part time basis to a role in the same job family. Committee members noted that no pay protection would be available so staff would be returning on the most recent pay point. It was also noted that medical & dental consultants will only be able to return on a locum basis.

The Committee were advised that work continues with the Youth Framework and Employability agenda. HR colleagues, as part of the Anchor Springboard planned a Job Fayre for early next year with partners from Forth Valley College and Serco. The target audience will be school leavers, students on pathways and highlighting current opportunities for people that may find it hard to enter the workforce and where there are gaps. Committee members noted that there are 6 modern apprentices currently completing SVQ qualifications within Forth Valley. Mrs Robertson highlighted that Project Search trainees have been able to return to their classroom within the Learning Centre at Forth Valley Royal.

Mrs Robertson gave the committee an overview of the absence management within Forth Valley and reported that the latest paper provided was from July 2022. Mrs Robertson highlighted that a stretch target of 4.5% had been set and a multidisciplinary improvement programme had commenced with the establishment of a partnership working group. Absences across Forth Valley had decreased from 6.18% in June to 6.04% in July, comprising 2% of staff on short term sick and roughly 4% on long term sick.

Looking at rates per service Clackmannan & Stirling HSCP had the highest overall absence of 7.93% noted as a decrease from June. Sickness absence groups showed that Nursing & Midwifery (unregistered) had the highest rate at 9.38% with Medical and Dental support being the second highest although this was a small group of staffing. The main reason for sickness and absence across all departments was due to anxiety, stress and depression making up 33.6% of all sickness absence.

Mr Robert Clark raised the question on whether committee members could be informed on how covid absence will be recorded going forward. Mrs Robertson confirmed that as of 1 September 2022 all staff including staff absent with long term covid will no longer be processed as special leave and will be recorded as sick leave.

Questions were raised by committee members on how the sickness and absence rates within Forth Valley compare to other boards and if there was any work going into the reasons behind such a high percentage of long-term sick staff. The committee were advised that most directorates have a DESAR group who meet monthly to review all sickness and absence in depth.

Ms Donaldson highlighted that work had been ongoing within employee relations with 6 capability, 15 dignity at work, 47 disciplinary hearings and 30 investigations and grievances. The percentage of completed PDR's is 14.2% and 16.1% which are in progress. Committee members noted that Mrs Cathie Cowan and Directors made a commitment that completion will reach 80% by March 2023.

Several senior management positions have been filled with Claire Colligan being appointed Deputy Director of Pharmacy and Stephen Kirkwood appointed as Chief Finance Officer Falkirk HSCP. Committee members noted that there was an interim position of Head of Service for emergency care & Inpatients that Jude Murray had been appointed. Frances Dodd the new Director of Nursing is due to begin in October 2022. The position of Deputy Director of Nursing is an interim position which will be a job shared between Patrick Rafferty and Jacqueline Bryceland.

Mr Michael Brown was invited to provide a brief update regarding international recruitment. A national Initiative was launched to commence international recruitment and Lisa Fairweather was appointed to assist with this. There had been 13 international candidates recruited to the workforce and all 13 recruits had successfully qualified in NMC registration and are now part of the workforce within Forth Valley. The families of the candidates had successfully been brought over to live along with support regarding housing needs which had been provided. Work had been ongoing with local financing teams to secure money locally to support the continuation of the initiative with the Scottish Government were to announce continuation of funding for a target of 52 international recruitments. In addition, the team are exploring recruitment in hard to fill areas for medical staff. Ms Janet Sneddon questioned what support mechanisms are in place to support recruits who no longer wish to remain in the programme to which Mr Brown advised that Lisa Fairweather controls and that support is provided 24/7. Committee members noted that an exit procedure is in place if it is required with a stream of work ongoing across Scotland.

Ms Donaldson informed the Committee that excellent progress had been made for eRostering with NHS Forth Valley being seen as an exemplar board for the ongoing work and an extensive national interest been shown for the work that had been done. Mr Michael Brown informed the committee that NHS Forth Valley are the first board in Scotland to introduce the rostering of all staffing groups. This was a 2-year project which had just been extended to 2024. ERostering allows for a consistent and fair timeframe for rosters to be produced and shared with staff. The system will link with staff bank to comply with safe staffing and to produce an audit trail. Work is ongoing to ensure information integrates with eESS and eventually links health roster directly with SSTS. Early implemented areas include ED which is now fully rostered electronically with full visibility and audit ability, A22, Occupational Health, Estates, Transport, Patient Flow. AAU is currently 98% completed with implementation of eRostering. Other areas currently progressing are B23, B21/22, OOH and Ward 3 Forth Valley Royal Hospital.

Ms Donaldson highlighted that the scope of the Speak up service had been adjusted slightly to reflect those not directly employed by NHS Forth Valley. Committee members noted that volunteers, students, trainees and Health and Social Care Partnerships now all have access to speak up services. In response to feedback from reporters, follow up contact 1-2 weeks after a meeting is being offered from the speak up service. This allows for further support, review actions and to take feedback on their experience. As part of the ED improvement plan sessions were identified for the speak up service to make themselves available to staff and had been well received. Ms Donaldson noted that the Scottish Speak up week will take place 3-7 October and communications will be provided to inform staff of this.

Since the launch of the service in December 2021, 26 people had come forward and as a sign posting service, 24% of cases had been signposted to HR, 22% other areas, 16% to Trade Union, 11% to a grievance, 11% whistleblowing, 8% bullying & harassment and 8% to Occupational Health. Key themes identified from these cases were that people do not feel like they are receiving satisfactory achievement of reported issues, isolation, and vulnerability with fear of repercussions of having raised a case and difficulties in workplace relationships. Staff had reported that the HR policies are lengthy and time consuming to read, access and use. Some of these policies are national policies so in terms of length not much can be done to resolve this out with the say of Sottish Government. Staff had also reported a lack of confidence in the HR processes due to cases not being resolved in a timely manner, so discussions took place at speak up meetings as well as with staff side to emphasise early resolution.

Ms Donaldson informed the committee that the new exit interview and feedback procedure was launched in February 2022. All staff who leave the organisation or move department are encouraged to complete an exit interview. As of 30 August 2022, 85 leavers had completed an exit interview which was 16% of all leavers since the launch of procedure. Committee members noted that 28 of those leavers requested face to face interviews. Some emerging themes included that staff felt valued in their role, they appreciated being given the opportunity to provide feedback, relationship issues with bullying and harassment, good communication within their team and some staff responded negatively to work-life balance. The free text section on the exit interview questionnaire saw key themes recommended by staff that may help improve working environment which included increasing of staffing levels, improved flexible working opportunities and better communication.

The band 2/3 reviews saw 831 Band 2 HCSWs and 222 Band 3 HCSWs job descriptions being reviewed against the newly agreed national Nursing Clinical Support Worker profiles. There had been 138 proformas for Band 2 review received and processed by Human Resources of which 135 had been processed by Payroll Services. There had been 3 members of staff who voluntarily chose to stay on the Band 2 job description. A further 241 proformas had been received which are currently sitting with payroll and HR to be processed. The anticipation of

completion for the reviews was noted as January 2023 but the back dating of pay to 2019 will take a considerably longer period. One area that issues had arisen was the content within one paragraph of the Mental Health job description which effects 24 members of staff who will be dealt with separately.

Ms Donaldson highlighted that the Our People strategy is being refreshed because of the new National Workforce Strategy where 5 pillars of workforce were identified and will be incorporated into the workforce plan and any ongoing work.

Reported at the previous Staff Governance committee was that Test and Protect workforce were no longer required due to the change in Government policy regarding PCR Testing. As an organisation a commitment was given to manage the transition for the workforce within test and protect. There are currently 27 staff on placements of a 3-month period to gain experience in another area, 13 resignations, 6 were redeployed, 6 returned to permanent posts and there are 22 fixed term contracts coming to an end.

T*he staff Governance Committee:*

- ***Noted the content of the paper***

5.3 Staff Support and Wellbeing

The Staff Governance Committee received the paper 'Staff Support and Wellbeing' from Ms Linda Donaldson, Director of Human Resources.

Ms Linda Donaldson invited Ms Rachel Tardito to provide the committee with a brief update of the paper.

Ms Tardito highlighted that the Strategic Workforce wellbeing plan was launched July 2022 following approval and ratification from NHS Boards and so far, had been met with positive feedback. Committee members noted the plan as being on track with initial proposed timeline following the launch, and still in the initial period of the 3-month review.

The aim of the plan was noted to provide an overview of the 4 pillars of wellbeing to coincide with the Staff Support and Wellbeing website which was relaunched. The website had seen a good amount of traffic from both returning and new visitors. The most utilised sections of the website currently had mental wellbeing and financial wellbeing. The website now features a manager's toolkit which was launched with the aim to provide managers with resources to support the wellbeing of themselves as well as their team. To provide support with this piece of work the team had been liaising with external colleagues from national wellbeing champions and through project lift. Ms Tardito advised that the next steps for the managers toolkit will be fact sheet and guides to support managers with regular information sessions with a different focus each month as well as the development of a managers' network to encourage and facilitate peer to peer support.

The Staff Support and Wellbeing support group continues to meet monthly and continues to grow in membership. The group had been investigating ways in which they can provide financial wellbeing support to staff with the current cost of living crisis and had been looking into the links between wellbeing and sleep health. A 'freshers week' event is being planned to allow staff to see first-hand the support services and social groups available and will allow the group to evaluate which areas of support would be most beneficial or requested by staff.

Ms Tardito highlighted that the Staff Support and Wellbeing group have been exploring ways to measure the success and impact of the Workforce Wellbeing plan and following the last meet of the group it was agreed that the adaptation of a Logic Model and action plan would be the most effective method. The model will help to show the connection between the needs

identified; the activities the group do and how this makes a difference and contributes to the outcomes they are seeking within our strategic plan.

The Staff Governance Committee:

- ***Noted progress made in the implementation of the Workforce Wellbeing Plan and associated workstreams and actions.***
- ***Noted the newly refreshed Staff Support and Wellbeing website and Manager's Toolkit.***
- ***Noted the ongoing work of NHS Forth Valley Staff Support and Wellbeing Programme Group.***
- ***Noted the creation and adoption of a tailored logic model and action plan to support measurement and evidence of success.***

5.4 Safe Staffing

The Staff Governance Committee received the paper 'Health & Care Safer Staffing' from Mrs Gillian Morton, Director of CPMO/Women and Children's Directorate

Mrs Gillian Morton invited Mrs Jacqueline Bryceland to provide a brief update on Health & Care safer staffing.

The Health and Care (Staffing) (Scotland) Act 2019 (HCSSA) provides the statutory basis for the provision of appropriate staffing in health and social care services, enabling safe and high quality care and improved outcomes for staff as well as service users. Mrs Bryceland advised the committee that implementation of the Act was placed on hold due to Covid-19, but a revised timeline had been released stating that full implementation will take place on 1 April 2024.

NHS Forth Valley had volunteered to be a test site for the pre-implementation testing of the effectiveness of the statutory guidance and are waiting to see the outcome of the offer. As part of the Act, Health Boards were encouraged to establish a Healthcare Staffing Programme Board and governance arrangements and utilise the Board self-assessment template to outline how NHS Forth Valley are meeting the duties under the act.

The Staff Governance committee

- ***Noted the content of this update and the confirmed timeline for the implementation of the Health and Care (Staffing) (Scotland) Act 2019.***

5.5 Update on Organisational Development Priorities including Learning, Education and Training and iMatter

The Staff Governance Committee received the paper 'Update on Organisational Development Priorities including Learning, Education and Training and iMatter' from Mrs Margaret Kerr, Head of Organisational Development.

Mrs Kerr highlighted that the iMatter 2022 survey was complete with a 56% response rate, EEI was 76%, noting that 89% of the organisation had received reports which was a positive outcome. In accordance with the target dates provided by Scottish Government for submission of action plans, 58% of plans had been submitted. To be included in the national report team stories were requested but none had been received so far. Committee members noted that the iMatter timeline for 2023 had been issued by Scottish Government.

NHS Forth Valley held a staff conference event in June 2022 in which over 170 employees attended over the two days. The event focussed on Compassionate Leadership and Culture

and was supported by keynote speakers, Professor Michael West, a Senior Visiting Fellow at The King's Fund and Professor of Organisational Psychology at Lancaster University, and Dr Andy Cope from the Art of Brilliance. The conference report created following this event highlighted that staff valued having the opportunity to attend this conference day. Key themes discussed on the day included self-care, wellbeing, and leadership. Planning is underway on how to take forward Compassionate Leadership and Culture Change within NHS Forth Valley.

The Mediation service which was launched in June across NHS Forth Valley had seen two cases successfully completed with other cases coming onboard. Mediation Supervision and CPD support for our Mediators is currently being planned for 2022/2023.

Following the development of the ED/OD plan which was implemented in June 2022 attendance at the sessions delivered had been poorly. Work is ongoing to better understand the reasons for the low engagement as sessions were communicated and advertised widely throughout ED. Attendance and feedback from the Reflection and Appreciation sessions were also very positive and although there was a lot of interest generated for the Courageous Conversations sessions these were stood down due to several no shows. Committee members noted that work is required to better understand the challenges for attendance.

The Nurse Educator continues to excel with the clinical sessions in the department. Support sessions had also offered for the Nurse Educators and Clinical Nurse Managers across Acute Services particularly around Courageous Conversation as this was a topic that was specifically requested.

Mrs Kerr informed the committee that work with LABS is about to recommence. The leading for the future leadership development cohort 12 had started and is being well received.

The Staff Governance Committee:

- ***Noted the contents of this update and receive future updates on these and other areas.***

5.6 Whistleblowing Update

The Staff Governance Committee received the 'Whistleblowing Update' from Mr Gordon Johnston, Whistleblowing Champion.

New Whistleblowing Standards had been launched 1 April 2022 with a significant amount of work undertaken to ensure that the standards had been implemented across NHS Forth Valley.

