NHS
Forth Valley

There will be a meeting of the **Forth Valley NHS Board** in the **Boardroom, Carseview House, Castle Business Park, Stirling FK9 4SW** on **Tuesday 28 March 2023** at **10.30am**

Janie McCusker
Chair

AGENDA

1. **Apologies for Absence / Confirmation of Quorum**

2. **Declaration (s) of Interest (s)**

3. **Minute of Forth Valley NHS Board meeting held on 31 January 2023**   Seek Approval

                                                                                    Items 1 to 4
4. **Matters Arising from the Minute / Action Log**   *10.30am-10.35am*

                                                                                    10.35am-10.50am
5. **Patient/Staff Story**

    FOR APPROVAL

    6.1 **Escalation Plan**   Seek Approval
         (Paper presented by Mrs Cathie Cowan, Chief   *10.50am-11.10am*
         Executive)
    6.2 **Strategic Risk Register – Quarter 3 Update**   Seek Approval
         (Paper presented by Mr Scott Urquhart, Director of   *11.10am-11.25am*
         Finance)
    6.3 **Financial Plan 2023/2024 to 2026/2027**   Seek Approval
         (Paper presented by Mr Scott Urquhart, Director of Finance)   *11.25am-11.40am*

7. **BETTER CARE**

    7.1 **Healthcare Associated Infection Reporting Template**   Seek Assurance
         (Paper presented by Prof Frances Dodd, Executive Nurse Director)   *11.40am-11.50am*

    7.2 **Performance Scorecard**   Seek Assurance
         (Paper presented by Mrs Cathie Cowan, Chief Executive)   *11.50am-12.05pm*

    7.3 **Person Centred Complaints and Feedback Report**   Seek Assurance
         (Paper presented by Prof Frances Dodd, Executive Nurse Director)   *12.05pm-12.15pm*

         BREAK   *12:15pm-12:25pm*

8. **BETTER VALUE**

    8.1 **Finance Report**   Seek Assurance
         (Paper presented by Mr Scott Urquhart, Director of Finance)   *12:25pm-12:35pm*

9. BETTER GOVERNANCE

9.1 **Code of Corporate Governance Update**   Seek Assurance
   (Paper presented by Mrs Cathie Cowan, Chief Executive)   *12.35pm-12.40pm*

9.2 **Corporate Objectives**   Seek Approval
   (Paper presented by Mrs Cathie Cowan, Chief Executive)   *12.40pm-12.50pm*

9.3 **Anchor and Community Planning Partnership Update**   Seek Assurance
   (Paper presented by Dr Jennifer Champion, Acting Director   *12.50pm-1.05pm*
   of Public Health)

9.4 **Communications Update**   Seek Assurance
   (Paper presented by Mrs Elsbeth Campbell, Head of Communications)   *1.05pm-1.15pm*

9.5 **Falkirk IJB Update**   Seek Assurance
   (Paper presented by Ms Gail Woodcock, Head of Integration)   *1.15pm-1.25pm*

9.6 **Governance Committee Minutes**   Seek Assurance
                                                1.25pm-1.35pm

   9.6.1 **Clinical Governance Committee Ratified Minute: 08/11/2022**
      (Paper presented by Dr Michele McClung, Committee Chair)

   9.6.2 **Escalation Performance & Resources Committee Draft Minute: 24/02/2023**
      (Paper presented by Mr Martin Fairbairn, Committee Chair)

   9.6.3 **Performance & Resources Committee Draft Minute: 28/02/2023**
      Performance & Resources Committee Ratified Minute: 20/12/2022 (Paper
      presented by Mr Martin Fairbairn, Committee Chair)

   9.6.4 **Staff Governance Committee Minute Ratified: 23/12/2023** (Paper
      presented by Mr Allan Rennie, Committee Chair)

9.7 **Advisory Committee Minutes**   Seek Assurance
                                                1.35pm-1.45pm

   9.7.1 **Area Clinical Form Ratified Minute: 17/11/2022**
      (Paper presented by Mrs Kirstin Cassels, Committee Chair)

   9.7.2 **Area Partnership Forum Ratified Minute: 20/01/2023**
      (Paper presented by Mr Robert Clark, Committee Co-Chair)

9.8 **Integration Joint Board Ratified Minutes**   Seek Assurance
                                                1.45pm-1.50pm

   9.8.1 **Clackmannanshire and Stirling IJB: 23/11/2022**

10. ANY OTHER COMPETENT BUSINESS

10.1 **Emerging Topics**

11. DATE OF NEXT MEETING

Tuesday 30 May 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 31 January 2023	The business relates to the commercial interests of any person and confidentiality is required, e.g., when there is an ongoing tendering process or contract negotiation. The business necessarily involves reference to personal information and requires to be discussed in private in order to uphold the Data Protection Principles.
• Bellsdyke Development Agreement Amendment/ Village Centre Land	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 28 MARCH 2023

For Approval

Item 3 - <u>DRAFT</u> Minute of the Forth Valley NHS Board Meeting held on Tuesday 31 January 2023 at 10.30am

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

In Attendance:	Mr Jonathan Best, Acting Director of Acute Services
	Prof John Brown, Chair of NHS Greater Glasgow & Clyde
	Mrs Elsbeth Campbell, Head of Communications
	Dr Jennifer Champion, Deputy Director of Public Health
	Miss Linda Donaldson, Director of Human Resources
	Miss Sinead Hamill, Board Secretary (Minute)
	Miss Jackie McEwan, Corporate Business Manager
	Ms Kathy O'Neill, General Manager (MS Teams)
	Mr Jonathan Procter, Director of Facilities & Infrastructure

1. **Apologies for Absence**

   The Chair welcomed everyone to the meeting.

   Ms McCusker welcomed Mr Jonathan Best who recently joined NHS Forth Valley January 2023 as the Acting Director of Acute Services and Dr Jennifer Champion who was representing Dr Foster. Ms McCusker also welcomed Prof John Brown, Chair of NHS Greater Glasgow & Clyde to the Board. Board members noted that Prof Brown and Ms Susan Walsh have been commissioned by the Board to undertake a review of Board governance arrangements.

   Apologies were noted on behalf of Cllr Fiona Collie, Dr Graham Foster, Ms Patricia Cassidy and Ms Kerry Mackenzie.

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 29 November 2022 was approved as an accurate record.

4.   Matters Arising from the Minute

There were no matters arising.

5.   Patient/Staff Story

Prof Frances Dodd, Executive Nurse Director introduced this patient/family story. The story focused on a wife's experience living with her husband (recovering alcoholic) and how the Scottish Families Affected by Alcohol & Drugs Group had provided her with support.

Through a video story Catriona shared her experience with her husband who relapsed during Covid-19 and the support she had received and still receives from the Scottish Families Affected by Alcohol & Drugs Group. Catriona referred to her experience with the Group as 'amazing' including the help and support to better understand her husband's recovery. Catriona identified how the Group provides her with people to access and to speak to which in turn allows her to have her own space. Support classes were also available and Catriona had accessed these. Board members acknowledged the work of the Group in supporting families affected by alcohol and drugs.

Board members discussed current arrangements and how these supported the implementation of the MAT standards. Ms O'Neil confirmed that there were Alcohol and Drug Partnerships within each of the HSCPs. These Partnerships bring together NHS, Local Authority, Police and Voluntary Sector agencies together to reduce the use of and harm caused from alcohol and drugs. Mr McAllister wished to know how service users are referred to Groups like the one referred to in the video story. Mr Murray informed the Board that service users are referred through well established recovery pathways.

6.   FOR APPROVAL

6.1   Strategic Risk Register - Quarter 2 Update

The NHS Board considered a paper 'Strategic Risk Register - Quarter 2 Update' presented by Mr Scott Urquhart, Director of Finance.

Mr Scott Urquhart invited Mrs Sarah MacKenzie, Risk Manager to present this Report. Mrs Mackenzie informed Board members that one new risk had been proposed following the previous review presented to the Board in November 2022.

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

Board members noted that the risk had been created in response to an Internal Audit recommendation to widen the focus of SRR.001 Primary Care to take account of quality and sustainability issues. Mrs Mackenzie identified that if SRR.018 - Primary Care Sustainability was approved the Strategic Risk Register will comprise a total of 12 Risks - 7 Very High and 5 High.

Board members were informed that the strategic risks continue to be reviewed frequently and by the Standing Committees and updated accordingly. Board members noted that as part of the Q3 review, SRR016 - Out of Hours will be discussed at the Clinical Governance Committee in February and it is proposed that the risk score be reduced from 20 to 16. Mrs Mackenzie also informed Board

members that a Deep Dive Assurance review of SRR002 - Urgent and Unscheduled Care is underway and the outcome of the review will be presented to the Clinical Governance Committee in February 2023.

Mr Fairbairn wished to know how the Strategic Risk Register would incorporate the Board being escalated to Stage 4 of the NHS Scotland Escalation Performance Framework. Mrs Cowan confirmed that those performance areas and associated risks highlighted as part of escalation were known to the Board e.g., Out of Hours, Urgent and Unscheduled Care as referred to earlier and would be reviewed with an eye to leadership, culture, and governance. In addition, a Risk Register had been developed to report on the implementation of the Escalation Improvement Plan.

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 2 2022/23*

7. BETTER CARE

7.1 Healthcare Associated Infection Reporting Template (HAIRT)

The NHS Board considered a paper 'Healthcare Associated Infection Reporting Template' presented by Professor Frances Dodd, Executive Nurse Director.

Professor Dodd invited Mr Jonathan Horwood to present the HAIRT report. Mr Horwood informed Board members of the challenges during December 2022 including the increase in Covid and Influenza patients being admitted to hospital. Board members were informed that there were five CDI healthcare acquired cases for the month of December, these number of reported cases exceeded control limits.

The other key infection controls:
Healthcare E Coli Bacteraemia (EAB) cases related to healthcare acquired, hospital and/or nursing home acquired all remained within control limits for December, Similarly, Staph Aureus Bacteraemia (SAB) and Device Associated Bacteraemia (DAB) cases all remain within control limits. Board members highlighted one surgical site infection (abdominal hysterectomy) and no reported MRSA or C. difficile deaths.

In response to a question Mr Horwood confirmed that the number of Covid-19 inpatient had steadily increased towards the end of December 2022 into the new year. Board members noted that there were 4 outbreaks for December, two outbreaks related to Covid, one related to influenza A and one outbreak of both Covid-19 and Influenza A.

Mr Murray added that the HAIRT is also discussed in depth at the Clinical Governance Working Group. Board members noted that Hand Hygiene compliance is being re-examined as part of the NHS Health Improvement Scotland (HIS) findings. Mr Murray identified that the HIS Oversight Group findings are also being reported and discussed at this meeting.

The Forth Valley NHS Board:
- *Noted the HAIRT report*
- *Noted the performance in respect of the AOP Standards for SABs, DABs, CDIs & ECBs*

- ***Noted the detailed activity in support of the prevention and control of Health Associated Infection***

7.2   Recovery & Performance Scorecard

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

Mrs Cowan began her performance update by highlighting and acknowledging the work led by Ms Kerry Mackenzie, Head of Policy, and Performance to review and update the Scorecard to take account of a change in focus from remobilisation to stabilisation and improvement. It was noted a number of pre-covid measures have been reintroduced along with new measures e.g., out of hours in line with previous Board discussions whilst not duplicating the reporting e.g., absence and the scrutiny/assurance role of the Board's Standing Committees.

Mrs Cowan moved to the Scorecard update and advised:

Outpatient , day case and inpatient against agreed planned trajectories approved by Board and Government is reported on a cumulative position and from April to Dec 2022 - OPD at 86% and day case and inpatients at 82%, it was noted that the number of people waiting pre-covid to current reporting period was just over 5000 for OPD waits and over 1000 for day case and inpatient waits - the Board priority to reduce long waits remained.   The revised long wait targets would be monitored to ensure Board progress and compliance.

Diagnostic activity continues to also exceed the planned trajectory in both imaging and endoscopy with activity against the remobilisation plan trajectory (April to Dec) at 117% and 111% respectively.   Board members noted that the total number of patients waiting for imaging had reduced almost month on month following a high of 6.419 in March 2022, current position for December - 3.675.   There also had been a reduction in the total wait times for endoscopy.

Cancer notably in the 62 day cancer standard remained below the target and was reported as 70% for December. Board members in seeking assurance noted the work in lung, urology, and dermatology services to improve wait times. The 31 day standard at November was reported above standard - 96.1%.

DNA rates continue to fluctuate and Mrs Cowan referred to the detailed narrative in the Scorecard.

Mrs Cowan informed Board members that a Mental Health (CAMHS and Psychological Therapies) deep dive had been considered at the Performance & Resources Committee. CAMHS continue to follow the agreed trajectory and to date the Team has focused on addressing long waits.   In December there was a temporary spike due to available capacity within Healios, the service in January will follow the trajectory and deliver against the standard in Quarter 1 (April to June). Board members noted that Psychological Therapies also needed to focus on long waits and that this would impact on RTT performance which is currently sitting between 65 - 70%.

Mrs Cowan invited Mr Andrew Murray, Medical Director to provide an update on Urgent and Unscheduled Care. Mr Murray referenced an overall Board compliance of 54%. Board members noted the 4-hr emergency access standard (EAS) as reported at 42.1% performance. Mr Murray referred to the Board escalation and this standard

being included as part of performance concerns. Board members noted that Scottish Government are providing support to the Board as part of the performance recovery.

Mr Best wished to acknowledge the efforts of staff and pointed to the ongoing issue of flow into and out of the Emergency Department and how this then impacts on the 4hr standard. The hospital continued to work over its capacity which had resulted in contingency beds being opened and improvement would only be possible if a system response was adopted and that he was working closely with Chief Officers and their respective HSCP teams.

Mr Best added that his focus was to come out of contingency beds which would help address the 12 hour waits and to date 30 contingency beds been closed and this needed to be maintained. Mrs Cowan acknowledged the system response and a need for this to be sustained she also thanked Mr Best for his focus on clarity of roles and responsibilities and his visible leadership within the acute site.

Mr Stuart asked about the use of endoscopy for contingency beds and his concern about the impact on the 62 day cancer target. Mr Best acknowledged Mr Stuart's concern and gave a commitment to close these contingency beds as soon as possible and to ensure suspected cancer patients were prioritised.

Mr Clark informed Board members that he had joined the staff huddle this morning and he was assured by the discussions and the focus on closing contingency beds, however this needed everyone to play their part. Professor Dodd agreed contingency beds were not ideal and work was underway to close the Stirling Community Hospital additional beds.

Dr Champion referred to the update from Mrs Cowan on DNA rates and how inequalities may contribute to people not being able to attend appointments. Dr Champion referred to work to identify at risk families and how DNA rates compared by SIMD levels. Mrs Cowan was keen to hear more about this work and proposed a dedicated session to better understand the variables. Mr Murray agreed.

Dr McClung asked if there was a system in place for people in custody presenting at ED. Mr Best informed the Board that custody suites have staff with skills to support the police officers determine if and when a person in custody needed to transfer to a clinical setting. Ms O'Neil confirmed that there is a custody service which on behalf of the Board is managed by NHS Lothian.

Mr Fairbairn highlighted a need to balance priorities as part of escalation versus those that the Board was performing well in. Mr Murray whilst noting the positives reminded the Board that NHS Forth Valley are still behind other Boards for performance in a number of areas.

Mr Rennie referred to a recurring workforce theme aligned to supplementary spend and absence and how this may impact on performance. Ms McCusker proposed that absence be taken into the Staff Governance Committee. Board members noted that Professor Dodd is part of a national working group with Mr Michael Brown, HR which is focusing on reducing agency spend. Miss Donaldson confirmed that the Staff Governance Committee was intending to look at staff absence in greater detail to determine and agree actions to improve attendance rates.

   The Forth Valley NHS Board:
   - *Noted the current key performance issues*
   - *Noted the detail within the Performance Scorecard*

7.3   iMatter Update

The NHS Board considered a paper 'iMatter Update' presented by Miss Linda Donaldson, Human Resources Director.

Miss Donaldson introduced Mrs Kerr to present the iMatter update and the work underway to prepare for the 2023 survey. Board members noted that the update had been discussed previously at the Staff Governance Committee. Board members noted the employee engagement and action planning activity trends over time and how the Board compared with other NHS Boards. Board members noted the areas subject to monitoring and improvement.

Mrs Kerr confirmed these four areas were the most commonly highlighted areas nationally and in NHS Forth Valley had continued to be highlighted.

Board Members reflected on these four areas and what could be done differently to address or improve these scores. Mrs Cowan highlighted how these areas could relate to leadership and culture escalation improvements.   Board members whilst agreeing also noted the need to support of local ownership and most importantly give opportunities to staff to speak up and to be listened to.

Dr McClung highlighted the great score for 2018 - 2019 and wished to highlight concern in the most recent 2022 report. Miss Donaldson informed Board members that all Boards are able to compare and highlighted the comparability of our own Board with the rest of Scotland for this period. Board members noted that a discussion will take place at the Area Partnership Forum in relation to iMatter scores.

Mrs Cassels proposed it would be helpful to have a free text box throughout the iMatter survey. Miss Donaldson informed Board members that there will be more additional information added to the next iMatter survey. Mrs Kerr identified that equality, diversity, and whistleblowing work will be added.

Mr Clark proposed that iMatter is not user friendly, and captures a point in time depending on the space you are in. Mr Fairbairn asked if there were any significant areas of concern within NHS Forth Valley. Mrs Kerr confirmed data is owned by each team and so there is not a line of sight organisationally, however in her experience there were areas that were performing less well than others and support was available to make improvement.

Miss Donaldson informed Board members that they had wanted to be able to flag areas with particular issues however this is not available to the Board. Mr Murray highlighted iMatter to date had been unreliable as a tool.

> **The Forth Valley NHS Board:**
> - *Noted the contents of this paper and receive future updates as required*

7.4   Equality and Inclusion Strategy Progress Update

The NHS Board considered a paper 'Equality and Inclusion Strategy Progress Update' presented by Miss Linda Donaldson, Human Resources Director.

Miss Donaldson referred to the Equality and Inclusion Strategy "Everyone Means Everyone" 2021 - 2025 being approved by the Board in November 2021. This update 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.

Board members noted that after collation of audit information and reviews of interpretation and translation usage the tender and procurement process was being progressed.

Miss Donaldson informed Board members that the updated EQIA portal for the Equality Impact Assessment is in its final stage and will be pre-tested before going live at the end of January 2023.

Miss Donaldson updated Board of the NHS Forth Valley Ethnic Minority Staff Network development as part of the Board's Escalation Improvement Plan intended actions.

> **The Forth Valley NHS Board:**
> - ***Noted the progress update on the implementation of the Equality & Inclusion Strategy "Everyone Means Everything" 2021-25***

7.5 Whistleblowing Standards and Activity Report

The NHS Board considered a paper 'Whistleblowing Standards and Activity Report' presented by Professor Frances Dodd, Executive Nurse Director.

Professor Dodd updated Board members on the work underway since the launch of the national standards including areas that needed to be strengthened. Board members noted that NHS Forth Valley intended to set up a network and to increase the number of confidential contacts. Training across staff groups in Q1 was highlighted with 873 staff accessing the system.

Mr Johnston provided assurance on the application and compliance with the national standards. Ms McCusker sought more information on training and Board members noted that the training was online. Mr Stuart highlighted the number of whistleblowing concerns and Professor Dodd agreed numbers were low and that she hoped this would increase as staff became more confident in raising concerns.

Mr Fairbairn sought assurance that the processes in place are sufficient. Mr Johnston confirmed that processes were in place and sufficient with reporting monitored through the Staff Governance Committee.

> **The Forth Valley NHS Board:**
> - ***Noted Whistleblowing activity in NHS Forth Valley in Quarter 2 of 2022/23***

8. BETTER VALUE

8.1 Finance Report

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

Mr Urquhart identified that a breakeven outturn position was forecast for the 2022/23 financial year end, which represented a further improvement on the previously reported projections. Board members noted that this reflects on the confirmation of

funding allocations from the Scottish Government which was higher than the original planning assumptions on medicines and CNORIS.

Board members noted that the projected outturn projection was subject to confirmation of final allocations in respect of 2022/23 pay award and National Treatment Centre funds, and to any movements in cost base or further funding changes in the final two months of the year. Mr Urquhart wished to make Board Member aware that IJB risk share arrangements were in the process of being finalised and that no issues had been raised with proposals.

Mr Urquhart gave an overview of planned year-end annual accounts and external audit arrangements and confirmed that dates had been set for Audit and Risk Committee and NHS Board meetings during June to consider and approve the accounts. Mrs Urquhart also highlighted the Capital Spend for 2022/2023 with a balanced position reported for the 9-month period ending December 2022 with expenditure of £8.6m incurred to date.

The Forth Valley NHS Board:
- ***Noted the in-year revenue overspend of £1.5m and balanced capital position as at 31 December 2022***
- ***Noted 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.***
- ***Noted that the strategic risk on financial sustainability remains very high given the current financial environment and operating context.***
- ***Noted the requirement submit to a 3-year financial plan to the Scottish Government by 16 March 2023.***

8.2 Financial Plan

The NHS Board considered a presentation 'Draft Financial Plan 2023/24 – 2025/26' presented by Mr Scott Urquhart, Director of Finance.

Mr Urquhart presented an overview of the key issues and risks aligned to the three-year Financial Plan and set out the next steps and approvals process.

Board members noted the challenging operating and strategic context which included an increasing underlying recurrent deficit, unavoidable high inflation costs, capacity pressures, workforce absence and vacancies, and compliance requirements. Mr Urquhart also informed Board members of the risk in relation to the expected significant reduction in Covid-19 funding which was expected to drop by approximately £7.5m into 2023/24.

Board members noted the strategic financial risk for NHS Forth Valley in relation to sustainability remained very high at a score of 25, and the mitigating actions being put in place to mitigate risks where possible, including a focus on delivering the four key strands of sustainability and value as part of ongoing cost improvement plans.

Mr Urquhart identified that given the scale of financial challenge a significant level of savings, beyond any previous year levels, would be required for 2023/24 and that the 3-year financial plan presented to the NHS Board in March was likely to indicate a deficit position, based on deliverable savings plans in place.

Board members noted that the draft financial plan will go to the Performance and Resources Committee 28 February 2023 for discussion and following further review would then be submitted to the Scottish Government on 16th March 2023. The final 3 Year Financial Plan will then be brought to the NHS Board for consideration and approval 28 March 2023.

Mr McAllister wished to know who leads on environment. Mr Urquhart confirmed that an Environmental Sustainability Group was in place, chaired by Mrs Cowan.

Mr Stuart and Mr Rennie noted the sizeable challenge on workforce requirements, including managing absence and vacancies across the health and care system which were driving high levels of bank and agency spend. Mrs Cowan confirmed that financial and workforce sustainability would be key factors within the Healthcare Strategy refresh.

Mr Murray identified the developments in place to support Realistic Medicine and noted that the associated actions were not expected to deliver cash related savings in the short to medium term.

The Forth Valley NHS Board:
- ***Noted the Financial Plan 2023/24 to 2025/26***

9. BETTER GOVERNANCE

9.1 Escalation

9.1.1 Governance Review Update

Professor Brown informed Board members that Governance Terms of Reference had been developed to inform the review of governance arrangements within the Board. The Blueprint for Good Governance (second edition) was being used to assess the Board's arrangements and approach to governance and that he would led a Board seminar on 14th of February with a focus on Blueprint and how it supported good governance.

Professor Brown shared the approach to be adopted involving Ms Susan Walsh and would include 1-1 interviews with Board members and senior Board officers. In addition, a review of documentation e.g., minutes and observing meetings in action would all contribute to his findings and areas of improvement.

Professor Brown highlighted that an interim report would be shared to enable the Board to make improvements in advance of a final report scheduled for June 2023. In addition, Prof Brown committed to sharing any issues/risks identified with the Board Chair.

9.1.2 Escalation Improvement Plan Update

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

Mrs Cowan by way of introduction referred to wanting to highlight the progress as set out in the Improvement Action Plan at Appendix 1, inviting Professor Dodd to update on the HIS response and to bring to Board member's attention the governance arrangements approved by the Escalation P&R Committee to ensure the direction set

by the Board is implemented and the risks managed to ensure delivery of the agreed actions.

Mrs Cowan referred to the Improvement Action Plan and the approved actions across all escalation domains - governance, leadership, and culture. In particular, Mrs Cowan referred to the ELT development, learning from other NHS Boards, the review of the management and professional structure and appointment of the Acting Acute Services Director and progress on Directorate and Partnership performance reviews and integration. Mrs Cowan also highlighted the ongoing commitment to the Board's Leadership and Culture programme scheduled to begin from April and progress in both Out of Hours and CAMHS. Urgent and Unscheduled Care performance as reported previously continues to be poor and variable and Psychological Therapies as reported earlier whilst stable shows no real step change in performance.

Mrs Cowan also referred Board members to the Governance Terms of Reference which had previously been shared virtually for approval.

Mrs Cowan invited Professor Dodd to provide an update on the HIS improvement actions in response to the requirements. Professor Dodd confirmed that governance arrangements had been put in place to ensure the approved Improvement Action Plan was being implemented and tested within the timescales set. Prof Dodd confirmed that elements are still being added in response to ongoing monitoring.

Board members noted that the Oversight Group had also connected with the improvement arm of HIS who are working with NHS Forth Valley between January to March 2023 to provide support, advice, and learning.

Mr Best in adding to Mrs Cowan's update confirmed his focus was on providing clarity re people's roles and responsibilities in delivering improvement both for those areas highlighted by escalation and for areas deemed as business as usual to ensure no deterioration on key areas of performance.

Board members also referred to the Internal Control Evaluation report and following up on those recommendations. Mrs Cowan confirmed this Report will go to all Board Standing Committees to ensure scrutiny of actions relating to the Committee and to ELT to ensure actions are progressed within approved timescales.

Mr Fairbairn highlighted the extent of the work to respond to Escalation and asked that each Committee focus on areas pertaining to their terms of reference to avoid duplication or at worse something being missed. Board members noted that the Escalation P&R Committee would provide assurance however needed time to assure itself of trends and the impact of actions.

Mr Johnston wished to acknowledge all the work underway and the progress made against each of the actions in terms of implementation and invited the Board to consider how it would know that the culture was changing. Mrs Cowan acknowledged cultural change can be hard and starts with people, including us and how we interact and behave, how we align culture and strategy and importantly what we as a Board pay attention to. Miss Donaldson added the importance of how people feel and putting in place measurement tools to determine cultural shifts.

Ms McCusker wished to thank everyone for their level of commitment and identified that the Escalation Performance and Resources Committee will come to the Board.

The Forth Valley NHS Board:

- *Noted the progress to date and planned next steps*
- *Approved the Governance Terms of Reference attached at Appendix 4 (noting this had been shared and comments incorporated into the final draft)*

9.2 Best Value Framework

The NHS Board considered a paper 'Best Value Framework' Presented by Mrs Cathie Cowan, Chief Executive.

Mrs Cowan thanked and acknowledged the work led by Ms Kerry Mackenzie to capture activity to inform the annual Best Value Framework. Mrs Cowan highlighted that this report had gone to Audit and Risk Committee for consideration. Board members noted that the Framework is intended to illustrate the arrangements by which the Board ensures it can demonstrate ongoing improvement in performance whilst balancing quality and cost. Mrs Cowan referred to five Best Value themes and referenced Vision & Leadership and Governance & Accountability. Mrs Cowan also mentioned the cross cutting themes – Sustainability and Equality which have been referenced in many of the Board's reports and discussions today.

Board members acknowledged the many examples in each of the themes and the outcomes and supporting evidence to demonstrate compliance with Best Value arrangements.

The Forth Valley NHS Board:
- *Noted the detail within the Best Value Framework Summary*
- *Noted the Best Value Framework summary was considered by the Audit & Risk Committee on 20 January 2023*

9.3 Nursing & Midwifery Strategy Annual Report

The NHS Board considered a paper 'Nursing & Midwifery Strategy Annual Report' Presented by Prof Frances Dodd, Executive Nurse Director.

Professor Dodd wished to acknowledge the huge amount of work carried out in support to the Strategy implementation. Board members noted that the Strategic Framework will be completed and welcomed a more multi-disciplinary approach.

The Forth Valley NHS Board:
- *Noted Nursing & Midwifery Annual Report 2021-22*

9.4 Governance Committee Minutes

9.4.1 Performance & Resources Committee Update: 20/11/2022
Performance & Resources Committee Minute: 25/10/2022

Mr Fairbairn shared with Board members key issues from the Performance and Resources Committee and referred to many of the areas discussed as part of this meeting.

The NHS Board noted the assurance provided through the minutes of the Performance & Resources Committee Meeting 25/10/22.

9.4.2 Audit and Risk Committee Update: 21/01/2023

Audit and Risk Committee Minute: 21/10/2022

Mr Urquhart referred to the Minute and confirmed that there is action (Audit Follow Up) for ELT to take forward from the Audit and Risk Committee meeting 21/01/2023.

The NHS Board noted the assurance provided through the minutes of the Audit & Risk Committee Meeting 21/10/2022.

9.4.3 Endowments Committee Update: 21/01/2023
Endowments Committee Minute: 21/10/2022

Mr Procter informed Board members that investment managers had attended the Endowment Committee 21/01/2023. Board members noted that governance arrangements were also discussed at this meeting.

The NHS Board noted the assurance provided through the minutes of the Endowments Committee Meeting 21/10/2022.

9.4.4 Staff Governance Committee Minute: 16/09/2022

Mr Rennie informed Board members that themes discussed focused predominately on workforce related measures. Board members noted that staff absences were also discussed.

The NHS Board noted the assurance provided through the minutes of the Staff Governance Committee Meeting 16/09/22.

9.5 Integration Joint Board Minutes

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

Mr Rennie confirmed the Stirling and Clackmannanshire IJB 01/02/2023 would discuss the Strategic Commissioning Plan. Board members noted the financial challenges and the need to present a balanced budget.

The NHS Board noted the assurance provided through the minutes of the Clackmannanshire and Stirling IJB Meeting 29/06/2022; 21/09/2022.

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

Dr McClung informed Board members that a Primary Care Improvement Plan development session had been scheduled.

The NHS Board noted the assurance provided through the minutes of the Falkirk IJB Meeting 10/06/2022; 02/09/2022.

10. ANY OTHER COMPETENT BUSINESS

Mr Stuart wished to receive an update of the Covid Enquiry. Mr Murray assured Board members that the enquiry is in hand and will be brought to the Board once prepared.

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

NHS BOARD ACTION LOG

NO.	DATE OF MEETING	AGENDA TOPIC / ITEM	ACTION	LEAD	TIMESCALE	COMMENT / PROGRESS	STATUS
1	31.01.2023	Performance Scorecard	Performance & Resources Committee to review DNA position	Jonathan Best	28.04.2023	Date agreed with team and on P&RC forward planner	In Progress
2	31.01.2023	Any Other Competent Business	Update to be provided in respect of the UK and Scottish Covid Inquiries	Andrew Murray	30.05.2023	On the forward planner per the timescale	In Progress

Status:	Deadline passed / Urgent
	In progress (deadline not reached) / On hold
	Completed / Closed (incl. date)

FORTH VALLEY NHS BOARD
TUESDAY 28 MARCH 2023

6.1 Escalation Improvement Plan Update
For Approval

Executive Sponsor: Mrs Cathie Cowan, Chief Executive

Authors: Executive Leadership Team

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 3 for reference. This included approving the NHS Board's:

- Escalation Improvement Plan and immediate and short-term 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 to direct and oversee the implementation of the approved Plan.

Since approving the Plan, all immediate and short-term actions have been progressed and at the NHS Board in January 2023 Board members considered and sought assurance on implementation (attached at Appendix 1) and the steps being taken to continue to update the Plan to ensure the delivery of sustainable improvement. Version 2 (V2) Escalation Improvement Plan is attached at Appendix 2 for approval. This version of the Plan sets out the NHS Board's actions to respond to medium to longer terms actions as set out in the Plan approved by the NHS Board on 19 December 2022. In addition, there is ongoing work to respond to the NHS Health Improvement Scotland (HIS) report and the NHS Board submitted an 18 week progress update to HIS, this is attached at Appendix 4.