Mr Johnston assured committee members that whistleblowing KPI's are being met in Quarter 5, however there are still a small number of cases being reported. Committee members noted that this is the case across Scotland and not just with Forth Valley. Activity has started again due to previously being stood down due to covid.

In addition, the new standards required an annual report to be submitted to the Independent National Whistleblowing Officer summarising all work undertaken to implement whistleblowing in 2021/2022. This report was provided to the members of the Staff Governance Committee.

The Staff Governance committee

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

5.7 ED Oversight and Assurance of External Review

The Staff Governance Committee received the paper 'ED oversight & assurance of staff governance section of ed improvement action plan' from Ms Linda Donaldson, Director of Human Resources.

Responsibilities had been delegated to the Staff Governance Committee to oversee the implementation, monitor progress, and escalate issues relating to the staff governance recommendations set out in the ED Improvement action plan. All work within the implementation plan had been completed apart from the band 2/3 work which will be concluded by January 2023.

Mrs Cathie Cowan was introduced to provide the committee with an overview of the establishment of the ED Working Group. Staffside presented concerns to Mrs Cowan and Mrs Janie McCusker on how to review and monitor the impact of the Board's responses to the ED specific recommendations as set out in the ED Improvement Action Plan. It was agreed that the ED Working Group would be put in place. The draft Terms of Reference was submitted to the APF which was approved following minor adjustments requested. The groups first meeting was scheduled for 26 September 2022.

Mrs Donaldson informed the committee that the ED Oversight and Assurance Subcommittee Group implemented assurance processes that involved undertaking ad hoc deep dive reviews of ER cases. To date 6 cases had been reviewed with a further 3 scheduled at present. Through these deep dives key areas noted for improvement and learning included further focusing on early intervention and resolutions, KPI's and timescales, and availability of time for investigating managers as well as documentation processes and training. Areas of good practice identified included that there are examples of reflective practice and shared learning undertaken by HR practitioners, early intervention is encouraged, and that allocation of HR support on receipt of management referral.

Following the implementation of the Workforce Performance Reports across all Directorates and HSCPs and following the recent ED review, the development of Key Performance Indicators relating to NHS Scotland Workforce Policies was recognised as a key requirement that would allow performance assessment.

The staff governance committee:

- ***Considered the content of the paper and acknowledge the responsibility of the committee to oversee implementation of the outstanding Staff Governance and HR review actions***
- ***Noted the ongoing OD work to provide support and development of ED staff and the ED/OD plan has commenced and that the main programme was implemented on 1st June 2022 and that quarterly updates will be provided.***
- ***Noted that the Chief Executive will be providing quarterly reports on progress to the health board and integration joint authorities.***
- ***Noted that this will be a standing item within staff governance committee workplan and that progress against the ED implementation action plan will be reviewed at each meeting.***
- ***Noted the establishment of an ED working group co-chaired by the CEO / Employee Director to develop and agree ways to measure the impact of investment decisions on staff wellbeing and provide assurance that the staff governance standard is being applied within the emergency department.***
- ***Noted the commencement of the quality assurance audit process relating to ER cases and the learning highlighted***

- ***Noted the development of Workforce Policy Key Performance Indicators and the plan to move into phase 2 of the programme***

5.8 Staff Government Assessment Tool and Action Plan

The Staff Governance Committee received the 'Staff Governance Assessment Tool and Action Plan' presented by Ms Linda Donaldson, Director of Human Resources.

This paper was provided to the Staff Governance Committee to highlight the progress against the Staff Governance action plans which were completed by all Directorates and HSCP's, following the self-assessment against the 5 strands of Staff Governance Standard.

Ms Donaldson advised the committee that progress against the action plan will now be a standing item on the Staff Governance Committee workplan and will be reported to the committee on a quarterly basis.

The Staff Governance Committee:

- ***Noted that all Directorates and HSCPs having undertaken an assessment against the 5 strands of the Staff Governance Standard have completed action plans to address the gaps identified***
- ***Noted that progress reports against these plans will be provided quarterly and have been added to the Staff Governance Committee Workplan***

6 STAFF GOVERNANCE ANNUAL REPORTS

6.1 Equality and Diversity Workplan

The Staff Government committee received the 'Equality & Inclusion Strategy Progress Update' from Mrs Linda Donaldson, Director of Human Resources

The Committee was informed that the NHS Forth Valley Equality & Inclusion Strategy "Everyone Means Everyone" 2021-2025 was approved by the board in November 21. The Equality and Inclusion Service had now been transitioned from the Nursing Directorate to the HR Directorate. The Equality & Inclusion delivery plan will be reported on a quarterly basis.

The Ethnic Minority framework is soon to be launched within NHS Forth Valley which had been developed with Scottish Government.

The Staff Governance Committee:

- ***Noted the progress update on the implementation of the Equality & Inclusion Strategy "Everyone Means Everything" 2021-25. The strategy was approved by the NHS Board in November 2021.***
- ***Noted progress to continue to deliver the Equality & Inclusion work plan to achieve the outcomes as outlined.***
- ***Noted the learning from covid and changes implemented to aspects of service delivery and staffing as a result.***
- ***Noted the transfer of corporate leadership and management of Equality and Inclusion from the Nursing Directorate to the HR Directorate from the end of August 2022***
- ***Support leadership requirement for maintaining Equality & Inclusion with service delivery, staff support and employment practice***

6.2 NHS Forth Valley Workforce Plan 2022-2025 – Draft

The Staff Governance Committee received the 'Workforce Planning' paper presented by Ms Linda Donaldson, Director of Human Resources.

Mr Alan Rennie informed the committee that the NHS Workforce Plan 2022-2025 had already been submitted to the Scottish Government as submission dates fell in between NHS Board meetings and Staff Governance Committee Meetings. Subsequently Scottish Government had provided verbal feedback.

Ms Donaldson advised that the first meeting with Scottish Government colleagues from service planning and workforce had been held. Verbal feedback from Scottish Government noted that they were happy with the content and the quality of the plan that NHS Forth Valley had submitted.

There were only a small number of areas that were noted as needing additional information. One area being the section regarding Nursing, feedback described this as an exemplar piece of work and wished for the same level of detail to be applied to AHP's and Health sciences. They also requested that the gaps are identified and what work will be commenced to resolve these. The staff support and Wellbeing had good information, but it was requested that more information be provided on the commitments of NHS Forth Valley to ensure that wellbeing is being encouraged throughout the organisation.

Formal feedback had still to be received from Scottish Government which will provide more detail of what work is required but as for the moment work had already started on inputting the additional information that was noted verbally. The draft Workforce plan had also been submitted to ACF, ELT and APC with the anticipation feedback to be provided.

Mr Rennie highlighted to the committee that all feedback would be appreciated and for this to be submitted to Ms Donaldson after the meeting. Ms Donaldson confirmed that the updated version of the Workforce Plan will be presented at the NHS Board Meeting held on 27 September 2022 so any feedback would need to be submitted ahead of the meeting. Committee members noted that the plan is scheduled to be published on NHS Forth Valley's website by 31 October 2022.

Mr Jonathan Procter took the opportunity to acknowledge the amount of work that had gone into the document and appreciated the chance to contribute regarding Facilities and Support Service to which Ms Donaldson highlighted that the Scottish Government were impressed to see the section included and that it showed good practice.

The Staff Governance Committee:

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

6.3 Annual PDP and Medical Appraisal Report

The Staff Governance Committee received the 'Annual PDP and Medical Appraisal Report' from Mrs Margaret Kerr, Head of Organisational Development.

The NHS Knowledge and Skills Framework (KSF) applies to all staff who are employed under Agenda for Change (AFC) terms and conditions which supports a fair and robust approach to the PDP process. This allows for quality conversation between managers and staff members.

Overall completion of PDPs was reported at 35.4% with the breakdown being 5371 not been starts, 1245 PDPs in progress and 1099 have been signed off. Support is being offered to staff and managers to encourage completion of PDPs and TURAS appraisals.

Medical appraisals are a one to one interview which involve a constructive dialogue to support personal and professional development. SOAR is a system used to record medical appraisals and consists of 4 domains. The Responsible Officer which is the Medical Director and Appraisal Leads will review Form 4's to check all necessary documentation have been completed. Figures from 2021-2022 Medical Appraisals show 339 appraisee's, 261 have been completed and 74 not created but this figure does include staff on long term leave.

Mrs Cowan informed Mrs Kerr that an issue which has previously been flagged to Scottish Government and yet to be resolved is that some executives are unable to upload any of the completed PDP documents to TURAS appraisal to which Mrs Kerr confirmed that she will look in to this further to resolve the issue.

7 RISK MANAGEMENT

7.1 Health & Safety Quarterly Report

The Staff Governance Committee received the paper 'Health and Safety Quarterly Report from Mr Jonathan Procter, Director of Facilities and Infrastructure/ Digital eHealth Lead.

Mr Procter highlighted some key points from the paper which included a planned Health & Safety Executive inspection of laboratories within Microbiology which was completed with no formal actions to report albeit some verbal feedback was provided, and a full report had been submitted to the Health & Safety Committee. The number of events reported under RIDDOR in Q1 remained stable. There had been issues with the reporting 9-day KPI of adverse events, a lot of work had gone in to resolving the issue but there is still some work required. Manual Handling and Violence and Aggression training compliance was noted to meeting expectations but there is a projected fall for Q2 & Q3.

Mr Jonathan Procter invited Mr James O'Kane to provide a more in-depth overview of some of the points that had been highlighted. Mr O'Kane noted that there had been 10 events reported under RIDDOR which is the same as Q4 and this quarter last year. Q4 saw 108 reports of covid-19 workplace transmissions but Q1 of this year as seen no further reports being made.

Non-clinical adverse events accounted for 60% of total events reported in Q1 with 1554 events. There was a significant dip of events reported in February which continued into Q1 which mostly related to patient slip, trips, and falls. 86% of adverse events were reported within 3 days of occurrence and 58% were reviewed within the 9-day target which is an increase of 3% from Q4. Communications were circulated regarding the 9-day KPI of reviewing adverse events targeting events older than 1 April which saw a response of 319 of the 543 outstanding being reviewed.

In person training compliance for Manual Handling had increased by 10% to 66%. The latest figures for Violence and Aggression saw a 14% increase to 57% compliance. Both Mental Health and Violence and Aggression trajectory of compliance is in line with expectations. High risk areas for Violence & Aggression were targeted to achieve 90% compliance by June 2022 but the achievement was 82%. Projection was adjusted to 94% by the end of September 2022 depending on attendance.

Control Books were audited in 11 areas with score ranging between 14-72%. Control Book holders have now been requested to submit an update on progress against action plans which will now be considered in future quarterly reports.

Mr O'Kane advised that Health & Safety Committees had now been established in 4 directorates. An addition of actions identified in Q3&4 had been included in the Health & Safety report with any progress that had been made against these actions and will continue to be included in future Health & Safety reports.

Mrs Cathie Cowan commented on the range of compliance seen with regards to the Control books and felt that the provision of support would be an important point of discussion to be taken to the Executive Leadership Team. Another concern raised by Mrs Cowan was that not all directorates were following regulation with the establishment of a Health & Safety Committee and asked if further communication with directorates to offer more support may be a solution to increase compliance.

The Staff Governance Committee:

- ***Approved the contents of the report as providing assurance regarding health and safety issues for NHS Forth Valley***

7.2 Risk Management Report - Workforce

The Staff Governance Committee received the paper 'Strategic Risk Register – Q3-4 2021/22 Update to Staff Governance Risks' from Mrs Sara Mackenzie,

Mrs Mackenzie highlighted that risks have remained static this quarter but that there was some progress to report to the committee. A new risk had been aligned to the Performance & Resources committee in relation to Environmental Sustainability. Work commenced to review and split up SRR001 Primary Care focusing on the Primary Care Improvement Plan and aligning to the Staff Governance Committee. A revised strategic risk called Primary Care Sustainability had been drafted and is currently undergoing governance process. The risk had been submitted to the Primary Care Operational Group which will be discussed at their next meet in October 2022. The review of the risk is the result of an internal audit recommendation. The internal audit recommendation is also questioning whether the risk will remain within the Staff Governance Committee or be aligned to the Clinical Governance Committee.

There had been progress against the Workforce Plan risk which had been updated to 75% progress to reflect recognition that the plan had been submitted and feedback had been provided.

The risk trend analysis highlights the current position of the entire strategic risk register highlighting 11 static risks with 1 new risk. As a result of the Environmental Sustainability risk this had shifted the risk profile slightly.

The Staff Governance Committee:

- ***Considered the assurance provided regarding the effective management and escalation of Staff Governance risks***

- ***Endorsed the Staff Governance Strategic risks for Quarter 1 2022/23 for onward reporting to NHS Board***

8 REPORTS FROM OTHER COMMITTEES

8.1 Health and Safety Committee – 03.05.22

The Staff Governance Committee noted the assurance provided through the minute of the Health and Safety Committee meeting held on 3 May 2022

8.2 Area Clinical Forum – 19.05.22

The Staff Governance Committee noted the assurance provided through the minute of the Area Clinical Forum meeting held on 19 May 2022

8.3 Area Partnership Forum – 17.06.22

The Staff Governance Committee noted the assurance provided through the minute of the Area Partnership Forum meeting held on 17 June 2022

8.4 Clackmannanshire & Stirling HSCP Joint Forum – 23.06.22

The Staff Governance Committee noted the assurance provided through the minute of the Clackmannanshire & Stirling HSCP Joint Forum held on 23 June 2022

8.5 Facilities and Infrastructure Partnership Group – 26.05.22

The Staff Governance Committee noted the assurance provided through the minute of the Facilities and Infrastructure Partnership Group held on 25 May 2022

9 ITEMS FOR NOTING

9.1 Circulars and Policies

The Staff Governance Committee noted the Circulars and Policies.

10 ANY OTHER COMPETENT BUSINESS

Mrs Cathie Cowan wished to provide the committee with information regarding notice periods for newly appointed colleagues who are Agenda for Change band 7 and above.

As of 16 September 2022, the decision was made that all new staff in band 7 and upwards will need to provide a 3 month notice period. Regrettably partnership colleagues had not agreed with this decision, but Mrs Cowan highlighted that she felt it was a necessary adjustment that needed to be made. This decision was made in the hope that the new policy would reduce the impact felt by other team members and patients due to increased workload. The hope is that this will eventually be a national process but for now is a policy that will apply to NHS Forth Valley colleagues going forward.

11 DATE OF NEXT MEETING

Friday 16 December 2022 via MS Teams

FORTH VALLEY NHS BOARD
TUESDAY 31 JANUARY 2023

9.5.1 Clackmannanshire and Stirling IJB – 29 June 2022
For Assurance

Chair: Mr Allan Rennie, Non-Executive Director, NHS Forth Valley

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Draft Minute of the **Clackmannanshire & Stirling Integration Joint Board meeting** held on **Wednesday 29 June 2022, at 2pm, via Microsoft Teams**

PRESENT

Voting Members

Allan Rennie (Chair), Non-Executive Board Member, NHS Forth Valley
Councillor Martha Benny, Clackmannanshire Council
Councillor Wendy Hamilton, Clackmannanshire Council
Councillor Janine Rennie, Clackmannanshire Council
Councillor Danny Gibson, Stirling Council
Councillor Martin Earl, Stirling Council
Councillor Rosemary Fraser, Stirling Council
John Stewart, Non-Executive Board Member, NHS Forth Valley
Gordon Johnston, Non-Executive Board Member, NHS Forth Valley
Andrew Murray, Medical Director, NHS Forth Valley

Non-Voting Members

Annemargaret Black, Chief Officer, IJB and HSCP
Ewan Murray, Chief Finance Officer, IJB and HSCP
Alan Clevett, Third Sector Representative, Stirling
Anthea Coulter, Third Sector Representative, Clackmannanshire
Helen Macguire, Service User Representative, Clackmannanshire
Robert Clark, Employee Director, NHS Forth Valley
Pamela Robertson, Joint Trade Union Committee Representative, Clackmannanshire Council
Marie Valente, CSWO, Stirling Council

Advisory Members
Nikki Bridle, Chief Executive, Clackmannanshire Council
Isabel McKnight, Chief Operating Officer Communities and Performance
Lesley Fulford, Senior Planning Manager, HSCP
David McDougall, Clerk, Stirling Council

In Attendance
Carolyn Wyllie, Head of Community Health and Care, HSCP
Wendy Forrest, Head of Strategic Planning and Health Improvement, HSCP
Kathy O'Neill, General Manager, Primary Care and Mental Health Directorate, NHS Forth Valley
Lesley Middlemiss, Primary Care Improvement Programme Manager, NHS Forth Valley
Sonia Kavanagh, Business Manager HSCP (minutes)

1. APOLOGIES FOR ABSENCE

The Chair welcomed everyone to the meeting, and especially those who were attending for the first time.

Apologies for absence were noted on behalf of:
Narek Bido, Kathleen Brennan, Cathie Cowan, Lorraine Robertson, Abigail Roberts, Eileen Wallace, Carol Beattie and Martin Fairbairn.

It was also noted that due to technical problems both Paul Morris and Louise Murray were unable to get into the meeting.

2. NOTIFICATION OF SUBSTITUTES

Andrew Murray on behalf of Cathie Cowan, NHS Forth Valley
Isabel McKnight, on behalf of Carol Beattie, Stirling Council

3. DECLARATIONS OF INTEREST

There were no declarations of interest noted.

4. URGENT BUSINESS BROUGHT FORWARD BY CHAIRPERSON/EMERGENCY ITEMS

None.

5. MINUTE OF MEETING HELD ON 23 MARCH 2022

The Integration Joint Board approved the draft minute of the meeting held on 23 March 2022 as correct.

6. CHIEF OFFICER UPDATE

The Integration Joint Board considered the report provided by Ms Annemargaret Black, Chief Officer.

Ms Black also welcomed the new IJB members and noted introductory development sessions would be arranged.

Updates were provided including the recent National Care Service Bill, the ongoing pressures faced by services and the impact of the fuel cost increases on travel costs.

The Integration Joint Board discussed the National Care Service Bill which would involve a major change process while still dealing with operational pressures and that further clarification still to be provided.

The Integration Joint Board:

1) Noted the content of the report and updates provided.

7. BUDGET AND FINANCE

7.1 Year End Financial Report to 31 March 2022

The Integration Joint Board considered the paper presented by Mr Ewan Murray, Chief Finance Officer.

Both the IJB and Finance and Performance Committee had received regular updates and financial monitoring reports throughout the year. An overview of the financial performance and draft financial position for 2021/22 financial year was provided, subject to statutory audit.

The Scottish Government had published its Resource Spending Review on 31 May 2022 along with an updated Medium Term Finance Strategy. An updated Financial Framework for Health and Social Care was due in the coming months. The projections for the next 5 years showed a relatively flat outlook which had resulted in a 'reset' for public finances by the Cabinet Secretary for Finance and the challenging outlook for HSCPs was outlined. The IJB's Medium Term Financial Plan was due to reviewed and an update would be provided to the Finance and Performance Committee in August prior to the IJB meeting in September 2022.

Mr Murray set out the draft final financial position with an, as expected, breakeven on the Integrated budget and an overspend of £0.476m on the Set Aside budget for large hospitals which was to be met in full by NHS Forth Valley. The total reserves at 31 March 2022 were £28.457m which was higher than the projected estimate within the 2022/23 IJB Revenue budget of £22.277m and the report included an analysis of movements including the impact of Scottish Government allocations received late in the financial year. Covid funding within the IJB reserves had been confirmed as the final Covid consequential funding for costs in relation to delegated integration functions of the IJBs and as a result there was a significant estimated in year gap of between £600m-£900m across the Scottish Health and Social Care Portfolio budget as a whole. Work was taking place to reduce and mitigate this financial risk as much as possible.

Mr Murray also highlighted the indicative financial pressure emerging for the first 2 months of the year and significant focus was required to mitigate financial risk in the current year. It was acknowledged that this would be very challenging in the face of significant ongoing system pressures and high inflation. A fuller report on the Quarter 1 financial projections and covid financial return to Scottish Government would be presented to the IJB Finance and Performance Committee in August.

In response to a query regarding funding set aside for unpaid carers, Mr Murray confirmed that while the money had not been ring fenced in Local and Scottish Government settlements the IJBs approved revenue budget included provision for additional spend in supporting unpaid carers and this was aligned to the updated Carers Investment Plan which would be considered at the next IJB meeting.

The Integration Joint Board:

1) Noted the fiscal outlook and update in relation to the Scottish Government Spending Review
2) Noted the breakeven position on the Integrated Budget after drawing funding from further Covid allocations provided by Scottish Government and the overspend in relation to the Set Aside budget for Large Hospital Services, met by NHS Forth Valley
3) Noted the above position reflected the guidance and agreement with Scottish Government in relation to financial year 2021/22.

4) Noted the indicative month 1 financial position.
5) Approved the issuing of final directions in respect of 2021/22 financial year to the constituent authorities

7.2 IJB Draft Accounts

The Integration Joint Board considered the paper presented by Mr Murray, Chief Finance Officer.

Mr Murray noted that the 2021/22 Draft IJB Annual Accounts would usually be considered by the Audit and Risk Committee, however due to the timing of the May 2022 Local Government elections and confirmation of IJB membership this had not been possible. This had been highlighted and discussed with the IJB's External Auditors, Audit Scotland who were content with the approach being taken. The Audit and Risk Committee would consider the wider governance issues and other matters at its meeting in August 2022.

The public inspection period was due to run from 30 June 2022 and accounts published on the HSCP's website in line with regulations. Following the external audit process over the next few months the audited accounts would then be presented to the Audit and Risk Committee in October for consideration prior to formal approval by the IJB in November 2022. The final accounts would include an overview of performance, aligning to the final Annual Performance Report which was also due to be considered and approved by the IJB in November. Any further comments in relation to the accounts and in particular the Management Commentary to be highlighted to the Chief Finance Officer.

Councillor Rennie commended the accounts and particularly the clarity of the management commentary.

The Integration Joint Board:

1) Considered and commented on the 2021/2022 Draft IJB Annual Accounts and approved them for issue

8. PLANNING, COMMISSIONING, DIRECTIONS and NEEDS ASSESSMENT

8.1 Strategic Improvement Plan - Update

The Integration Joint Board considered the paper presented by Ms Wendy Forrest, Head of Strategic Planning and Health Improvement.

The Strategic Improvement Plan set out the ambitious programme of service review and re-design across community health and care services, incorporating legacy commitments and previous actions to address inspection recommendations.

Ms Forrest highlighted the activity, volume and significant number of actions completed during the challenges and continuing response to the pandemic to ensure strategic priorities were met.

The Integration Joint Board:

1) Noted the volume of activity underway and completed within the HSCP

2) Approved the Strategic Improvement Plan and ask officers to progress the actions and activities
3) Asked for officers to provide an update at Integration Joint Board meeting against the actions outlined in the Plan.

8.2 Development of new Strategic Commissioning Plan

The Integration Joint Board considered the paper presented by Wendy Forrest, Head of Strategic Planning and Health Improvement.

Ms Forrest explained that strategic commissioning was the process by which health and care services were planned, purchased and monitored, including the strategic needs analysis, service planning and design, procurement, performance and quality monitoring. Therefore, the development of the Strategic Commissioning Plan was one of the key requirements of the IJB as the overarching commissioning body for all delegated functions, as laid out within the Scottish Government Guidance.

Although the current Strategic Plan was for the period April 2019 to March 2022, the IJB had agreed in September 2021 to carry this forward into 2022-2023 due to the ongoing impact of the pandemic. The programme of work to develop the new 10 year Plan was set out and had been considered by the Strategic Planning Group and Transforming Care Board to provide assurance that all relevant stakeholders and partners would be involved.

A wide range of engagement and participation would take place and following feedback and the output from the Strategic Needs Assessment along with the principles of ethical commission and values of equalities and rights- based approaches, the new Plan would go out to consultation later in the year for final consideration prior to consideration and approval by the IJB in March 2023.

The Integration Joint Board:

1) Approved the approach to develop the 10-year Strategic Commissioning Plan for April 22 / March 23 to April 32 / March 33.

8.3 Self-Directed Support Improvement Plan

The Integration Joint Board considered the paper presented by Ms Wendy Forrest, Head of Strategic Planning and Health Improvement.

The Health and Social Care Partnership recognised and had re-stated its commitment to the ethos of personal outcomes, choice and control. The IJB had also approved funding at their meeting in May 2021 for a dedicated Self-Directed Support (SDS) Lead Officer to ensure the principles and practices of SDS were embedded and to make the ongoing improvements required.

The areas of focus were outlined and a SDS Steering Group, with membership including supported people, carers, third sector providers, partners, trade union representatives, HSCP senior managers, practitioners and commissioners, had been established to oversee and drive the work set out within the Project Plan. Ms Forrest also highlighted that the group was being co-chaired with herself by a previous IJB member, Shubhanna Hussain-Ahmed (Unpaid Carers representative/Coalition of Carers).

In response to a question about what was a ‘good outcome’, Ms Forrest explained it involved good conversations, enabling people to have the choice and

control over the type and level of support they wanted. It was about what people wanted to achieve for themselves with support.

The Integration Joint Board discussed the importance of data to understand the reasons why certain options may not be chosen. Ms Black noted the challenges to collate such information and analyse themes with the current social work systems in place across both Clackmannanshire and Stirling, however alternative routes would be explored.

The Integration Joint Board:

1) Approved the content of the attached Self-Directed Project Plan.
2) Sought for officers to provide regular updates on the implementation of the Self Directed Support Implementation Plan.

8.4 Developing Integrated Strategic Workforce Plan 2022-2025

The Integration Joint Board considered the paper presented by Ms Wendy Forrest, Head of Strategic Planning and Health Improvement.

The initial draft of the Integrated Strategic Workforce Plan 2022-2025 was due to be submitted to Scottish Government by 31 July 2022 following consultation with a wide range of stakeholders. It would be aligned to the National Workforce Strategy and NHS Recovery Plan and would seek to improve the strategic alignment between each of the organisations' workforce, financial and service planning.

A Workforce Planning Group had been established to oversee the development of the Plan including gathering current recruitment, HR and workforce data across the three organisations which would then need to be presented in a similar and consistent format. The draft would then be further developed following feedback from Scottish Government, with final submission due in October 2022.

The Integration Joint Board:

1) Noted the submission date for the first draft to Scottish Government of this Integrated Workforce Plan is 31 July 2022.
2) Approved approach to meeting the tight deadline out with meeting cycle of IJB.
3) Approved that officers provide an updated final draft for IJB at September 2022 meeting.

8.5 Alcohol and Drug Partnership Delivery Plan - Update

The Integration Joint Board considered the paper presented by Ms Wendy Forrest, Head of Strategic Planning and Health Improvement.

Ms Forrest provided a brief outline of the key activities and provision of the MAT Standards set out within the detailed and technical report. The Alcohol and Drug Partnership (ADP) was committed to explore how it could better involve people with lived and living experience to enhance its strategic planning function and meet the local need including adverse death and harm reduction.

The Integration Joint Board discussed adverse deaths, including suicide, the services and support required and how to measure improvement/success. Ms Forrest advised that rather than just looking at clinical responses to adverse deaths there was a need for a whole system, holistic approach to ensure the

views of the family and wider support services were included. This would provide a rounded learning and review process to fully understand what could be done differently.