Work is also underway to develop a measurement framework ('the Framework') to enable the NHS Board and its Assurance Committee members to monitor and measure progress against key actions, timescales, and outcomes as set out in the approved Escalation Plan. This Framework is being considered by the Escalation Programme Board on Monday, 27 March with the outcome of this discussion and draft Framework being presented to the Escalation Performance & Resources Committee on Thursday, 30 March for approval.

An update setting out progress on the implementation of the Plan's immediate and short-term actions following this Board meeting will be shared with the two local Integration Joint Boards (IJBs) to enable the IJBs to fulfil their oversight role.

Recommendation
The Forth Valley NHS Board is asked to: -
- **consider** progress to date and proposed assurance level
- **approve** V2 of the Escalation Improvement Plan
- **note** the 18 week Improvement Action Plan - submitted to NHS HIS
- **note** the work underway to develop and agree a Measurement Framework

Assurance

Proposed assurance level:

Level of Assurance		System Adequacy	Controls
Reasonable Assurance		Adequate framework of key controls with minor weaknesses present.	Controls are applied frequently but with evidence of non-compliance.

Key Issues to be Considered

- Purpose and Progress

The purpose of this paper is to update Board Members on implementation of the approved Plan up to end of February 2023, and proposed actions for the period up to end of May 2023. ELT, through the Escalation Programme Board governance arrangements, informed this update and future planned work.

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.

- 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, continues to meet to ensure delivery of the actions as set out in the approved Plan. The Programme Board reports to an Escalation Performance and Resources Committee. This Committee will meet for the third time on 30 March 2023 and at this meeting will consider and approve the Measurement Framework. This Framework will be used to provide assurance on progress, including identifying and escalating any potential issues and risks to the NHS Board.

- 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
- Urgent & Unscheduled Care
- Mental Health - Child & Adolescent Mental Health Services (CAMHS) and Psychological Therapies
- Health and Social Care Integration
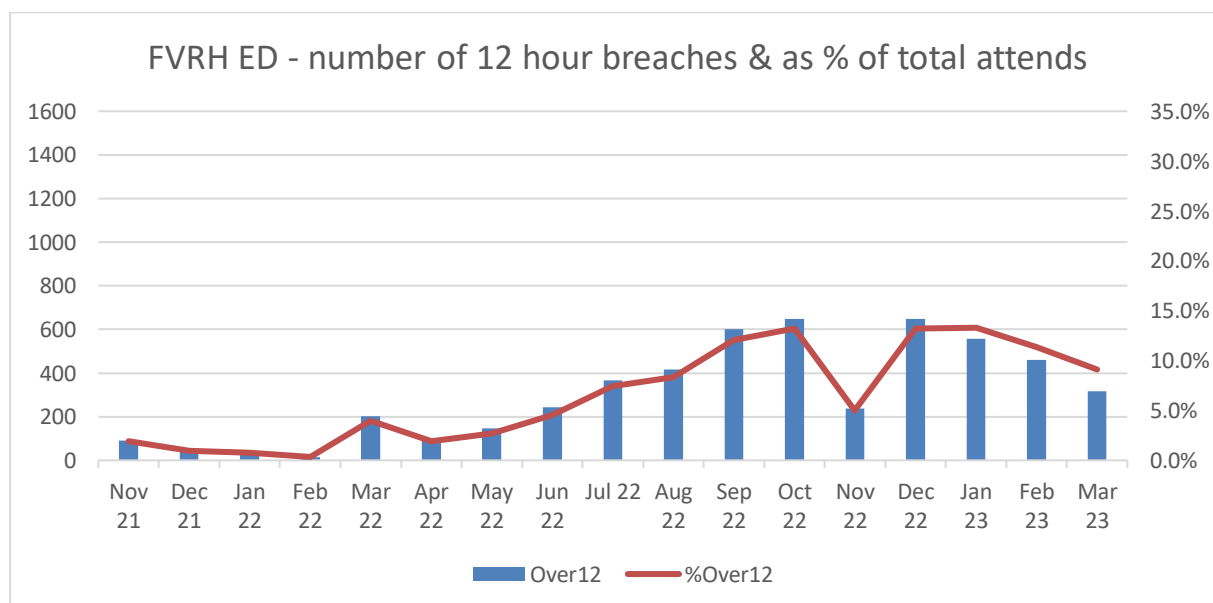
Further to the January NHS Board Escalation update:

The **GP Out of Hours** (OOH) Redesign & Sustainability Improvement Plan (the 'Action Plan') in response to the findings and twelve recommendations from the visit by Sir Lewis Ritchie on 5th October 2022 continue to be implemented. These recommendations were shared with the NHS Board at it November 2022 meeting and are being reported to the Board's Performance & Assurance Committee and through the escalation reporting arrangements.
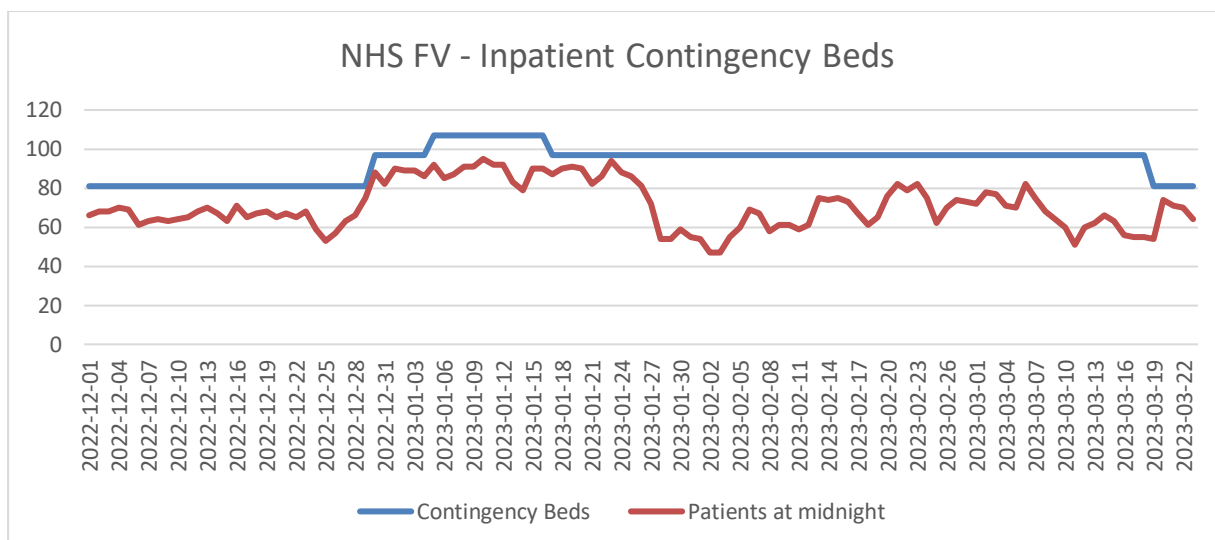
In addition, this Action Plan has been shared monthly for scrutiny with the Primary Care Division of Scottish Government, and a meeting led by Sir Lewis Ritchie to determine progress took place on 8th of March 2023. At this meeting the Government Team noted progress and heard of plans to recruit to a dedicated OOH Service Manager. Further integration opportunities to enhance current OOH arrangements are being proposed e.g., district nursing, Mobile Emergency Care Service (MECS), palliative care and Hospice @ Home. Additional funding from Scottish Government (£260K) will support improvements in access e.g., pharmacy services for remote locations. Updated Action Plan attached at Appendix 5 for reference.

Urgent & Unscheduled Care performance continues to be robustly monitored by the NHS Board, Integration Joint Boards, NHS Board and Performance & Resources Committee. Scottish Government continue to provide 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) whilst recruitment to a Project Manager is progressed by the NHS Board.

Ongoing challenging service pressures continue including Covid presentations and admissions, high hospital inpatient and intensive care occupancy rates, higher than normal staff sickness and ongoing delays in transfer and discharge rates impact on the system 4 hour Emergency Access Standard measure. Improvement in this system measure has been small: December 2022 - 42%, January - 48.4%, and February 49.8%. Importantly and alongside this system measure there has been a focus on:

- reducing 12-hour breaches in ED as a priority (649 breaches at December 2022 to 318 breaches at March 2023) - as set out below
- closing the use of contingency beds and in this regard endoscopy beds were handed back to the surgical/endoscopy team from Monday 20th March and will no longer be used for contingency capacity, reducing contingency beds also in wards continues and on a daily basis beds are closed to support the ward teams and reduce clinical risk (early January 107 beds opened with an occupancy rate of 86% to 88 beds with an occupancy rate of 79% as at 23 March 2023) - as set out below

FVRH ED - number of 12 hour breaches & as % of total attends

NHS FV - Inpatient Contingency Beds

Legend: Contingency Beds — Patients at midnight

The most challenging period remains weekends and Public Holidays due to the lack of discharges and the lack of step-down beds available in the community. This requires a system response, and the Acting Director of Acute Services and Directors of Health & Social Care/Chief Officers are working together to promote a system wide approach to discharges and a single team approach.

The appointment of the Acting 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, as reported previously, 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 approved Improvement Plans.

CAMHS has continued to tackle long waiting times and has moved from 33.3% Referral to Treatment Time (RTT) in November to 45.9% for the month of February 2023 and follows our agreed trajectory path to achieve the 90% standard in quarter 1 (April to June 2023). The average wait on the assessment waiting list has reduced from 45.7 weeks at the start of CAPA (end of January 2023) to 7.4 weeks at the end of February 2023. No children are waiting over 36 weeks. The next milestone is to ensure no children are waiting over 19 weeks for an initial assessment.

Similarly, in **PT** the focus on improving long waits continues and will impact on RTT performance - i.e., will temporarily reduce RTT whilst patients waiting longest are seen. RTT performance has remained stable at 65 - 70% and at end of February is 66.4% a reduction from the two previous months which reflects the focus on addressing those waiting longest. Four out of the eight teams are meeting the RTT standard of 90% and five new therapeutic groups will begin during April/May 2023. These improvements are impacting positively on patient and staff experience and wellbeing.

The approved Escalation Plan set out a number of actions to progress the **integration of health and social care services**. This included: 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 implemented. Mental Health and Learning Disability consultant medical staff have yet to transfer, and the Medical Director and Chief Executive will support the Chief Officer in discussions – a meeting has been scheduled in June to accommodate this meeting.

In addition, the development of a decision making matrix and a shared narrative for integration have both been approved. The shared narrative has been progressed/approved through the established NHS CEO monthly meeting with Local Authority Chief Executive and Chief Officer Group. The Group, whilst focusing on the actions set out in the Escalation Improvement Plan, are now looking at wider public sector partnership opportunities. A meeting of Chief Executives with the Divisional Commander, Police Scotland, and Scottish Ambulance Head of Service, FV East Region is being progressed by the Falkirk Council CEO.

Implications

Financial Implications
An Escalation Programme Director has been seconded from NHS NSS and took up post on 21st March 2023. In addition, a Programme Director to direct and oversee the Leadership and Culture (L&C) Programme is being progressed.

Workforce Implications
Programme Director appointed and work is ongoing to identify/appoint a dedicated Programme Director to support the L&C Programme. The Senior Responsible Officers area also being supported by the Board's Quality and Corporate Programme Management Teams with the intention to have access to a dedicated Assurance Response Team. In addition, the governance review led by Professor Brown continues and a similar arrangement to support integration e.g., review of Integration Schemes and benchmarking ourselves against the MSG principles to inform an improvement plan is progressing and will be informed by the Local Authority Chief Executives.

The ELT co-produced OD Programme has been agreed and an OD facilitator has been appointed. A self-facilitated ELT time out session is scheduled for 3 April 2023.

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 due to be presented to the Escalation P&R Committee on 30th of March 2023 for approval. The Measurement Framework will measure performance against the actions as set out in the approved Escalation Plan (s).

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. *(please tick relevant box)*
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 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

There are no Information Governance Implications in respect of this paper.

Risk Assessment / Management

An updated Risk Register will be presented to the Escalation Performance & Resources Committee on the 30th of March 2023 for scrutiny and assurance purposes.

Relevance to Strategic Priorities

The Escalation 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

The NHS Board will be presented with an update (28th of March) on the Corporate Objectives as part of the Corporate Plan process for approval.

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 Plan. A Communication Plan and features in the updated Plan - V2. A focus on internal communication will be considered at the Escalation P&R Committee on 30th of March 2023.

Additional Information

N/A

Appendices

- Appendix 1: Escalation Improvement Plan - up to end of February 2023
- Appendix 2: Escalation Improvement Plan V2

- Appendix 3: Escalation Improvement Plan (V1/original) as approved by the NHS Board on the 19th of December 2022
- Appendix 4: Health Improvement Scotland (HIS) - 18 week submission
- Appendix 5: Out of Hours Improvement Action Plan

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[i] http://www..gov.scot/publications/blueprint-good-governance-nhs-scotland-second-edition/

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

| | | 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.

Anticipated:
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 |
|---|---|---|---|
| | Safety strengthening and re-focus of huddles | | |
| | NHS Forth Valley has adopted the Workforce RAG rating in relation to safe staffing based on patient acuity and need. | Immediate:
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.

Anticipated:
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	Immediate: 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. Anticipated: 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.	Immediate: 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.

Anticipated:
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 | Immediate:
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.

Anticipated:
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. | Immediate:
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.

Anticipated:
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.	Immediate: 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. Anticipated: 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	Immediate: 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.	Implemented Oct 2022	
		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.	19 Dec 2022	
		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.		

	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.

Escalation Improvement Plan: March - May 2023

Overview

The Board of NHS Forth Valley approved its Escalation Improvement Plan (the Plan) on the 19th of December 2022. The Plan focused on immediate and short term actions and Appendix 1 of this report set out the NHS Board's response to the approved actions. The Plan also focused on medium to longer term actions in all 3 escalation domains - governance, leadership, and culture. Appendix 2 whilst building on the improvements set out in Appendix 1 introduces new and/or ongoing actions for the period March to May 2023.   In leadership and culture these medium to longer term achievements included:

- Learning from other Boards who have embarked on Culture, Leadership and Governance programmes and improved their performance.
- Completing Board and ELT ongoing development sessions with a focus on vision, and values and how they align to of delivery the Board's corporate objectives to support improvements for patients and staff.
- Implementing a Stage 4 Culture and Leadership Programme.
- Review leadership structures across NHS Forth Valley - both professionally and operationally.
- Enhance the voice of staff and patients and determine ways to monitor and act on key themes identified from a number of sources, e.g., patient complaints Whistleblowing (WB), Speak Up, Mediation, Employee Relations Case Audits, Monthly Workforce Performance Reporting Partnership meetings and Staff side feedback, absence levels, Significant Adverse Event Reviews, Incident Reports, Inspection Reports Review WB structure in NHS Forth Valley with key stakeholders.
- Establish a Minority Ethnic Network - updated in Appendix 1 - Network established with first meeting held on 17th of March 2023.

In governance these medium to longer term achievements included:

- Demonstrate and embed effective governance across each of the core functions outlined in the Blueprint for Good governance.
- Implement priority issues - e.g., complete/approve decision-making matrix, establish Directorate and Partnership performance management meetings, and complete the final transfer of outstanding operational management responsibilities to the Chief Officers as part of the NHS Board's commitment to integrating services, staff, and budgets in line with the approved Integration Schemes.

Domains: Leadership and Culture supporting our medium to longer term actions			
Issue/ Timescale	Action (s)	Process/Steps	Intended Impact/Outcome
Executive Leadership Team (ELT) Development (April - June 2023)	ELT Development Programme will begin in April - June 2023.	The ELT OD coproduced and agreed scope has been tendered and a proposal that meets the ELT scoping statement has been received. A self-facilitated session in advance of the ELT Development programme is scheduled for 3 April (due to leave) and thereafter a six session programme will begin. These sessions will inform NHS Board priority setting in response to S Government policy and IJB Directions supported by team objectives - April 2023. Corporate Plan to Board (corporate objectives) - 28th of March for approval.	Create and agree a shared sense of purpose, that is built on trust and mutual respect based on effective working practices (i.e., clarity of roles and responsibilities, decision making and problem solving processes) and a commitment to work together to support and encourage staff led sustainable improvement and innovation.
Board Development Programme (April - June 2023)	The NHS Board development building (previously paused) to demonstrate the Board's commitment to 'put patients first', 'support our staff' and 'work in partnership' will begin during April 2023. The Programme will include and consider the NHS Board's vision, values, and corporate objectives. Corporate objectives routinely are presented annually to the NHS Board for approval (scheduled for 28 March) - these objectives in turn inform Team and Individual objective setting across NHS Forth Valley.	OD facilitator to support the Board's programme of learning and development and a draft proposal will be progressed with Board Members after Chair/OD Facilitator meeting on 7th of March 2023. A first meeting with the facilitator is being finalised for April 2023.	Contribute to sustainable 'culture change' and at Board level use an adaptive model to shape and influence culture by being: • Curious - exchange of ideas /options to inform strategic direction. • Decisive - focus on measurement/outcomes to hold to account. • Collaborative - valuing consensus to support engagement. • Regulatory - to manage/mitigate risks.
Learning from other NHS Boards (April - June 2023)	Evaluate with Staff side and external support our current staff 'speak up' services and activities using NHS GG&C 23 improvements actions to inform an improvement plan geared to helping staff speak up.	NHS Forth Valley HRD has shared learning and best practice with ELT and the Escalation P&R Committee. This learning will now inform a process of evaluating the NHS Board against the 23 improvement actions and will include a review of our Whistleblowing (WB)support structures.	Enhance the voice of our staff and from the reviews (evaluate Board against the 23 recommendations and review WB supports) act on key themes with Staff side to support cultural change and improvement.

	Develop and agree Culture and Leadership (C&L) Programme scoping phase and implement from April 2023.	Paper setting our proposal presented and approved by ELT on 8th February 2023. ELT led staff events being scheduled during April to support roll out of Programme.	Board commitment to C&L programme to support a healthy organisational culture where staff feel able and supported to speak up. The diagnostic findings will inform future improvements to ensure we support and embed long term sustainable change through the Board's performance management arrangements.
	Source Programme Management capacity to direct, oversee and implement C&L Programme.	Proposal developed to increase capacity, recruitment to be progressed – March/April 2023.	Enable our staff to continue to do the 'day job' by providing additional capacity to support them contribute to sustainable improvement, invite feedback on the changes through culture diagnostic phase.
Implement professional leadership arrangements across NHS FV (April - June 2023)	Weekly Chief Executive, Medical Director, and Nurse Directorate triumvirate meeting now part of business as usual.

Deputy Nurse Director advertised and interviews scheduled for 4th April 2023. AHP Director will go out to advert in March 2023 to align with current seconded post holder's contract of employment.

Clinical Nurse Manager job description review undertaken and benchmarked against similar roles in other NHS Boards for consistency checking and role breadth/depth.

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. | Interviews and recruitment processes in place to ensure professional structure is providing 'floor to NHS Board' assurance. Appointments are intended also to create stability across NHS Forth Valley. | Invest in professional leadership to ensure patient safety remains a top priority for the NHS Board whilst enabling staff to focus on sustainable improvement and innovation in practice, monitor and seek feedback through the culture diagnostic phase. |

Increase HSCP Leadership and Management Capacity (April - June 2023)	Investment in three management posts has been approved by the NHS Board - recruitment process led by Chief Officers being supported by HR.	Job Descriptions being developed and agreed by the Chief Officers and HSCP Leadership Teams. Recruitment support by HR in place.	Invest in HSCP leadership and management capacity to ensure staff are led well and have opportunities to develop practice and feel empowered to improve and innovate in delivering sustainable services in response to future population need. Monitor and seek feedback through the culture diagnostic phase.
Board and ELT Leadership Capacity and Succession Planning (April - June 2023)	Appoint Deputy CEO to increase overall leadership capacity to support CEO number of direct reports.	Board in support of development, Job Description being developed and will be shared with ELT for input – March/April 2023. Remuneration Committee approval sought and post then advertised in April/May 2023.	Invest in Board-wide leadership capacity to support long term Transformation and Sustainability of services and workforce in response to the future needs of the population, and local operating and authorising environments.
Strengthen the voice of patients and staff (March - May 2023)	Establish NHS Forth Valley Public Forum - to seek feedback from patients and the public in relation to safe patient care improvement work. Staff voice see 'learning from other NHS Boards' action.	Board wide Public Forum established and held its first meeting on 21 February 2023. In addition to 'learning from other NHS Boards action' staff well-being hubs have been developed for inpatient sites across NHS Forth Valley - these are supported by drop-in chaplaincy services and a programme of well-being seminars have been developed.	Test the level of involvement – 'you said/we did' as part of culture diagnostic phase. As above.

Domain: Governance			
Issue/ Timescale	Action (s)	Process/Steps	Intended Impact/Outcome
Governance Review (March - June 2023)	Professor John Brown, Chair of NHS GG&C, has begun an independent review of NHS Board and Assurance Committee governance arrangements. The planned NHS Board's response to the Blueprint for Good Governance will be presented after Prof Brown has reported on the governance review findings. Planned to go to NHS Board in August 2023.	The review continues having agreed a methodology – as set out below: 1. 1:1 meetings with Board members, ELT members and other key staff continue. 2. a desktop review of Board governance documentation including Board, Committee and ELT papers, minutes etc will continue. 3. attendance to observe meetings during the period January to 25th May 2023 is ongoing. Findings are expected by end of June 2023 and will be shared with Board, ELT, and Assurance Board members.	Assess effectiveness and efficiency of the NHS Board's corporate governance arrangements.
Accountability and Governance (Start from 19th Dec 2022)	Piloting new Directorate and Partnership Performance meetings in three areas - Women & Children, Specialist Mental Health & Learning Disability and Acute Services. These meetings are intended to support ongoing effective performance management arrangements.	The final meeting is scheduled for 7th March (Acute Services), thereafter the findings form the pilot and learning from NHS GG&C performance management arrangements, this will be incorporated into the final proposal for endorsement at ELT in March/April 2023.	Hold to account and support improvement in patient and staff experience and well-being.
Whole System Governance (End of Dec 2022)	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 has gone through H&SCP governance processes.	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.	Support decision making in the right place, at the right time by the right people as per our regulatory frameworks.

Integration - action added - in this section. (End of January 2023)	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. The narrative was presented and endorsed at the Chief Officers and Local Authority/NHS Chief Executives monthly meeting on 22 February 2023.	This 'strategic ambition' will be shared and built into ELT OD discussions. In addition, a launch as a commitment or 'call to action' by all six Leaders will be progressed in March/April 2023.	Signal a renewed ambition for the NHS Board to support greater collaboration to help accelerate sustainable change and improvement with collaboration being the default operating environment beyond integration of health and social care.
Integration of Health and Social Care in Forth Valley (End of January 2023	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 (consultant) staff. A meeting involving the Medical Director, Chief Officer and Chief Executive is scheduled to take place on 1 June 2023. 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) was concluded on 31 January 2023. An attached manager (s) to support OOH and Primary Care Services is in place - these managers are working directly with the HSCP whilst recruitment to a Head of Service (Primary Care) and Service Manager (OOH) is progressed by the HSCP. Operational management of Health Promotion services, staff, and budget responsibility on an HSCP basis has been concluded in January 2023.	All three operational management of service, staff and budgetary responsibilities have been concluded by 31 January. Additional management capacity has been approve by the NHS Board and the HSCPs are leading on the recruitment to all three management posts. A 'due diligence review' of integration is planned and a final draft scope has been drafted and as agreed by ELT shared with the Reviewer for final input.	Commit to building and investing in integrated management capacity. Support external support (due diligence) - focus on assessing integration arrangements and supports against e.g., approved Integration Scheme (s), and MSG principles and identify areas of strength and weaknesses and to the extent to which these impact on collaborative working, performance, and further partnership opportunities. CEOs from all three Local Authorities will also be involved in shaping and influencing this process.

Acute Services Leadership and Management (March - May 2023)	Appointed - Acting 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).	Permanent appointment to vacant Head of Service post was made on 2 March 2023, external candidate.	Stabilise and increase management capacity within the Acute Services Directorate.
Relationship Building and Communications (ongoing)	Staff side and CEO Escalation meeting every 2 weeks to update on actions and progress. Regular updates to ACF meeting in place. Regular internal updates - dedicated 'escalation' on Staff intranet and externally via dedicated NHS Board 'escalation' link. Monthly MSP/MP meetings in place. Monthly Chief Officer and Local Authority/NHS Chief Executive meetings in place. Quarterly Leader/Chair meetings in place and Chief Executives will be invited to join this meeting as appropriate.	Meetings continue and feedback from participants has to date been positive. Review to widen NHS Board Patient Safety Walkrounds being considered.	Enhance stakeholder engagement.
Performance (March - June 2023)	NHS Board has committed to improving performance in: OOH services. CAMHS and PT, Urgent &Unscheduled Care. NHS HIS Improvement Action Plan.	Improvement Plan approved by NHS Board in response to Sir Lewis Ritchie visit October 2022. Improvement Plan has 12 recommendations, the Plan is reported on a monthly basis to Primary Care Division - feedback provided to Assurance and NHS Boards. Balanced Scorecard via Pentana- monthly reporting to Assurance Board in place. 18 week Improvement Action Plan developed, approved, and submitted to NHS HIS as required.	Commit to sustainable improved performance in areas/services escalated and maintain/improve performance in non-escalated standards and requirements e.g., break even. Balanced Scorecard to report on progress for escalated performance areas in place. Improved patient and staff experience.

Measurement Framework (MF) March - April 2023	Develop/agree a MF - that includes 3 escalated domains: governance, leadership and culture with corresponding indicators and measures to track improvement over time using QI cause and effect methodology. Create Balanced Scorecard for escalation performance areas.	Draft Framework to Escalation P&R Committee for consideration and approval - 30th March 2023 and thereafter published to demonstrate both internally and externally the NHS Board's progress and improvement.	Commit to improvement over time to support sustainable change.

Escalation Improvement Plan Update: December - February 2023

The NHS Board approved the Escalation Improvement Plan on the 19 December, the Plan set out a series of actions. This report provides a status update to end of February 2023 on the approved actions and timescales.

Domains: Leadership and Culture		
Approved Action/Timescale	**Progress Update up to end of Feb 2023**	**Status**
Executive Leadership Team Development (16 Jan 2023)	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. 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. 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.	ELT Development - Stages 1 and 2 completed on 13 December 2022. Stage 3 OD development scope coproduced in early 2023 and approved by ELT on 30th January 2023. Tendering process completed and proposal to meet ELT scope received on 28 February 2023.
Learning from others (14/23 Dec 2022)	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	The learning from others and the establishment of an informal network during December 2022. Learning from other NHS Boards was shared with ELT when it met on 1st Feb 2023 and a

	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.

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 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. | paper titled 'Compassionate Leadership and Culture Change Programme Plan' was presented for approval to the ELT on 8th February 2023. This paper set out the actions to support the 'scoping and diagnostic phases.' The paper also set out the governance arrangements to be put in place to direct the NHS Board-wide Leadership and Cultural Programme. |
| Review professional leadership and management arrangements across NHS Forth Valley (Dec 2022/March 2023) | Chief Executive, Medical Director and Nurse Directorate weekly triumvirate meeting continues. The Triumvirate will oversee this action.

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 NHS 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 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. | Deputy Nurse Director interviews scheduled for 4 April. AHP Director recruitment process - paper agreeing funding to ELT by end of March, current secondment ends in June 2023.

Clinical Nurse Manager job description review undertaken, consideration as part of wider professional review being undertaken by Executive Nurse Director, due for completion end of March 2023.

Nursing Directorate support infrastructure e.g., administration infrastructure to support Executive Nurse Director to ensure a team approach to administration support.

Appointment to Head of Service (Emergency & Inpatients), interview and appointment to post - 2 March 2023.

The appointment to the Acting Director of Acute Services has created stability on the Acute site and is providing clarity on the roles and responsibilities for Acute Services Directorate professional and management leads. |

	Appointment of Acting Director of Acute Services has enabled senior staff to return to their acute services substantive posts. Acting 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.	
Culture diagnostics - Phase 1 (c/o following ELT agreement - 5 Dec 2022)	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. Diagnostic Tools have been obtained from NHS England for use within NHS Forth Valley. 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.	A paper titled 'Compassionate Leadership and Culture Change Programme Plan' was presented for approval to the ELT on 8th February 2023. This paper set out the actions to support the 'scoping and diagnostic phases.' The paper also set out the governance arrangements to be put in place to direct the NHS Board-wide Leadership and Cultural Programme. An oversight group made up of both internal including Staff Side and external experts will be brought together to support the cultural change proposal. This Group will determine the 'culture tools' to be adopted to assess the NHS Board's culture. iMatter update to Board - 31st January 2023.
Equality, Diversity, and Inclusion: Establish Forth Valley Minority Ethnic Network (19 Jan 2023)	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. Scottish 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.	The Minority Ethnic Network will host its inaugural meeting on 17th March 2023. At this meeting Terms of Reference will be agreed.

Domain: Governance		
Approved Action/Timescale	**Progress Update up to end of Feb 2023**	**Status**
Governance Review (Dec - March 2023)	Professor John Brown, Chair of NHS GG&C, has begun an independent review of NHS Board and Assurance Committee governance arrangements. Terms of Reference have been developed and approved by the NHS Board at its meeting on 31st January 2023. The refreshed Blueprint for Good Governance was shared with the NHS Audit and Risk Committee on 20th January. A Board and ELT development session on the revised Blueprint, led by Prof John Brown, is scheduled for 14th February, in advance of the review process.	The review has begun and to date: 1. a series of 1:1 meetings with Board members, ELT members and other key staff are underway. 2. a desktop review of Board governance documentation including Board, Committee and ELT papers, minutes etc will be progressed. 3. attendance to observe meetings during the period January to 25th May 2023 has begun. Findings are expected by end of June 2023 and will be shared with Board, ELT, and Assurance Board members.
Accountability and Governance (Start from 19th Dec 2022)	Piloting new Directorate and Partnership Performance meetings in three areas - Women & Children, Specialist Mental Health & Learning Disability and Acute Services. These meetings are intended to support ongoing effective performance management arrangements.	The final meeting is scheduled for 7th March (Acute Services), thereafter the findings from the pilot and learning from NHS GG&C performance management arrangements will be incorporated into the final proposal for endorsement at ELT in March/April 2023.

Whole System Governance (End of Dec 2022) Integration - action added - in this section. (End of January 2023)	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 23 March 2023 (plan date was by 31st January). 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. Approval process takes this action into Feb 2023. The narrative was presented and endorsed at the Chief Officers and Local Authority/NHS Chief Executives meeting on 22 February 2023.	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. This 'strategic ambition' will be shared and built into ELT OD discussions. In addition, a launch as a commitment or 'call to action' by all six Leaders will be progressed in March/April 2023.
Integration of Health and Social Care in Forth Valley (End of January 2023)	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 (consultant) staff. A meeting involving the Medical Director, Chief Officer and Chief Executive is scheduled to take place on 1 June 2023. 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) was concluded on 31 January 2023. An attached manager (s) to support OOH and Primary Care Services is in place - these managers are working directly with the HSCP whilst recruitment to a Head of Service (Primary Care) and Service Manager (OOH) is progressed by the HSCP. Operational management of Health Promotion services, staff, and budget responsibility on an HSCP basis has been concluded in January 2023.	All three operational management of service, staff and budgetary responsibilities have been concluded by 31 January. Additional management capacity has been approved by the NHS Board and the HSCPs are leading on the recruitment to all three management posts. A due diligence review of integration is planned, and a scope is being drafted and will be agreed by ELT.
Acute Services Leadership and Management	Appointed - Acting 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	Appointment to vacant Head of Service post was made on 2 March 2023.

(agreed end of Dec and implemented in Jan 2023)	capacity on the acute hospital site. Professional structure (AHP, Midwifery and Nursing referred to in leadership and culture update).	