The Integration Joint Board:

1) Approved the content of the report.
2) Approved the extension of the GCL Contract for a further 12 months from October 2022 for the reasons set out at section 2.20.
3) Sought for officers to provide regular updates on the implementation of the Alcohol and Drug Partnership Delivery Plan.

8.6 FVRH ED Culture and Governance: progress Update

The Integration Joint Board considered the paper presented by Mr Andrew Murray, Medical Director, NHS Forth Valley.

Mr Murray provided an update on the recent External Review of the Emergency Department (ED) commissioned by the NHS Chief Executive in response to a formal complaint from the Royal College of Nursing and Unison about staff experience/culture in ED. This was subsequently expanded to include system wide clinical, staff and corporate governance arrangements.

An ED Oversight and Assurance Sub Committee had been set up and the scrutiny for the ED Improvement Action Plan and implementation including the organisational development work had been delegated to the Health Board's Assurance Committees.

The Integration Joint Board:

1) Noted the progress update on actions undertaken by the Health Board.
2) Requested quarterly updates on progress from NHS Forth Valley as previously agreed by the IJB
3) Noted the oversight and scrutiny in place in NHS Forth Valley.

8.7 Primary Care Improvement Plan – End of Phase Report

The Integration Joint Board considered the paper presented by Ms Kathy O'Neill, General Manager, Primary Care and Mental Health Directorate

Ms O'Neill introduced Lesley Middlemiss, Primary Care Improvement Programme Manager who provided an update on the Primary Care Improvement Plan and the end of programme report following the 4 year implementation phase. This included the additional staffing as part of the multidisciplinary teams (MDT) such as Pharmacists, and Advanced Nurse Practitioners etc and the ongoing work to review the workforce planning assumptions and costs.

The Integration Joint Board noted the excellent programme of work to bring services closer to communities. However, it was noted that while feedback regarding the MDTs had been positive further communication was necessary to promote the new approach and ensure people knew that they did not necessarily need to see a GP.

The Integration Joint Board:

1) Noted the progress of the Primary Care Improvement Plan (Appendix 1)
2) Noted the Primary Care Improvement Fund Overview (Appendix 1, page 33). This outlined the programme spend for year 2021/22. This also

outlined the impact of cost of the existing plan updated for 2022/3 including the anticipated funding uplift from Scottish Government.

3) Approved the programme funding plan with an ongoing non-recurring budget risk of £1,299m, similar to previous year, noting that NHS Forth Valley agreed to continue hold this financial risk. This enabled minor programme revisions to occur in order to manage risk around skill mix review, re-banding of health care support workers, pharmacy service resilience and to increase to the number of care homes supported by the urgent care team. (See finance section of paper).
4) Approved the draft PCIP5 Scottish Government Reporting Tracker summarising service cover, workforce and spend. (Appendix 1, page 40-41) submitted as required to government at the end of April 2022.

8.8 Primary Care Premises Initial Agreement: Final Submission

The Integration Joint Board considered the paper presented by Ms Kathy O'Neill, General Manager, Primary Care and Mental Health Directorate

A report on the Programme Initial Agreement (PIA) and the emerging model of care was considered by the IJB on 23 March 2022, to seek support for the investment proposal for Primary Care premises. The Strategic Planning Group had then received updates as the PIA developed.

The PIA process included engagement with stakeholders regarding the role of primary care within a transformed, integrated care system and the opportunities for effective and efficient investment. A preferred service model for the future delivery or primary care services was proposed and the development of existing and new 'hub' based models of care to support.

Following approval of the PIA work would commence to progress with 4 separate Outline Business Cases for the localities.

The Integration Joint Board:

1) Endorsed the Primary Care Initial Agreement document.
2) Noted that, following approval by the Scottish Government, work would commence to progress with 4 locality based outline business cases.
3) Noted that the first outline Business Case would focus on the Stirling City, with the Eastern Villages, Bridge of Allan and Dunblane locality.

8.9 Primary Care Submission to Mental Health and Wellbeing – Draft Plan

The Integration Joint Board considered the paper presented by Ms Kathy O'Neill, General Manager, Primary Care and Mental Health Directorate

A programme of Investment in Mental Health and Wellbeing in Primary Care was announced by the Scottish Government in November 2021. The programme would be rolled out over 4 years and would involve investment of over £40m across Scotland. Funding breakdown for Clackmannanshire and Stirling had been received up to March 2025 with 2025/2026 still to be announced.

A single Local Planning Group had been established to oversee the design of the submission and ensure an overall consistent approach to delivery across both Falkirk HSCP and, Clackmannanshire and Stirling HSCP. The attached submission for a hybrid model of delivery involved a combination of services which were embedded in each GP Practice and service which would support

patients registered with a group of GP Practices at locality level. The key focus would be to increase the numbers of community link workers in partnership with Third Sector Interface. For years 3 and 4 the focus would be on designing the wider multidisciplinary team at locality level and further scoping required around model.

Feedback/approval was still to be received following submission at the end of May 2022 to Scottish Government as required.

The Integration Joint Board:

1) Approved the submission to the Scottish Government (Appendix 1).
2) Noted the contents of the funding letter (Appendix 2).
3) Noted that release of funding is subject to review and approval of the submission by the National Oversight Group.

9. PERFORMANCE

9.1 Q3 Performance Report (Oct-Dec 2021)

The Integration Joint Board considered the paper presented by Ms Wendy Forrest, Head of Strategic Planning and Health Improvement.

Ms Forrest noted the delay in providing the Q3 Performance report due to operational pressures through winter to gather the relevant information and data. The Integration Joint Board noted the comprehensive and detailed report and the opportunity to highlight any specific areas of interest for inclusion in the Annual Performance Report which was currently being developed.

The Integration Joint Board:

1) Reviewed the content of the report.
2) Noted that appropriate management actions continued to be taken to address the issues identified through these performance reports.
3) Approved quarterly reports that were normally presented first at the Finance & Performance Committee and subsequently at the next available Board meeting.

10. NATIONAL AND PERSONAL OUTCOMES

There were no papers for consideration under this item.

11. POLICY AND LEGISLATIVE REQUIREMENTS

11.1 IJB Vice Chair and Committee Membership 2022/2024

The Integration Joint Board considered the paper presented by Lesley Fulford, Senior Planning Manager regarding IJB Vice Chair and Committee Membership for 2022/2024.

The Integration Joint Board:

1) Approved the following nominations:

Integration Joint Board (Section 2)

a) Stirling Council confirmed their nomination of Councillor Danny Gibson for the Vice Chairperson of the IJB on the 29 June meeting

Audit and Risk Committee (Section 3)

b) The Integration Joint Board nominated Councillor Martin Earl as Chairperson for Audit and Risk Committee

c) The Integration Joint Board nominated Martin Fairbairn for Vice Chairperson of Audit and Risk Committee

Finance and Performance Committee (Section 4)

d) The Integration Joint Board nominated Councillor Wendy Hamilton for Chairperson of Finance and Performance Committee

e) The Integration Joint Board nominated Gordon Johnston for Vice Chairperson of Finance and Performance Committee

Membership of Committees (Section 5)

Approved the nominated membership for the Audit and Risk Committee and Finance and Performance Committee and noted NHS Forth Valley still required to confirm the further one Health Board non-executive for the Audit and Risk Committee and the three Health Board nonexecutives for the Finance and Performance Committee.

Programme of Meeting dates (Sections 7 and 8)

f) Approved the proposal for Audit and Risk Committee dates laid out in table 2.

h) Approved the proposal for Finance and Performance Committee dates in table 3.

12. ITEMS NOTED

12.1 Care Home Report
12.2 Action Log
12.3 Decision Log
12.4 Minutes
- **i. Strategic Planning Group – 16 February 2022**
- **ii. Joint Staff Forum – 10 February 2022**
- **iii. Clinical and Care Governance Group – 27 January 2022**

13. VIDEO CASE STUDY – Lived Experience

Ms Black introduced a short film where a woman told her story of lived experience and being impacted by her husband's relapse back to substance use. She also shared supports they received, and the outcomes achieved as a result

The Integration Joint Board noted the moving story which highlighted the role everyone has to tackle the stigma and language used around alcohol and drugs.

14. ANY OTHER COMPETENT BUSINESS (AOCB)

A proposal to hold the next meeting in person was noted and possible locations including those in the community would be explored.

15. DATE of NEXT MEETING

21 September 2022 at 2pm

FORTH VALLEY NHS BOARD
TUESDAY 31 JANUARY 2023

9.5.1 Clackmannanshire and Stirling IJB – 21 September 2022
For Assurance

Chair: Mr Allan Rennie, Non-Executive Director, NHS Forth Valley

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Draft Minute of the **Clackmannanshire & Stirling Integration Joint Board meeting** held on **Wednesday 21 September 2022 at 2pm in Stirling Council Chambers and MS Teams**

PRESENT

Voting Members
Allan Rennie (Chair), Non-Executive Board Member, NHS Forth Valley
Councillor Martha Benny, Clackmannanshire Council
Councillor Wendy Hamilton, Clackmannanshire Council
Councillor Janine Rennie, Clackmannanshire Council
Councillor Danny Gibson, Stirling Council
Councillor Martin Earl, Stirling Council
Councillor Rosemary Fraser, Stirling Council
John Stuart, Non-Executive Board Member, NHS Forth Valley
Martin Fairbairn, Non-Executive Board Member, NHS Forth Valley
Gordon Johnston, Non-Executive Board Member, NHS Forth Valley
Stephen McAllister, Non-Executive Board Member, NHS Forth Valley

Non-Voting Members
Annemargaret Black, Chief Officer, IJB and HSCP
Ewan Murray, Chief Finance Officer, IJB and HSCP
Alan Clevett, Third Sector Representative, Stirling
Anthea Coulter, Third Sector Representative, Clackmannanshire
Dr Kathleen Brennan, GP Clinical Lead, HSCP
Robert Clark, Employee Director, NHS Forth Valley
Pamela Robertson, Joint Trade Union Committee Representative, Clackmannanshire Council
Marie Valente, CSWO, Stirling Council
Dr Andrew Murray, Medical Director, NHS Forth Valley
Abigail Robertson, Staff Representative, Stirling Council
Sharon Robertson, CSWO, Clackmannanshire Council
Eileen Wallace, Service User Representative
Narek Bido, Third Sector Representative, Stirling

Advisory Members
Nikki Bridle, Chief Executive, Clackmannanshire Council
Carol Beattie, Chief Executive, Stirling Council
Lesley Fulford, Senior Planning Manager, HSCP
Lee Robertson, Senior Manager of Legal and Governance and Monitoring Officer, Clackmannanshire Council

In Attendance
Carolyn Wyllie, Head of Community Health and Care, HSCP
Wendy Forrest, Head of Strategic Planning and Health Improvement, HSCP
Sarah Hugh-Jones, Head of Information Governance, NHS Forth Valley (Item 11.2)
Sandra Comrie, Business Support Officer (minutes)

1. APOLOGIES FOR ABSENCE

The Chair welcomed everyone to the meeting, and especially those who were attending for the first time.

Apologies for absence were noted on behalf of:
Helen Macguire, Paul Morris, Louise Murray and Cathie Cowan.

2. NOTIFICATION OF SUBSTITUTES

There were no notifications of substitutes noted.

3. DECLARATIONS OF INTEREST

There were no declarations of interest noted.

4. URGENT BUSINESS BROGHT FORWARD BY CHAIRPERSON/EMERGENCY ITEMS

None.

5. MINUTE OF MEETING HELD ON 29 JUNE 2022

The Integration Joint Board approved the draft minute of the meeting held on 29 June 2022 as correct.

6. CHIEF OFFICER UPDATE

The Integration Joint Board considered the report provided by Ms Annemargaret Black, Chief Officer.

Ms Black thanked colleagues working across the HSCP, partners, Third Sector, unpaid carers and service users for their continued support and also welcomed the new IJB members.

Updates were provided including the ongoing pressures faced by social care and health services, due to workforce capacity and the demands on services. Ms Black highlighted significant improvements which were being made and evidenced by the HSCP's performance improvements with delayed discharges and reduction in occupied beds. Ms Black confirmed that following on from the decision made at the IJB meeting in March, recruitment was progressing with the 3 rapid assessment teams, one each for rural and urban Stirling as well as Clackmannanshire, and a personal care team for rural Stirling.

The significant challenges being faced were outlined and the measures in place to significantly improve both this year as well as progressing into the next year, including unmet need and care at home capacity. Ms Black highlighted that following the query

at the last IJB meeting regarding support for unpaid carers, work on a recovery plan was taking place with Carers Centres.

The Integration Joint Board discussed the pressures and challenges being faced and the ongoing work to address these. In response to a question regarding the projected level of unmet need for care at home and whether the IJB would have the opportunity to consider possible mitigations or responses as part of the review of the Strategic Plan, Ms Black advised of a range of ongoing actions in place which have been reviewed as we approach winter. The HSCP were also working on early intervention/prevention with Third Sector and a patch based approach to multi disciplinary team working. These actions would also be considered as part of the new Strategic Plan Delivery Plan. The IJB will consider this for approval in 2023.

Winter pressures were also discussed and when the planning for this winter would take place. Ms Black confirmed that planning had already commenced for the HSCP from July 2022 and the pan Forth Valley approach had now also begun. The Winter Plan will be presented at the next IJB. In response to the question raised about the vaccination transformation programme in rural areas, Dr Kathleen Brennan confirmed practices would continue to do vaccinations, but different options were being looked at.

The Integration Joint Board:

1) Noted the content of the report and updates provided.

6. CHIEF OFFICER UPDATE

6.1 IJB APPOINTMENTS

The Integration Joint Board considered the paper presented by Ms Annemargaret Black, Chief Officer.

It was noted that the NHS Health Board were still to confirm their membership of the Finance & Performance Committee (F&P). Due to this and advice received, the formal F&P Committee meeting scheduled for 9 September 2022 was not able to take place and was replaced with a briefing seminar on Winter Planning and finance.