The approved Escalation Improvement Plan refers to 'refreshing our Healthcare Strategy' - this work is progressing. The Strategy will be presented to the NHS Board in May 2023 - this Strategy will set out the NHS Board's long-term ambitions and signal a move away from a transaction pandemic way of working.

In addition, the Staff Wellbeing week went ahead as planned in January 2023.

Improvement Action Plan – Update February 2023

Healthcare Improvement Scotland:
Unannounced acute hospital safe delivery of care follow up inspection

Forth Valley Royal Hospital, NHS Forth Valley

27-28 September 2022

Improvement Action Plan Declaration

It is the responsibility of the NHS board Chief Executive and NHS board Chair to ensure the improvement action plan is accurate and complete and that the actions are measurable, timely and will deliver sustained improvement. Actions should be implemented across the NHS board, and not just at the hospital inspected. By signing this document, the NHS board Chief Executive and NHS board Chair are agreeing to the points above. A representative from Patient/Public Involvement within the NHS should be involved in developing the improvement action plan.

NHS board Chair

Signature: _____

Full Name: Janie McCusker
_____

Date: _____13/02/23_____

NHS board Chief Executive

Signature: _____

Full Name: Cathie Cowan
_____

Date: _____13/02/23_____

File Name: 20220830 Updated Improvement action plan FVRH NHS Forth Valley Feb2023 ccowan (003).docx FVRI, NHS Forth Valley v0.1	Version: 0.1	Date: 13/02/2023
Produced by: HIS/NHS Lothian	Page: Page 1 of 18	Review Date: -
Circulation type (internal/external): Internal and external		

Ref:	Action Planned	Timescale to meet action	Responsibility for taking action	Progress	Date Completed
1.	Electronic system rollout. Work ongoing to produce automated reports from Pentana.	31/12/22	Head of Nursing for Excellence in Care/Safe Staffing	**December 2022 Response** Care & Comfort rolled out across 70% of Acute Inpatients Wards. Currently working on reporting mechanisms. Additional assurance in relation to impact will be captured in patient questionnaires. **February 2023 Update** Electronic Care and Comfort rounding has been rolled out and is in operation in all Acute Services Inpatient downstream ward areas. Care and Comfort rounding has been fully implemented in Acute Assessment Unit (AAU) /Clinical Assessment Unit (CAU), and for patients in clinical waiting areas, as well as in the Emergency Department (ED). This is currently being recorded in paper form due to being in a testing phase. Links have been made with other Health Boards to ensure that learning and best practice is shared and utilised due to the dynamic nature of the emergency and assessment areas. Following the introduction of the new system, regular auditing of quality of Care and Comfort rounding is underway with initial reports available for compliance	Complete Complete. December 2022 Complete November 2022 Ongoing assurance

				and quality. HIS iHub team are supporting the development of the care and comfort rounding principles, processes, measurement, and assurance mechanisms.	processes in development
				NHS Forth Valley is committed to and has initiated the ongoing development of integrating the electronic forms within local care assurance systems to provide robust and timely data on compliance of Care and Comfort rounding. An automated report is being developed via the Pentana system which will provide accessible data, supporting ward, directorate, and board level reporting. NHS Forth Valley has initiated the ability of the multidisciplinary team to input to electronic Care and Comfort rounding charts and this will be progressed over the next two months, with the main focus being on AHP teams.	Ongoing assurance processes in development
4.	Review current Hand Hygiene programme in relation to coverage and frequency - Infection control attendance at training sessions to enhance importance of compliance.	Jan-23	Infection Control Manager SERCO Manager	**December 2022 Response** Review of programme underway. **February 2023 Update** The target of >90% of domestic staff having attended hand hygiene education sessions has been met with 95% reported in January. NHS Forth Valley has reviewed existing hand hygiene reporting and have triangulated the data to understand education, process, and outcome measures. This forms the basis of the ongoing assurance mechanisms and will continue to be refined and made available at ward,	Complete January 2023 Ongoing assurance processes in development

	Target 90% of Domestics staff by January 2023			directorate, and board level reporting by end of February 2023.	
6a.	Revisit risk assessment to address gap when patient in space does not meet risk assessment and the actions taken to enact additional mitigations needed to be put in place. Group continue to meet weekly and update risk assessment and Standing Operating Procedures based on incident reporting and complaints received.	Commenced Ongoing	Person Centred Lead Head of Nursing for Emergency & Inpatients	**December 2022 Response** Continue weekly meetings. Person Centred Lead to attend. Person Centred Lead to commence the collating of questionnaires which addresses experiences relating to being a patient in a five bedded bay. Look into the role of safety support nurse in inpatient wards and review patients identified with unresolved risk. Operational escalation in place identified at the Site Safety Huddle. **February 2023 Update** Context At time of this update NHS Forth Valley has reduced the number of patients in non-traditional bedspaces by twenty-eight. The reduction of five bedded bays remains a site safety priority and is being led by the Interim Director of Acute. The Risk Assessment and Standard Operating Procedure has been revisited and updated. The Risk Assessment Group meets weekly with wide clinical and non-clinical input. Risks are highlighted at daily Site Safety Huddle with support provided to mitigate by senior nursing leadership. Any unmitigated risks are communicated with senior on-call team and monitored and mitigated at the earliest opportunity when conditions change.	Complete October 2022 Complete November 2022

				Weekly review of the risks and incidents are undertaken by the Group to further refine the process of risk assessment and mitigation, as well as share organisation learning.	Ongoing
				The local Quality Improvement (QI) team is involved in ongoing development of the measures and evaluation of the process.	Ongoing assurance processes in development
6b.	Auditing processes will be put in place to ensure any identified improvements are maintained.	Commenced Jan-23	Person Centred Lead	**December 2022 Response** Questionnaire which identifies patients and staff experience being designed. Currently auditing quality of risk assessments.	Complete
				February 2023 Update To identify areas of concern and good practice, staff and patient experience questionnaires have been developed, tested, finalised, and implemented across all inpatient areas in NHS Forth Valley.	Complete January 2023
				Data is being analysed and collated into a feedback report with findings and actions. The feedback report is available monthly from February 2023 and being considered by the appropriate governance structures and clinical areas.	Ongoing assurance processes in development
				Auditing of the risk assessment process has been undertaken, the results show the re-audit by senior nurse leaders is not adding additional value and therefore has been discontinued and the focus is on the management of the mitigating actions.	Ongoing assurance processes in development

7.	Improving Huddle scripts, making safety the core focus. Improve escalation process when areas in red despite mitigations.	Commenced 12/12/22	Head of Nursing for Emergency and Inpatients	**December 2022 Response**	
				Testing new Safety Huddle scripts.	
				'Safe to Start' RAG status agreed with Chief Nurses and Executive Nurse Director (END).	
				Test Safety Support Nurse model to feedback info from Huddle to teams.	
				February 2023 Update	
				The daily Staffing Huddle has been further developed to ensure a safety focussed approach.	
				NHS Forth Valley staff have attended Huddles in other Health Boards for learning and benchmarking. Staffing Huddle has also been attended by an external Deputy Nurse Director for external peer feedback.	Complete December 2022
				A real-time staffing tool is in place which incorporates a RAG status of each clinical area and any mitigating actions taken. The implementation of 'Safe Start' RAG status across acute services has given a clear whole site picture of staffing concerns, mitigation, and escalation.	Complete December 2022
				Staffing Huddles now chaired by Clinical Nurse Manager with a script developed from wider learning providing structure and guidance for the chair and attendees.	Complete December 2022
				Staffing update is verbally shared at wider Site Safety Huddle and followed-up with a written summary shared daily across the system utilising 'Safe to Start' RAG status.	Complete. December 2022
				NHS Forth Valley has formalised the support provided by a senior nurse (Band 7 level) covering 24/7 to support staffing and clinical escalation. This is augmented by	Complete December 2022

				Clinical Nurse Manager of the week for escalation in core hours. NHS Forth Valley has implemented eRostering across the emergency and inpatient areas to provide site oversight of nurse staffing. NHS Forth Valley is committed to further developing real-time staffing tools and is currently testing the eRostering Safe Care module, with a pilot ward underway which incorporates training on professional judgement. Learning is being supported by, and shared with, HIS Safe Staffing team.	Complete January 2023 Ongoing assurance processes in development
8.	The AHP team must have a clear understanding of the actual staff in post.	Commenced Feb-23	AHP Lead	**December 2022 Response** AHP Lead has commenced the review and carrying out work re AHP models and requirement establishment. **February 2023 Update** The Acute AHP manager and finance manager have commenced a review of workforce within Occupational Therapy, Physiotherapy, Speech and Language Therapy and Dietetics. The outcome of this is anticipated that all AHP workforce, skill mix, and costs will be displayed on a tracker for each profession and any financial or skill mix risks will be identified. There will also be a process in place to review the tracker monthly. The aim is for this work to be completed by April 2023.	On track completion anticipated April 2023
9.	Senior managers have insight into the risk to patients and staff when working under	05/12/22	Chief Nurse for Acute	**December 2022 Response** Newsletter being developed following feedback from other Health Boards. Updates will be provided on the site	

	pressure. Improve communication loops ward to board.			situation to ensure all staff are kept up to date and understand what mitigations are in place for staffing and over capacity. Risk Review Group being established by risk advisor. **February 2023 Update** A staff newsletter was published in December and was distributed widely across the site acknowledging pressures, escalation, and support for staff. Further newsletters are now in place every two months across the Acute Services Directorate. Additionally, the Acute Services Directorate Risk Management Group has been reviewed and re-established to ensure risks have a forum to be captured and discussed at directorate level. This has ensured overcrowding and over capacity risks are escalated to the appropriate level and visible to senior managers.	Complete December 2022 Complete February 2023 with ongoing assurance processes in development
10.	Design process to ensure when there is overcrowding in ED and AAU that all patients are managed safety. Design process for assessing patients and provide care and comfort rounding. Ensure adequate equipment is available	Commenced 12/12/22	Head of Nursing for Emergency and Inpatients	**December 2022 Response** Emergency Department, 'Flex' nurse to be repurposed as patient safety nurse to take care of patients in corridors and non-clinical areas to ensure care and comfort and observations are completed. Chairs have been ordered for ED/AAU/SAU for patient comfort. AAU have introduced safety support nurse. Housekeeper role is being developed in ED and AAU to provide patient and staff support.	

				February 2023 Update Within the ED the role of the 'Flex' nurse is in place and is designed to provide care to patients in non-clinical contingency spaces within the department. A Standard Operating procedure has been developed to ensure consistency of practice. This will be continuously assessed due to the dynamic nature of the department.	Complete December 2022 with ongoing assurance processes in development
				Chairs have been provided in the trolley corridor for patients who have been identified as fit to sit which are designed to enhance patient comfort. These chairs have been numbered and have been added to Trakcare patient tracking system, this gives greater visibility. It is identified in Trakcare that the area is an escalation overspill footprint.	Complete December 2022 with ongoing assurance processes in development
				Posters are displayed in the area explaining how to request diet, fluid, and analgesia etc. A call bell has also been installed in this area to support patient safety. Regular walk rounds from patient relations are in place, to complement the patient questionnaires, and feedback from patients has been positive. The Emergency Department patient experience questionnaire has also been re-introduced which will be integrated into the Patient Experience report and will be fed back to staff.	Complete December 2022 Complete November 2022 with ongoing assurance processes in development
				A Safety Nurse has been introduced in AAU who has responsibility for triage and care and comfort of patients	Complete November 2022 with

				awaiting admission to the unit. This has resulted in greater visibility and safer care.	ongoing assurance processes in development
				A training programme has been developed for the staff who provide triage of patients received via GP referral.	Complete November 2022
				Care and Comfort rounding is audited for compliance and through observation for quality assurance. This has informed process improvements. Staff and patient questionnaires have been developed to understand the impact of care and experience. HIS iHub team is supporting the development of the care and comfort rounding principles, processes, measurement, and assurance mechanisms.	Complete December 2022 with ongoing assurance processes in development
11.	Patients' privacy and dignity maintained in ED when patients receiving care in corridors.	Commenced Ongoing	Head of Service	**December 2022 Response** Shared with the Emergency Department team to review patient transfer allocation by need rather than time. Emergency Department exploring processes to provide care in places other than corridors. Developing escalation process for overcapacity in ED. **February 2023 Update** Within the ED there has been a focus on utilising space creatively in the department to ensure privacy and dignity is maintained. In times of extremis portable screens are	Complete October 2022

				available within the department for use to ensure privacy and dignity. Additionally, an escalation risk assessment regarding suitability for non-standard space use within ED, has been developed and the process is being tested week beginning 13/02/23. The results of the testing will be ratified by the multi-disciplinary team and implemented thereafter.	Complete February 2023 with ongoing assurance processes in development
12.	Ensure safe and secure use of medicines specifically in ED and AAU.	16/12/22	Head of Nursing for Excellence in Care/Safe Staffing	**December 2022 Response** Practice Development Unit (PDU) team is currently conducting observation audit in ED and AAU to understand current practice gaps. This will be followed up by focussed Education and Training and improvement Plan. **February 2023 Update** Within the Emergency Department medication requirements are identified at triage and Care and Comfort rounding, including the identification and administration of time sensitive drugs. Following an assessment from local teams, supported by pharmacy, accessible locked To Take Out (TTO) pharmacy cupboards have been fitted in the department allowing timely access to high usage medications. AAU has introduced an IV practical assessment for Staff Nurses and introduced an audit to identify non-compliance and inform educational needs.	Complete January 2023 Complete January 2023 Complete December 2023

				Additionally, NHS Forth Valley is introducing a collaborative nurse/pharmacy medicine management forum to further develop the safer use of medicines across the NHS Board, to review and develop compliance with all policies and processes.	In development
13.	Safe delivery of care in ED and Assessment areas.	12/12/22	Head of Nursing for Emergency and Inpatients	**February 2023 Update** See Requirement 10 above.	
14.	Safe evacuation of patients in the event of a fire when ED and AAU are in over capacity.	Commenced Ongoing	Lead Fire Officer	**December 2022 Response** Evacuation plan revisited. Fire warden training plan in place for ED and AAU. A plan for regular fire drills is being developed and will be reviewed. **February 2023 Update** ED and AAU assessment area evacuation plan for when additional capacity is in use, has been introduced. Fire Marshall training has been provided to over forty members of Emergency Department and AAU staff. Regular fire walkthroughs have taken place across ED and AAU areas, as well as the implementation of a fire drill	Complete November 2022 Complete January 2023 with ongoing assurance processes in development Complete December 2022 with

				exercise. Regular monitoring of all areas by the safety support team, local staff and the NHS Forth Valley Fire Safety Advisor ensures that any issues relating to additional capacity can be reported and actioned and will inform future iterations of the Fire Evacuation Plan.	ongoing assurance processes in development
15.	Safe delivery of triage in ED and AAU.	05/12/22	Head of Nursing for Emergency and Inpatients	**December 2022 Response** ED has developed a 2-tier triage system which is monitored and reviewed. Competency booklet has been created and training is being provided. AAU has created a competency pack to go along with safety support nurse role. Urgent Care Centre has a triage system in place. **February 2023 Update** NHS Forth Valley has introduced a new patient prioritisation system for patients awaiting admission. A Standard Operating Procedure has been developed and implemented, supported by an education and competency package for staff using this system.	Complete December 2022
16.	All patient equipment is clean and ready for use.	31/12/22	Infection Control Manager Head of Nursing for Emergency and Inpatients	**December 2022 Response** Infection control weekly checks/audits identify areas of non-compliance. Training & advice given to staff re non compliances. **February 2023 Update** Infection control weekly checks/audits continue in all clinical areas and identify areas of non-compliance with	Complete December 2022 with

				real-time feedback. Environmental checks are also part of the Care Assurance programme.	ongoing assurance processes in development
				Additionally, the ED has secured funding for 5 WTE new housekeepers to provide support to clinical staff in department stock management, cleaning of equipment, as well as general housekeeping duties. Recruitment is underway with two positions secured awaiting start dates, all bank opportunities are being used in the interim.	Ongoing recruitment with assurance processes in development
				Additionally, the AAU has identified a Housekeeper role from within current establishment to provide support to clinical staff in department stock management, cleaning of equipment, as well as general housekeeping duties.	Complete January 2023 with ongoing assurance processes in development
17.	Use of real time staffing tool, training required for SCN in professional Judgement.	31/12/22	Head of Nursing for Emergency and Inpatients	**December 2022 Response** Sought guidance from neighbouring NHS Boards and testing new staffing huddle – regular reporting back in progress to END and Interim Director of Acute Services Currently looking at mitigating themes of risks and incidents. Introducing 'Safe to Start' RAG status – commenced 28/11/22 **February 2023 Update** A real-time staffing template is in place which incorporates a RAG status of each clinical area and any mitigating actions. The output of the huddle is shared with the wider Site Safety huddle. The implementation of	Complete November 2022

				'Safe Start' RAG status across acute services has given a clear whole site picture of staffing concerns, mitigation, and escalation. NHS Forth Valley is committed to further developing real-time staffing tools and is currently testing the eRostering Safe Care module, with a pilot ward underway which incorporates education on professional judgement. Learning is being supported by, and shared with, national QI teams.	On Track testing being undertaken in February 2023
18.	Senior managers lead and support their teams, managing the risks on site when site over capacity.	Commenced 09/12/22	Chief Nurse for Acute	**December 2022 Response** Exploring feedback mechanism to teams post Huddle re site status and staffing. Reviewing escalation process of patients who do not meet risk assessment criteria. Reviewing escalation for over capacity. **February 2023 Update** The Site Safety Huddles have been further developed to ensure a safety focus. NHS Forth Valley staff have attended Huddles in other Health Boards for learning and benchmarking and external peers have attended NHS Forth Valley huddle for feedback. NHS Forth Valley presently working with HIS iHub and NHS Forth Valley QI teams to map out Huddle process to inform any further potential improvements, ensuring the	Complete December 2022 with ongoing assurance processes in development Ongoing assurance

| | | | | Huddle is a safe, efficient and an informative space, with clear actions when safety concerns are raised.

Feedback mechanism to frontline staff post Huddle currently being tested through Senior Charge Nurse Forum using a template which is displayed in the ward for staff to see position and actions from senior management team. | processes in development

Testing phase |
|---|---|---|---|---|---|
| 19. | To improve the culture around staff escalation of risks, staff feel supported and informed re pressures out with their control. | 31/12/22 | Chief Nurse for Acute | **December 2022 Response**

Link to Requirement 9 and 18.

February 2023 Update

See Requirements 9 and 18 above for detailed update.

NHS Forth Valley has committed to a Compassionate Leadership and Culture Programme. This work is being led by the HR Director and OD colleagues and will be undertaken across the whole system, informed by Prof. Michael West. The scoping phase is due to be completed with a launch of the Programme on 30th of March. Thereafter will follow the Discovery phase - this involves data gathering e.g., observations, focus groups and surveys. An update on the approach was provided at the Executive Leadership meeting on 7th February 2023. | On Track |
| 20. | Consistent feedback to staff who have raised concerns. Identified learning presented to Risk Assessment Group. | 10/01/23 | Chief Nurse for Acute

Interim Deputy Nurse Director | **December 2022 Response**

Link to Requirement 18 and 19.

Feedback on IR1 reporting system now mandatory to reporter.

Wellbeing hub to be explored on site. | |

				Patient and Staff questionnaires focussing on current pressures being developed. Review of Duty Manager responsibilities in relation to staff wellbeing. **February 2023 Update** Risk Assessment Group remains in place and is meeting weekly with clinical and non-clinical input. Learning from Safeguard reporting is discussed at the Group and influences organisational learning.	Complete October 2022 Ongoing assurance processes in development
				The Safeguard reporting system has been developed where feedback to the reporter is now a mandatory field. NHS Forth Valley is committed to ensuring this feedback is valuable and work is underway to assess and measure the effectiveness and quality of feedback processes.	Complete October 2022 Ongoing assurance processes in development
				Patient and staff questionnaires have been developed and implemented across all inpatient clinical areas.	Complete January 2023. Ongoing assurance processes in development
				Person-Centred Manager linking with SCNs to discuss the findings of the feedback from patient and staff questionnaires and what improvements can be made, this	Complete February 2023.

				will be evidenced within the overall report of actions taken.	Ongoing assurance processes in development
				An NHS Forth Valley Public forum has been developed to seek feedback from patients and the public in relation to developments in all aspects of safe patient care improvement work. The forum launches on 21st February 2023 with representation from across public and patient partners.	On track. February 2023
				Staff well-being hubs have been developed for all five inpatient sites across NHS Forth Valley. These are supported by drop-in chaplaincy services and a programme of well-being seminars and resources has been developed.	Complete January 2023. Ongoing assurance processes in development

Out of Hours (OOH) Improvement Action Plan - Response to Recommendations
Report Date: 4th of November 2022
Updated: 2/27/2023

	Recommendations	Action Identified	Lead	Timescale for Completion	Progress	Impact
1	NHS Forth Valley should continue to shore up, value and support, at Board level, their OOH service. Ongoing support from the Board Corporate Programme Management Office (PMO) approach should be reinforced and clearly evidenced in Board agendas, its Corporate Risk Register and Board Assurance Committees	The OOH Services Report and initial response was discussed at the Executive Leadership Team (ELT) meeting on 14th November 2002. This detailed response has also been shared	Chief Executive	Nov-22	**Complete** - Improvement Action Plan will feature on Board Strategic Risk Register quarterly updates and on bimonthly Assurance Committee monitoring and reporting updates, this continues.	> Increased Leadership awareness - i.e., - ELT, Board/Board Assurance Committee and IJBs of OOH service resilience/sustainability and redesign. Good governance - continues to feature on Board Strategic Risk Register quarterly reporting.
		Monthly highlight reports are produced to provide an update on the Redesign & Sustainability plan progress including any associated risks. This is reported to ELT to inform and assure Board/Board Committees and IJBs updates.	Site Director/ Operational Manager	Monthly	**Ongoing** - Monthly highlight reports are completed latest one 24th Feb 2023.	> Good governance: continual monitoring of ongoing service risk and controls/mitigations.

> Improved planning and service governance structure. |
| | | OOH Services Report to be presented to NHS Forth Valley Board on 29th November, this will also include this detailed response and updated risk assessment. presented. | Chief Executive | Nov-22 | **Complete** - Report presented to the Board on 29th November, OOH updates continue via the Strategic Risk Register and Escalation Performance & Resources Committee - this Committee provides an update to the NHS Board. | > Increased Board leadership awareness & assurance of OOH service, priority actions and associated risk and controls. |
| 2 | The senior OOH service manager role is essential for ongoing leadership and forward momentum. This post, presently interim, should become permanent | The current postholder will continue to provide leadership and support to service and staff. The Board at its Nov 2022 meeting will be assured that this post will be appointed to on a permanent basis with recruitment in the New Year. | Chief Executive/ Service Manager | Nov-22 | **27/02/2023 - No change to previous note on management update. Draft Job Descriptions shared with HSCP Chief Officer to support recruitment process, current Manager continues to provides leadership and management support.**
31/01/23 Update - Current service management arrangements will continue until Falkirk HSCP recruit to the post.
15/12/22 Update - Current service manager arrangements will continue until transfer of operational management to Falkirk HSCP end of January 2023.
A paper setting out Lead HSCP operational management of service, staff and budget responsibilities has been presented and supported by both IJBs. An update on pan FV Primary Care Lead HSCP (Falkirk) arrangements will be presented to the Board (29 Nov) as part of wider Integration Update. | > Strengthened leadership, to support and enhance service delivery /patient experience and staff wellbeing.
> Opportunities to support enhanced OOH integrated working across Forth Valley. |
| 3 | The dedicated OOH clinical leadership team should be expanded, in order to reinforce required resilience | NHS Forth Valley Communications and HR teams continue to promote OOH services as part of wider recruitment actions to recruit to vacancies within the service. | Communications Team/ Recruitment Team | Ongoing | **27/02/2023 - 2 new GP applications thorough rolling advert, SW (AMD) asked to review in KW absence. If suitable for interview this will be arranged in a timely manner. In addition, meeting with clinical lead in Glasgow took place to learn from their recent recruitment drive and potential to explore international recruitment. This is being progressed, and Lisa Fairweather medical workforce is looking into a timely process should the Board receive any interested parties.**
31/01/23 Update - Latest GP adverts closed with no appointable candidates. Following national ops meeting, linkages created with GGC and highland to understand their recent successful recruitment drives. Recruitment events arranged to promote job vacancies and opportunities within the service. Open adverts have been created for GP and ANP vacancies and have been shared widely on social media. Video links are included with each of the vacancies to provide detail on what is available in the Forth Valley area. Opportunities to work with SAS on joint appointments continue. | > Increased promotion of NHS Forth Valley culture and working within the OOH service and improved rota coverage.
> Governance and oversight of service sustainability risk by Board and Assurance Committee.
> Improved patient and staff experience. |

		The OOH clinical lead has increased contractual commitment, rising from 14 hours per week to 24 hours per week.	OOH Clinical Lead	Nov-22	**27/02/2023 - Present clinical lead does not wish to increase hours at this time, Job match was completed and advice given that the current 14 hours was adequate for this role.** 31/01/23 Update - Work continues to review the clinical leadership of the service and consideration given to expanding the role.	> Improved clinical leadership for the OOH service. > Improved collaboration across urgent and unscheduled care pathways.
4	The Redesign & Sustainability Quality Improvement Plan should continue to be developed, implemented and scrutinised regularly, using appropriate NHS Forth Valley Board governance mechanisms	The OOH redesign and associated improvement work will continue to be reported through the Urgent and Unscheduled Care governance structure.	Chief Executive/ Site Director/ Head of Service/ Operational Team	Ongoing	31/01/23 - Ongoing. Regular monitoring and reporting via Escalation P&R Committee to NHS Board/ and Assurance Committee forward planning updates, including quarterly Strategic Risk Register updates to	> Board leadership oversight and increased awareness & assurance of OOH service, priorities, issues and service sustainability risks.
		Fortnightly flash reports and monthly highlight reports are produced to provide an update on progress with the Redesign & Sustainability Plan.	Operational Manager	Ongoing	31/01/23 - Ongoing. Flash and highlight reports are shared with all relevant stakeholders and presented through our Redesign of Urgent Care programme/governance structure.	> Appropriate leadership inquiry and testing of governance/controls in support of OOH service sustainability. > Positive cultural impact - via maintaining good stakeholder communication and updates on service development (s).
		Metrics and trajectories will be agreed and monitored.	Service Manager	Ongoing	**27/02/2023 Fill rate for February 2023 = 70%** 31/01/23 - update - December 2022 = 74%, January 2023 = 66%. Trajectory - aiming to have 'rota fill' coverage at 75% or above, with a gradual increase towards 85% by March 2023.	> Good leadership and governance oversight - maintaining service delivery across Forth Valley with improved patient and staff experience.
		Development of the OOH dashboard.	Operational Manager	Mar-23	**27/02/2023 meeting held with information services and trial programme agreed to develop dashboard automation, we will aim to have test dashboard by 30/04/2023.** 31/01/23 Update - Progressive meetings held with information services and OOH, with plan developed to automate data extraction from Adastra to produce dashboard. Initial dashboard design is complete, work continues to develop the dashboard following the Adastra outage.	> Good governance and leadership oversight - improved service management > Improved decision making > Increased ELT, Board etc awareness of service performance.
		Organisational change process for non-clinical staff within the OOH service.	Service Manager/ HR Manager/ Staff Side Representative	Oct-22	**Complete** - Organisational change process with good Staff Side engagement.	> Improved governance oversight - e.g., create an agile and flexible workforce. > Improved safety within the service by minimising lone working and supporting staff wellbeing. > Improved staff and patient experience.
		Undertake staff and patient experience surveys at the beginning of the Organisational Change process to gather baseline data with a plan to conduct further surveys at 3 months and 6 months.	Operational Manager	Jan-23	**27/02/2023 We will re run the staff and patient experience survey early March and provide an update at the next reporting period. We trialled an alternative measuring system over February which has been unsuccessful.** 31/01/23 Update - Continue to monitor Staff and patient experience. We have linked with FV QI team to better develop and monitor staff wellbeing. Baseline established - 3 month surveys completed. Action plan established following outcomes. Survey expected to be repeated for a final time, January 2023. Implemented staff improvement box to encourage grassroots improvement ideas.	> Supporting implementation of staff governance standards - e.g., staff well informed, involved in decision making and have access to good working environment - improved staff morale with staff feeling valued > Improved staff and patient experience > Improve staff involvement with decision making
		Training needs analysis to be completed for all staff groups.	OOH Clinical Leads/ Senior Charge Nurse	Dec-22	31/01/23 Update - Turas appraisals complete for all staff, with ongoing training needs established with plans in place. Work continues to progress - weekly training continues for ANPs. Turas appraisals ongoing for all staff to help identify training needs. Ongoing engagement and investment using external training providers to meet the needs of the Team.	> Supporting implementation of staff governance standards - e.g., staff having access to training to support their development > Motivated staff and higher engagement from staff > Upskilled workforce