The recommendations were discussed and whether it was appropriate for the NHS FV Chief Executive to be a member of the Audit and Risk Committee. It was noted that the Scottish Government had been contacted by the Health Board regarding additional Non-Executive Board members to support the various committees of the NHS Board and both IJBs and had now been raised as a formal concern. However, it was noted that the lack of NHS capacity to take up membership was impacting the operations of the IJB's sub committees.

The Integration Joint Board:

1) Approved the recommendation that Cathie Cowan, NHS Forth Valley Chief Executive be appointed as a member of Audit and Risk Committee (section 1), noting the ongoing discussions with Scottish Government
1) Approved the review of the terms of reference for the IJB Finance and Performance and Audit and Risk committees
2) Approved Sarah Hughes Jones, Forth Valley, to be appointed as Data Protection Officer (DPO) (section 2)

3) Approved Lee Robertson, Clackmannanshire Council, to be appointed as Standards Officer (section 2) Sarah Hughes Jones and Lee Robertson were all welcomed.

7. BUDGET AND FINANCE

7.1 FINANCIAL REPORT

The Integration Joint Board considered the paper presented by Mr Ewan Murray, Chief Finance Officer.

The Finance Report was set within the context of a health and social care system continuing to operate under extreme pressure. The report presented was based on financial performance up to 31 July 2022.

Mr Murray set out the draft final financial position with projected overspends of £1.259m on the Integrated budget and £1.623m on the set aside budget for large hospital services. The financial risk for the set aside is currently being met in full by NHS Forth Valley. The projection on the integrated budget excluded the impact of utilising the covid funding to meet estimated exceptional demand and cost increases attributed to covid, this would reduce the projected overspend on the integrated budget to £0.196 million. This was anticipated to be met through a combination of grip and control actions and increased focus of delivery of savings and efficiency programmes over the remainder of the financial year, where this could be achieved safely and without compromising the partnerships performance.

Significant financial issues and pressures were set out in section 3 of the paper and highlighted the level of uncertainty and potential for volatility in the projections over the remainder of the financial year as referenced in the report.

As previously agreed, an initial review of reserves had been conducted and reserves and expenditure plans would continue to be reviewed. As a result of the review, £0.237m earmarked reserves were not required for their earmarked purpose, and it was proposed to re purpose these.

In response to a query whether this would provide a break-even position Mr Murray explained that due to the uncertainty and impact of the current economic conditions and high inflation, while this year should be manageable through financial grip and control actions and increased focus on savings delivery bigger challenges faced the partnership next year and the following financial years. Mr Murray went on to confirm there would be difficult choices around priorities and disinvestment to remain financially sustainable while still moving forward with services and improvements.

The Integration Joint Board discussed the covid reserves and Mr Murray explained the money which the Scottish Government had allocated to the IJBs could only be spent on delegated functions of the IJB, including the set aside budget for large hospital services. Mr Murray explained that the Q2 return and cost projections would be as accurate as possible so that the basis of any reclaiming excess funding by the Scottish Government did not compromise the IJB's own financial position in any way.

Further discussion took place around the reasons for the proposal to re-purpose some of the earmarked reserves with no current expenditure plans, to support the additional capacity required for preparedness for establishment of a National Care Service. To ensure appropriate discussion and due diligence it was proposed that recommendations 7 and 8 should be deferred.

The Integration Joint Board:

1) Noted the 2022/23 projection based on Financial Performance for the first 4 months of the financial year
2) Approved the revision of the Set Aside Budget for Large Hospital Services to incorporate senior medical staffing budget subject to a due diligence review to confirm the adequacy of the transferred budgets
3) Noted the Significant Financial Issues and Pressures.
4) Noted the updates in respect of Covid Reserves, Cost Projections and Considerations
5) Noted that Scottish Government will reclaim surplus Covid reserves from the IJB and this will be based on Quarter 2 financial returns.
6) Noted that an initial review of IJB reserves has been undertaken
7) Agreed to defer the approval of the re-purposing of an initial £0.237m of earmarked reserves for the earmarked purpose for additional capacity required to support preparedness for establishment of a National Care Service (NCS)
8) Agreed to defer the approval of delegating authority to the Chief Officer and Chief Finance Officer to re-purpose further earmarked reserves with no current expenditure plans up to a maximum of £0.100m, should expenditure plans not be brought forward by the end of quarter 2. Such re-purposed reserves would also be earmarked to support

8. PLANNING, COMMISSIONING, DIRECTIONS, AND NEEDS ASSESSMENT

8.1 Draft Integrated Strategic Workforce Plan 2022-2023

The Integration Joint Board considered the paper presented by Ms Wendy Forrest, Head of Strategic Planning and Health Improvement.

Ms Forrest explained that the draft plan had been submitted to Scottish Government by 31 July 2022 as required with feedback still to be received.
During the development of the draft Workforce Plan, feedback from a wide range of stakeholders had been sought including clinical and professionals leads from both Councils and NHS Forth Valley, staff side/unions as well as Third and Independent Sector representatives and unpaid carers. In addition, a gap analysis had been undertaken regarding both Councils and NHS staff and those services/staff commissioned by the HSCP to provide care and support. This information would be used to inform the workforce required in the future to meet demand and needs of the people of Clackmannanshire and Stirling and then connect and align to the new Strategic Commissioning Plan which was due to be considered by the IJB in March 2023.

The Integration Joint Board discussed the age demographics of the current workforce and the importance of ensuring continuity. Ms Forrest highlighted the current recruitment campaign to attract younger people into community care.

The Integration Joint Board:

1) Noted the submission date for the first draft to Scottish Government of this Integrated Workforce Plan was met for 31st July 2022.
2) Agreed the approach to continue to seek feedback from stakeholders and partners on the draft Plan before final submission in October 2022.
3) Sought for officers to provide a final version following October 2022 submission deadline back to Scottish Government.

8.2 HSCP Transforming Care Board & Transforming Care Plan

The Integration Joint Board considered the paper presented by Ms Wendy Forrest, Head of Strategic Planning and Health Improvement.

Ms Forrest highlighted the significant amount of work undertaken and commitment to ensure compliance with policies and statutory requirements. This included using transformation to achieve best value and support primary care across the community and the Third Sector in relation to Link Workers. The significant transformation and change taking place was noted especially during such challenging times.

In response to a note of caution raised about the learning disability review Ms Black gave reassurance that the Transformation Care Board focussed on achieving better outcomes and better value. Any redesign of services would involve engagement and participation with staff, supported people and unpaid carers to ensure needs and requirements informed decisions. She highlighted that a programme of IJB seminars was being worked on to provide an opportunity to do deep dives on areas of concerns/interest.

In response to a query about recruitment timescales to the rural/rapid teams, Ms Wyllie provided an update on recent appointments and the continual campaigns in place for ongoing and future recruitment. Councillor Earl suggested sharing the recruitment campaign links with other Ward councillors to support and further promote into the community.

The Integration Joint Board:

1) Noted the progress made by the HSCP Transforming Care Board in establishing a robust and productive approach to transformation across the delegated functions of the HSCP, especially given that this has been achieved alongside the pandemic response.
2) Continued to support the purpose and remit of the HSCP Transforming Care Board, the approaches used during its operation, and the priorities detailed within the Transforming Care Plan.
3) Approved the presentation of annual assurance reporting on Transforming Care Board activity every September from this point forwards.

8.3 Update on the Delivery Plan for the Alcohol and Drug Partnership

The Integration Joint Board considered the paper presented by Ms Wendy Forrest, Head of Strategic Planning and Health Improvement.

Ms Forrest provided assurance in relation to the requirements of the Scottish Government and implementation of the Medication Assisted Treatment (MAT) Standards. Work continued to support the development of the strategic response to substance use harms and the leadership to ensure services continued to work collectively to meet increased demand for substance use services.

Ms Forrest noted that any areas of work required could be taken to the ADP for consideration and stressed that funding for those services/support which continued to make a difference to people's lives would not be removed.

The Integrated Joint Board:

1) Approved the content of the report.
2) Sought for officers to provide regular updates on the implementation of the Alcohol and Drug Partnership Delivery Plan.

8.4 HSCP Strategic Improvement Plan

The Integration Joint Board considered the paper presented by Ms Wendy Forrest, Head of Strategic Planning and Health Improvement.

Ms Forrest explained that this was a standing item and related to work brought forward from the 2018 Strategic Inspection and explained the strategic improvement plan was also aligned with the Transformation Plan for consistency. Ms Forrest explained a more detailed Improvement Plan would be developed to provide assurance on how the new Strategic Commissioning Plan due to come to the JIB meeting in March 2023 for approval would be delivered.

The Integration Joint Board:

1) Noted that completed actions have been removed from this report as we transfer these actions to the Transforming Care Board report.
2) Approved the Strategic Improvement Plan and ask officers to progress the actions and activities.
3) Sought for officers to provide an update at Integration Joint Board meeting against the actions outlined in the Plan.

8.5 Update of the Carers' Investment Plan

The Integration Joint Board considered the paper presented by Ms Wendy Forrest, Head of Strategic Planning and Health Improvement.

Ms Forrest explained this update related to the previous work presented to the IJB and the Carers Recovery Plan to support both Carers organisations and wider organisations such as those who support people who are affected by dementia. It was noted that the Carers Lead post was at interview stage and a Short Breaks coordinator was now in post.

The Carers Planning Group was discussed and the importance of a wide range of membership to ensure the views of various carers were heard to inform services.

The Integration Joint Board:

1) Noted the progress made to implement the requirements of the Carers Act through the delivery of the Carers Investment Plan.
2) Agreed and supported the creation of a Carers Recovery Plan in response to the impact of the pandemic.
3) Approved for officers and carers' representatives to bring further reports during 2022/23 on progress against the actions outlined above.

9. PERFORMANCE

9.1 Quarter 1 Performance Report (April – June 2022)

The Integration Joint Board considered the paper presented by Ms Wendy Forrest, Head of Strategic Planning and Health Improvement.

Ms Forrest explained that this report gives oversight for board members on a quarterly basis around the work we are doing to report and manage our performance. Ms Forrest provided a brief outline of the pressures around the delivery of care and support and the increased capacity they have been able to draw on throughout the year. These papers highlight the measurement of their success in terms of what they have been able to achieve.

In response to a query regarding how effective our plans are to improve performance in areas such as care at home. Ms Forrest explained that the investment in rural and rapid teams is just in the recruitment process and going forward there would be increased capacity and community support working with 3rd Sector and independent sector colleagues.

The Integration Joint Board:

1) Reviewed the content of the report.
2) Noted that appropriate management actions continue to be taken to address the issues identified through these performance reports.
3) Approved quarterly reports that are normally presented first at the Finance & Performance Committee and subsequently at the available Board meeting.

10. NATIONAL AND PERSONAL OUTCOMES

10.1 HSCP refreshed approach to Self-Directed Support

The Integration Joint Board considered the paper presented by Ms Wendy Forrest, Head of Strategic Planning and Health Improvement.

Ms Forrest explained this update is to offer assurance to the board about how seriously we take our refreshed approach to self directed support, commitment to choice and control and ensuring good outcomes for people. Ms Forrest explained the delivery of training over the next 3 months.

A query was raised regarding eligibility criteria and how this is changing. Ms Forrest explained the legislative requirements around eligibility criteria. In addition, a query was raised around information that's available to the public in respect of eligibility criteria and Self-Directed Support. Ms Forrest explained that they are working on developing staff training, regarding Self-Directed Support and information that will be available to the public.

11. POLICY AND LEGISLATIVE REQUIREMENTS

11.1 Code of Conduct, Register of Interest, Standard's Officer

The Integration Joint Board considered the paper presented by Ms Lee Robertson, Senior Manager of Legal and Governance and Monitoring Officer.

Ms Robertson explained the purpose of the Code of Conduct and members responsibility to adhere to it. Training will be put in place and dates will be submitted to the board for consideration.

In response to a query regarding having to complete multiple forms for different Board roles, Ms Robertson confirmed she would be happy to help with this.

The Integration Joint Board:

1) Approved the revised Code of Conduct for Members of the Board for submission to Scottish Government in Appendix A;
2) Noted the requirement for submissions of the Register of Interests as detailed in paragraph 3; and
3) Noted that the Standard's Officer will revert to the Board on training for the new Code of Conduct; and
4) Approved the appointment of Senior Manager and Monitoring Officer for Legal & Governance, Clackmannanshire Council, as Standard's Officer for the Board as detailed in the appointments paper.

11.2 Information Assurance Report

The Integration joint Board considered the paper presented by Sarah Hughes-Jones

Ms Hughes-Jones explained the purpose to provide assurance to the board that it is meeting its statutory responsibilities under data protection, freedom of information and records managements legislation.

The Integration Joint Board:

1) Considered and approved the Information Governance activity for the year 2021/2022
2) Noted that Sarah Hughes-Jones has joined NHS FV as their Head of Information Governance and approve she will be the Data Protection Officer for the Clackmannanshire and Stirling IJB as detailed in the appointments paper.

11.3 Climate Change Report 2021/2022

The Integration Joint Board considered the paper presented by Ms Lesley Fulford, Senior Planning Manager.

Ms Fulford advised the IJB on their statutory duty to produce a climate change report for the previous financial year and submit this to the Sustainable Scotland network. Ms Fulford explained the 3 elements of the public body climate change duties. These are mitigation in terms of reducing greenhouse gas emissions, adaptation in terms of adapting to impact of the change in the climate and acting sustainably in terms of sustainable development as a core value. Ms Fulford explained that in parts of the report we refer to constituent body reports for NHS Forth Valley, Clackmannanshire Council and Stirling Council. The approval of this report will ensure the board meets its requirements under the Climate Change Act.

The Integration Joint Board:

1) Noted statutory duty to produce a Climate Change Report under the Climate Change (Scotland) Act 2009.
2) Approved the draft Climate Change Report 2021 / 2022 for submission to Sustainable Scotland Network.