#	Recommendation	Action	Responsible	Timescale	Update	Benefits
5	Enhanced MDT workforce planning should continue to be developed to support both recruitment and retention of staff, including T&Cs, regular staff communications, surveys and educational events - currently underway. The emerging role of HSCWs should be expanded and evaluated further - which may also bolster resilience of OOH services in other Boards, for public benefit, if adopted well	Hybrid roles across nursing, SAS and medicine are being considered.	Service Manager/ Operational Manager/ SAS/ OOH Clinical Leads	Ongoing	**27/02/2023 Further meeting held with our SAS colleagues to determine SAS commitment to the OOH service, NHS FV has shared induction packs and our colleagues in SAS are reviewing rotas to set out a manageable first attempt at providing regular hours to the OOH service - this would then inform a joint strategic agreement / SLA. SAS to confirm hours and a start date. In addition, and to support MDT working NHS FV has advert out currently to appoint to Band 7 and Band 8a posts to work alongside the 3 three trainee ANPs currently within the service. We also continue to support ENP training as part of a rolling programme and have a pharmacist (8a test of change) working currently in the OOH service. Finally, we have regular support from ST3's in the service under the supervision of the GP.** 31/01/23 Update - we continue to receive support from SAS paramedics over weekends and are meeting with SAS in early Feb to discuss hybrid roles and further support SAS may be able to offer. We have also furthered the work to develop hybrid nursing roles within the service, receiving professional advice from HR and are in the process of developing the job description to recruit. SAS hybrid role on pause (Number of resignations that have affected SAS ability to support this model at this time) - revisiting at end of Dec 22. In the meantime we are being supported by paramedics with home visits over the weekend. Working to develop a hybrid nursing role between OOH & MIU. The OOH team is	> Access to a flexible workforce > Improved interdisciplinary working > Improved patient and staff experience > Optimisation of clinician time
		Support from HR and ELT to mitigate any barriers to the required service redesign will be progressed and will involve the ACF and APF.	Service Manager	Ongoing	**27/02/2023 As an NHS Board we have discussed how we can progress with a rolling programme from MIU to support OOH, this will be conclude on completion of ENP Training - 30/05/2023.** 31/01/23 - Ongoing Support from HR and ELT continues with APF and ACF involvement as required.	> Leadership oversight and awareness to help support and reduce barriers to change > Support recruitment/ workforce development
6	Synergies with other urgent care and community services in NHS FV should be further exploited, including their Flow Navigation Centre and other hybrid models of working together, taking an integrated approach	Integration of the OOH service into our new Urgent Care Centre.	Service Manager/ OOH Clinical Leads/ Senior Charge Nurse	Oct-22	**Complete** - Integration of the OOH service into the Urgent Care Centre.	> Increased collaboration across services > Improved economies of scale > Greater integrated working
		Exploration of potential opportunities with HSCP's to build service sustainability and resilience	Service Manager	Jan-23	**Complete** - Both IJBs and NHS Board have supported the transfer of the operational management of OOH service, staff and budgetary responsibilities to Falkirk HSCP (Lead HSCP).	> Opportunity to create an integrated OOH service including community alarms, social work and social care and third sector
7	NHS FV should look to opportunities for partnership working and shared learning with other territorial Board(s)	Explore recruitment opportunities with NHS Highland initiative	Service Manager	Ongoing	**27/02/2023 this continues to be progressed - work in progress.** 31/01/23 - Ongoing - Initial discussions are ongoing	> Opportunity to improve recruitment > Potential to attract a wider employee audience > Increased profile of Forth Valley OOH culture and service model and ways of working
		Visit to NHS Fife OOH service highlighted that NHS Forth Valley operates a similar model and any differences have already been	Service Manager	Aug-22	**Complete**	> Increased collaboration and sharing of learning and good practice across NHS Boards
		Network to troubleshoot wicked problems with other NHS Boards and Scottish Government e.g., GP availability for emergency detention	Service Manager/ Operational Manager/ Clinical Lead	Ongoing	**27/02/2023: NHS Board has linked with GGC re international recruitment. Donna Clark will also attend a group to discuss Emergency detention in OOH as part of a national network.** 31/01/23 - Ongoing - The service leads continue to link with other NHS Boards and Scottish Government colleagues to share good practice, learning and build better resilience into the local OOH service.	> Increased sharing of good practice and learning > Increased collaboration across NHS Boards
8	Accessibility of OOH services in NHS FV, should be reviewed and agreed, to ensure optimal patient care, including contingencies/escalation and best use of	Local transport solution as a result of the approved organisational change process is in place to transfer patients requiring face to face appointments - this change	Service Manager	Oct-22	**Complete**	> Improved access for patients to the service > Equity of access for patients to the service
		Electronic solution to support prescribing with prescriptions being sent to the nearest pharmacy for the patient.	OOH Clinical Leads	Dec-21	**Complete** - We continue to ensure electronic prescriptions are sent to the patients nearest pharmacy to ensure ease of access.	> Improved and timely access to prescriptions > Improved patient experience

	staff resource	Scope of practice for the HCSW within the OOH service to be expanded to support remote basic assessment within patient's homes.	OOH Clinical Leads/ Senior Charge Nurse	Feb-22	**Complete**	> Improved and rebalancing of clinical workload (reduced travel time) > Reduced requirement for patients to attend centres - improved patient and staff experience
9	Further development of the OOH service as a learning environment for all MDT team members should be exploited, recognising supervision constraints	Training needs analysis (TNA) to be completed for all staff groups.	OOH Clinical Leads/ Senior Charge Nurse	Dec-22	**Complete** - Appraisal roll out will inform this work and support from the NHS Board's Organisational Development Unit to formally scope out/capture needs and development opportunities to be commenced Nov/Dec 2022.	> Supporting implementation of Staff Governance Standards - e.g., appropriately trained staff > Investing in our people in line with our Corporate Objectives > Valued, engaged and upskilled workforce
		Training and education work plan will be informed by the training needs analysis findings and recommendations.	OOH Clinical Leads/ Senior Charge Nurse	Jan-23	31/01/23 - Ongoing. Training & Development Plan to be informed by the TNA findings. Explore linkages and additional support that NES can provide.	> Supporting implementation of Staff Governance Standards - e.g., appropriately trained staff > Valuing and developing our people in line with the Board's Corporate Objectives
10	Building on the previous and helpful intermittent short-term support given by the Scottish Ambulance Service, NHS FV should continue to engage in more strategic discussions with SAS to explore future synergies, co-location and co-working opportunities, going forward	Discussion with SAS to bring Advanced Paramedic Practitioners in to support the OOH service with home visits at the weekends.	Service Manager/ Operational Manager/ SAS/ OOH Clinical Leads	Jan-22	**27/02/2023 Meeting has taken place with Sheila Berry, SAS re rota availability to secure regular hours in the OOH service from SAS. (see action no. 5)** 31/01/23 Update - Meeting established for early February to reopen discussion on APP support for the service. This is paused temporarily due to staffing challenges within SAS. Weekly updates from SAS advising of any APP support available for the weekends continues. Further meeting arranged to look at more permanent support from SAS colleagues. SAS now have direct access to MIU and direct access to FNC regarding respiratory and low risk chest pain. Further meetings scheduled for January 2023.	> Better collaboration to support improved patient and staff experience > Increased staffing /access to workforce to support OOH service > Increased MDT approach to providing OOH care
11	NHS FV should continue to promote optimal use of OOH and other 24/7 urgent care services by the public, with clear communications on a continuous basis, making best use of both traditional mechanisms and social media platforms	Regular engagement with NHS Forth Valley communications team to raise awareness of how to access OOH and Urgent Care services, this is informing and is being included in local and national winter communications plans.	Service Manager/ Communications Team	Ongoing	**27/02/2023 The NHS Board has updated the press release for access to Urgent Care.** 31/01/23 - Ongoing - Regular communication ongoing as per communications plan and actions agreed. Continue to work with national groups to ensure Forth Valley is promoted to a wider audience, which we are hoping will enhance recruitment. Additionally, ensuring all external adverts are promoted through our social media channels. Open evenings have taken place to encourage potential staff to come in and meet the team.	> Increased profile of the OOH service > Improved access to OOH service
		OOH and Urgent Care Services flyer updated and shared widely through social media and across local services to promote optimal use of OOH and other	Communications Team	Oct-22	**Complete**	> Increased profile of the OOH service > Improved access to OOH service
		Develop scripts for patient announcement system within the Urgent Care Centre to incorporate OOH Service.	OOH Clinical Leads/ Senior Charge Nurse	Dec-22	**Complete** - Installation completed mid November and work continues to develop appropriate scripts to provide patient information.	> Increase patient communication
12	Scottish Government officials should ensure that these recommendations are pursued rapidly, with resolve, taking account of other pressing service issues in NHS FV, at this time. The accountability and regular reporting mechanisms for these recommendations need to be fully understood and delivered by NHS FV, to agreed timescales, with robust reporting mechanisms in place.	A QI Improvement Action Plan will be developed and agreed with OOH Team setting our detailed response to the recommendations as set out in the OOH Services Report.	Service Manager/ Operational Manager/ OOH Clinical Leads	Nov-22	**27/02/2023 PID now developed, project planning underway for stage two of the OOH redesign.** 31/01/23 - Ongoing - This Plan will be monitored by the ELT and leadership and governance oversight by Board and Assurance Committee continues. Updates also reported in Urgent Care updates and included in quarterly Strategic Risk Register reporting to the Board and appropriate Assurance Committee (s).	> Increased leadership oversight Improve service delivery > Provide reassurance of a sustainable workforce going forward
		CPMO is providing project management support and advice to the OOH project team. Fortnightly flash reports are prepared by the operational co-ordinator to the Unscheduled Care Delivery Group and the clinical lead, monthly highlight reports are sent to the SRO (Phyllis Wilkieson) to ensure they are updated on progress and any risks / issues are highlighted. These Reports will form the updates to the ELT and through the	Service Manager	Ongoing	31/01/23 - Ongoing. CPMO support continues to ensure robust management of the project plan. With regular flash and highlight reports shared with all relevant stakeholders.	> Improved leadership awareness and oversight of service delivery and staff wellbeing issues and risks > Improved governance - e.g., issues and risk management, robust project management in place

FORTH VALLEY NHS BOARD
TUESDAY 28 MARCH 2023

6.2 Strategic Risk Review Q3 2022/23
For Approval

Executive Sponsor: Mr Scott Urquhart, Director of Finance

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 3, 2022/23.
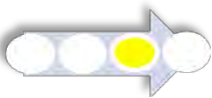
Recommendation
The NHS Board is asked to: -

- **consider** the assurance provided regarding the effective management and escalation of Strategic Risks
- **approve** the proposed changes to the Strategic Risk Register for Quarter 3 2022/23
- **consider** the proposed level of assurance

Assurance
The paper and appendices provide assurance on the performance of the risk management processes related to Strategic Risks.

Level of Assurance		System Adequacy	Controls
Reasonable Assurance		Adequate framework of key controls with minor weaknesses present.	Controls are applied frequently but with evidence of non-compliance.

Key Issues to be considered
Since the Q2 review of the Strategic Risk Register presented to the NHS Board in January, the following changes have been made:

- SRR0016 Out of Hours – score reduced from 20 (Very High) to 16 (High)
- SRR009 Workforce Plans – score increased from 16 (High) to 20 (Very High)

If these changes are approved, the Strategic Risk Register will comprise a total of 12 risks, 7 Very High, 5 High.

The enclosed review report provides detailed analysis on the Quarter 3 Strategic Risk Profile.

All strategic risks continue to be frequently reviewed and updated. The following Deep Dive Assurance Reviews took place during the Q3 review period:

- SRR015 Cyber Resilience: presented to the Performance and Resources Committee with an assessment of Reasonable Assurance
- SRR002 Unscheduled Care: presented to the Clinical Governance Committee with an assessment of Reasonable Assurance
- SRR009 Workforce Plans: presented to the Staff Governance Committee with an assessment of Limited Assurance

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 are no sustainability implications associated with this paper. The NHS Forth Valley Risk Assessment matrix includes a category describing Environmental Sustainability and Climate Change impacts.

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. Page 4 of the enclosed report demonstrates how each of the risks links to the corporate objectives.

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

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

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

Audit and Risk Committee 24th March 2023

Staff Governance Committee 17th March 2023

Clinical Governance Committee 21st February 2023

Performance and Resources Committee 20th December 2022

Additional Information
N/A

Appendices

- Appendix 1: Strategic Risk Register Q3 2022/23

FORTH VALLEY NHS BOARD
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Strategic Risk Review

Forth Valley NHS Board

March 2023

Reporting Period: Q3 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 risk has decreased in score:

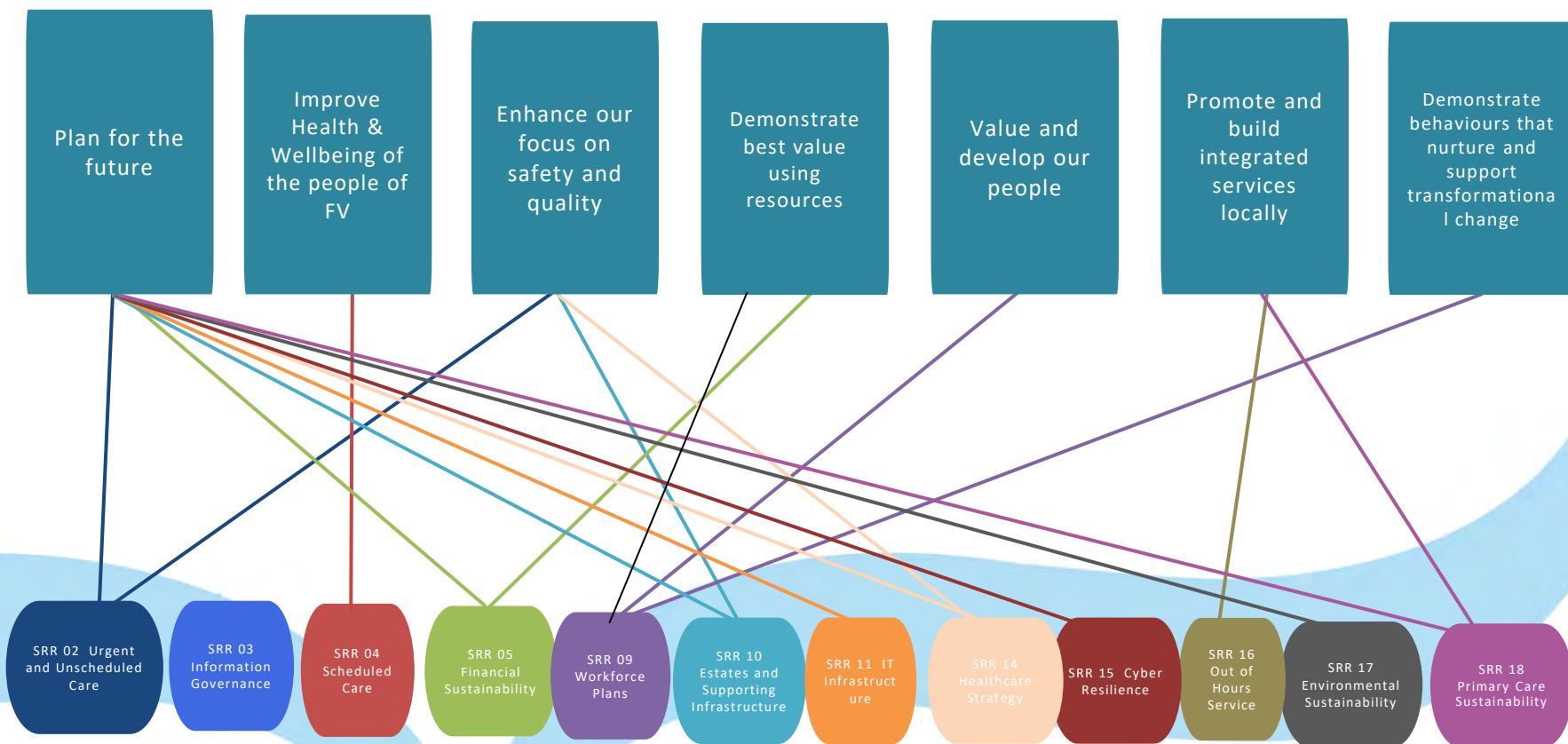- SRR016 Out of Hours – 20 (Very High) to 16 (High)

One risk has increased in score:

- SRR009 Workforce Plans – 16 (High) to 20 (Very High)

The following Assurance Deep Dives took place during the Q3 review:

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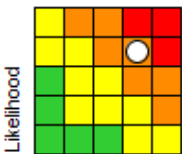
2. Strategic Risks In Focus – link to Corporate Objectives

NHS Forth Valley

Plan for the future

Improve Health & Wellbeing of the people of FV

Enhance our focus on safety and quality

Demonstrate best value using resources

Value and develop our people

Promote and build integrated services locally

Demonstrate behaviours that nurture and support transformational change

SRR 02 Urgent and Unscheduled Care

SRR 03 Information Governance

SRR 04 Scheduled Care

SRR 05 Financial Sustainability

SRR 09 Workforce Plans

SRR 10 Estates and Supporting Infrastructure

SRR 11 IT Infrastructure

SRR 14 Healthcare Strategy

SRR 15 Cyber Resilience

SRR 16 Out of Hours Service

SRR 17 Environmental Sustainability

SRR 18 Primary Care Sustainability

2. Strategic Risks in Focus - Dashboard
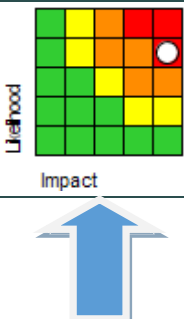
Ref	Risk Title	Q1 Risk Score	Q2 Risk Score	Q3 Risk Score	Risk Trend	Target Risk Risk Score	Heat Map - Current Risk Scores
SRR.002	Unscheduled Care	25	25	25		9	
SRR.005	Financial Sustainability	25	25	25		9	
SRR.009	Workforce Plans	16	16	20		6	
SRR.004	Scheduled Care	20	20	20		9	
SRR.015	Cyber Resilience	20	20	20		8	
SRR.010	Estates and Supporting Infrastructure	20	20	20		9	
SRR.017	Environmental Sustainability and Climate Change	20	20	20		16	
SRR.016	Out of Hours Service	20	20	16		9	
SRR.018	Primary Care Sustainability		16	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	

Heat Map - Current Risk Scores (Likelihood vs Impact)

2. Strategic Risks in Focus – Decrease

SRR.016 Out of Hours Service (OOHS)	Risk Description	Risk Owner	Risk Lead	Reason for Change
 Constant	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.	Jonathan Best; Phyllis Wilkieson	Judith Rooney; Karyn Webster	Out of Hours rota fill - some dates had better fill than other in December, however at 26th December to 1st January the rota fill was 90%. Update meeting planned in January to revisit the hybrid roles across nursing, SAS and medicine. Operational management will be transferred to Falkirk HSCP by the end of January. SAS work currently paused but due to recommence in January. Risk score to remain static at this review but progress continues to be made, including with the communications plan which is now marked as complete as the patient announcement system now has scripts which cover the OOH service. Score reduction to be approved at Feb CGC.

Current Controls in Place

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.
OOH Clinical Lead has increased commitment to support the service and will continue to work collaboratively across Urgent and Unscheduled Care.
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.
OOH Organisational Change Activity - baseline patient and staff experience survey undertaken.
Integration of the OOH service into the Urgent Care Centre (HUB) to enhance synergy with other urgent care services.
Improved accessibility of OOH services to ensure optimal 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.
Support provided by SAS – Currently SAS are supporting house visits at weekends (if sufficient staff are available).
Meetings with Finance Business Partners and looking to arrange monthly Finance meetings and looking at combining the OOH and Urgent Care budgets.
Communications Plan promotes 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 incorporate the OOH service.

Further Controls Required

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.
Further development of enhanced MDT workforce planning to support recruitment and retention, including development of hybrid roles across nursing, Scottish Ambulance Service and medicine.
Hybrid Roles / Rotational Posts - Linking with Advanced Nurse Practitioners and Emergency Nurse Practitioners to create hybrid roles and create a more sustainable workforce.
International Recruitment of GPs - Working with Michael Brown from HR to consider a piece of work around international recruitment or doctors.
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.
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.
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.
Expansion of OOH Clinical Leadership Team - Communications and HR teams continue to promote OOH as part of wider recruitment, and clinical lead has increased contractual commitment from 14 to 24 hours per week. Expansion and evaluation of the role of HSCWs.
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.
Exploration of economies of scale and greater integration with HSCP social care services to build service sustainability and resilience.
Exploration of opportunities for partnership working and shared learning - including exploring recruitment opportunities in collaboration with NHS Highland/working with NHS Fife.
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).

2. Strategic Risks in Focus – Increase

SRR.009 Workforce Plans	Risk Description	Risk Owner	Risk Lead	Reason for Change
	If NHS Forth Valley does not implement effective, fully costed strategic workforce planning based on projected demand there is a risk that we will not have a sustainable workforce that is the right size, with the right skills and competencies, within an affordable budget, resulting in significant pressures on staff health and wellbeing, sub-optimal service delivery to the public and increasing pressure on our financial sustainability.	Linda Donaldson	Elaine Bell; Linda Robertson	Risk has been re-assessed at both untreated and current levels. This is due to the significant financial impact arising from high vacancy and absence rates which are resulting in increased usage of temporary staff and thus increased costs. The lead impact category has been changed to Finance, and the target score increased to 9 (proposed appetite for Finance risks is 8-10).

Current Controls in Place

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.
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 - suite of flexible working policies in place to ensure we can recruit and retain staff - Retire and Return
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.
Sustainable Workforce - Ethical International Recruitment.
Sustainable Workforce Initiatives in Place - Health Care Support Workers. All Band 2 nursing HCSW job descriptions to be reviewed against the newly agreed National Nursing Clinical Workers profiles.

Further Controls Required

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.
Gap analysis to inform the Workforce Plan and associated Action Plan, detailing: Expected levels of service demands; Current and future staffing required to meet expected service demand; Plans to address expected staffing gaps, including defined recruitment and retention targets; The financial cost and limitations for current and future staffing levels; risks associated with being unable to obtain the required staffing levels.
Action Plan which will include definitive and quantifiable actions to address identified staffing gaps, with development of key performance indicators, predicated on the Five Pillars of the strategy – to be updated on a yearly basis during lifetime of the Workforce Plan. The action plan will be developed in conjunction with HSCPs and based on integrated working.

3. Risk Controls Progress Update

Internal Controls

122	**42**	**6**
Total SRR Internal Controls in Place	Actions Completed in Last 12 Months	Actions Completed This Quarter

Further Controls

| **71**	**19**	**23**	**32**
Total Outstanding SRR Actions	Overdue Actions	Actions Due in Next Quarter	Actions due in the next 12 months

Commentary:

- 122 internal controls are in place compared to 127 at last quarter (due to rationalisation of those which represent assurance activity rather than controls)

- 6 actions completed this quarter

- 42 actions completed in the last 12 months

- 23 actions due to be completed in Q3

- 32 actions are due in the next 12 months

- 19 actions are currently overdue, these actions are being worked through to assign new target dates, and the full risk register template has been expanded to include both original and new target dates (following discussion at Clinical Governance Committee).

4. Risk Trend Analysis

Risk Movement - Strategic Risks

Risk Score Profile - Strategic Risks
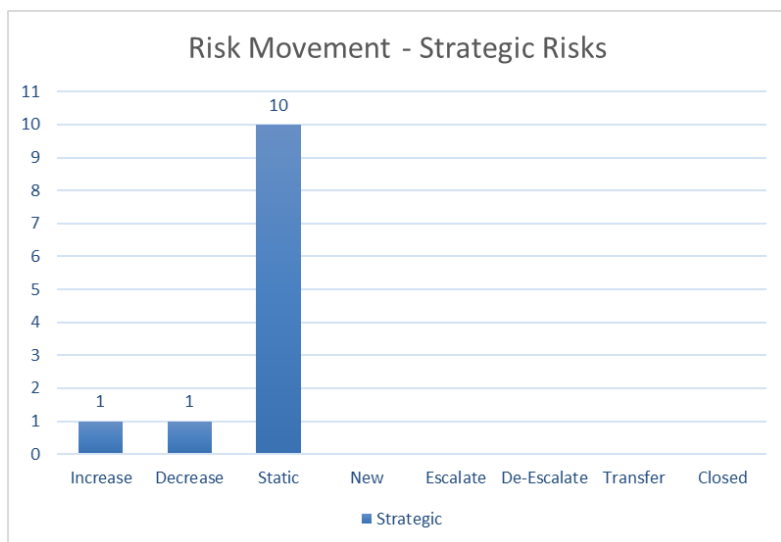
Commentary:

SRR009 Workforce Plans has increased in score, SRR016 Out of Hours has decreased in score. If these changes are approved, the overall number of risks will remain at 12, with 7 Very High, 5 High.
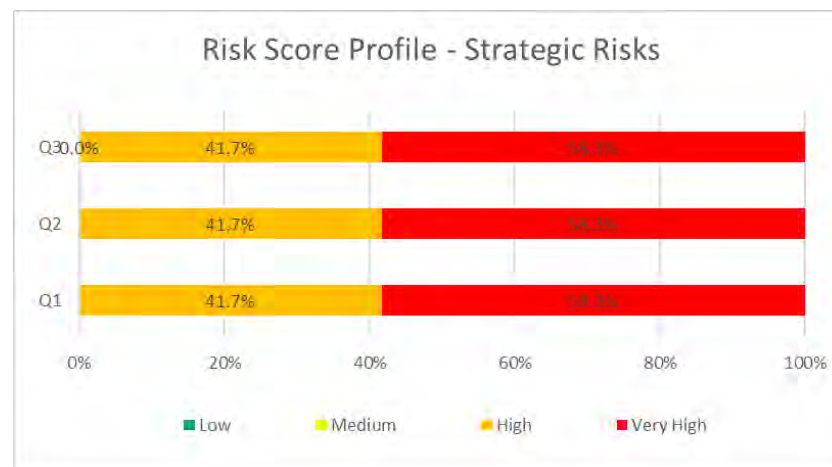
Commentary:

The score profile remains static at this quarter, as the increase and decrease in scores balance each other out.

4. Risk Trend Analysis

Risk Categories

- ● Financial
- ● Health & Safety (Hazard)
- ● Objectives / Project (Long-term Improvements)
- ● Patient Experience
- ● Services / Business Interruption

Commentary:

Financial:

SRR003 Information Governance – Financial

SRR005 Financial Sustainability

SRR014 – Healthcare Strategy

SRR009 – Workforce Plans

Patient Experience:

SRR002 Urgent and Unscheduled Care

SRR004 Scheduled Care

SRR016 Out of Hours

Objectives/Project:

SRR017 Environmental Sustainability and Climate Change

Health and Safety (Hazard):

SRR010 Estates and Supporting Infrastructure

Service/Business Interruption:

SRR011 IT Infrastructure

SRR015 Cyber Resilience

Appendix 1 - Strategic Risk Register

Generated on: 08 March 2023

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	Original Due Date	Further Controls Target Date	Progress	Target Likelihood	Target Impact	Target Score	Last Review Date	Review Notes	Risk Owner	Risk Lead
SRR.002	22-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 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	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	31-Jul-24	20%	3	3	9	20-Jan-23	Deep dive meeting scheduled for 2nd February 2023.	Jonathan Best; Andrew Murray; Phyllis Wilkieson	Jonathan Best; Judith Rooney; Phyllis Wilkieson
								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) - Virtual Capacity		31-Jul-24	31-Jul-24	20%							
								Operational Daily Grip, supported by Gold Command Structure where required (to co-ordinate the system/partnership response, and consider all possibilities to ensure flow and capacity).						Urgent and Unscheduled Care Programme (UUCP) - Discharge Without Delay (whole system flow).		31-Jul-24	31-Jul-24	20%							
													Support Discharge without Delay to enable flow on hospital site.		31-Jan-23	31-Jan-23	20%							
													Increase Capacity to close contingency beds currently in use across FVRH including those in Treatment Rooms, 4 bedded bays, to create capacity at front door.		31-Jan-23	31-Jan-23	0%							
													Increase Community Beds and community based care - Care at Home provision and care home placements		31-Jan-23	31-Jan-23	0%							
													Scope new model for delivering specialist rehabilitation and transitionary intermediate nurse/AHP led care		31-Jan-23	31-Jan-23	0%							
													Expand Hospital @ Home 30-50 virtual beds		30-Apr-23	30-Apr-23	10%							
													Feasibility study to review bed base and usage		30-Apr-23	30-Apr-23	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	31-Dec-21	25%	3	3	9	09-Dec-22	As at November 2022, the forecast year-end overspend was estimated at £4m which is an improvement. However, the vast majority of this is non-recurring which increases the financial challenge and recurring savings requirement in future years. The score remains static at this review. There are some overdue controls which will be subject to a substantive review.	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	31-Mar-21	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.						Further roll out of value management collaborative approach in line with plans		01-Aug-22	01-Aug-22	0%							
								Infrastructure Programme Board in place and being led by DOF						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	30-Jun-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.						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	30-Jun-23	0%							
								National monthly Finance Directors meetings in place to update on strategic financial issues as well as COVID-19 related costs and issues.						Comission internal audit review of finanical 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	28-Feb-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.																	
								CPMO established to support transformation and delivery of savings targets in a structured manner, with overarching Cost Improvement Board established to meet quarterly. Cost improvement proposals from each Directorate are being collated.																	
								Standing Financial Instructions are in place underpinned by Financial Operating Procedures and a scheme of delegation which are subject to annual review.																	
								Process in place for Senior HR and Finance teams to review and discuss significant workforce/finance related issues on a routine basis																	
								Cost Improvement Oversight Group established to raise profile of financial performance and cost and value improvement with Director colleagues.																	
								Finance Business Partnering - ARCUS training completed during 21/22																	
								National Value and Sustainability workstreams have been established via CEOs and DOFs.																	
								Engagement at Director level to secure buy in and leadership as part of the cost improvement programme.																	
								Audit and Risk Committee and Performance and Resources Committee are well established to scrutinise and challenge all aspects of performance and risk management.																	
								• Financial performance and projections are routinely reported at all NHS Board and the Performance and Resources Committee meetings as a standing agenda item. • Standardised local monthly financial performance reporting arrangements are in place for each service area/Directorate. • National financial reporting to the Scottish Government on a quarterly basis.																	
								Virtual round table events led by Scottish Government to inform financial planning.																	

Risk ID	Date	Title	Description	Category	L	I	Score	Controls	Actions	Owner	Start	End	%	L	I	Score	Review	Comments	Lead	Others
SRR.009	22-Jan-19	Workforce Plans	If NHS Forth Valley does not implement effective, fully costed strategic workforce planning based on projected demand there is a risk that we will not have a sustainable workforce that is the right size, with the right skills and competencies, within an affordable budget, resulting in significant pressures on staff health and wellbeing, sub-optimal service delivery to the public and increasing pressure on our financial sustainability.	Financial	5	5	25	Submission of costed overarching workforce plan in line with annual plan to Scottish Government	Increasing employability through Anchor Institution Work - includes the Youth Academy and University College Health Partnership workstreams.		31-Mar-25	31-Mar-25	10%	3	3	9	03-Mar-23	Risk has been re-assessed at both untreated and current levels. This is due to the significant financial impact arising from high vacancy and absence rates which are resulting in increased usage of temporary staff and thus increased costs. The lead impact category has been changed to Finance, and the target score increased to 9 (proposed appetite for Finance risks is 8-10).	Linda Donaldson	Elaine Bell; Linda Robertson
								Detailed demographic profiling completed due to age range of medical workforce in particular to inform recruitment plans	Exploration of Regional Workforce Solutions, such as the Medical Associate Professional Roles.		31-Mar-25	31-Mar-25	0%							
								Directorate "risk-based" workforce action plans with measurable objectives, monitored through the Staff Governance Committee.	Gap analysis to inform the Workforce Plan and associated Action Plan, detailing: Expected levels of service demands; Current and future staffing required to meet expected service demand; Plans to address expected staffing gaps, including defined recruitment and retention targets; The financial cost and limitations for current and future staffing levels; risks associated with being unable to obtain the required staffing levels.		31-Mar-24	31-Mar-24	0%							
								Wellbeing Controls in place - Our People Strategy, Strategic Workforce Wellbeing Plan, Wellbeing Website and Management toolkit, Culture and Compassionate Staff Programme, Joy at Work.	Action Plan which will include definitive and quantifiable actions to address identified staffing gaps, with development of key performance indicators, predicated on the Five Pillars of the strategy – to be updated on a yearly basis during lifetime of the Workforce Plan. The action plan will be developed in conjunction with HSCPs and based on integrated working.		31-Mar-24	31-Mar-24	0%							
								Sustainable Workforce Initiatives in place - suite of flexible working policies in place to ensure we can recruit and retain staff - Retire and Return												
								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.												
								Sustainable Workforce - Ethical International Recruitment.												
								Sustainable Workforce Initiatives in Place - Health Care Support Workers. All Band 2 nursing HCSW job descriptions to be reviewed against the newly agreed National Nursing Clinical Workers profiles.												
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.	Implement a Scheduled Care Dashboard to show live performance against standards and train all staff in its use.	Chris Bernthal; Vivienne Meldrum	30-Sep-21	31-Mar-22	80%	3	3	9	20-Jan-23	After review with Marie on the 20/01/2023, there are no changes to the current controls and some improvements made on the further controls. The scheduled care dashboard is still under development but all the key data is available, the non consultant model of care is progressing and there are a few other areas that are now operating with advanced practitioner roles to have their own clinics and the review of the service model has been paused from changes in service managers. Through these updates, there are no changes to the scoring of the risk.	Jonathan Best; 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	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	30-Sep-21	80%							
								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-24	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	30-Sep-22	98%							
								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-Apr-23	30-Sep-23	50%							
								Recurrent and non recurrent capacity deficits within scheduled care service identified and sustainability plan created to match requirements.												
								Approval given by NHS Board to invest 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.	Outline Business Case for Locality Project 1 - estimated completion June 2023.		30-Jun-23	30-Jun-23	5%	3	3	9	23-Feb-23	Primary Care Initial Agreement approval letter received late 2022. OBC for first Locality Primary Care Premises is in progress, as is IA for FCH. Resource to complete business case process remains an issue. 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. Linked to this, specific discussion held 11 Jan '23 re Primary Care OBC and Falkirk IA both of which will require re-think in light of SG advice and revision of national capital process: IA for FCH no longer to be developed, to be replaced in 'Whole System Plan' and only one PC OBC supported at this time. 22/2/23 - review remains as above, 'pre-capital' bid for funding to be submitted to SG.	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	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	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	30-Sep-24	0%							
								GP and Community Premises current condition and planning review completed to support capital priorities (rolling review).	PAMS Refresh Timeline - Baseline information gathering : May/June '22 Review of Healthcare Strategy/other service information : July/September '22 Consultation/Drafting : October/December '22 Governance/P&R Committee : January/February 2023		28-Feb-23	30-Jun-24	20%							
								Longer term planning for future accommodation requirements (linked to PAMS and GP premises review, FCH review).												
								Accommodation Options for Health Records drawn up in consultation with Health Records and other partners												
								Regular reviews with PPP partners for FVRH, SHCV, CCHC and planned preventative maintenance programmes in force including 'Blackstart'.												
								Compliance group established which reports to Infrastructure Programme Board, Health & Safety Committee, Area Prevention & Control of Infection												
								Revenue and Capital budget planning process in place for Estates												
								Horizon scanning national publications / positions for areas for improvement across the Estate.												
								Established Programme governance structure for FCH and GP premises review via CPMO.												
								Completed Strategic Assessment for Falkirk Community Hospital approved by NHS Board for submission to Scottish Government (Chair of CIG) .												
								Completed Initial Agreement for Primary Care premises approved by NHS Board and submitted to CIG.												