11.4 IJB and Committee dates for 2023/2024

The Integration joint Board considered the paper presented by Ms Lesley Fulford, Senior Planning Manager.

Ms Fulford apologised for an error in the report, the dates refer to next financial year not this financial year. Ms Fulford proposed new board meeting dates for approval for financial year 2023/2024.

The dates for the committees were identified as being out by a few days, Ms Fulford made a commitment to go back to committee members with revised dates.

The Integration Joint Board:

1) Approved the proposed Integration Joint Board programme of meeting dates for 2023/2024 set out in paragraph 3.1.
2) Approved March 2024 meeting is focussed on budget, associated directions and delivery plan only set out in paragraph 3.
3) Approved the proposed Integration Joint Board Audit and Risk Committee programme of meeting dates for 2023/2024 set out in paragraph 4.1.
4) Approved the proposed Integration Joint Board Finance & Performance Committee programme of meeting dates for 2023/2024 set out in paragraph 5.1.

12. FOR NOTING

12.1 Action Log

Noted

12.2 Decision Log

Noted

12.3 Minutes

a Strategic Planning Group – 11.05.2022
b Joint Staff Forum- 23.06.2022
c Clinical and Care Governance Group – 31.03.2022 and 26.05.2022

Noted

13. VIDEO CASE STUDY – Lived Experience

Ms Black introduced a short film of 2 frontline workers working across both council areas delivering social care and reablement. She also confirmed this would be used as a recruitment video where members of the public can access an application to apply for vacancies.

14. ANY OTHER COMPETENT BUSINESS (AOCB)

A question raised by Martin Earl, has the board considered having an HSCP board member sitting on the Active Stirling Board. He feels this would not be a huge commitment and would benefit both Bodies.

15. DATE OF NEXT MEETING

23 November 2022 at 2pm

FORTH VALLEY NHS BOARD
TUESDAY 31 JANUARY 2023

9.5.2 Falkirk IJB – 02 September 2022
For Assurance

Chair: Dr Michele McClung, Non-Executive Director, NHS Forth Valley

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Minute of meeting of the Integration Joint Board held remotely on Friday 2 September 2022 at 9.30 a.m.

Voting Members:	Fiona Collie (Vice Chair) Stacey Devine Anne Hannah Gordon Johnston Michelle McClung (Chair)
Non –voting Members:	Margo Biggs, Service User Representative Patricia Cassidy, Chief Officer (Item IJB20) Robert Clark, NHS Forth Valley Staff Representative Frank Donnelly, Carer Representative David Herron, GP Representative (Item IJB26) Steven Kirkwood, Interim Chief Finance Officer (Items IJB21 & IJB24) Sara Lacey, Chief Social Work Officer Victoria McRae, Third Sector Interface Andrew Murray, Medical Director (Item IJB29) Roger Ridley, Falkirk Council Staff Representative
Also Attending:	Michelle Campbell, Personal Assistant, Social Work Tracey Gillespie, HR Manager, Falkirk Council (Item IJB25) Sarah Hughes-Jones, Head of Information Governance, NHS Forth Valley (Item IJB31) David Keenan, HSCP Governance Support Officer Elaine Kettings, Chief Nurse Lesley MacArthur, Partnership Funding Co-ordinator (Item IJB22) Calum MacDonald, Performance and Quality Assurance Manager (Item IJB28) Colin Moodie, Chief Governance Officer Kathy O'Neill, General Manager, Primary Care & Mental Health (Item IJB26) James Paterson, HSCP Graduate Paul Surgenor, Communications Officer (Item IJB33) Martin Thom, Head of Integration (Item IJB23) Suzanne Thomson, Senior Service Manager (Items IJB27, IJB30 & IJB32) Gail Woodcock, Head of Integration

IJB16. Apologies

There were apologies from Stephen McAllister, Kenneth Lawrie and Gillian Morton.

IJB17. Declarations of Interest

There were no declarations of interest made.

IJB18. Minute

Decision

The Integration Joint Board approved the minute of meeting held on 10 June 2022.

IJB19. Action Log

Decision

The Integration Joint Board noted the Action Log.

IJB20. Chief Officer Report

The Integration Joint Board considered a report by the Chief Officer which provided an update on current developments within the Falkirk Health and Social Care Partnership (HSCP). The report also provided an update on the ongoing systems pressures being experienced across health and social care services.

The report provided information on the following matters:-

- **Delegated authority to the Chief Officer;**
- **Systems Pressures;**
- **HSCP Structure;**
- **HSCP Service Update;**
- **Forth Valley Royal Hospital Emergency Department (ED) Improvement Action Plan: Progress Update;**
- **Tackling Poverty in Falkirk;**
- **National Care Service;**
- **Scottish Covid-19 Inquiry, and**
- **IJB Financial Update.**

The Chair of the ADP had initiated a full review of the operation, membership, and governance of the ADP. This would ensure it is able to continue to fulfil its obligations in light of recent changes in policy, and in recognition of local priorities. This review was supported by the ADP Lead Officer and considered future processes for the commissioning of local services. The IJB approved the appointment of Martin Thom, Head of Integration as Chair of the ADP in September 2019. It had been anticipated this would be for a three-year term. However, as a result of the review, it was recommended to approve a further one-year term to allow work to progress.

The Board asked how Partners could work together to ensure that they would continue to progress strategic work in anticipation of a National Care Service. In

response, the Chief Officer said that the work outlined in the meeting papers had demonstrated that as a Partnership, they had progressed significant strategic work despite the Covid-19 pandemic. The Partnership would continue to contribute professionally into the national discussions and would continue to deliver the Strategic Plan at pace.

In relation to the proposed investment in capacity across the HSCP structure, the Board asked how many of the proposed posts had been newly created and how many had been posts within the current establishment. In response, the Chief Officer referred to section 5.9 of the report in further detail.

In response to a question from the Board, the Head of Integration (G Woodcock) provided an update on the number of delayed discharges for people who had been in hospital or community hospital beds. At the time of the meeting, there had been 60 people delayed in their discharges across the system. This had represented an improvement on the beginning of August where there had been 79 people delayed in their discharges.

Decision

The Integration Joint Board:-

(1) agreed to continue to delegate authority to the Chief Officer, to be reviewed at the Board meeting in November 2022;

(2) noted the ongoing work being progressed around the HSCP structure to ensure that the Partnership was able to deliver its priorities in line with the Strategic Plan;

(3) appointed Martin Thom, Head of Integration, as ADP Chair for a further one year term to allow work to progress, and

(4) noted the progress update on the ED External Review and requested quarterly updates to oversee and seek assurance on progress.

IJB21. 2022/23 Finance Report

The Integration Joint Board considered a report by the Chief Finance Officer which provided a summary of the financial position for the three- month period ended 30 June 2022 and included the projected outturn for the year.

A net underspend of £0.346m had been reported at 30 June 2022, primarily due to overspend pressures within set aside and primary care services and a community healthcare services underspend, largely in respect of community hospitals. The forecast outturn had anticipated a break-even position by 31 March 2023.

The overall annual budget for the financial year 2022/23 had amounted to £277.532m, comprising £240.665m in respect of the integrated budget and £36.867m in respect of set aside. This represented an increase of £15.020m compared to the £262.512m budget reported to the IJB in June which had been due to a number of additional in-year funding allocations, budget transfers and reserve movements.

The report highlighted key issues in terms of year-to-date performance in relation to:-

- Large hospital services (set aside);
- Primary healthcare services;
- Community healthcare services;
- Social care services, and:
- Year to date savings deliver.

In relation to Covid-19, Scottish Government funding had not been anticipated in the 2022/23 financial year to cover Covid-related costs. The Scottish Government had provided additional year end funding in 2021/22 to meet ongoing costs. Covid-19 reserves of £16.269m had been available for the financial year to meet future Covid-related costs. In the absence of new Scottish Government Covid-19 funding, NHS Forth Valley had sought funding from the Integration Joint Board for the use of Covid-19 reserves to meet set aside costs in 2022/23 financial year.

The Scottish Government had provided funding for Mental Health facilities improvements in a letter dated 29 March 2022, with plans for the use of the funding to have been submitted to the Scottish Government in June 2022. Joint plans, in conjunction with Clackmannanshire & Stirling Integration Joint Board, to the estimated value of £0.814m had been developed and subsequently submitted to the Scottish Government for review.

The 2022/23 forecast outturn had suggested a net overspend of £0.458m by 31 March 2023, comprising £2.189m overspend against the set aside budget, which had been largely offset by an £1.731m underspend against the integrated budget. However, it had been envisaged that the £0.458m projected year end overspend could be managed locally to deliver a break- even position by 31 March 2023.

In relation to the request from NHS FV, the Chief Finance Officer's report recommended that the Board "decline the request for IJB covid reserve funding towards set aside and non-delegated functions and covid costs, while officers seek further clarification from Scottish Government".

Following discussion, there was general agreement on the recommendation subject to an amendment to the wording to include 'at this stage' after 'covid costs'. The view was expressed that this would preserve the opportunity for the request to be made again once further information had been made available. It was felt that at the present time there was not sufficient information to consider approving the request.

Decision

The Integration Joint Board:-

(1) noted the year to date underspend of £0.346m reported as at 30 June 2022;

(2) noted that a break even position is forecast to be achieved at 31 March 2023;

(3) approved the breakdown of the payments to Falkirk Council and NHS Forth Valley as per the Directions summary provided at appendix 1;

(4) noted the inclusion of medical staff costs in the set aside budget from 1 April 2022 and request the Chief Officer and Chief Finance Officer to undertake due diligence of the set aside budget transfer to confirm the adequacy of the transferred budgets and to conclude the review of the Integration scheme and

risk share agreement with the Directors of Finance in the Council and NHS Forth Valley;

(5) declined the request for IJB covid reserve funding towards set aside and non-delegated functions and covid costs at this stage, while officers sought further clarification from Scottish Government, and

(6) approved the implementation of Mental Health facilities improvement proposals listed within appendix 4.

IJB22. Partnership Funding Progress Report 2022

The Integration Joint Board considered a report by the Partnership Funding Coordinator which provided an update on progress made against the Partnership Funding Investment Plan 2021-2024, which had been approved by the Board in June 2021.

During the 2018-2021 programme, Partnership Funding had encompassed only four funds: Main Programme, Leadership Fund, Carers Fund, and Dementia Innovation Fund. The Partnership Funding Investment Plan 2021- 2024 had increased the scope of the programme to include all ringfenced funds within the scope of the IJB.

Some funds either had no or minimal spend. This had largely been due to Covid and pressures within the system, which had impacted on the ability to effectively commission services within some areas. Some funds had accrued levels of reserves, however measured action had been planned, which would ensure a collaborative and effective approach to investment.

Decision

The Integration Joint Board noted the report and progress to date.

IJB23. Home Support and Supported Living Proposed New Contractual Arrangements

The Integration Joint Board considered a report by the Head of Integration (M Thom) which provided an update on the work undertaken to date, the challenges in terms of developing the future contract and to set out the recommendations from 31 March 2023 when the existing agreement had been due to cease.

The current Support at Home Services (Home Support and Supported Living) Framework Agreement (SW/035/18) commenced on 1 April 2018 and had been due to expire on 31 March 2022. The IJB agreed an extension of the existing agreement until September 2022 and then agreed a further extension until 31 March 2023.

As part of the process to develop a new contract specification and framework for support at home services, it had been agreed to establish a multi-disciplinary project team. The team had been led by the Head of Integration and comprised the Chief Finance Officer and representatives from Corporate Procurement, Commissioning, Legal Services, Home Care, Community Care Teams, and linked in with Scottish Care when appropriate.

The project team began to finalise the overall contract strategy with a view to ensuring the future contract would not only reflect lessons learned over the duration of the existing framework, but also ensure the future contract supported developments in respect to the IJB's agreed new model for Care at Home Services. It had been anticipated that the new model for in-house Care at Home service and

new model for day opportunities would be operational by the point the existing framework ended and newly contracted framework was in place.

The impact of the Omicron variant of Covid-19, challenges in relation to staff recruitment and retention, and the current economic climate and cost of living crisis had delayed the development of the new framework.

The report recommended the option that would allow the HSCP to develop and implement the agreed model of in-house care provision, whilst working alongside external providers to develop the overall model for care and support at home across Falkirk, within a more stable context.

Decision

The Integration Joint Board:-

(1) agreed the use of the current Scotland Excel (SXL) National Flexible Framework for Care and Support Services (1318) for the provision of external care at home for the period 1 April 2023 to 31 March 2024 in line with the conclusion as set out at 5.1 of the report and appendix 1.

IJB24. Strategic Risk Register

The Integration Joint Board considered a report by the Chief Finance Officer which provided an update on the IJB's strategic risk register. No new risks had been added to the register since the last version presented to the Audit Committee on 17 June 2022.

There had been 9 live risks recorded in the register, 8 had been considered as high risk and 1 as medium risk. The risk would continue to be subject to regular review as part of the IJB's risk management framework.

Decision

The Integration Joint Board:-

(1) considered and commented on the high-level summary of the strategic risk register presented at section 4.1 of the report, and

(2) considered and commented on the detailed strategic risk register.

IJB25. HSCP Workforce Plan 2022 – 2025

The Integration Joint Board considered a report by the HR Manager, Falkirk Council which provided background to the development of the workforce plan and noted that the draft plan had been submitted to the Scottish Government for initial feedback.

Health & Social Care Partnerships (HSCP's) had been required to submit a copy of their 3 year workforce plan to the Scottish Government by 31 July 2022.The Scottish Government would analyse this and feedback would take place. Final plans were due to be published on HSCP website by 31 October 2022.

Considerable work had been undertaken to prepare the HSCP's workforce plan, which involved managers across the Partnership, along with Trade Unions, Staff Side and Third Sector. Workshops had taken place over a period of time, with Covid-19 delaying finalisation of the draft plan.