Ref	Date	Risk	Description	Category	L	C	Rating	Controls	L	C	Rating	Actions	Owner	Start	Due	%	L	C	Rating	Review Date	Review Notes		
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	Cyber Resilience Framework - includes 432 controls designed to support faster recover, lower disruption and reduce data loss.	4	5	20	IMPORTANT, PREVENTATIVE - Cyber Security Awareness and Training - Continuous improvements and monitoring of our awareness material and training for all staff. This includes a high level of compliance with the mandatory nature of Cyber Awareness training.	Phil Penman	31-Dec-21	31-Mar-24	50%	4	4	16	23-Jan-23	ICT and Cyber Resources have now been approved by ELT 09/01/2023 with recruitment due to begin ASAP. Several staff left ICT and Information Governance during December 2022, this has had an impact on progress and will continue to until staff are replaced and trained. A short life working group has been established to progress Gatekeeping processes and a meeting has taken place with a face to face workshop planned for February 2023.	Andrew Murray; Jonathan Procter	Sarah Hughes-Jones; Scott Jaffray; Phil Penman
								Digital and eHealth Strategy - includes cyber resilience sub-strategy aimed at lowering impact of incidents.				ABSOLUTELY CRITICAL, PREVENTATIVE CONTROL - Our reliance on suppliers is better understood with a degree of assurance especially around our critical suppliers processes, policies and people.		31-Mar-23	31-Mar-23	15%							
								NIS Audit Recommendations are specific recommendations from the auditor to help the Health Board prioritise based on risk exposure.				ABSOLUTELY CRITICAL, CONTINGENCY CONTROL - Business Continuity Plans – Embedding and testing - BCPs should be widely known, understood, and regularly tested for effectiveness.		31-Mar-24	31-Mar-24	0%							
								Change Management within the organisation is supported through rigorous process and scrutiny by the Technical Steering Group and Change Advisory Board.				VERY IMPORTANT, PREVENTATIVE - Gatekeeping process for third party access - Third parties (Charities, suppliers etc) have an agreed, securely managed route into our infrastructure which the Health Board controls.		31-Mar-24	31-Mar-24	10%							
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.	5	4	20	Explore Opportunities to Share Resources - Governance arrangements have been put in place, with first sitting of the Climate Emergency and Sustainability Board on 25th August. Response team have had two meetings. At NHS Scotland level, discussions are underway in relation to regional working opportunities.	Derek Jarvie	31-Jan-23	30-Jun-23	10%	4	4	16	23-Feb-23	A Resource Paper seeking funding to build a Climate Emergency Team has been prepared and will go to Finance initially then ELT (exact route/timeframe etc TBC by Director, Jonathan Procter). Recruitment process is underway for an Energy and Sustainability Manager. Capital Planning for 23/24 is ongoing with climate emergency a key consideration (also with an eye on 24/25 and beyond). Climate Emergency Response and Sustainability Team meetings will take place monthly from next week (the operational aspect of the Board's climate emergency response). Climate Emergency and Sustainability Board meetings (the governance aspect of the Board's climate emergency response) scheduled for April, July and November. Communications Working Group being set up - Comms plan to follow. The Environmental Management System has not progressed - needs dedicated resource (case contained within the resource paper referenced above). There are no specific COVID issues affecting work at this time.	Jonathan Procter	Derek Jarvie
								Establishment of Working Groups including: Energy Carbon and FM Group, Waste Group, Transport Working Group - Fleet and Active Travel, Green Space/Biodiversity, Sustainable Care, Procurement/Circular Economy, Sustainable Communities. These are staffed by existing resource which has the consequence of pulling them away from other activities (so not sustainable long term). Support provided by the CPMO.				Continue to Seek Capital Funding - Continue to seek funding for projects.	Morag Farquhar	31-Mar-23	31-Mar-23	60%							
								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 - meets monthly.				Addition of Environmental Sustainability/Climate Change as an Impact Category to Risk Assessment Matrix - to support identification of environmental sustainability and climate change implications whenever any risk is assessed.	Sara Mackenzie	31-Jan-23	31-Jul-23	75%							
								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 13/10/2022 - Derek Jarvie has fulfilled the position as the Head of Climate Emergency and Sustainability.				Addition of section to allow Climate Emergency/Sustainability considerations to be added as part of Business Cases.	Derek Jarvie	30-Dec-22	30-Dec-22	20%							
								All Board and Committee meeting papers contain a section requiring the author to highlight any sustainability implications and to complete the sustainability declaration confirming that due regard has been given to compliance with DL38.				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	29-Mar-24	5%							
												Communications Strategy to be Developed - Both public facing and internal for staff.	Derek Jarvie	31-Mar-23	31-Mar-23	75%							
												Continue to seek revenue funding in order to build a team with sufficient resource to meet required actions.	Derek Jarvie	01-Dec-23	01-Dec-23	50%							
												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	01-Dec-23	0%							
												Recruitment of an Energy and Sustainability Manager	Derek Jarvie	31-May-23	31-May-23	10%							
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 advances, 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).	Services / Business Interruption	5	5	25	Sustainability Improvement loans process in place	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.		31-Mar-23	31-Mar-23	75%	3	2	6	02-Mar-23	Assessed between Lesley Middlemiss and Alastair Jack on 1 March 2023 - No change to risk score or controls however there was change to actions which were documented - this review is pending a confirmatory review with Dr Scott Williams on 10 March 2023.	Patricia Cassidy	Scott Williams
								Support for practices to become training practices (delivered in conjunction with NES)				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).	Kathy O'Neill	31-Mar-23	31-Mar-23	0%							
								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).				Scottish Government Mental Health and Wellbeing programme (£2million recurring by 2026).	Kathy O'Neill	31-Mar-24	31-Mar-24	10%							
								Expansion of community pharmacy services				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-Dec-23	31-Dec-23	64%							
								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.															
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	4	4	16	Implementation of OneTrust - DPIA management		31-Mar-22	31-Mar-24	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 Penman
								GDPR compliance workplan monitored through IGG				Review of Information Sharing agreements to ensure compliance with UKGDPR following Brexit		31-Mar-23	31-Mar-23	25%							
								NIS and DPA / GDPR supporting policies in place				Revised DPIA processes to be developed for use by services.		31-Mar-23	31-Mar-23	50%							
								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.															

Work completed on identifying new and reviewing existing Information Sharing Agreements

SRR.016 — Out of Hours Service (OOHS)

16-Mar-22 | Patient Experience

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.

Initial: 5 4 20 | Current: 4 4 16 | Target: 3 3 9 | Review: 06-Mar-23

Controls:
- 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.
- OOH Clinical Lead has increased commitment to support the service and will continue to work collaboratively across Urgent and Unscheduled Care.
- 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.
- OOH Organisational Change Activity - baseline patient and staff experience survey undertaken.
- Integration of the OOH service into the Urgent Care Centre (HUB) to enhance synergy with other urgent care services.
- 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.
- Support provided by SAS – Currently SAS are supporting house visits at weekends (if sufficient staff are available).
- Meetings with Finance Business Partners and looking to arrange monthly Finance meetings and looking at combining the OOH and Urgent Care budgets.
- Communications Plan promotes 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 incorporate the OOH service.

Actions:

Action	Owner	Original	Revised	%
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	31-Oct-22	80%
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	31-Oct-22	60%
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	31-Oct-22	50%
International Recruitment of GPs - Working with Michael Brown from HR to consider a piece of work around international recruitment or doctors.		31-Mar-23	31-Mar-23	50%
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	31-Oct-22	80%
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	31-Dec-23	50%
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	31-Mar-23	10%
Expansion of OOH Clinical Leadership Team - Communications and HR teams continue to promote OOH as part of wider recruitment, and discussions are ongoing to create additional resilience in terms of a clinical lead.		31-Mar-23	31-Mar-23	50%
Expansion and evaluation of the role of HSCWs.		31-Mar-23	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	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	31-Mar-23	90%
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	31-Mar-23	50%
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	31-Mar-23	50%

Review comments (06-Mar-23): Score reduction from 20 to 16 was approved at Clinical Governance Committee on 21st February 2023. To be reported for approval to Audit and Risk Committee and Board in March. The OOH team have liaised with NHS GGC to share learning around international recruitment, and are now exploring opportunities in relation to this. As part of the multi-disciplinary workforce planning, staff TURAS appraisals have been completed, and now consideration is being given as to how to address any needs which have been identified. A meeting took place in February to discuss the SAS hybrid roles, however due to staffing constraints within SAS, this has not been progressed. Both parties are committed to developing the hybrid roles once staffing levels permit. Risk score static at this review.

Risk owner: Jonathan Best; Phyllis Wilkieson | **Lead:** Judith Rooney; Karyn Webster

SRR.014 — Healthcare Strategy

07-May-21 | Financial

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

Initial: 4 5 20 | Current: 3 5 15 | Target: 1 3 3 | Review: 29-Nov-22

Controls:
- Current Healthcare Strategy in place for 2016-2021 linked to national strategy / policy
- COVID Remobilisation plans (4th iteration) in place for Directorates / services and the Board as a whole. Planning guidance received from Scottish Government for a one-year operational plan building upon the 4th iteration of the remobilisation plans and the work currently underway.
- Partnership Strategic Plans in place which run to 2022 (currently being refreshed for publication in Spring 2022).
- Regional partnership mutual aid arrangements in place in response to COVID in order to continue delivering strategic priorities. These arrangements will be built on within future plans to ensure sustainability of services.
- Cancer service plans responding to COVID to ensure ongoing delivery of strategic priorities. National and regional cancer delivery plans and mutual aid arrangements in place
- NHS Forth Valley Strategic Programme Boards in place responsible for delivery of key elements of the Healthcare Strategy (including strategic deployment matrices) - following a pause as a result of COVID-19, work is ongoing to resurrect the programme boards, linking in with planning for 22/23. 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.

Actions:

Action	Owner	Original	Revised	%
National Treatment Centre development providing additional capacity alongside local initiatives	Gillian Morton	31-May-22	31-Dec-22	75%
Review requirements and use of Strategic Deployment Matrices aligned to Healthcare Strategy	Cathie Cowan	30-Sep-21	31-Dec-22	60%
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	31-Dec-22	50%
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.		28-Oct-22	31-Mar-23	30%

Review comments (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.

Risk owner: Cathie Cowan; Janette Fraser | **Lead:** Janette Fraser

SRR.011 — IT Infrastructure

21-Jan-19 | Services / Business Interruption

If there are significant technical vulnerabilities there is a risk the NHS FV IT Infrastructure could fail, resulting in potential major incidents or impact to service delivery

Initial: 4 4 16 | Current: 3 4 12 | Target: 2 3 6 | Review: 07-Dec-22

Controls:
- Annual Digital and eHealth delivery plan prioritised, approved and monitored by the Programme Board and Senior Leadership Team
- Lifecycle System matrix reviewed annually by the Digital and eHealth Programme Board to shape future investment plans
- Cyber security objectives and initiatives included in the annual programme of work
- Windows/Office Programme team in place.
- Patching activity is ongoing on hardware and software, approximately 80 % is planned, 20% unplanned. Planned patching takes place monthly.
- Programme of work to upgrade ICT infrastructure at FVRH as part of 20/21 delivery commenced and on track for completion this FY
- Infrastructure PB supported CISCO software and security system rolled out 2021

Actions:

Action	Owner	Original	Revised	%
Implementation of ICT owned actions from NIS audit	Scott Jaffray	31-Jul-22	31-Oct-22	60%
Review WAN Bandwidth to reflect significantly increased use of VC/Teams/NearMe		31-Dec-21	31-Mar-23	40%
Asset Review - 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-Dec-22	31-Mar-23	30%

Review comments (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.

Risk owner: Jonathan Procter | **Lead:** Scott Jaffray

						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 28 MARCH 2023

6.3 Financial Plan 2023/24 to 2026/27
For Approval

Executive Sponsor: Mrs Cathie Cowan, Chief Executive

Authors: Mr Scott Urquhart, Director of Finance
Mrs Jillian Thomson, Deputy Director of Finance
Mrs Alison Mackintosh, Strategic Financial Planning Manager

Executive Summary
This report presents the financial plan for the 3-year period 2023/24 to 2025/26.

Recommendations
The NHS Board is asked to: -
*   **note** the financial planning assumptions underpinning the proposed 3-year revenue and capital plans.
*   **note** the significant level of financial challenge identified and the associated risk to delivery of financial balance in each of the three years of the plan.
*   **note** that the draft Financial Plan was presented to the Performance & Resources Committee on 28th February 2023, with further detail to be presented on savings plans at its meeting on 28th April 2023.
*   **note** that the draft Financial Plan has been shared and discussed with Scottish Government colleagues.
*   **consider** the proposed assurance level, noting that a refreshed deep dive review on the strategic Financial Sustainability risk is currently in progress.
*   **approve** the Financial Plan 2023/24 to 2025/26.

Proposed assurance level:

Level of Assurance		System Adequacy	Controls
Reasonable Assurance		Adequate framework of key controls with minor weaknesses present.	Controls are applied frequently but with evidence of non-compliance.

A Reasonable level of assurance is reported on the basis that mitigating actions to address the corporate financial sustainability risk are in place and operating, although these are not expected to fully mitigate the underlying risk.

Key Issues to be Considered
The scale of the financial challenge over the next 3 years is unprecedented, and given the nature of the current financial environment and operating context, it is extremely unlikely that financial balance will be delivered during the 3 year timeframe of the revenue plan.

A summary of the revenue projections for the next 3 years is presented below:

NHS Forth Valley	2023/24 £m	2024/25 £m	2025/26 £m
Financial gap before savings	40.591	43.055	37.496
Savings plans/target	25.000	30.000	30.000
Residual deficit	**15.591**	**13.055**	**7.496**

Whole system redesign measures will be required to address longer term financial sustainability as part of the strategic direction for the future delivery of safe and effective health and care services within available resources. Financial sustainability will therefore be a key theme embedded within the refresh of the NHS FV Healthcare Strategy and also underpins our associated future workforce and digital health strategies.

Implications

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

Workforce Implications
The financial plan is aligned with our workforce plan. Given the scale of the financial challenge, vacancy management/workforce controls feature in the cost improvement plan particularly in relation to bank and agency use.

Infrastructure Implications including Digital
Infrastructure and digital opportunities are key element of the cost improvement programme and will support the redesign and reform of service delivery, enhance patient experience and improve efficiency and productivity.

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 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 medium term financial plan. 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.

Relevance to Strategic Priorities
This report outlines the total resources available to deliver the NHS Board's strategic priorities over the next 3 years. It is essential that strategic priorities are delivered on a sustainable financial basis.

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

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

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

Additional Information
N/A

Appendices

- Appendix 1: Clackmannanshire and Stirling IJB 2023/24 Business Case – see separate document.
- Appendix 2: Falkirk IJB 2023/24 Business Case – see separate document.
- Appendix 3: 3-year Revenue Financial Plan – Page 16
- Appendix 4: 5-year Capital Financial Plan – Page 17

NHS Forth Valley
Financial Plan 2023/24 – 2025/26

Executive Summary

This paper provides an overview of the financial plan for the 3-year period 2023/24 to 2025/26. The plan incorporates the indicative funding settlement advised by the Scottish Government on 15 December 2022 and is aligned with the four aims of the Sustainability and Value Framework (i.e. to deliver better value care, to optimise capacity, to make effective use of resources and to be environmentally and socially sustainable).

The plan also reflects the post Covid operating environment and therefore carries a significant level of financial risk, particularly in relation to ongoing capacity and workforce pressures which are driving increased use of temporary staffing and contingency beds. A number of other key financial pressure areas include the cost impact of advances in new technology and medical treatments (including uptake of expensive new drugs in both hospital and primary care settings), the cumulative burden of a range of unfunded national policy developments together with other mandatory compliance/legislative requirements and general price inflation (primarily in relation to energy costs and PFI/PPP contracts which are linked to the Retail Price Index).

The scale of the financial challenge is unprecedented and given the nature of the current financial environment and operating context, our initial assessment of the position suggests that it is extremely unlikely that financial balance will be delivered during the 3 year timeframe of the plan.

The 3-year financial plan is a live document and will continue to be reviewed and updated as detailed information on the financial planning assumptions becomes available. The plan will also be updated to reflect any required changes arising from the forthcoming refresh of our Healthcare Strategy, Digital Health and Care Strategy and workforce plan.

Funding

The 2023/24 indictive funding settlement provided by the Scottish Government on 15 December 2022 confirmed a 2% baseline budget uplift with additional sums relating to NRAC parity and an estimate of the recurring impact of the 2022/23 pay award, taking our base Revenue Resource Limit (RRL) to £631.1m as summarised in exhibit 1 below.

Exhibit 1
NHS Board Initial Revenue Allocation 2023/24

	£ million
Closing baseline budget 2022/23	**618.101**
2.0% Core uplift	**12.362**
NRAC Funding	**0.600**
Opening baseline budget 2023/24	**631.063**

Further anticipated allocations totaling £119.8m are also expected to be added to the RRL during the course of the year relating to Family Health Services, Mental Health, Elective and Unscheduled Care, the New Medicines Fund, Covid Vaccinations and the National Treatment Centre. Note that the Scottish Government has committed to provide early confirmation of this funding and to bundle and baseline allocations where appropriate. This is a welcome development which provides more flexibility, recognising that late and/or non-recurring allocations do not support effective workforce and service planning.

We have already received confirmation that the waiting times improvement fund allocation (£5.6m excluding Cancer) will be issued on a recurring basis in 2023/24 (and baselined in 2024/25 which will attract an uplift in future years). Similarly, the Scottish Government have also advised that funding relating to the additional National Insurance levy initially allocated in 2022-23 will remain with NHS Boards despite the reversal of this policy by the UK Government. This funding (£3.2m) is not ring fenced and NHS Boards can determine how this resource will be utilised. It is proposed that this is used to support the costs of recently approved business cases in relation to the cyber security team and additional nurse staffing linked to the ED review and output of the safe staffing tool in key ward areas.

Note that funding for Covid-19 legacy costs will only be provided in relation to the vaccination programme, regional testing facilities, PPE, and a small number of Public Health Measures. NHS Boards are expected to continue to drive Covid-19 legacy costs down as far as possible to manage costs within available resources.

Costs

The 2023/24 financial plan is predicated on a number of cost inflation assumptions as summarised in exhibit 2 below. These estimates have been benchmarked nationally through the Peer Review sub-group of the Corporate Finance Network and amended to reflect local circumstances and risk.

Exhibit 2
Cost Inflation Projections 2023/24

Category	% on base
General Pay Inflation (aggregate)	2.00
General Price Inflation	7.40
Unitary Charge Inflation	13.40
Energy	30.00
Rates	34.20
Voluntary Bodies / other providers	2.00
Cross Boundary Flow	2.50
Hospital Drugs	10.00

With respect to pay costs, the 2023/24 pay award is currently under negotiation and in the absence of a confirmed Scottish Public Sector Pay Policy, a 2% pay increase is assumed at this stage. Workforce costs account for around half of our operating expenditure and given the current cost of living crisis and ongoing threat of industrial action, this is a key financial risk area. The initial pay increase offered for 2023/24 represents a 6.5% increase on average. It is assumed that any pay increase above 2% planning assumption will be funded in full by the Scottish Government.

Significant inflationary pressures are also anticipated in relation to energy costs and a range of contracts which are linked to RPI, notably our 3 PFI/PPP contracts. Our current estimate of the likely RPI is 13.4% which equates to a £6.5m increase in unitary charge payments during 2023/24 (the comparable average RPI rate pre Brexit and pre Covid was c3.4% equivalent to £1.5m).

Further increases in medicines costs are expected in 2023/24, currently estimated at 10% growth estimated in relation to hospital drugs. Further horizon scanning work is underway to refine these estimates.

With respect to rates, recent correspondence from the Cabinet Secretary has confirmed that any financial benefit associated with successful appeals in respect of non domestic rates rating valuations will no longer be permitted to be retained by NHS Boards. This is a concern given the significant level of rebates that have previously been negotiated in this area. We will participate in work being led by the NHS Scottish Property Advisory Group (SPAG) to pre-agree rates in advance of 1 April 2023 with the Scottish Assessors Association (SAA) as part of a 'right first time' approach to ensure an appropriate rates assessment from the outset. Early indications suggest there may be significant increases in rates payments for 2023-24 in the region of 40% for primary care premises and 25% for hospital sites. However, by engaging and challenging the SAA in advance of the new Rateable Values going live from 1 April 2023, the aim is to minimise the level of increase as far as possible. We are currently assuming a 34% increase in rates payments for 2023/24.

Integration Authority Budgets

The Scottish Government has advised that payments to Integration Joint Boards (IJBs) in respect of delegated health functions during 2023/24 must deliver an uplift of 2% over 2022-23 recurring budgets and make appropriate provision for the full year effect of the 2022-23 pay award. Exhibit 3 below sets out the proposed initial payment to both IJBs in respect of the 2% uplift.

In line with previous years, further funding will also be transferred from the health portfolio to Local Government to support integration, including additional recurring pay commitments in relation to the real living wage and an increase to free personal nursing care rates (the total transfer is £95m for 2023/24).

Exhibit 3
Proposed Integration Authority Budgets 2023/24

Category	Falkirk £ million	Clacks/ Stirling £ million
Baseline budget: 2022/23 Revenue Allocation		
Set Aside	37.501	29.612
Operational budgets	52.431	40.597
Universal budgets (Prescribing / Family Health Services)	32.743	34.488
Integration Funding (Pass Through)	10.410	9.122
Transformation Funding	1.450	3.338
	134.535	117.158
2.0% Core Uplift	2.691	2.343
Universal Funding outwith recurrent baseline	45.970	49.206
Total Initial Budget 2023/24	**183.196**	**168.706**

IJB budgets will be increased throughout the year as additional funding is confirmed for various delegated Health and Social Care policy developments and other relevant ring-fenced areas which are subject to national negotiation and/or Scottish Government approval (for example agreed uplifts for Family Health Service contractors and pay awards).

The funding position presented in exhibit 3 is broadly consistent with the funding assumptions outlined in the 2023/24 business cases prepared by both IJBs (see appendix 1 and 2). The business cases are a key requirement of the Integration Scheme and form the basis of initial negotiations with Partner organisations to determine the level of payments for 2023/24.

Both business cases identify significant financial gaps and recognise that whole systems redesign is required to deliver financial balance on a sustainable footing. This will require difficult decisions to be taken on priorities and disinvestment going forward.

Further engagement with both IJB CFOs is planned for the coming weeks to streamline planning assumptions, finalise the payments for 2023/24 and seek early agreement of longer term risk sharing arrangements.

Savings Plans

Based on the financial planning assumptions referred to above, together with the impact of recurring pressures and unachieved recurring savings carried forward from 2022/23, a funding shortfall of £40.6m (5.4% of our core RRL) has been identified for 2023-24 with similar levels estimated in 2024/25 and 2025/26 (5.6% and 4.8% respectively – see appendix 3).

A local Sustainability and Value Programme Board has been established to drive improvements in financial and service sustainability by providing co-ordination and oversight of cost and value improvement plans, aligned to the national Sustainability and Value workstreams and priorities. The Scottish Government's clear expectation is that savings from sustainability and value initiatives are expected to generate 3% savings.

As part of this work a number of cost improvement plans and efficiency initiatives are being developed to mitigate the £40.6m funding shortfall referred to above. At this stage, total planned savings for 2023/24 are estimated at £25.0m (see exhibit 4 below), leaving a residual funding gap of £15.6m still to be addressed (equivalent to 2.1% of our core RRL).

Exhibit 4
Savings plans 2023/24

Savings Theme	Indicative Target £m
Income generation	£0.3.m
Prescribing	£6.2m
Workforce	£2.1m
Digital opportunities	£0.3m
Infrastructure & Estates	£0.6m
Financial Management, Non-Pay, Procurement	£15.5m
Total	**£25.0m**
Budget Gap	**£40.6m**
Unidentified Savings/Residual Budget Gap	**£15.6m**

Of the £25.0m total planned savings, £10.0m (40%) are expected to be recurring, with the balance of £15.0m relating to various non-recurring measures and one off funding

sources. It is recognised that the ongoing reliance on non-recurring savings is a key risk and increases the financial challenge and recurring savings requirement for future years. Hence the reason we have planned on the basis of a reducing balance of non-recurring measures over the period of the 3 year plan (albeit this assumption remains high risk given the level of unidentified savings at this stage).

Key themes emerging from the cost improvement plans to date relate to environmental sustainability, targeted reductions in nurse bank and agency spend aligned to ongoing reduction in contingency beds and planned improvements in staff absence rates, prescribing savings across both primary and secondary care services, and a focus on digital opportunities. There has been positive engagement with Directorates to develop savings plans. A detailed savings update and plan will be presented to the P&R committee in April.

Financial Risks

In light of the scale of the potential funding gap and ongoing uncertainty linked to the current economic climate and post Covid operating environment, financial sustainability continues to be reported as *very high risk* in our strategic risk register.

Specific risks associated with the financial plan include:

- Our ability to fully identify the level of recurring savings plans required in 2023/24 and beyond to address the underlying deficit and reduce the reliance on non-recurring measures to achieve breakeven.

- Potential delays in delivering efficiency savings 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 front-line service and capacity pressures.

- Recruitment and retention challenges may impact on our ability to successfully implement our workforce plan and service delivery plan, resulting in continued use of band and agency solutions.

- Failure to implement Covid exit strategies and step down of various local Covid measures to ensure costs cease at 31 March 2023 and are not carried forward into 2023/24.

- Whole-system capacity and workforce pressures across the health and social care sector may continue to require additional temporary supplementary beds and staff beyond budgeted levels.

- Potential for price inflation rates to continue to increase beyond the current planned levels which will have a direct impact on the cost of goods and services and a significant impact on PFI/PPP expenditure commitments.

- Affordability challenges regarding the introduction of new drugs and therapies leading to increased treatment costs and demand over and above initial planning assumptions.

- Financial pressures associated with the disproportionately high prison population in Forth Valley (awaiting response from the Scottish Government to the business case previously submitted).
- The recurring funding gap associated with full implementation of the Primary Care Improvement Plan (PCIP) is not addressed by the Scottish Government.

- Cost pressures associated with Integration Joint Boards, particularly relating to requests for additional payments beyond funded baselines as part of risk share arrangements.

- Lack of funding to progress major capital investment priorities including the redevelopment and modernisation of our Primary Care estate and Falkirk Community Hospital.

Capital Plans

The Capital budget position is equally challenged over the next 3 years and will require careful management to ensure all infrastructure, digital and medical equipment priorities can be met within available funding (including statutory health and safety and other compliance requirements).

Funding

The core Capital formula allocation is estimated at £6.4m pa for the duration of the plan and is expected to be supplemented by additional anticipated allocations relating to property sales and return of banked monies from prior years as detailed in Appendix 4. Note that no funding assumptions have been included in respect of the National Infrastructure Board at this stage.

Expenditure

In line with previous years key areas of capital expenditure relate to:

- Information Management & Technology: to support the priorities in the Digital Health and Care Strategy including software replacement and upgrades, new national and local systems and digital developments.

- Medical Equipment: as advised by the Medical Devices Group in relation to new and replacement medical equipment in line with the agreed rolling replacement programme.

- Facilities and Infrastructure: aimed at statutory compliance, backlog maintenance and a range of premises improvements. Note that the refresh of our Property and Asset Management Strategy is currently on hold pending further information from the Scottish Government regarding the new whole system planning approach to capital investment. Similarly, the planned redevelopment and modernisation of our Primary Care estate and reprovisioning of Falkirk Community Hospital are both currently being rephased to latter years in light of national capital funding constraints.

Appendix 3: 3-year Revenue Financial plan
3 Year Revenue Financial Plan
Mar-23

Summary of Costs	Year 1 (2023/24) %	Total £m	Year 2 (2024/25) %	Total £m	Year 3 (2025/26) %	Total £m
Funding						
Base Uplift	2.00%	12.362	2.00%	12.821	2.00%	13.078
NRAC	0.10%	0.600				
Elective Capacity Development SEU-FV		10.873		11.745		11.745
Access Targets (recurring allocaiton from 2023/24)		5.630				
New Medicines Fund		8.205		8.205		8.205
Vaccination Staffing & Delivery (assumed recurring from 2023/24)		4.370				
Total Resource Increase		**42.040**		**32.771**		**33.028**
Costs						
Brought forward pressures		18.171		26.793		21.895
Pay & Prices Inflation						
Pay Inflation - Agenda for Change	2.00%	2.842	2.00%	2.899	2.00%	2.957
Pay Inflation - Medical	2.00%	1.106	2.00%	1.128	2.00%	1.151
Pay Inflation - Senior Managers	2.00%	0.044	2.00%	0.045	2.00%	0.046
Pay Inflation - Other	2.00%	0.068	2.00%	0.069	2.00%	0.070
General Price Inflation	7.40%	2.819	2.00%	0.818	2.00%	0.835
General Income Inflation	2.00%	(0.342)	2.00%	(0.348)	2.00%	(0.355)
Unitary Charge Inflation	13.40%	5.853	10.00%	4.953	7.50%	4.086
Energy	30.00%	1.703	15.00%	1.107	10.00%	0.849
Rates	34.20%	2.112	7.50%	0.622	5.00%	0.445
Resource Transfer	2.00%	0.000	2.00%	0.000	2.00%	0.000
Voluntary Bodies / other providers	2.00%	0.010	2.00%	0.010	2.00%	0.010
External CBF Outflow	2.50%	1.312	2.00%	1.076	2.00%	1.097
External CBF Inflow	2.50%	(0.310)	2.00%	(0.254)	2.00%	(0.259)
Hospital Drugs	10.00%	3.735	10.00%	4.108	10.00%	4.519
HSCP Set Aside Inflation	2.00%	1.342	2.00%	1.369	2.00%	1.396
Clacks/Stirling HSCP baseline inflation - Operational & Universal	2.00%	1.751	2.00%	1.786	2.00%	1.822
Falkirk HSCP baseline Inflation - Operational & Universal	2.00%	1.941	2.00%	1.979	2.00%	2.019
Other Pay & Prices		4.486		0.586		0.626
Drugs and Medicines		7.205		8.205		8.205
Demographic Change		0.000		3.000		3.500
Non Demographic Growth		0.000		2.250		2.750
eHealth		0.778		0.216		0.077
Property		0.000		0.000		0.000
Capacity & Flow (SEU-FV and WT)		16.503		11.745		11.745
Local Developments/ Investments/ Initiatives (incl Vaccination Delivery)		8.707		1.385		1.041
Regional Issues		0.116		0.001		0.001
National Strategy / Policy Impact		0.679		0.279		(0.004)
Total cost increase		82.630		75.826		70.524
Net Savings Requirement		(40.591)		(43.055)		(37.496)
Estimated Savings Delivery		25.000		30.000		30.000
Net Gap		(15.591)		(13.055)		(7.496)

Appendix 4: 5-year Capital Financial Plan

NHS Forth Valley
5 Year Capital Plan
2022/23 to 2027/28

		2022/23	2023/24	2024/25	2025/26	2026/27	2027/28
SOURCES OF GENERAL FUNDING		£'m	£'m	£'m	£'m	£'m	£'m
Scottish Government General Allocation		6.389	6.389	6.389	6.389	6.389	6.389
SGHD - Improving Access to Elective Care		6.413	2.000				
SGHD - Covid Allocations		0.000	0.000				
SGHD - NIB Funding		2.017					
SGHD - Baclog Maintenance		2.100					
SGHD - Switched on Fleet		0.053					
SGHD - Energy Efficiency		0.527					
SGHD - AAA Screening		0.000	0.047				
SGHD - Greenspace		0.275					
SGHD - LIMS Implementation		0.000	0.102	0.102			
SGHD - PCIP Enabling Support			0.300	0.300			
SGHD - Return of Banked Funding		0.000	0.590	2.065	0.575	0.795	0.493
SGHD - Indirect Capital Exp. Charged to Revenue		-2.400	-1.300	-1.300	-1.100	-0.600	-0.600
SGHD - Asset Sales Retained		0.185	1.247	1.500	0.000	0.000	0.500
Total Net Core Capital Resource Limit		**15.559**	**9.375**	**9.056**	**5.864**	**6.584**	**6.782**
PLANNED CAPITAL EXPENDITURE	**Budget Manager**	£'m	£'m	£'m	£'m		£'m
Elective Care	G Morton	6.413	2.000				
Information Management & Technology	J Procter	2.932	3.070	4.105	2.245	2.195	1.500
Medical Equipment	A Murray	4.367	1.525	3.256	1.859	2.230	3.285
Facilities & Infrastructure	J Procter	3.289	3.547	2.005	1.685	1.931	1.520
NHS Board	S Urquhart	0.958	0.533	0.990	1.175	0.828	1.077
Capital Grants & Capital to Revenue	S Urquhart	-2.400	-1.300	-1.300	-1.100	-0.600	-0.600
Total Capital Expenditure		**15.559**	**9.375**	**9.056**	**5.864**	**6.584**	**6.782**
Balance Available / (Required)		**0.000**	**0.000**	**0.000**	**0.000**	**0.000**	**0.000**

Clackmannanshire & Stirling Integration Joint Board: Finance and Performance Committee

21 December 2022

Agenda Item 10

2023/24 IJB Draft Business Case

For Approval

Paper Approved for Submission by	Annemargaret Black, Chief Officer
Paper presented by	Ewan Murray, Chief Finance Officer
Author(s)	Ewan Murray, Chief Finance Officer
Exempt Report	No

Purpose of Report:	To present the Finance and Performance Committee with an update on 2023/24 Revenue Budget Development and satisfy the requirements of the Integration Scheme with regard to an IJB Business Case

Recommendations:	The Finance and Performance Committee is asked to: 1) Consider the 2023/24 Budget update and IJB Business Case 2) Note the level of complexity and uncertainty affecting budget considerations. 3) Approve the 2023/24 IJB Business Case contained within this paper for submission to the constituent authorities to satisfy the requirements of the Integration Scheme 4) Note the next steps and further budget development work required prior to the IJB considering the 2023/24 Revenue Budget for approval. 5) Note that key points from the Scottish Draft Budget on 15 December will be covered within the accompanying presentation to committee.