A key aim of workforce planning had been to ensure a robust and aligned approach across workforce, operational service and financial planning.
Three Year Workforce Plans should therefore align with priorities identified in Board Medium term Operational and Financial Plans, and HSCP Strategic Commissioning Plans (SCPs).

The guidance received in April 2022, had suggested Three Year Workforce Plans had been expected to use the Five Pillars of Workforce Planning outlined within the National Workforce Strategy, published in March 2022. These pillars (Plan, Attract, Train, Employ, Nurture) had been the basis for outlining proposed actions to secure sufficient workforce to meet local projected short-term recovery and medium-term growth requirements across the health and/or social care services.

The draft plan had been submitted to the Scottish Government in early August. It had been anticipated that feedback on the draft plan would be offered by the end of August, following which, the final plan would be published on the HSCP website by the end of October 2022. Once finalised and published, the plan would be reviewed and updated on an annual basis and be reflective of progress made on actions and workforce planning assumptions.

The Chief Officer highlighted the contributions of the range of staff who had been involved in the development of the plan and thanked colleagues in HR in both Falkirk Council and NHS Forth Valley.

Decision

The Integration Joint Board noted the draft HSCP Workforce Plan 2022 – 25 had been submitted to the Scottish Government for initial feedback.

IJB26. Primary Care Improvement Plan: End of Programme Report

The Integration Joint Board considered the report by the Primary Care Improvement Programme Manager presented by the GP lead representative. Forth Valley's Primary Care Improvement Plan (PCIP) and consequent iterations (PCIP, Iteration 3) had been agreed by the Falkirk and Clackmannanshire and Stirling Integration Joint Boards and NHS Forth Valley Health Board.

The plan did not represent full implementation of the new General Medical Service (GMS) contract and further phases of implementation had been due to be progressed. The aim of the new contract had been to redirect GP workload to a new wider multidisciplinary team, and in doing so improve access for people to the right care, whilst enabling GPs to focus on their role as the expert medical generalist, spending more time in support of people with complex and undiagnosed needs and assuring quality primary care services.

Despite all challenges of the past two years, implementation of the new GMS contract had been largely delivered in line with PCIP (Iteration 3). The benefits of being in an advanced stage of implementation supported general practice sustainability and access to primary care through the Covid-19 pandemic.

The plan had delivered a full Board managed immunisation service across Forth Valley. In addition to this, a pharmacotherapy service was established that had delivered prescription support to all practices. Furthermore, the plan had delivered a level of phlebotomy service across Forth Valley (except for practices that had been

identified by an options appraisal). The service had capacity for around 10,000 appointments per month.

The planned number of Urgent Care, Mental Health and Physiotherapy practitioners had largely been in place, which provided capacity for over 150,000 annual appointments provided by Advanced Nurse and Paramedic Practitioners, Advanced Practice Physiotherapists and Primary Care Mental Health Nurses (PCMHN). As at May 2022, the PCIP programme has delivered 182, of 197 whole time equivalent (wte) planned new posts, working with 50 GP practices in Forth Valley.

In response to questions regarding the mental health of children and young people under the age of 18, the GP lead representative explained that the mental health nurses that had worked within GP practices were for patients who were aged 18 years old and over. However, a plan had been developed to extend the service to those who were aged 12 years and older. Mental health support had been available to children through their own school.

Decision

The Integration Joint Board:-

(1) noted the progress of the Primary Care Improvement Plan, including PCIP tracker which was submitted to Scottish Government in April (appendix 1);

(2) noted the Primary Care Improvement Fund overview which outlined the programme spend for year 2021/22. This also outlined the impact of the cost of the existing plan updated for 2022/23 including the anticipated uplift of funding from Scottish Government, and

(3) approved the programme funding plan with an ongoing non-recurring budget risk of £1,299m, noting that this was similar to previous years and NHS Forth Valley had agreed to continue to hold this financial risk.

IJB27. Falkirk HSCP Annual Performance Report 2021 – 2022

The Integration Joint Board considered a report by the Senior Service Manager which presented the Falkirk Health and Social Care Partnership (HSCP) Annual Performance Report 2021 -2022. The report outlined how the Partnership had been working towards delivering the Strategic Plan and the nine National Health and Wellbeing Outcomes.

The Board agreed to delay the publication date for the annual performance report in exercise of the power granted to public authorities under the Coronavirus (Scotland) Act 2020.

The Annual Performance Report is an opportunity to reflect on the varied activities and improvements that had been achieved by partners, including the third and independent sectors, over the reporting year. It sets out the continued response to the impact of the pandemic and system pressures, and the achievements made.

Decision

The Integration Joint Board:-

(1) considered and commented on the draft Annual Performance Report, and

(2) approved the publication of the Annual Performance Report 2021– 2022.

IJB28. Performance Monitoring Report

The Integration Joint Board considered a report by the Performance & Quality Assurance Manager, Falkirk HSCP, Head of Policy & Performance, NHS Forth Valley and Performance Review Officer, Falkirk Council. This provided a summary of key performance issues and drew on a basic balanced scorecard approach with a focus on exception reporting.

The Performance Monitoring Report June 2021 – June 2022 had been presented to support the IJB to fulfil its ongoing responsibility to ensure effective monitoring and reporting of service delivery. The report focused on local performance indicators and data, providing a year-on-year comparison. This includes information on delayed discharges and Emergency Department (ED) performance.
Social Work Adult Services (SWAS) had introduced a new social work information system during June and July 2022. Once established the system would allow for more effective and efficient performance monitoring. Data from the previous system had not yet fully migrated across.

Decision

The Integration Joint Board noted:-

(1) the content of the Performance Monitoring Report, and

(2) that appropriate management actions continue to be taken to address the issues identified through these Performance Monitoring Reports.

IJB29. Hospital Readmission of Falkirk Residents within 28 Days of Discharge – Follow Up Paper

The Integration Joint Board considered a report by the Medical Director NHS Forth Valley and Head of Information Services, NHS Forth Valley which provided follow up and assurance relating to issues described in the report 'Hospital Readmission of Falkirk Residents within 28 Days of Discharge' considered by the IJB in March 2022.

The original report described national figures against Data Indicator 14 from the SOURCE Report from Public Health Scotland (PHS), which showed the number of Falkirk residents who had been discharged from hospitals across Scotland, with a readmission rate of 163 out of 1000 admissions which had been the highest rate in Scotland and above the national position of 120 per 1000 discharges.

Chart 1 (PHS) showed from 2019 onwards, there had been an increase in the rate of emergency readmissions, which occurred at the same time as the introduction of the patient electronic recording system, TrakCare. The adoption of a new mode of recording patient activity in the clinical assessment units, and data quality issues arising out of the recording of planned, return activity where the patient is scheduled to return the next day or so for further tests. The latter being addressed by the Information Quality and eHealth Learning Group. The latest publication in June

2022, showed a revised annual position for 2021/22 of 139 in comparison with Scotland at 103 rate per 1000.

An investigation by PHS into NHS Forth Valley's Readmission rate for indicator 14, confirmed local findings where the change in how patients were being recorded in the assessment units from outpatients to inpatients had led to an increase in the rate of readmissions. However more recent readmission rates reported in the June 2022 SOURCE data had reported a steadily improving position for all quarters of 2021/22 as demonstrated in Chart 2.

The Board noted that GPs often had to manage patients within primary care settings who had not received an immediate discharge letter and asked if this is data that should be considered, and work be carried out to improve the rates of patients who receive immediate discharge letter when they are being discharged from hospital. In response to the question, the Medical Director said that they recognised the need for improvement in relation to patients who had received immediate discharge letters.

The Board asked the Medical Director if patients are asked why they had been readmitted to hospital. In response to the question, the Medical Director confirmed that patients are asked however they did not have more specific detail about reasons for readmission.

Decision

The Integration Joint Board noted the report.

IJB30. Annual Assurance Statements 2021/22

The Integration Joint Board considered a report by the Senior Service Manager which presented the 2021/22 Annual Assurance Statements for:-

- Audit Committee
- Clinical and Care Governance Committee
- Joint Staff Forum.

These were the third Annual Assurance Statements prepared by the Committees and Forum. The Annual Assurance Statements set out the attendance, meeting dates and business of the Committees and Forum over the reporting year 2021/22. The purpose of the Annual Assurance Statements was to provide the Integration Joint Board with assurance that the respective Committees and Joint Staff Forum had effectively discharged their duties.

Decision

The Integration Joint Board noted the Annual Assurance Statement 2021/22 for Audit Committee, Clinical and Care Governance Committee (CCGC) and the Joint Staff Forum (JSF).

IJB31. Information Governance Assurance Report 2021/2022

The Integration Joint Board considered a report by the Lead Data Protection Officer, NHS Forth Valley, Head of Information Governance, NHS Forth Valley and the Information Governance Manager, Falkirk Council which provided assurance regarding the arrangements for information governance that had been applicable to

the Board as a public body, along with the information governance arrangements in place within its partners, Falkirk Council (Council) and NHS Forth Valley (NHS FV), which deliver services on behalf of the Board.

The 3 information governance areas in which the Board, and its partners, had statutory responsibilities were:-

- Freedom of Information
- Data Protection
- Records Management.

Decision

The Integration Joint Board noted:-

(1) the Information Governance activity for the year 2021/2022, and

(2) that Sarah Hughes-Jones was the Data Protection Officer for the IJB.

IJB32. IJB Governance Report

The Integration Joint Board considered a report by the Senior Service Manager and the HSCP Governance Support Officer which provided an update on a range of governance matters relevant to the Board. These were:-

- Nursing Representation on the IJB;
- Clinical and Care Governance Committee;
- Audit Committee;
- Third Sector Representative;
- Community Planning Partnership: IJB representative;
- Equality Outcomes, and;
- IJB Code of Conduct.

Nursing representation on the IJB continued to be the Interim Executive Nurse Director Gillian Morton on a temporary basis. The Chief Nurse for Falkirk Health and Social Care Partnership, Elaine Kettings, was their substitute. Frances Dodd had been appointed Executive Nurse Director of NHS Forth Valley and took up post on 12 October 2022. The interim arrangements for nursing representation were to be reviewed by the new Executive Nurse Director and Chief Officer. An update on nursing representation would be provided to the Board at a future meeting.

The Clinical and Care Governance Committee terms of reference noted the chairing arrangements, membership requirements and terms of office for members require were to be reviewed annually. Councillor Anne Hannah was appointed as Chair of the Committee at the meeting of the Board in June 2022. Stephen McAllister continued to be the Vice-Chair of the Committee

Decision

The Integration Joint Board:-

(1) noted the arrangements for nursing representation on the IJB

and its Committees;

(2) approved the Chair and Vice-Chair arrangements of the Clinical and Care Governance Committee;

(3) approved the terms of reference of the Clinical and Care Governance Committee;

(4) appointed Roger Ridley the non-voting member vacancy on Audit Committee;

(5) noted that work is undergoing to identify a second representative from the Third Sector;

(6) appointed Michele McClung as the IJB's representative on the Falkirk Community Planning Partnership;

(7) agreed to use the current Equality Outcomes for the interim Equality Outcomes and Mainstreaming Report and agreed the consultation process, and;

(8) noted the correspondence received from the Scottish Government regarding the revised Code of Conduct and noted the Code as amended.

IJB33. HSCP Communications Update

The Integration Joint Board considered a report by the Communications Officer which provided a summary of communications activity undertaken during April – June 2022.

The Partnership's communications activity had covered key service developments, media issues, and improvements to the website and digital channels.

Decision

The Integration Joint Board noted the communications update.

IJB34. Approved Minutes of Meetings

The Integration Joint Board considered the following minutes of the committees and groups:-

Audit	11 March 2022
Strategic Planning Group	13 May 2022

Decision

The Integration Joint Board noted the minutes of committees and groups.

FORTH VALLEY NHS BOARD
TUESDAY 31 JANUARY 2023

9.5.2 Falkirk IJB – 10 June 2022
For Assurance

Chair: Dr Michele McClung, Non-Executive Director, NHS Forth Valley

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Minute of meeting of the Integration Joint Board held remotely on Friday 10 June 2022 at 9.30 a.m.

Voting Members:	Fiona Collie (Vice Chair) Stacey Devine Anne Hannah Gordon Johnston Stephen McAllister Michelle McClung (Chair)
Non –voting Members:	Patricia Cassidy, Chief Officer Robert Clark, NHS Forth Valley Staff Representative David Herron, GP Representative Steven Kirkwood, Interim Chief Finance Officer Sara Lacey, Chief Social Work Officer Victoria McRae, Third Sector Interface Gillian Morton, Interim Nurse Director Andrew Murray, Medical Director Roger Ridley, Falkirk Council Staff Representative
Also Attending:	Michelle Campbell, Personal Assistant, Social Work David Keenan, HSCP Governance Support Officer Lesley Macarthur, Partnership Funding Co-ordinator (Item IJB11) Calum MacDonald, Performance and Quality Assurance Manager (Item IJB12) Morven Mack, Observer Colin Moodie, Chief Governance Officer Kathy O'Neill, General Manager, Primary Care & Mental Health (Item IJB10) Gillian Sherlock, Observer Paul Surgenor, Communications Officer (Item IJB13) Martin Thom, Head of Integration Helen Welsh, Falkirk Council Staff Representative (Substitute) Gail Woodcock, Head of Integration

IJB1. Apologies

There were apologies from Margo Biggs, Cathie Cowan, Frank Donnelly, Kenneth Lawrie and Suzanne Thomson.

IJB2. Opening remarks

The Chair welcomed Councillor Fiona Collie, Councillor Stacey Devine and Councillor Anne Hannah following their appointments to the Board by Falkirk Council.

IJB3. Declarations of Interest

There were no declarations of interest made.

IJB4. Minute

Decision

The Integration Joint Board approved the minute of meeting held on 18 March 2022.

IJB5. Action Log

Decision

The Integration Joint Board noted the Action Log.

IJB6. Chief Officer Report

The Integration Joint Board considered a report by the Chief Officer which provided an update on current developments within the Falkirk Health and Social Care Partnership (HSCP). The report also provided an update on the ongoing Covid-19 pandemic response.

The report provided information on the following matters:-

- Responses to the Covid-19 pandemic;
- Falkirk HSCP Remobilisation Plan
- Systems Pressure Response;
- Care Home Assurance;
- Community Bed Based Care Provision;
- Home Support and Supported Living Framework Update;
- IJB arrangements for Forth Valley Wide Health Services;
- Falkirk HSCP Carer and Service User Involvement, and
- External Provider Cybersecurity Attack.

The Board asked a question in relation to the change of registration for Thornton Gardens regarding the flexibility of the Care Inspectorate. In response to the question, the Head of Integration (G Woodcock) confirmed that over the last year, the Care Inspectorate had a different arrangement whereby people had been accepted on an interim or intermediate basis into all care homes without requiring a formal change to registration. The Care Inspectorate had confirmed that the arrangement would continue through to March 2022. This arrangement could have

been used if it had been required, however the formal registration had been changed.

Decision

The Integration Joint Board:-

(1) agreed to continue to delegate authority to the Chief Officer, to be reviewed at the Board meeting in September 2022;

(2) agreed to delay the publication date for the Annual Performance Report until 30 September 2022;

(3) agreed to delegate the Chief Officer to finalise and submit the draft Integrated Workforce Plan to meet the deadline and present to the IJB at the next meeting in September, and;

(4) agreed that the Chief Officer submits a draft partnership response to the consultation on the Health and Social Care Strategy for Older People.

IJB7. 2021/22 Draft Financial Outturn

The Integration Joint Board considered a report by the Chief Finance Officer which provided an overview of the draft financial results for 2021-22 (subject to audit). An underspend of £1.187m was reported for 2021-22 against core operational service areas under the integrated budget. An overspend of £0.700m had been reported against the set aside budget.

Closing reserve balances for 2021-22 had been expected to be in the region of £37.891m (an increase of £19.891m compared to the closing position reported in the previous year). This reflected a significant number of new allocations that had been received late in the financial year (which included additional unanticipated Covid funding) and delays in planned expenditure in relation to a number of projects funded through earmarked reserves.

The key issues which related to performance for the year to date included:-

- Large Hospital Services;
- Primary Healthcare Services;
- Social Care services, and,
- Community HealthCare Services

Covid financial returns had continued to be submitted to the Scottish Government on a quarterly basis during 2021-22 to capture the additional costs associated with the pandemic. Total costs of £6.528m were incurred in year and this had been funded in full via the existing covid earmarked reserve. Key areas of expenditure related to the provision of Personal Protective Equipment (PPE), financial support for external Social Care Providers and independent Primary Care Contractors, additional costs associated with enhanced infection prevention and control measures and temporary workforce costs to cover staff absence due to sickness, shielding or self-isolation requirements.

As reported at the March 2022 meeting, £15.536m of additional and unanticipated covid funding had been allocated in late February 2022. The Scottish Government stipulated that if this funding had not been fully utilised by 31 March 2022, it must

be carried forward through an earmarked Covid reserve "for use by NHS Boards and the IJB" in 2022/23. £1.018m was spent in year, with the balance of £14.518m transferred to reserves.

The Scottish Government had advised that there was no additional Covid consequential funding agreed with HM Treasury for 2022/23 and therefore IJB's planned on the basis that no further Covid funding was to be issued going forward. Covid reserves were therefore required to be used in the first instance to meet all ongoing Covid related costs during 2022/23 (costs for 2022/23 are currently estimated at £7.467m).

Decision

The Integration Joint Board:-

(1) noted the draft outturn for 2021/22, and;

(2) noted that the unaudited accounts will be considered by the Audit Committee on 17 June 2022.

IJB8. 2022/23 Finance Update

The Integration Joint Board considered a report by the Chief Finance Officer which provided a high-level summary of the current 2022/23 financial position including consideration of new and emerging risks.

A net overspend of £0.053m was reported for the first month of the financial year, which reflected ongoing pressures within set aside and primary care services. Several new and emerging risks had been identified at this early stage in the financial year, including Social Care Provider sustainability, non-pay inflationary pressures, increased demand in terms of complex care and ongoing uncertainty regarding Covid-19 related costs.
In addition, the report outlined a number of forthcoming investment opportunities to support a shift in the balance of care through innovative use of recurring funding allocated to enhance Mental Health Services and support winter pressures as announced in the previous financial year, together with the underspend against the Falkirk Community Hospital (FCH) following the closure of wards 1 to 4 due to fire related health and safety issues.

At the time of the meeting, the 2022/23 budget amounted to £262.512m which comprised of £226.964m in respect of the integrated budget and
£35.548m in respect of the set aside. Further budget increases had been expected in the coming months due to a number of outstanding funding allocations which had remained subject to national negotiation and/or Scottish Government approval.

The Board asked if the potential impact of the energy price rises, which had been expected in October 2022, had been taken into consideration, particularly for those who received care at home. The Chief Officer informed the Board that the Partnership had contributed to a range of work led by Falkirk Council that had focussed on tackling poverty and inequality.

Decision

The Integration Joint Board:-

(1) noted the year to date overspend of £0.053m reported as at 30 April 2022;

(2) approved the breakdown of the payments to Falkirk Council and NHS Forth Valley as per the Directions provided at appendix 1;

(3) agreed in principle to reinvest a proportion of the FCH pay budget underspend to augment community based services, with a detailed business case to be presented at a future meeting, and;

(4) noted the high level Mental Health and Wellbeing in Primary Care Service plan that will be submitted to the Scottish Government and that regular progress updates to be provided to the IJB going forward.

Andrew Murray and Gillian Morton left the meeting during consideration of the previous item.

IJB9. Falkirk Community Hospital Masterplan Strategic Assessment

The Integration Joint Board considered a report by the Head of Integration (G Woodcock) which provided an overview of the work undertaken to date on the development of the Falkirk Community Hospital Masterplan Strategic Assessment. The masterplan sought to set out the vision for how existing services on the Falkirk Community Hospital Site, and related services could be developed, improved and expanded to meet people's needs into the future. The report also outlined the next steps and overarching indicative programme.

The Masterplan had been a high-level document and very high-level concept that aligned with the Scottish Government Capital Investment Manual. Through various workshops, clinical briefs had been developed linked to community-based care that explored with stakeholders new service models. This work had aligned with the aspirations of the IJB Strategic Plan, particularly in relation to intermediate care and the review of bed-based care. The report also outlined other key activities which had been undertaken in the Strategic Assessment, which included:

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

The report outlined the approval process for the Strategic Assessment and indicative timeline. Following completion of the Strategic Assessment, work had commenced to progress with the Initial Agreement which included the Falkirk Central locality requirements arising from the Primary Care Programme Initial Agreement. Further work on the service model would be undertaken as part of the Initial Agreement with evaluated off site-specific options as part of the Outline Business Case which would follow.

The report recommended formal endorsement of the Strategic Assessment by the Integration Joint Board, as one of the key governance decision makers for this project.

Decision

The Integration Joint Board:-

(1) endorsed the Strategic Assessment for onward submission to the Scottish Government, and;

(2) noted that work will now commence to progress with the Initial Agreement which would include the Falkirk Central locality requirements arising from the Primary Care Programme Initial Agreement.

IJB10. Primary Care Premises Initial Agreement (PIA)

The Integration Joint Board considered a report by the Head of Integration and NHS FV General Manager Primary Care which presented the draft Programme Initial Agreement document. The PIA was considered by NHS Forth Valley on 31 May 2022 and following approval, was submitted to the Scottish Government Capital Investment Group for consideration at their meeting in June. The outcome of the Health Board meeting was reported back verbally at the meeting.

The Scottish Government's vision for the future of primary care services was that "general practice and primary care are at the heart of the healthcare system. People who need care would be more informed and empowered, would access the right professional at the right time and would remain at or near home wherever possible. Multidisciplinary teams (MDTs) would deliver care in our communities and be involved in the strategic planning of our services."

In April 2021, the Health Board agreed to establish a Project to progress the development of a Programme Initial Agreement (PIA) for primary care premises across NHS Forth Valley. This had been developed in line with the requirements of the Scottish Government Capital Investment Manual and follows the submission of the Strategic Assessment in 2019.

The aim of the PIA was "to improve GP services for all: Ensuring all GP practices had adequate capacity to deliver core general medical services with access to extended community services within "fit for purpose" premises; responsive to current and changing practice populations."

The Board asked if members of the public had been involved at an early stage. In response to the question, the General Manager for Primary Care said the extent of engagement had been considered at the early stages, however the programme had been at a conceptual phase at that point, and it had not been considered appropriate for engagement with the wider public. However, patient and carer representatives had been engaged with. There had been plans to engage with the wider community once the programme had reached the outline business case stage.

Decision

The Integration Joint Board:-

(1) endorsed the Primary Care Initial Agreement document, and;

(2) noted that following approval of the PIA, work by the Health Board and Capital Investment Group will commence to progress with 4 separate Outline Business Cases; (one for each locality where capital investment is required). The Falkirk Central locality requirements (fifth locality) will

be addressed as part of the Falkirk Community Hospital (FCH) Master Planning project. There is paper elsewhere on this agenda regarding the progress of the FCH project.

IJB11. Review of the Strategic Plan 2019 - 2023

The Integration Joint Board considered a report by the Senior Service Manager which advised of the review of Strategic Plan 2019 – 2023. The Strategic Plan would set out how the IJB will plan and deliver services over the medium term, using the integrated budgets under their control. It would also set out how the IJB would deliver the national outcomes for health and wellbeing, and achieve the core aims of integration.

In September 2021 the Board had agreed to extend the Strategic Plan for a further one year to 2023, with a review process to start from March 2022.
This had been in line with Scottish Government advice at the time of the requirement for IJBs, working with their Strategic Planning Group (SPG), to undertake a review (as opposed to necessarily creating a new plan).
Therefore, a review could take place which had resulted in a decision to continue with the same plan for further period. This decision had been informed by a joint workshop with IJB, SPG and HSCP Senior Leadership Team members which had sought their initial views on the continued relevance of the Strategic Plan.

The associated work which had been required to support and inform the development of the next Strategic Plan included:

- Strategic Needs Assessment;
- Medium Term Financial Plan;
- Housing Contribution Statement;
- Integrated Workforce Plan 2022 – 2025, and;
- Consultation and engagement.

The report outlined the timescale and high-level review process.

In addition to this, draft revisions of the Strategic Planning Group Terms of Reference had been considered by the SPG at their meeting on 13 May 2022 and was attached at Appendix 1 for the Board's approval.

Decision

The Integration Joint Board:-

(1) approved the review process as proposed by the Strategic Planning Group, and;

(2) approved the revised terms of reference for the Strategic Planning Group.

Robert Clark left the meeting during consideration of the previous item.

IJB12. Performance Monitoring Report

The Integration Joint Board considered a report by the Performance and Quality Assurance Manager, FHSCP, Head of Policy & Performance NHS FV and Performance Review Officer, Falkirk Council which presented The Performance Monitoring Report March 2021 – March 2022 that had supported the IJB to fulfil its

ongoing responsibility to ensure effective monitoring and reporting of service delivery. The report provided a summary of key performance issues and drew on basic balanced scorecard approach with a focus on exception reporting.

The Board asked if there had been separate statistics on both delayed discharge and readmission rates and which had been related to care homes and which had been related to be people who received care at home. It was confirmed in response to the question that this information could be made available in relation to delayed discharges and would be included in reports to future meetings.

Decision

The Integration Joint Board:-

(1) noted the content of the Performance Monitoring Report, and;

(2) noted that appropriate management actions continue to be taken to address the issues identified through these Performance Monitoring Reports.

Stephen McAllister left the meeting during consideration of the previous item.

IJB13. HSCP Communications Update

The Integration Joint Board considered a report by the Communications Officer which provided a summary of communications activity undertaken during Q1, January – March 2022.

The Partnership's communications activity had covered key service developments, media issues, and improvements to the website and digital channels.

Decision

The Integration Joint Board considered and commented on the content of the communications update.

Andrew Murray re-joined the meeting during consideration of the previous item.

IJB14. IJB Governance Update

The Integration Joint Board considered a report by the Senior Service Manager and the HSCP Governance Support Officer which provided an update on a range of governance matters relevant to the Board. These were:-

- Membership of the Board;
- Code of Conduct, and
- Meeting Arrangements

Decision

The Integration Joint Board:-

(1) noted the appointments of Councillor Fiona Collie, Councillor Stacey Devine and Councillor Anne Hannah as voting members by Falkirk Council;

(2) noted the appointment of Councillor Fiona Collie as Vice-Chair of the IJB;

(3) agreed to appoint Frank Donnelly as the Carer Representative on a temporary basis;

(4) agreed to reappoint Roger Ridley as the Falkirk Council staff representative;

(5) agreed to appoint Helen Welsh as the Falkirk Council staff representative substitute;

(6) appointed Councillor Anne Hannah as a voting member to the Clinical and Care Governance Committee and agreed to appoint this member as Chair of the Committee;

(7) appointed Councillor Fiona Collie as a voting member to the Audit Committee and agreed to appoint this member as Vice- Chair of the Committee;

(8) agreed the revised IJB Code of Conduct;
(9) noted that upon the Board's approval of the revised Code, that it will be submitted to the Scottish Government on 10 June 2022 for ministerial approval, and;

(10) agreed the proposed meeting arrangements for 2022.

IJB15. Approved Minutes of Meetings

The Integration Joint Board considered the following minutes of the committees and groups:-

Audit	3 December 2021
Clinical and Care Governance	25 February 2022
Joint Staff Forum	19 January 2022
Strategic Planning Group	12 February 2021 11 February 2022

Decision

The Integration Joint Board noted the minutes of committees and groups.