1. Background

1.1. The preparation of a business case to determine future funding requirements to deliver the Strategic Plan is a requirement of the Integration Scheme. The requirements and methodology to be used based on best information currently available are set out at Section 8.3 of the Scheme.

1.2. The 2023/24 IJB Business Case set out in this paper reflects the most up to information available at the time of writing and will be further updated to reflects the impacts of the Scottish Draft Budget presented on 15 December 2022. The accompanying presentation to the Committee will cover key points from the Scottish Draft Budget.

1.3. The IJB should also view the business case in the context of

- The exceptional levels of demand facing the health and social care system at this time
- The ongoing impacts of Covid.
- Challenges in staff recruitment and retention
- Significantly increasing inflationary pressures
- The reliance on Covid funding in the 3 previous financial years
- Resultant potential for volatility in financial projections
- The general economic outlook as updated through Financial Reports to the IJB and Finance and Performance Committee during the year.

2. Economic Outlook

2.1. There are increasingly challenging outlooks for both the UK and Scottish economies (and indeed the global economy) with increasing public debt, increasing interest rates, low economic growth, Russia's invasion of Ukraine and associated geopolitical issues and, of course, ongoing high inflation.

2.2. The UK Autumn Statement was published on 17 November 2022 with along with updated economic projections from the Office of Budget Responsibility.

2.3. The UK budget included additional spend in relation to Health, Education and Social Care which will come with additional consequential funding (£1.5bn over the next 2 fiscal years) to the Scottish Budget as devolved responsibilities. However there are also tax adjustments to the Scottish Budget primarily as a result of the reduction of the threshold for the additional tax rate.

2.4. It is for the Scottish Government to make choices on spending and tax and these will be set out in the Scottish Draft Budget on 15 December 2022 and be subject to the parliamentary scrutiny process thereafter. This will be accompanied by updated forecasts on the Scottish Economy from the Scottish Fiscal Commission. It is understood this will be a 1 year budget.

2.5. Increasing public debt, higher interest rates, high inflation and low economic growth set and increasingly challenging outlook for both UK and Scottish Economies and therefore public expenditure. The UK Autumn Statement detailed a planned Scotland DEL (Departmental Expenditure Limit) of £36.5bn in 2023/24 and £36.9m in 2024/25 which compared against a 2022/23 DEL of £35.3m illustrates that fiscal tightening will continue into the medium term.

2.6. This means it is paramount to focus on financial sustainability and minimise carrying forward recurrent deficits into future financial years. The challenges of doing so should not be underestimated particularly with current and projected inflationary pressures including on public sector pay.

3. IJB Business Case

Methodology

3.1. The Integration Scheme sets out the methodology to be used in calculating the budget requirements to deliver the Strategic Plan for the forthcoming financial year. This methodology, is, itself drawn from national financial planning guidance for Integration Authorities.

The methodology requires assessment of:
• Demand pressures from demographic change and Transitions from Children's Services (usually on a 3 year average basis to smooth any year to year peaks or troughs)
• Inflation (Pay, National Care Home Contract, General and Contract including impact of changes in Scottish Living Wage)

- Changes in Legislation with Financial Consequences
- Delivery of Strategic Priorities & National Outcomes
- Assessment of Savings and Efficiencies
- Consideration of Reserves

Strategic Commissioning Plan 2023/2033 – Needs Led Resource Bound

3.2.   The IJB agreed to extend the lifecycle of the existing Strategic Plan to 2022/23, therefore its lifecycle ends on 31 March 2023. 2023/24 will be the first year of the 2023/2033 Strategic Commissioning Plan (SCP) however given the outlook set out above this expectations must the tempered and recognise the resource constraints, financial and otherwise. The term 'Needs Led Resource Bound' has been used throughout the development process of the SCP and it is critical to manage expectations through these processes.

3.3.   Members should however keep the Strategic Commissioning Plan, enabling activities and Strategies and initiatives to deliver change in mind with regard to budget considerations.

Core Assumptions

3.4.   In developing the business case due regard has been taken of the Scottish Governments approach in prior years of setting minimum payments from Local Authorities and NHS Boards to Integration Authorities (IAs) through the Scottish Budget and passthrough of resources to IAs for items such as Scottish Living Wage increases and other issues including demand pressures.

3.5.   Give the budgetary context set out in is section 2 of this report the core assumptions used in this paper are.

Payments from NHS Boards to IAs – 2% uplift
Payments from Local Authorities to IAs – Flat cash / 0% uplift
Passthrough of Resources to IAs - £2.359m for impact of uplift in Scottish Living Wage only. £10.50 to £10.90=40p or 3.8% increase. (Estimate scaled from 22/23 SLW funding for increase from £10.02 to £10.50=48p or 4.79% increase).

3.6.   The Scottish Living Wage from September 2022 has increased from £10.50 to £10.90 from September 2022 (+3.8%) and employers are expected to implement this by May 2023.

3.7.   Key Assumptions used in preparing this business case are as follows

Pay Costs: Per extant Public Sector Pay policy 2% - sensitivity at 5% will also be modelled given inflation and this approach has been agreed by IJB Chief Finance Officer section to allow a national picture to be consolidated.
Contract Inflation: Residential Care incl. National Care Home Contract – 6.14% (reflecting the increase in pay for commissioned social care staff to minimum of £10.90 per hour and projected CPI inflation for 2023 of 7.4%)

Care at Home, Direct Payments, Respite Care – 4.31% (reflecting the increase in pay for commissioned social care staff to minimum of £10.90 per hour and projected CPI inflation for 2023 of 7.4%)
Prescribing Cost and Volumes: 5.5%
Social Care Demand Increase – Residential 3% Care at Home 5%
Covid-19 consequentials – Zero assumed.

Assessment of Resource Requirements to Deliver Strategic Plan

3.8. As detailed in recent IJB Finance Reports it is extremely difficult to predict how service demand will go over both the near and medium to longer term. Whilst some demand fell during the early part of the pandemic this increased demand for service increased significantly during 2021/22 and these demand trends amplified in 2022/23 to date combined with significant impacts of inflationary pressures. The reasons for this are multi-factorial and complex.

3.9. The Health and Social Care system is therefore under more strain than it ever has been.

3.10. The demand for social care services has been acutely affected. Evidence shows pre pandemic demand increases at around 4% per annum whereas increased demand during 2021/22 and 2022/23 to date includes areas where demand has increased by significantly more than this. Some this is increase is a mix of both general demand increase and shifts from residential care to care closer to home and/or at home e.g. in Learning Disabilities. Therefore the picture is more complex than raw increases in numbers.

3.11. We are, however, observing significant general increases in Care at Home. For example in Clackmannanshire locality Care at Home weekly hours for the Older People Care Group has increased by 12.2% from October 2021 to October 2022.

3.12. Additionally whilst we can observe increased costs associated with long term care in care homes overall care home resident numbers are below 2019 levels but a greater proportion of these are publicly funded.

3.13. Whilst it is, perhaps, unlikely that demand can continue to increase at current rates the pandemic has changed many patterns of service demand and delivery meaning a return to pre pandemic trends may also be unlikely. Despite this, service delivery priorities, guided by the Strategic Plan priorities have remained Community/Home First. The full effect of the implementing the IJB Business Cases for Rapid Response Service and Rural Care at Home will also deliver greater activity during 2023/24 financial year.

3.14. Therefore, the core assumption on general demand increases for commissioned care 2023/24 is around 4% with 3% growth in residential care in the Clackmannanshire Locality, 0% growth in residential care in Stirling localities and 4.7% growth in Care at Home reflecting strategic priorities.

Baseline Financial Position into Financial Year 2023/24

3.15.   The financial report to this Committee details a projected overspend on the Integrated Budget of £0.429m based on financial performance to end of October (Month 7). Taking into account the full year effect of the Rapid Response and Rural Business Cases a baseline recurrent financial pressure in the region of £1.7m is assumed though cost and volume increases in Family Health Services prescribing risks increasing this further.

Estimated 23/24 Net Financial Gap on Integrated Budget

3.16.   Using the assumptions stated above the estimated financial gap before savings and efficiency programmes and other mitigation actions is £6.9m. This is summarised in the table below.

Integrated Budget

Adult Social Care	£'000
Pay Inflation	651
Contract Inflation	4,217
Demographic Pressures	2,131
Income & Resource Transfer	-616
Total Adult Social Care	**6,383**
Operational And Universal Health Services	
Prescribing	1,170
Other Pressures	6
Total Operational and Universal Health Services	**1,175**
Total Integrated Budget Net Additional Pressures	**7,559**
Plus Estimated Recurrent Deficit from 22/23	1,700
Est Financial Gap on Integrated Budget	**9,259**
Less: Assumed SG Funding for SLW Uplift	2,359
Net Estimated Financial Gap on Integrated Budget	**6,900**

2023/24 Net Financial Gap on Set Aside Budget for Large Hospital Services

3.17. Based on the assumption that the service and financial pressures currently being observed are essentially recurrent and based on the core assumptions set out above the estimated financial gap on the Set Aside budget is summarised in the table below.

Set Aside Budget for Large Hospital Services

Estimated Recurrent Deficit from 22/23	3,720
Drugs	106
Net Estimated Financial Gap on Set Aside Budget	**3,826**

2023/24 Net Financial Gap on Strategic Plan Budget

3.18. Taking the Integrated Budget and Set Aside Budget together to give the total financial resource for delivery of the Strategic Plan gives a total net estimated financial gap of **£10.726m.**

3.19. The issues surrounding the IJBs budget planning are, in many ways, more complex and uncertain than ever. This increases the financial risk profile across the short and medium term for the IJB. To set balanced revenue budget the IJB can only deploy resources at its disposal.

3.20. Based on the assumptions set out earlier in this paper the baseline financial gap into financial year 2023/24 is estimated at £9.562m before any potential funding for the uplift in the Scottish Living Wage (SLW). On the basis of SLW funding provided by Scottish Government in 2023/24 funding of £2.359m could be anticipated. This would bring the net estimated financial gap for 2023/24 before consideration of savings and efficiencies and other mitigation of £7.203m

3.21. It will be extremely challenging to close this financial gap given past experience and ongoing demand on services. There is a need to agree clear priorities, consider disinvestment option as well as work with partners, peers and Scottish Government on financially sustainable policy approaches.

3.22. To this end we suggest viewing options across 3 thematics or domains would be useful as follows.

1	2	3
• Operational Grip and Control	• Strategic Approaches and Whole System Working	• Policy Considerations (Local and National)
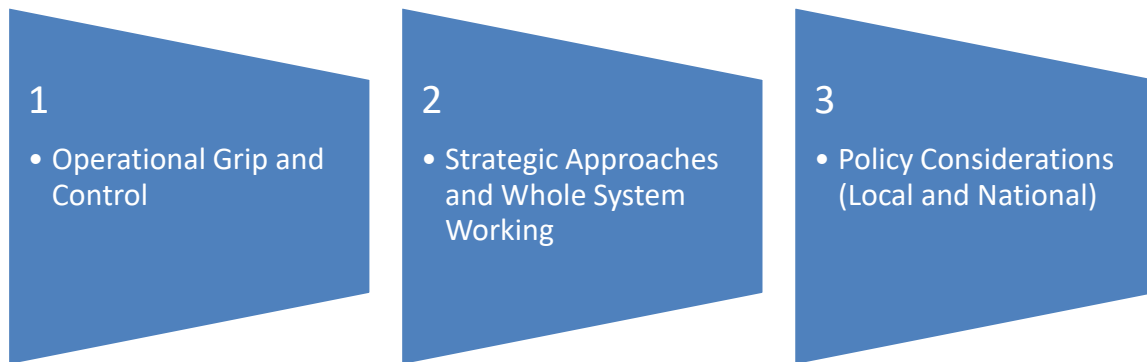
3.23. Significant further work is required to further plans to meet this gap whilst aligning to the Strategic Plan and Transformation Programme priorities.

 These will focus on:

- Review of unachieved 22/23 savings
- Furthering progress on the Transforming Care Programme including Outcomes Based Assessment, Self Directed Support, Technology Enabled Care and New Models of Care including those with Housing Support
- Reimagining care closer to home including Intermediate Care and Reablement
- Reducing reliance on temporary workforce.
- Value management and cost improvement including financial Grip and Control Actions
- Medicines optimisation including actions to reduce variation and waste.
- Review activity and reduction of waste
- Reducing delays and occupied bed days through effective whole system working.
- Reviews of value from commissioning budgets linked to Strategic Priorities, Evidence of Good Outcomes and developing commissioning consortium approaches.
- Whole system working approaches including progression of set aside arrangements, Unscheduled Care Collaborative including High Impact Gains and Discharge without Delay (DWD)
- Prioritisation and disinvestment options
- Strategic Commissioning and procurement arrangements including value of continuing with the Scotland Excel (SXL) Care and Support Framework
- Review of Staff Suggestions to improve efficiency and reduce costs
- Policy options – local and national including a local contributions

 This list is not necessarily exhaustive.

3.24. To give some context to the gap the IJB has generally been able to generate between £2m and £4m of savings per annum since its inception. Savings delivery has become more challenging year on year though and the impact of the significant restraint in public expenditure since the financial crisis of 2008 also requires to be acknowledged.

Sensitivity Analysis of Pay Inflation Assumption

3.25. As detailed above a consistent presentation of sensitivity has been agreed by IJB Chief Finance Officers to demonstrate the financial impact of pay inflation being at 5% for 2023/24.

3.26. Given pay accounts for the majority of the partnerships expenditure this would have a material effect on the financial gaps estimated within this paper.

3.27. We estimate that pay inflation at 5% would add an additional £2.504m of costs to the partnership. The overall impact of this is detailed in the table below.

	Estimated Gap Pay @ 2% £'000	Estimated Gap Pay @ 5% £'000	Increase in Financial Gap £'000
Integrated Budget	6,900	8,645	1,745
Set Aside Budget for Large Hospital Services	3,826	4,586	760
Strategic Plan Budget	**10,726**	**13,231**	**2,505**

Next Steps

3.28. In order that the IJB can be presented with a balanced 2023/24 Revenue Budget for approval at it's the March meeting and subject to approval of this paper the next steps required will be.

3.29. The Chief Officer and Chief Finance Officer will write formally to the constituent authorities with this business case and further constituent authority level detail to further inform budget considerations.

3.30. Further work will be completed in respect of plans to close the financial gap and on the business cases to support the priority investments detailed and updates will be presented to the IJB meeting on 1 February and the Finance and Performance Committee on 1 March. Any further updates and clarity on allocations will also be incorporated into this update.

3.31. Per the terms of the integration scheme the constituent authorities are required to formally notify the IJB of the intended payments and set aside budget to the IJB by 28 February.

3.32. The implications of the steps above will then be drawn together to inform the 2022/23 Revenue Budget to be presented to the IJB for approval at its March meeting.

3.33. The IJB will be asked to approve a budget on the basis of the resources at its disposal aligned to the priorities of the Strategic Commissioning Plan.

4.   IJB Budget Strategy and Medium Term Financial Plan (MTFP)

4.1.   The IJB approved an updated budget strategy at its September 2021 meeting following consideration and recommendation by the Finance and Performance Committee. The key strands of the extant budget strategy are:

- Achieve financial breakeven on the core revenue budget year on year without requiring offsets from Transformation Funding
- Invest available Transformation Funding to support service transformation and modernisation
- Establish and maintain a general or contingency reserve of a minimum of 0.75% of budgeted expenditure with an aim to hold 1% and target total reserves of 2.5% per the extant prudential reserves strategy.
- Specific allocations for key Scottish Government policy commitments are fully expended on these policy priorities subject to approval of implementation plans and updates by the IJB.

Although the financial context set out in this paper is very challenging

4.2.   It is intended to further update the IJBs Medium Term Financial Plan in March 2022 along with the 2023/24 Revenue Budget. This update will align to the high level Scottish Government expenditure plans set out in the Resource Spending Review in May 2022. Given Scottish Government will publish a single year budget in December 2022 the MTFP update will be relatively high level setting out the estimated financial gap for the coming 5 years. A fuller review and refresh of the MTFP will be undertaken in due course when Scottish Government prepare and publish an updated Medium Term Financial Framework for Health and Social Care and taking account of emergent policy approach to the creation of a national care service (NCS).

5.   Transformation Funding

5.1   The IJB agreed a Transformation Funding programme for 2022/23 in March 2022 and further considerations in relation to some of these commitments in November 2022.

5.2   As part of budget setting considerations there will require to be further decisions in relation to investment of Transformation Funding.

6.   Reserves

6.1   The IJBs opening reserves balances at 1 April 2022 totalled £28.248 with £3.323m being general or contingency reserves the balance being reserves earmarked for specific purposes. These reserves levels were exceptional particularly as a result of £12.999m of Covid earmarked reserves which will be exhausted or reclaimed by Scottish Government in year.

6.2   As detailed in finance reports to the IJB and Committee, and subject to Scottish Government reclaiming excess Covid funding, total reserves at 31 March 2023 are currently forecast to be in the region of £7m.

6.3   Given an increasing risk profile there may be reasonable justification in further reviewing the reserves policy, particularly with regard to contingency reserves. It is normal practice to do this alongside the annual revenue budget.

7.   Capital

7.1   As set out in section 8.11 of the Integration Scheme responsibility for Capital and Asset Management are retained by the constituent authorities however paragraph 8.11.3 sets out the process for identifying any capital investment required to support the Strategic Plan through business cases.

7.2   To date there have been few cases for capital support however there are four potential areas of capital requirements to support service modernisation and transformation in the coming year.

These are:

- Modernising Community Equipment service provision
- Fleet replacement and additional vehicles particularly with regard to reablement and rapid response services

These matters will continue to be discussed through the capital planning arrangements within the constituent authorities.

8. Risk

8.1. Financial resilience is a strategic risk reflected in the IJB's Strategic Risk Register (SRR). As is usual practice, the financial resilience element of the SRR is reviewed and updated reflecting the risk statement within the IJB Revenue Budget which will be presented to the Board in March 2023.

8.2. Given the exceptional, in comparison to longer term pre-Covid trends, level of service demand observed during 2022/23 an obvious risk to the budget is that demand is materially different to planning assumptions. Holding a prudent level of reserves assists in mitigating this risk to a degree, at least in the short term.

8.3. General inflation levels and inflationary pressures associated with the social care provider market and prices of other goods and services should also be regarded as a key risk. A notable 'side-effect' of supply side pressures in the social care provider market for care at home is more care is being procured at higher average rates than previously.

8.4. A further significant wave of Covid-19 and or a new strain would also pose both service and financial risks.

8.5. Taking the financial and service contexts together, though the greatest risk is that insufficient resources are available to deliver adequate health and social care at or close to home and this has a material adverse impact on the performance of the whole Health and Social Care system in Forth Valley which already has very significant challenges.

This could potentially include:
- Inability to fulfil statutory functions
- Increased delays to discharge
- Provider failure and/or inadequate business continuity arrangements

9. Conclusions

9.1. The financial landscape for the IJB and the public sector generally is significantly more challenging than we have seen to date both in terms of resource and predicting supply, demand, prices and overall costs.

9.2. The financial and economic outlook, whilst challenging in 2023/24, appears likely to be more difficult 2024/25 and potentially beyond.

9.3. Therefore it is paramount that the transforming care programme is progressed and unmet need is minimised to seek to minimise the need for ongoing and likely more expensive supports in the medium to longer term.

9.4. However given the IJB, from previous years financial performance, can reasonably be expected to deliver £2 to £4m of savings and efficiencies per annum the level of financial gap forecast cannot reasonably be expected to

bridged through transformation alone. It requires ever more difficult decisions on priorities, investment and disinvestment along with national and local policy approaches to assist in reducing expenditure and reducing future expenditure burdens.

9.5.   There would clearly be impacts on the partnerships performance of delivering services within the anticipated financial envelope and this will require to be fully assessed as plans develop in the coming weeks and months.

Fit with Strategic Priorities:	
Care Closer to Home	☒
Primary Care Transformation	☒
Caring, Connected Communities	☒
Mental Health	☒
Supporting people living with Dementia	☒
Alcohol and Drugs	☒
Enabling Activities	
Technology Enabled Care	☒
Workforce Planning and Development	☒
Housing and Adaptations	☒
Infrastructure	☒
Implications	
Finance:	Financial Implications are detailed within the body of the report.
Other Resources:	As detailed within the body of the report.
Legal:	N/A
Risk & mitigation:	Financial Resilience is a risk reflected in the IJBs Strategic Risk Register.
Equality and Human Rights:	The content of this report **does not** require a EQIA
Data Protection:	The content of this report **does not** require a DPIA
Fairer Duty Scotland	Fairer Scotland Duty places a legal responsibility on public bodies in Scotland to actively consider ('pay due regard' to) how they can reduce inequalities of outcome caused by socio-economic disadvantage, when making strategic decisions. The Interim Guidance for public bodies can be found at: http://www.gov.scot/Publications/2018/03/6918/2 **Please select the appropriate statement below:** This paper **does not** require a Fairer Duty assessment.

Agenda Item: 8

Falkirk Integration Joint Board

18 November 2022

Business Case

For Decision

1.   Executive Summary

1.1   This report presents the 2023/24 business case which summarises the IJB's funding requirements and financial planning assumptions for the forthcoming financial year.

1.2   The business case aligns with the IJB's strategic priorities and delivery plan actions and forms the basis of initial negotiations with Falkirk Council and NHS Forth Valley regarding the level of payments for 2023/24.

2.   Recommendations

The Integration Joint Board is asked to:

2.1   Approve the business case to inform initial negotiations with Falkirk Council and NHS Forth Valley in respect of the level of payments for financial year 2023/24.

3.   2023/24 Financial Planning Assumptions and Caveats

3.1   The preparation of a business case to determine future funding contributions from Partner organisations is a key requirement of the IJB's Integration Scheme (section 8.3).

3.2   The 2023/24 business case reflects the most up to date information available at the time of publication. However it is recognised that there are a number of key uncertainties at this stage, not least the outcome of the UK and Scottish Government budgets which won't be announced until later this year. The UK government's medium term fiscal plan and updated forecast from the Office of Budget Responsibility (OBR) has been further delayed from an expected date of 31 October 2022. This may impact the Scottish Government 2023/24 budget which was due to be published on 15 December 2022. As a result, the financial planning assumptions included in the business case are subject to change and are heavily caveated as outlined below.

3.3   Funding uplifts – funding settlements for Adult Health and Social Care following the forthcoming UK budget and spending review and the Scottish budget are not expected to be known until January 2023. In the meantime, it is assumed that all recurring in scope Health budgets will be uplifted by 2% and that external provider inflationary uplifts in respect of the national living wage commitment will be fully funded.

3.4   In terms of the Local Authority position, it is assumed that any ongoing integration funding transfers from the Health Portfolio to Local Government will be passed on in full to the IJB in line with Scottish Government guidance. The 2022/23 budget settlement from Falkirk Council included a non-recurrent contribution of £1.8m. This funding is not available in 2023/24. It is assumed that Falkirk Council will pass on the social care element of the 2022/23 SJC pay award contribution from the Scottish Government. Beyond that, a flat cash settlement is anticipated from Falkirk Council, consistent with previous Scottish Government guidance to local authorities.

3.5   Pay costs – a 2% pay rise is estimated for all NHS and Local Authority employees on Agenda for Change (AfC) and Scottish Joint Council (SJC) terms and conditions pending conclusion of the 2023/24 pay negotiation process.

3.6   At the time of writing, all 2022/23 pay awards remain outstanding and while funding is anticipated to match the final AfC uplift, this will be achieved through reprioritisation of funding from other commitments and not through additional funding – further details are awaited from Scottish Government. The uplift for SJC staff represents a significant financial risk. The Scottish Government funding contribution towards the SJC pay award includes provision for social care staff and Scottish Government has issued a letter confirming their expectation the social care element is passed through to IJBs by local authorities. The IJB's share of funding, on this basis has been calculated locally to be £1.173m and this represents a shortfall of £0.572m compared to the total estimated unbudgeted cost of £1.745m, based on a 7.5% pay settlement.

3.7   Contractual uplifts –External Social Care Provider uplifts are estimated at between 4.7% and 6%, reflecting ongoing living wage commitments and a non-pay inflationary uplift in line with the current consumer price index (CPI). The range of uplift reflects the differing impact, by care sector, of non-pay inflation, with residential care providers having greater non pay liabilities than care at home providers. The living wage element is expected to be fully funded through the health portfolio pass through as referred to in paragraph 3.3.

3.8   Increases in commissioning costs of healthcare and voluntary sector services are estimated at 2%, reflective of the 2% increase in health funding.

3.9   No allowance is included in respect of contractual uplifts for independent Family Health Service (FHS) Practitioners at this stage. This remains subject to national negotiation between the Scottish Government and the respective professional bodies and is expected to be fully funded via separate Primary Medical Services and FHS non-discretionary allocations.

3.10   Other Inflation – Drug inflation has been set at 2% in line with the expected health funding increase for 2023/24. The inflation estimate in respect of drugs routinely prescribed by Primary Care Clinicians and dispensed via the Community Pharmacy network is higher and is currently estimated at 5.5%, including both price and volume estimated increases. Other inflation for areas such as consumables, transport and general inflation has been

minimised; while the consumer price index is currently running at 10.1%, services are asked to work within existing budgets, the alternative being higher savings requirements.

3.11   Covid-19 – the ongoing financial impact of Covid-19 is not included in the business case and will continue to be tracked and monitored separately. 2022/23 covid costs are being met from earmarked reserves however it is anticipated that Scottish Government will reclaim excess covid reserves during 2022/23. A large proportion of current covid expenditure is in respect of Provider Relief and expenditure is now reducing, in line with government policy changes. Expenditure on covid related bank and agency costs also continues and requires to be phased out.

3.12   National policy developments – A number of 2021/22 winter pressure funding announcements had a recurring impact in 2022/23 and beyond. However funding in respect of interim care was non-recurring and the £0.569m funding in 2022/23 is not expected to continue in 2023/24. To date, this funding has been used alongside brought forward earmarked reserves to contract interim care and short term assessment beds from care providers. These contractual arrangements will require to end once funds are depleted.

3.13   Business case earmarked investment – A number of cost pressures and new developments have been funded within the business case from earmarked funds, in particular winter pressures funding, as outlined in paragraphs 3.14 – 3.18 below.

3.14   Scottish Government has provided recurring funding of £0.622m for social work workforce. Plans are in progress to invest this resource and will be separately reported to the IJB at a future Board meeting.

3.15   Plans are also in progress to utilise recurring winter pressure funding in respect of Care at Home (£3.506m), Multi Disciplinary Teams (£1.131m) and Healthcare Support Workers (£0.850m). Together with realignment of former Falkirk Community Hospital wards budgets, these funds will be used to develop critical community services in line with the new Strategic Plan. It should be noted that funds in respect of MDTs and HCSWs have yet to be received in 2022/23 and there is a risk that funding commitments could be compromised by the need to fund increased 2022/23 pay awards. Proposed developments will progress in line with confirmed funding, once received.

3.16   An element of the recurring winter pressure funding announced in 2021/22 was provided to support 2022/23 living wage increases and general social care investment. After funding the national living wage increase, £2.908m remained and was set aside to cover the following cost pressures:

▪   £1.800m has been set aside to support services that have been funded non recurrently in 2022/23 through Falkirk Council's financial contribution and this is reflected in the savings table in section 6.2 of the business case. The winter pressure funding was not committed in 2022/23 due to the need to meet this future funding gap in 2023/24 and beyond, however, the Finance report to the November IJB Board meeting does recommend the creation of

a "Cost of Living" earmarked reserve from this unutilised 2022/23 funding.

- The balance of £1.108m has been set aside to support increased strategic planning capacity and business support requirements, through additional posts within the health and social care structure. The revised structure is progressing, including staff-side engagement, however the additional posts are unlikely to be in place until late 2022/23 so the main impact will be 2023/24 onwards.

3.17 Note that no allowance is made in respect of the potential financial implications arising from the National Care Service bill.

3.18 In addition, it is assumed that the Primary Care Improvement Plan (PCIP) which is a key element of the 2018 General Medical Services (GMS) contract is fully funded. Significant funding gaps have been consistently reported by all IJB's in relation to the full implementation of the PCIP and work continues to define final delivery expectations. Locally, any gap has been managed through staff turnover and incremental drift. An inflationary uplift is expected in respect of 2023/24 PCIP funding but this has yet to be confirmed.

4. Strategic Priorities and Delivery Plan Actions

4.1 Work is progressing on the new 3-year strategic plan for 2023 to 2026. To date a strategic needs assessment has been completed and consultation and engagement has taken place throughout September and October on the outcomes and priorities identified in the strategic needs assessment. As the next stage, the following outcomes and priorities will be further reviewed:

Outcomes:

1. Self-Management: Individuals, their carers and families can plan and manage their own health, care and well-being. Where supports are required, people have control and choice over what and how care is provided

2. Safe: High quality health and social care services are delivered that promote keeping people safe and well for longer

3. Experience: People have a fair and positive experience of health and social care, delivered by a supported workforce that are skilled, committed, motivated and valued

4. Strong sustainable communities: Individuals and communities are resilient and empowered with a range of supports in place that are accessible and reduce health and social inequalities

Priorities:

1. Deliver local health and social care services, including Primary Care, through enabled communities and workforce

2. Ensure carers are supported in their caring role

3. Focus on early intervention, prevention and harm reduction

4. Make better use of technology to support the delivery of health and social care services

4.2 The developing priorities have been incorporated in the 2023/24 business case as appropriate. Once the new strategic plan has been finalised this will require the IJB's medium term financial plan to be updated accordingly and a revised medium term financial plan will be presented at a future IJB meeting.

5. 2023/24 Financial Projection - Revenue

5.1 Taking into account the financial planning assumptions outlined above together with recurring pressures carried forward from 2022/23, total additional expenditure during 2023/24 is estimated to be in the region of £14.654m. This compares to the estimated available funding uplift of £4.280m resulting in a £10.374m shortfall as summarised in table 1 below.

TABLE 1: 2023/24 Financial Planning Assumptions	Falkirk Council £m	NHS Forth Valley £m	TOTAL £m
Estimated funding uplift			
Recurring base uplift (2% NHS + 0% LA)		2.641	2.641
Uplift for Resource Transfer & Pass Through	0.509	(0.509)	0.000
Transfer from Health Portfolio	2.266		2.266
SG Pass-through: 2022/23 SJC Pay Award	1.173		1.173
2022/23 Non Recurring Funding	(1.800)		(1.800)
	2.148	**2.131**	**4.280**
Estimated expenditure increase			
2023/24 Pay awards (2%)	0.817	1.331	2.148
2022/23 Pay award - funding shortfall	1.745		1.745
Primary Care Prescribing (5.5%)		1.609	1.609
Hospital Prescribing (2%)		0.049	0.049
Demographic change	0.800		0.800
Social Care Provider uplifts (4.7% - 6%)	4.191		4.191
SJC Pension base increase	0.114		0.114
Commission of healthcare/ Vol. sector (2%)		0.133	0.133
FHS contractual uplifts			0.000
General price inflation	0.012	0.000	0.012
2022/23 recurring pressures incl set aside		3.853	3.853
	7.679	**6.975**	**14.654**
ESTIMATED SHORTFALL	**(5.531)**	**(4.844)**	**(10.374)**

5.2   The overall funding impact by service area is summarised in table 2 below.

TABLE 2. 2023/24 Revenue Projection	Forecast Budget £m	Forecast Expenditure £m	Underspend/ (Overspend) £m
Large Hospital Services	36.782	38.651	(1.869)
Primary Healthcare Services	78.566	81.577	(3.011)
Social Care Services	114.460	119.991	(5.531)
Community Healthcare Services	38.265	38.229	0.036
Total	**268.073**	**278.448**	**(10.374)**
Set Aside	36.782	38.651	(1.869)
Integrated Budget	231.291	239.797	(8.505)
Total	**268.073**	**278.448**	**(10.374)**

5.3   Clearly further negotiation with partners will be required in relation to the level of funding contributions for 2023/24 and the realistic application of savings targets if financial balance is to be delivered in 2023/24. In the meantime, every effort is being made to reduce costs and achieve efficiency savings where possible.

5.4   Specifically in respect of set aside / large hospital services budgetary pressures, NHS Forth Valley has in previous years met the costs of the set aside overspend given the IJB has had no oversight of any operational or budget decisions in that regard. It is anticipated that there will be no change to that arrangement although no confirmation has been received. There is an outstanding audit action to review the IJB Integration Scheme and to agree the risk sharing arrangement. The lack of confirmation on the treatment of set aside poses a significant financial risk to the IJB should NHS Forth Valley depart from what has been custom and practice. The Chief Finance Officer continues to work with NHS colleagues to complete the work required.

6.   2023/24 Efficiency Savings

6.1   Development of the 2023/24 efficiency savings programme is currently underway as summarised in table 3 below, with further detail included in appendix 1. Capacity challenges impacted on the delivery of the 2022/23 efficiency savings programme and a number of the initiatives listed in appendix 1 have continued from the previous year.

6.2   The vast majority of the proposals are considered high risk at this stage i.e. they may not deliver savings in year as they are subject to further feasibility analysis and/or scoping work, IJB approval or partner approval (e.g. approval by Falkirk Council in the case of income generation proposals involving non-residential charging).

TABLE 3: Savings 2023/24	Total £m	Red £m	Amber £m	Green £m
Adult Social Care	3.720	1.417	0.279	2.024
Primary Care Prescribing	1.952	0.700	1.152	0.100
Community Healthcare Services	0.211	0.000	0.211	0.000
Set Aside	1.869	1.689	0.180	0.000
TOTAL	**7.752**	**3.806**	**1.822**	**2.124**

6.3   Further detailed work is underway to refine the proposals including consideration of risk in terms of the realistic prospect of delivery and completion of equality and poverty impact assessments.

7.   2023/24 Financial Projection – Capital

7.1   Whilst the IJB is required to identify all asset requirements necessary to deliver the strategic plan, it does not hold a capital budget and does not have the power to borrow to fund capital expenditure. Rather capital investment, together with property and asset management, remains the responsibility of Falkirk Council and NHS Forth Valley. The IJB contributes to the capital planning process of both Partners to secure capital investment and the effective use of property and assets to support health and social care integration.

7.2   A range of capital projects to support the IJB's strategic priorities and Delivery Plan actions are proposed for 2023/24 as summarised in table 4 below. In addition a capital allocation of £3.514m is included in future years (2024/25 & 2025/26) in respect of a new intermediate care facility, as part of the Council's 5-year capital plan:

TABLE 4: 2023/24 Capital Investment Proposals	£m
Health	
Primary Care estate redevelopment (intial agreement)	0.265
	0.265
Social Care	
Ongoing upgrades to various adult social work buildings	0.185
MECS alarm replacement	0.040
Changing places toilets	0.072
	0.297
Total	**0.562**

Further progress updates will be brought to future IJB meetings as appropriate.

8.   Conclusion

8.1   The Board is asked to approve the business case as the basis of opening negotiations with Falkirk Council and NHS Forth Valley in respect of the level of payments for financial year 2023/24.

8.2 Based on current financial planning assumptions, an overall funding shortfall of £10.374m (equivalent to 3.9% of the total IJB budget) has been identified for financial year 2023/24. As a result, additional funding and/or recurring savings will be required in order to deliver financial balance. To date savings proposals totalling £7.752m have been identified, although many of these are high risk, requiring further development before they can be delivered, leaving a residual gap of £2.622m to be addressed. The business case will be presented to Falkirk Council in December and NHS Forth Valley in early January 2023.

8.3 The Chief Finance Officer will continue to liaise with Falkirk Council CFO and NHS FV Finance Director on the ongoing development of the business case, adjusting this as required in response to emerging national guidance and budget settlements. In addition, the review of the Integration Scheme including the risk share arrangement requires to be concluded.

8.4 It is acknowledged that that there are a number of uncertainties in the financial planning assumptions at this stage and the position is therefore subject to change pending the outcome of the Scottish budget and confirmation of various national policy developments. The business case will be updated once further information is available. This may require a Special IJB meeting to be organised and the Board will be notified as necessary.

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

Impact on IJB Outcomes and Priorities
The report presents the total projected integrated budget available to deliver the IJB's strategic priorities and delivery plan outcomes during 2023/24. It is vital that priorities and outcomes are delivered on a sustainable financial basis.

Directions
No amendment or new Direction is required at this stage.

Legal & Risk Implications
There are no legal implications arising from the report recommendations. However, the scale of the potential funding gap and uncertainty in relation to the ongoing impact of Covid-19 are key risks in terms of financial sustainability and this remains high risk in the IJB's strategic risk register.

Consultation
This report has been drafted through engagement and information sharing with colleagues in Falkirk Council and NHS Forth Valley. Consultation in respect of the proposed new savings schemes is likely to be required.

Equalities Assessment
There are no equality implications as a direct result of the report recommendations. However there will be a requirement for an equalities assessment to be performed in relation to the proposed savings schemes.

9.   Report Author

9.1   Steven Kirkwood, Chief Finance Officer

10.   List of Background Papers

10.1   N/A

11.   Appendices

Appendix 1:   2023/24 Savings Proposals

APPENDIX 1: 2023/24 Savings Proposals	£m Rec	£m Non-rec	£m Total	RAG Status
Adult Social Care				
Change to National Insurance contributions - reduction in Employers contributions	0.196		**0.196**	Amber
Non recurring funding offset - winter pressures.	1.800		**1.800**	Green
Review of Internal and External Care At Home provision	0.868		**0.868**	Red
Review of Housing with Care service	0.071		**0.071**	Red
Review of Day Care services	0.104		**0.104**	Red
Release of general reserve		0.224	**0.224**	Green
Non-residential service charges inflationary uplift	0.083		**0.083**	Amber
Residential service charges inflationary uplift	0.374		**0.374**	Red
Adult Social Care sub total	**3.496**	**0.224**	**3.720**	
Community Healthcare Services				
Change to National Insurance contributions - reduction in Employers contributions	0.211		**0.211**	Amber
Review of the Nutrition and Dietetic Service	TBC		**0.000**	Amber
Community Residential Resources - service charge inflationary uplift.	TBC		**0.000**	Green
Community Healthcare sub total	**0.211**	**0.000**	**0.211**	
Primary Care Prescribing				
Review of non-medical prescribing	0.540		**0.540**	Amber
Change to National Insurance contributions - reduction in Employers contributions	0.029		**0.029**	Amber
Technical switches/Scriptswitch	0.100		**0.100**	Green
Formulary review (respiratory)	0.150		**0.150**	Red
Medicines Waste project/Local Enhanced Service for safe and effective repeat prescribing systems	0.550		**0.550**	Red
Care Home Pharmacy Support	0.583		**0.583**	Amber
Primary Care Prescribing sub total	**1.952**	**0.000**	**1.952**	
Set Aside				
Change to National Insurance contributions - reduction in Employers contributions	0.180		**0.180**	Amber
Various initiatives to be considered by NHS Forth Valley's Cost Improvement Oversight Group	1.689		**1.689**	Red
Set Aside sub total	**1.869**	**0.000**	**1.869**	
Grand total	**7.528**	**0.224**	**7.752**	

FORTH VALLEY NHS BOARD
TUESDAY 28 MARCH 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 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

Assurance
Not applicable

Key Issues to be Considered
- Total SABS remain within control limits. There was one hospital acquired SAB in February.
- Total DABs remain within control limits. There were five hospital acquired DABs in February.
- Total CDIs remain within control limits. There were two hospital acquired CDIs in February.
- Total ECBs are outwith control limits this month. There were 13 hospital acquired ECBs in February.
- There have been no deaths with MRSA or *C.difficile* recorded on the death certificate.
- There were no surgical site infections in February.
- There were four outbreaks reported in February.

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 was 1 SAB this month.
- *Clostridioides difficile* infection (CDIs)
  There were 4 CDIs this month.
- *Escherichia coli* bacteraemias (ECBs)
  There were 24 ECBs this month.
- Device associated bacteraemias
  There were 7 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

- Appendix 1: Healthcare Associated Infection Reporting Template - February 2023

Healthcare Associated Infection Reporting Template (HAIRT)

February 2023

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 decreased this month.
- There were four reported outbreaks of Covid this month, Ward A22 FVRH, Ward 4 FVRH, Ward B32 FVRH and Ward 2 CCHC.
- AOP targets have been further extended to March 2024
- Surgical site infection surveillance national reporting remains paused.

Performance at a glance

	Total No of Cases	Month RAG status	
Staphylococcus aureus bacteraemia (SABs)	1	🟩	
Clostridioides difficile infection (CDIs)	4	🟧	
Escherichia coli Bacteraemia (ECB)	24	🟥	
Device associated bacteraemia (DABs)	7	🟧	
National Cleaning compliance (Board wide)	95%	🟩	
National Estates compliance (Board wide)	94%	🟩	
Surgical Site Infection Surveillance (SSIS)	0	⬜	

Key infection control challenges (relating to performance)

Staph aureus bacteraemia
- There was one hospital acquired SAB this month.
- There were no healthcare acquired SABs this month.
- Total SAB case numbers remained within control limits this month.

Device associated bacteraemia
- There were five hospital acquired DABs this month.
- There were two healthcare acquired DABs this month.
- Total DAB case numbers remained within control limits this month.

E coli bacteraemia
- There were 13 hospital acquired ECBs this month and exceeded control limits.
- There were 10 healthcare acquired ECBs this month.
- There was one nursing home acquired ECB this month.
- Total ECB case numbers exceeded control limits this month.

Clostridioides difficile infection
- There were two hospital acquired CDIs this month.
- There were two healthcare acquired CDIs this month
- Total CDI case numbers remained within control limits this month.

Surgical site infection surveillance
- There were no 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.

February 2023

Monthly Total	1
Hospital	1
Healthcare	0
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 – 45

Total number of SABs reported this month
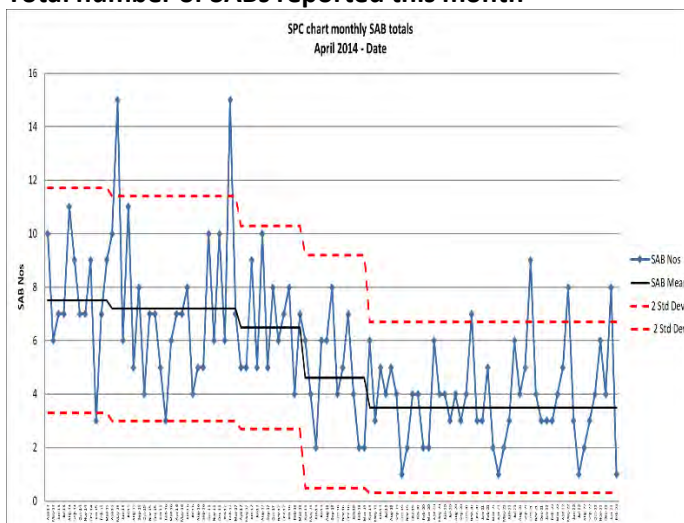
SPC chart monthly SAB totals
April 2014 - Date

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

Hospital Acquired SABs	Healthcare Acquired SABs

Hospital Acquired SABs

Hospital SABs
April 2014 - Date

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

Healthcare Acquired SABs

Healthcare SABs
April 2014 to date
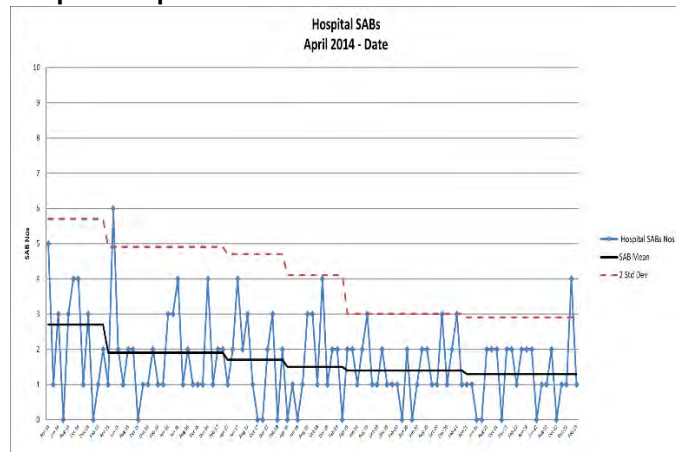
Comments: Case numbers remain within control limits this month. No concerns to raise.

Source	No. of infections
Hospital	**1**
PVC	**1**
No attributed ward	1
Grand Total	**1**
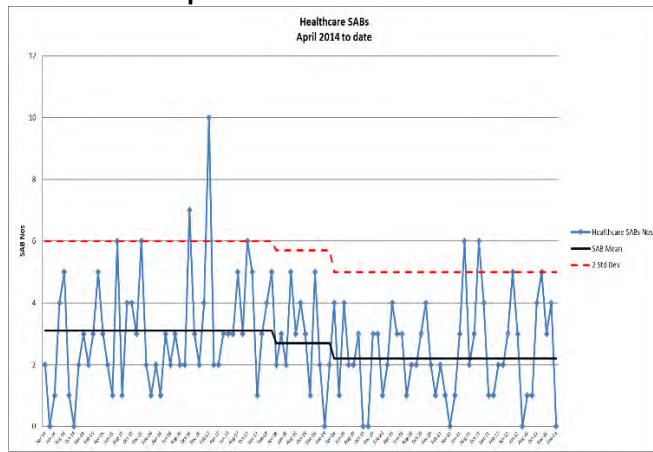
Breakdown

There were 556 blood cultures taken this month, of those there was in total 1 blood culture that grew *Staph aureus*. This accounts for 0.2% of all blood cultures taken this month.

Hospital SABs

- PVC; associated documentation not completed in AAU, Endoscopy Contingency and A31. Therefore, this was not attributed to a specific ward. All ward areas have been informed.

Service 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.

February 2023

Monthly Total	7
Hospital	5
Healthcare	2
Nursing Home	0

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

Device associated bacteraemia total – April 22 to date – 64

Total number of DABs reported this month
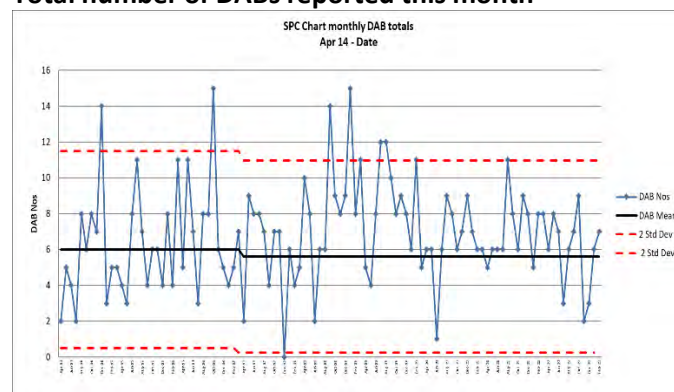
Comments:
Case numbers remain within control limits, no concerns to raise.

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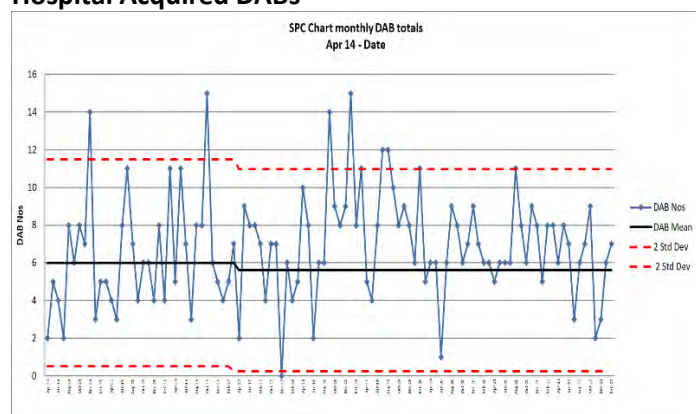
Comments:
Case numbers remain within control limits, no concerns to raise.

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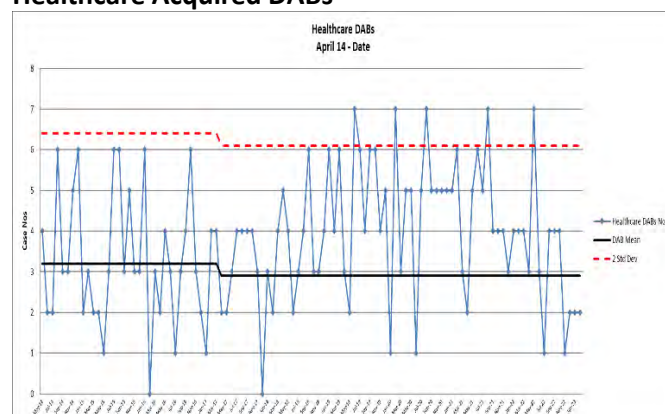
Comments:
Case numbers remain within control limits, no concerns to raise.

Breakdown	
Source	**No. of infections**
Healthcare	**2**
Hickman	2
Hospital	**5**
PVC	
No attributed ward	1
Urinary Catheter long term	
No attributed ward	1
CVC	
No attributed ward	1
PICC line	
A31	1
Stent	
No attributed ward	1
Grand Total	**7**

There were 556 blood cultures taken this month, of those there were in total 7 blood cultures that were associated with devices. This accounts for 1.2% of all blood cultures taken this month. There were five hospital acquired DABs this month; this accounts for 0.9% of all blood cultures this month.

Hospital DABs
- UCLT; Not attributed to ward as associated documentation was fully completed.
- CVC; No attributed ward as all relevant documentation was completed.
- PICC line infection. Attributed to ward A31 due to incomplete documentation.
- PVC; refer to SAB table above.
- Stent; source identified as blocked biliary stents. Hospital attributed as discharged a day prior to readmission. No attributed ward as related to pre-existing condition.

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

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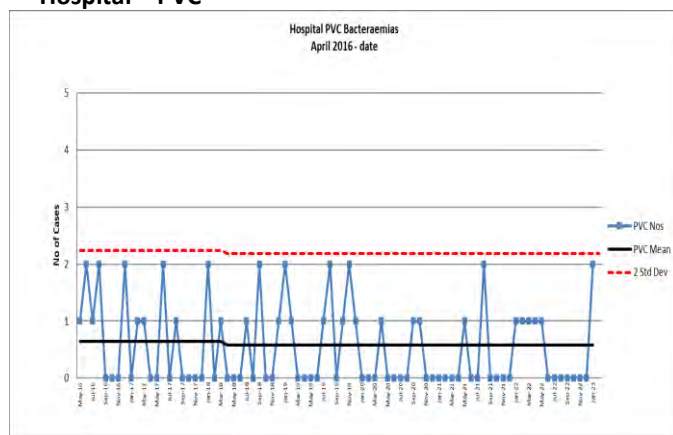
Comments: case numbers remain within control limits, no concerns to raise.

Healthcare – Urinary Catheter Long Term

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

Hospital - PICC

Hospital PICC Bacteraemias
April 2016 - Date
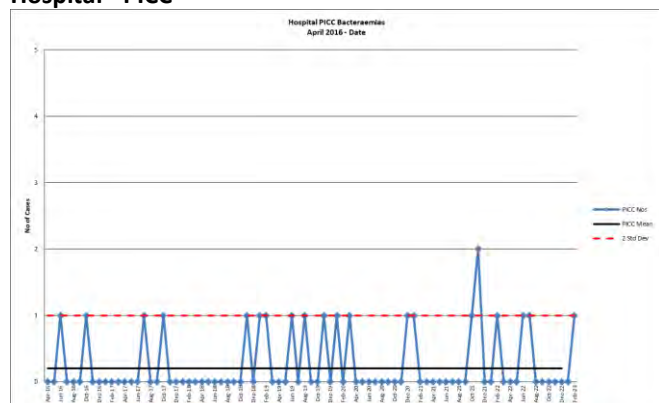
Comments: case numbers remain within control limits, no concerns to raise.

Hospital – Urinary Catheter Long Term
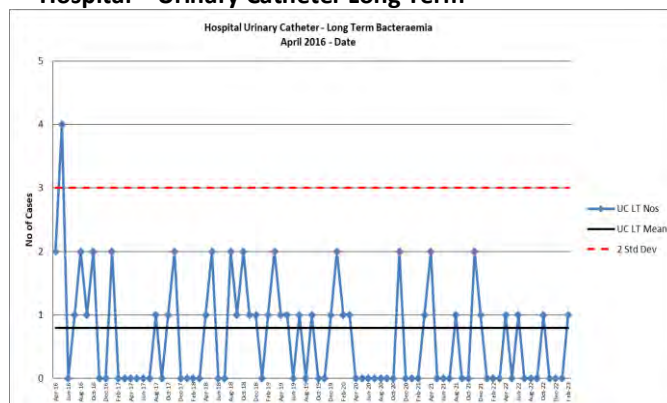
Hospital Urinary Catheter - Long Term Bacteraemia
April 2016 - Date

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

Healthcare – Hickman

Healthcare Hickman Bacteraemia
April 2016 - Date
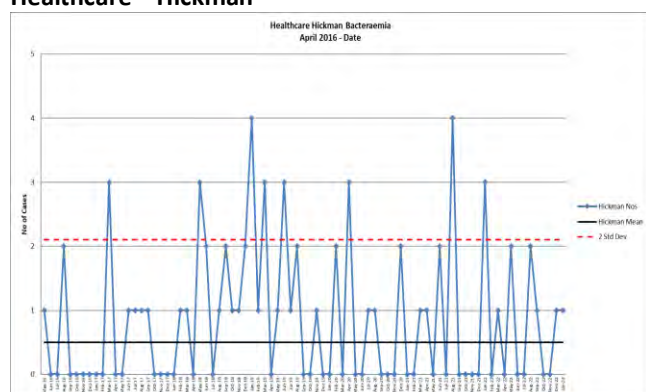
Comments: case numbers remain within control limits, no concerns to raise.

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.

February 2023

Monthly Total	24
Hospital	13
Healthcare	10
Nursing Home	1

E coli bacteraemia infection total – April 22 to date - 162

Total ECBs reported this month
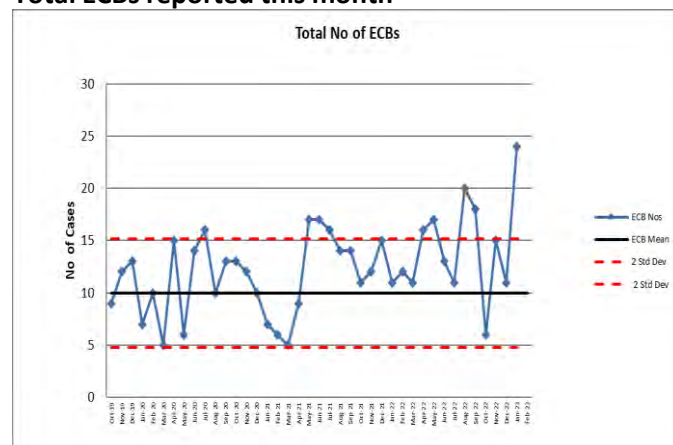
Comments: case numbers exceeded control limits this month. See narrative below.

Hospital Acquired ECBs
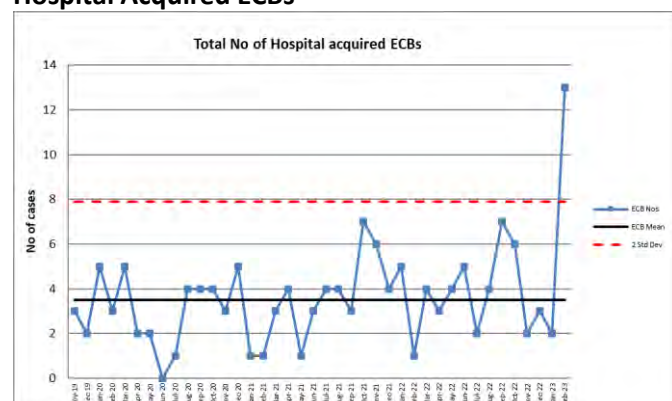
Comments: case numbers exceeded control limits this month. See narrative below.

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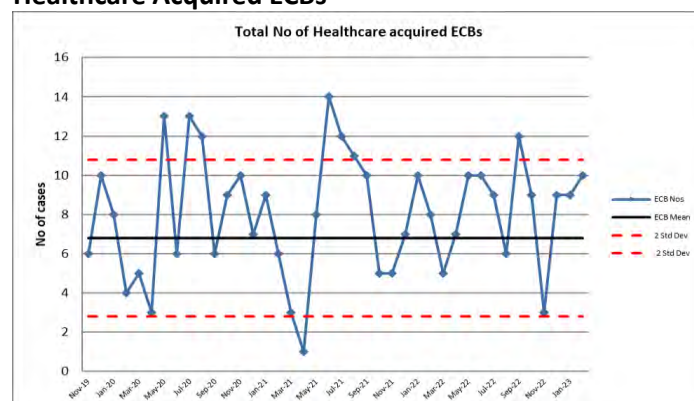
Comments: case numbers remain within control limits, no concerns to raise.

Breakdown

There were 556 blood cultures taken this month, of those there were in total 24 blood cultures that grew *E. coli*. This accounts for 4.3% of all blood cultures taken this month. There were 12 hospital ECBs this month, this accounted for 2.1% of all blood cultures taken.

Hospital ECBs

- o Bladder perforation; No attributed ward as related to underlying pre-existing condition.
- o UTI; no attributed ward as patient independent in mental health area with extensive renal comorbidities.
- o Intra-abdominal; no attributed ward as source determined to be related to palliative pre-existing condition.
- o Intra- abdominal; no attributed ward as related to a pre-existing condition.
- o UCLT; not attributed to ward as associated documentation fully completed.

- o UTI; not attributed to ward as not considered to be practice related.
- o Unknown source: sudden deterioration prior to clinical investigations being completed. Not attributed to ward as no source identified.
- o Unknown source; no specific source identified by clinical team on a background of neutropenia.
- o PICC line infection. Attributed to A31 due to incomplete documentation.
- o Unknown source: No confirmed source identified following investigation hence no attributed ward.
- o Intra-abdominal source. Not attributed to ward as infection most related to pre-existing condition.
- o Unknown source: No confirmed source identified following investigation so no attributed ward.
- o Stent; source identified as blocked biliary stents. Hospital attributed as discharged day prior to readmission. No attributed ward as related to pre-existing condition.

Source	No. of infections
Healthcare	**10**
Biliary tract	3
Unknown	1
UTI	2
Pyelonephritis	3
Fistula	1
Hospital	**13**
Unknown	
No attributed ward	4
Urinary Catheter long term	
No attributed ward	1
UTI	
No attributed ward	2
PICC line	
A31	1
Bladder perforation	
No attributed ward	1
Intra abdominal	
No attributed ward	3
Stent	
No attributed ward	1
Nursing home	**1**
Biliary tract	**1**
Grand Total	**24**

Infection Reduction of ECBs

Hospital acquired ECBs

Reported case numbers have increased this month. Unusual for our cases reported are the number of unknown causes of infection are higher than normally expected. The intra-abdominal infections reported were not linked due to a particular procedure (such as post operative complication) but were quite specific and individual to the patients. It is anticipated this is a statistical anomaly, however the IPCT will monitor closely over the coming weeks and months of all hospital derived 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. Work is also proposed to further look into these infections to identify any potential risk factors associated with this infection.

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 have now shared data with FV of the antibiotics prescribed prior to admission to gain a better understanding of whether the E coli isolated from the blood was actually effective to the antibiotic prescribed in the community.   Results of this study will be reported in due course.

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

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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.

February 2023

Monthly Total	4
Hospital	2
Healthcare	2
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 – 50

Total number of CDIs reported this month
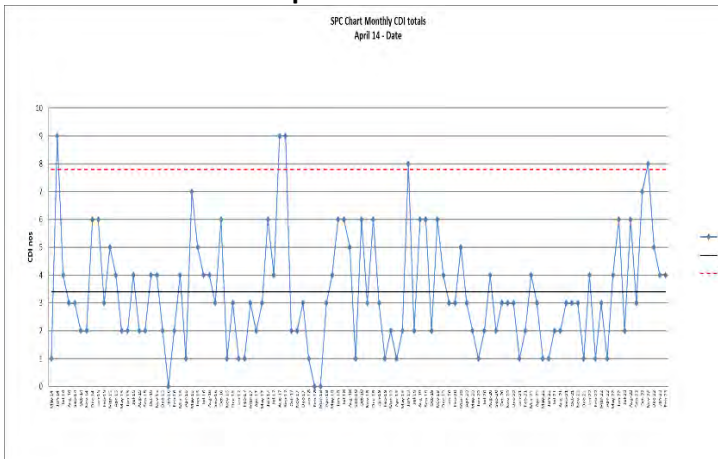
SPC Chart Monthly CDI totals
April 14 - Date

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

Hospital Acquired CDIs	Healthcare Acquired CDIs

Hospital acquired CDIs
April 14 - Date
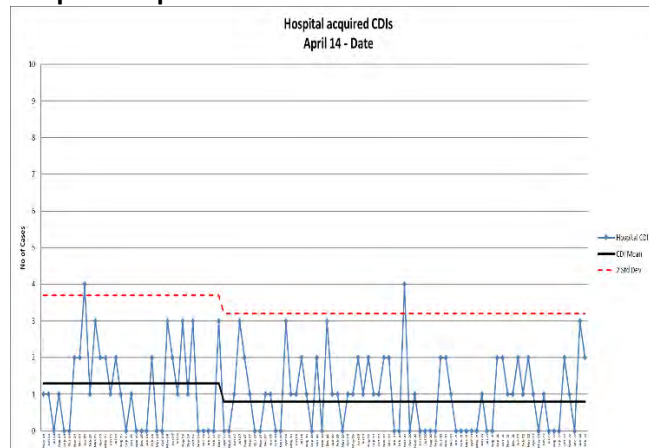
Healthcare acquired CDIs
April 2014 - Date

Comments:

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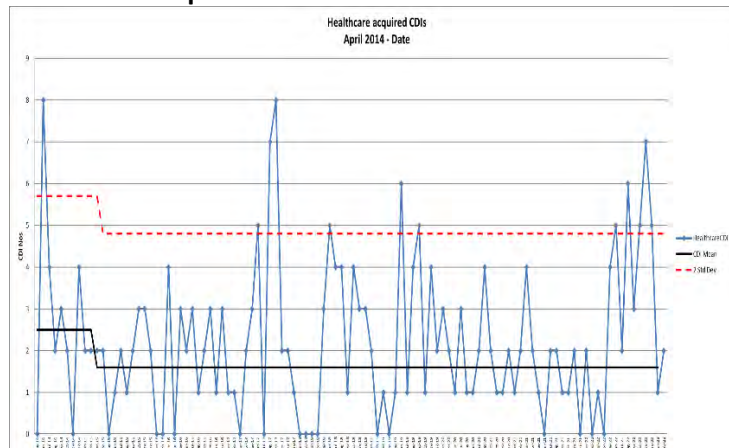
Comments:

Case numbers remain within control limits and have fallen compared to previous months, no concerns to raise.

Breakdown

Source	No. of infections
Healthcare	**2**
Hospital	**2**
No attributed ward	1
Ward A31 FVRH	1
Grand Total	**4**

Hospital CDIs:

- Ward A31; CDI attributed to ward due to inconsistent documentation. Infection associated with antimicrobial therapy
- No attributed ward; patient had a recurrence of a previous C.diff infection from the previous month.

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

AOP TARGETS

HAI AOP targets for 2019-2023

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

The table below highlights the targets for 2024 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	2024	30.6	101
SAB	16.6	55	10	2024	14.9	50
CDI	11.4	38	10	2024	10.3	34

AOP target progress to date
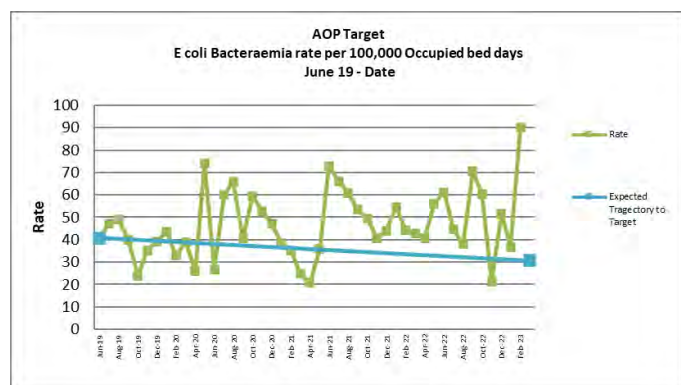
Comments: Infection rate has increased this month and remain above trajectory. See ECB section below for more details.
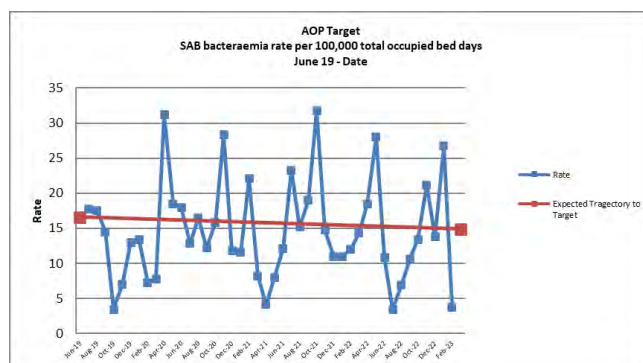
Comments: Infection rate has decreased this month and is on trajectory.
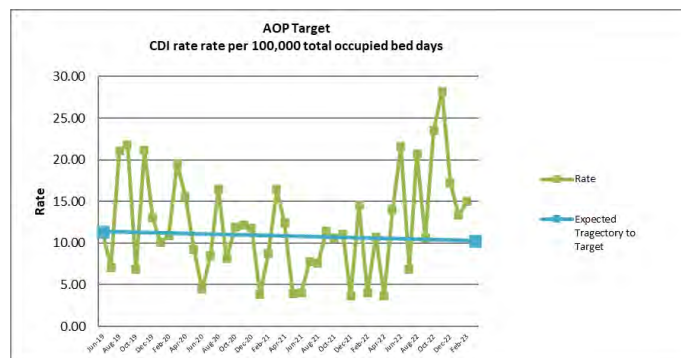
Comments: Infection rates have increased this month and remains above trajectory.

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	51.9	Above trajectory
SAB	14.9	14.2	On trajectory
CDI	10.3	15.9	Above trajectory

Scottish Government has recently announced that the AOP target date has been further extended to March 2024.

Surgical Site Infection Surveillance (SSIS)

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

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

Breakdown

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

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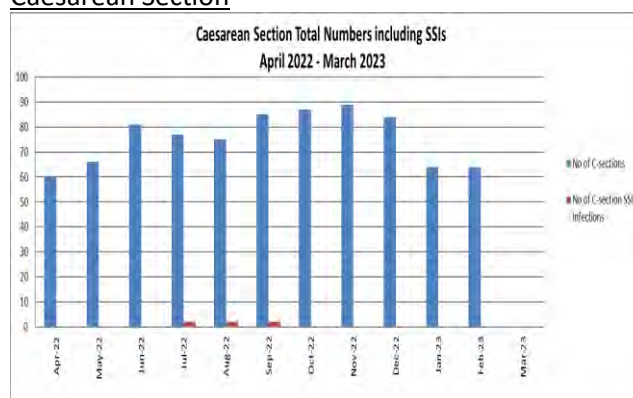
Comments: case numbers remain within control limits, no concerns to raise.

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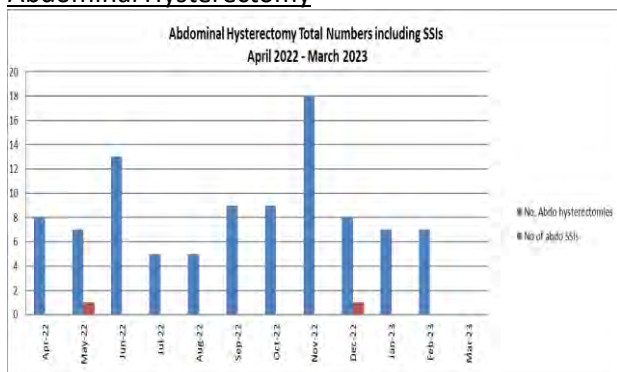
Comments: case numbers remain within control limits, no concerns to raise.

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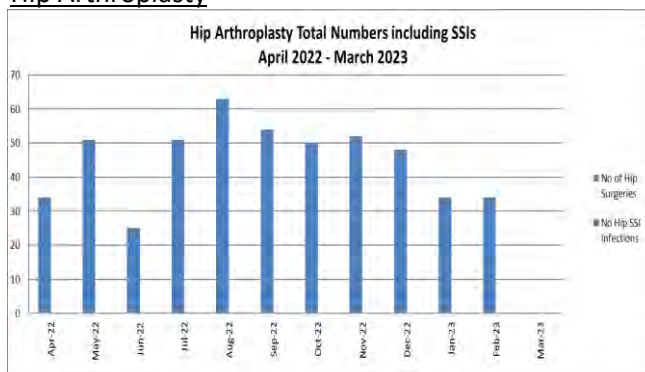
Comments: case numbers remain within control limits, no concerns to raise.

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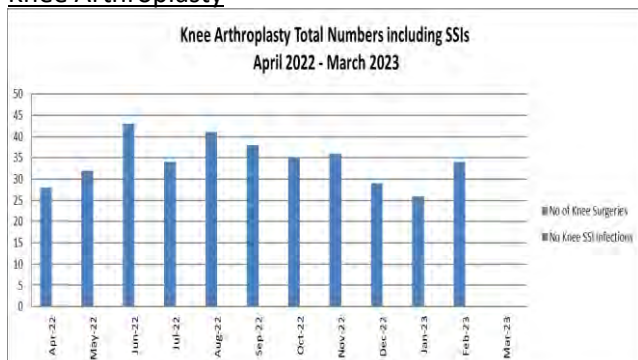
Comments: case numbers remain within control limits, no concerns to raise.

Breast Surgery
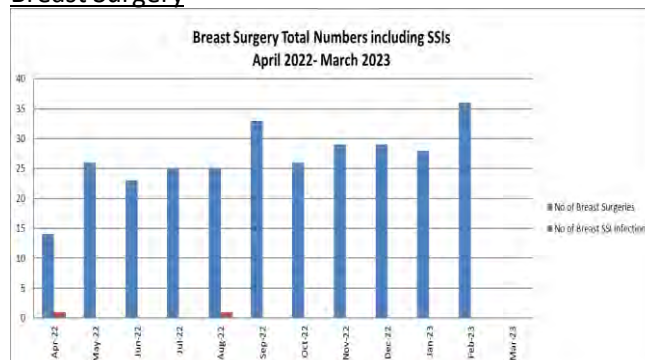
Comments: case numbers remain within control limits, no concerns to raise.
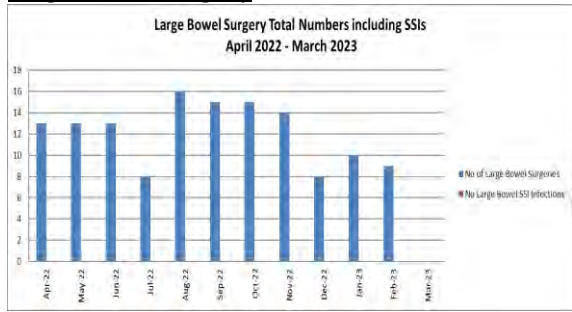
Large Bowel Surgery	Communication from Scottish Government has informed boards that national mandatory reporting of SSIs remains paused. NHS FV will continue to perform and report SSI surveillance.
Large Bowel Surgery Total Numbers including SSIs April 2022 - March 2023 *(bar chart showing No of Large Bowel Surgeries and No Large Bowel SSI Infections from Apr-22 to Mar-23)*	
Comments: case numbers remain within control limits, no concerns to raise.	

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.

<u>Estates & Cleaning Scores July – September 2022 (next published report January 2023)</u>

Cleaning Compliance   *Estates Compliance*
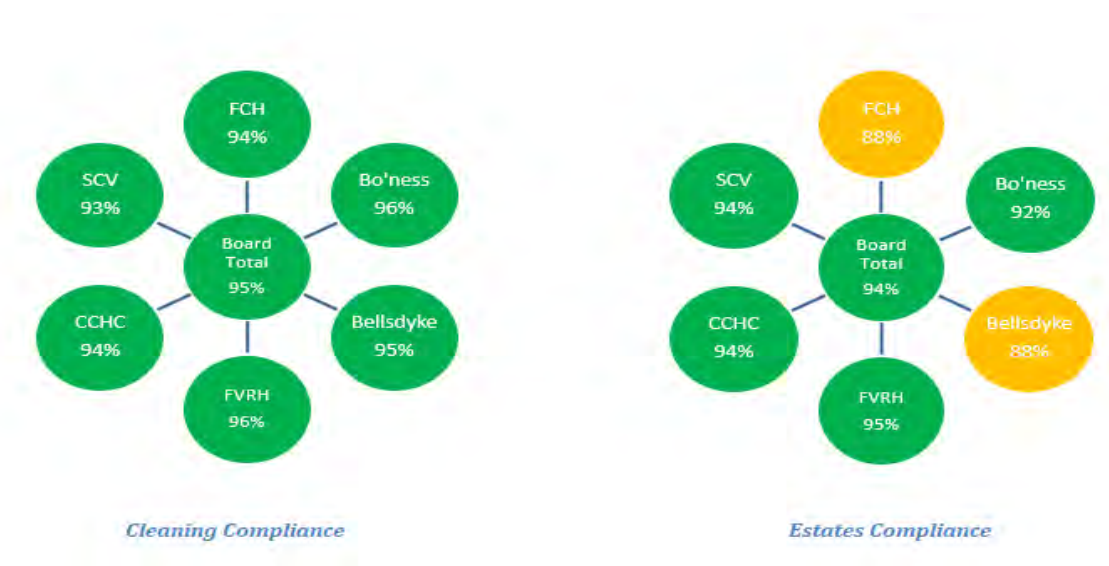
	Colour	Description
🟢	Green	compliance level 90% and above - Compliant
🟠	Amber	compliance level between 70% and 90% - Partially compliant
🔴	Red	compliance level below 70% - Non-compliant

Falkirk Community Hospital and Bellsdyke Hospital Estate Scores

This quarter, the estate scores have remained relatively stable this quarter, Falkirk Community Hospital continues in amber but estate compliance has improved slightly to 88% (last quarter 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	11	26	87	37	26	33	228
Primary Care & Mental Health Services	0	1	1	6	9	0	1	18
WC&SH Directorate	0	2	0	2	1	0	0	5
Totals	8	14	27	95	47	26	34	**251**

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 **Managing Patient Care Equipment** category; non-compliances included equipment visibly dirty, items stored inappropriately, indicator tape/label missing. **Control of the Environment**, non-compliances included, area is not well maintained and in good state of repair, all stores are not above floor level and inappropriate items in clinical area (i.e. staff belongings / coffee cups). The other category with predominant non compliances reported was **Safe Disposal of Waste** category, non-compliances included, sharps containers are not assembled and/or labelled correctly and staff do not comply with waste segregation.

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
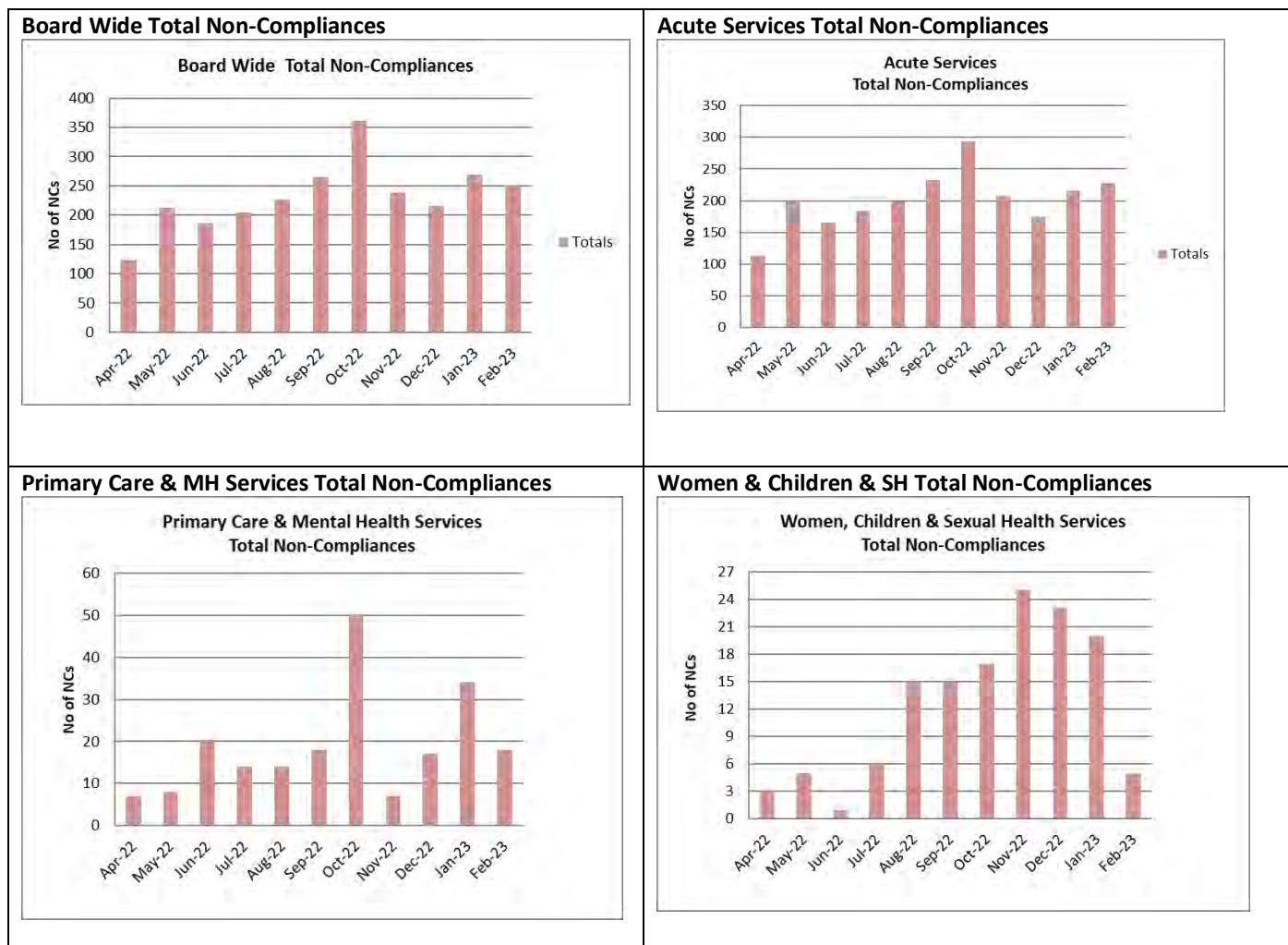
Incidence / Outbreaks

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 A22, FVRH	Covid	24
Ward B32, FVRH	Covid	6
Ward 4, FVRH	Covid	9
Ward 2, CCHC	Covid	10

COVID -19 & Influenza

Covid-19 admissions and overall inpatient numbers have increased throughout the month. Whole genomic sequencing of hospital isolates suggests a change in the Covid variant (XBB1.5). Studies have suggested this is more transmissible compared to other circulating Omicron variants and may account for the increases in covid numbers and outbreaks this month.

Omicron variant XBB 1.5
In February, there was an unexpected increase in Covid outbreaks reported. Investigations have shown a change in FV dominant variant to a different variant, XBB 1.5. This variant, originally identified in December 2022 in America is known for having a higher rate of transmissibility and probably accounts for this increase. Other boards across Scotland are also experiencing increases in outbreaks. This will be confirmed following whole genomic sequencing of the isolates are completed.

See graph below of the inpatient case numbers.

C19 Inpatient Totals Since 1-Mar-2020
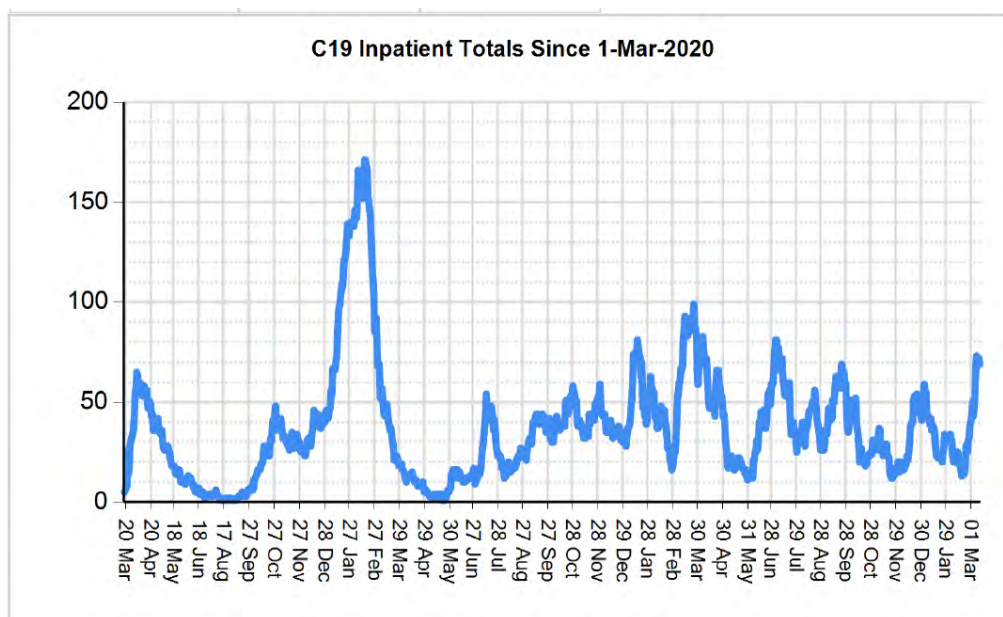
Influenza

Inpatient activity of influenza has significantly decreased over the month. In total there were 4 influenza inpatients reported in February. The IPCT is routinely monitoring influenza rates nationally and increases are seen across Scotland with reports of baseline 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.

HIS Inspection to Forth Valley Royal Hospital

In September, the HIS Inspection Team carried out a return inspection to FVRH. There was one requirement highlighted concerning Infection Prevention & Control, hand hygiene and the inappropriate use of gloves. Work has been progressed since the inspection, the IPCT now provides support to Serco during their IPC staff training sessions; reporting continues of PPE and hand hygiene compliance through the monthly IPC reports. In addition, support from the Quality Improvement Team, the organisation is looking at ways to make self-reporting of hand hygiene compliance more robust together with improvements of reporting of mandatory IPC training across staff groups.

The IPC team also met with at the Public Participation Group recently to gather a patient/relative/visitor perspective of IPC as a whole across FV. From these very useful discussions that took place during this event, it is anticipated ideas/experiences shared by the public will help develop new IPC approaches for the future.

IPCT support to care homes

Throughout the pandemic, a member of the IPCT has supported the Care Assurance Team to provide IPC advice and guidance to care homes. Since January, the IPCT has the responsibility of providing IPC support to care homes and it is intended to provide details of support given to care homes in this report going forward. Work is ongoing to integrate existing care home processes with the established IPCT systems to enable consistency of work across all IPC activities.

FORTH VALLEY NHS BOARD
TUESDAY 28 MARCH 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

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.
- **consider** the proposed level of assurance.

Assurance

Proposed assurance level:

Level of Assurance		System Adequacy	Controls
Reasonable Assurance		Adequate framework of key controls with minor weaknesses present.	Controls are applied frequently but with evidence of non-compliance.

A Reasonable level of assurance is proposed on the basis that a comprehensive performance scorecard supported by graph and narrative detail is presented to the NHS Board and Performance and Resources Committee on a monthly basis. The scorecard is continually reviewed to ensure appropriate revisions or amendments are included in a responsive and timely manner.

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

1

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 on-going to ensure accuracy of data, and that all the definitions and reporting periods remain appropriate and meaningful.

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.
➢ Work is underway to obtain and include detail in respect of Out of Hours response times.

Key Performance Issues

• *Unscheduled Care*
Overall compliance with the 4 hour target in February 2023 was 62.9%; Minor Injuries Unit 99.9%, Emergency Department 49.8%. A total of 2,041 patients waited longer than the 4 hour target across both the ED and Minor Injuries Unit (MIU); with 829 waits longer than eight hours, 460 waits longer than 12 hours and 41 waits longer than 23 hours. The main reason for patients waiting beyond 4 hours continues to be wait for first assessment with a cohort of 816 patients, noting this is a decrease or improvement from 916 in January. Issues in respect of capacity continue to impact on performance.

In increase in the number of new attendances at the Rapid Assessment and Care Unit (RACU) was noted in February 2023 compared to February 2022; 497 compared to 370. A similar position is noted in respect of scheduled return to RACU.

• *Scheduled Care*
At the end of February 2023, the number of patients on the waiting list for a first outpatient appointment increased to 18,572 from 18,235 in January. 53.7% 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 February 2023 as 86% compliance.

In February 2023, the number of inpatients/daycases waiting increased to 4,271 from 4,264 with an increase in those waiting beyond 12 weeks. Activity against the agreed Remobilisation Plan trajectory highlights the cumulative position from April 2022 to February 2023 as 81% compliance against plan.

At the end of February 2023, 536 patients were waiting beyond the 6 week standard for imaging which is 86.5% compliance; 180 patients were waiting beyond 6 weeks for endoscopy with compliance against the 6-week standard, 61.9%. Activity against the remobilisation plan April to February 2023 is noted as 115% and 106% respectively.

Cancer target compliance in January 2023:
- 62-day target – 66.2% which is a deterioration in performance from the December position of 73.5%.
- 31-day target achieved at 98.8%.

- ***DNA***

The new outpatient DNA rate across acute services in February 2023 is noted as 5.9% which is an improvement from the position in January. The return outpatient DNA rate across acute services improved in February 2023 to 6.0% from 6.9% the previous month.

- ***Psychological Therapies***

In February 2023, 66.4% of patients started treatment within 18 weeks of referral. This is a deterioration from the previous month position of 68.2% however an increase or improvement from 60.1% in February 2022.

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

In February 2023, 45.9% of patients started treatment within 18 weeks of referral, an increase or improvement from 37.4% January 2023. The CAMHS initial assessment waiting list is 231 at the end of February 2023, a slightly increased position from 224 at the end of January.

- ***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 8.12% in January 2023, which is a slight improvement from the December 2022 position of 8.31% however a deterioration from 5.63% in January 2022.

The absence for Coronavirus reasons is noted as 0.42% in January 2023. Total absence for January 2023 is 8.54%, a slight improvement from a total of 8.76% in December 2022.

- ***Delayed Discharges***

The February 2023 census position in relation to standard delays (excluding Code 9 and guardianship) is 53 delays; a reduction from 58 in January. There was a total of 42 code 9 and guardianship delays and no infection codes, with the total number of delayed discharges noted as 95.

The number of bed days occupied by delayed discharges (excluding code 9 and 100) at the February 2023 census was 1,826, this is a reduction from 1,836 in January.

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 <u>A policy for NHS Scotland on the climate emergency and sustainable development</u>. *(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 presented on a quarterly basis to NHS Board Assurance Committees and the NHS Board.

Relevance to Strategic Priorities

The NHS Board is accountable for the scrutiny and performance of NHS Forth Valley as a whole and to ensure that best value principles are adhered to in delivery and commissioning of services.

Equality Declaration

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

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

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 February 2023 was 62.9%; Minor Injuries Unit 99.9%, Emergency Department 49.8%. A total of 2,041 patients waited longer than the 4 hour target across both the ED and Minor Injuries Unit (MIU); with 829 waits longer than eight hours, 460 waits longer than 12 hours and 41 waits longer than 23 hours. The main reason for patients waiting beyond 4 hours continues to be wait for first assessment with a cohort of 816 patients, noting this is a decrease or improvement from 916 in January and 1,436 in December. The 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 651 patients waiting beyond 4 hours and Clinical Reasons accounting for 155 breaches.

The position over time in respect of ED attendance highlights an overall decreasing trend in the number of attendances over the last 18 months and attendances in February 2023 lower than February 2022, with 4,065 and 4,436 attendances respectively.

In February there were 497 new attendances to Rapid Assessment and Care Unit (RACU), 151 of which were via ED. This is compared to 370 new attendances in February 2022, 103 of which presented via ED. There were 98 scheduled returns in February 2023 an increase from 88 in February 2022. 406 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 10.0% of all ED attendances in February.

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 continued 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 ongoing to support the withdrawal from contingency spaces where possible, along with the work underway in respect of discharge without delay and rapid assessment and discharge.

Out of Hours presentations have reduced in February 2023 to 3,924 from 5,310 in January however have increased from 2,336 in February 2022. Note average daily presentations in February as 140 compared with 171 in January. NHS Forth Valley is working to delivery improvements in the delivery of Out of Hours supported by a comprehensive action plan.

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 with dedicated Programme Management support from the Scottish Government. Improvement trajectories are being confirmed focussing on delivering 70% compliance with the Emergency Access Standard by summer 2023 (August).

Key actions include the continued development of the ED Triage model with the aim to expand its hours of operation. A front door Heart Failure service was trialled in January with early findings showing positive impact on Length of Stay and discharge planning with an anticipated reduction of 30 day readmission risk.

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 with associated Scottish Government targets.

At the end of February 2023, the number of patients on the waiting list for a first outpatient appointment increased to 18,572 from 18,235 in January; 8,599 were waiting beyond 12 weeks. Note 53.7% of patients were waiting less than 12 weeks for a first appointment; a small improvement from 53.2% the previous month. Activity against the agreed Remobilisation Plan trajectory highlights the cumulative position from April 2022 to February 2023 as 86% compliance. Compliance against the plan for the month of February was 78%.

In February 2023, the number of inpatients/daycases waiting increased to 4,271 from 4,264. An increase in those waiting beyond 12 weeks was noted from 2,300 in January to 2,372 patients in February. Activity against the agreed Remobilisation Plan trajectory highlights the cumulative position from April 2022 to February 2023 as 81% compliance. Compliance against the plan for the month of February is 78%.

Diagnostics

Imaging
At the end of February 2023, 536 patients were waiting beyond the 6 week standard for imaging which is 86.5% compliance, an increase or improvement from the previous month. Activity against the agreed Remobilisation Plan trajectory highlights the cumulative position from April 2022 to February 2023 as 115% compliance, with the position for February 2023, 105%. 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 February 2023 was 3,957 patients. This highlights a reduction from a high of 6,419 in March 2022. Whilst there was an increase of patients waiting in February from the previous month additional activity through evening and weekend lists has supported the improvement in compliance against the 6 week standard.

Endoscopy
At the end of February 2023, 180 patients were waiting beyond 6 weeks for endoscopy with 61.9% compliance against the 6-week standard. This is noted to be an increase in compliance from the previous month. As with imaging services, activity against the agreed Remobilisation Plan trajectory remains better than plan. The cumulative position from April 2022 to February 2023 is noted as 106% compliance with February compliance against plan, 93%. The total number of patients waiting for endoscopy has increased in February 2023 to 472 patients from 399 in January 2023 however decreased from 600 in February 2022.

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 1,247 of which 12% are confirmed cancer patients.

The January 2023 position is noted as:
-62-day target – 66.2% which is a deterioration in performance from the December position of 73.5%. The highest number of breaches are within Urology with 9 out of 23 patients meeting the standard. Note there continues to be challenges within the pathway in terms of tertiary services.
The Scotland position is noted as 66.2%
-31-day target – Compliance has increased to 98.8% from 96.5% in December. Note the January position for Scotland at 91.1%.

The position for the October to December 2022 quarter is that 73.6% of patients were treated within 62 days of referral with a suspicion of cancer. This is noted to be a slight reduction from the previous quarter, noting the Scotland position of 71.3%. During the same period, 96.4% 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 February 2023 was 0.7% of the total waiting list
-Inpatient/daycase unavailability in February 2023 increased to 5.7% from 5.3% in January 2023. The unavailability rate is less than 9% for all specialties except for General Surgery
-Plastics 40% (2 patients) and Oral and Maxillofacial Surgery 18.1% (13 patients). This position is monitored on an ongoing basis.

Did Not Attend (DNA)

The new outpatient DNA rate across acute services in February 2023 is noted as 5.9% which is a reduction from the position in January of 6.5% and December of 8.9%. Variation across specialties continues with rates ranging from 17.4% to 0%. The biggest impact in terms of the number of DNAs can be seen in Dermatology 7.8% (76 patients), Ophthalmology 7.3% (37 patients) and Orthopaedics 4.3% (35 patients).

The return outpatient DNA rate across acute services in February 2023 was 6.0%. There continues to be a high number of DNAs in Ophthalmology with 212 patients (7.0%), Dermatology 117 patients (5.8%) and Orthopaedics 76 patients (5.3%).

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

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 where patients don't quite understand reason for referral) 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 are considering this approach

New Acute Outpatient DNAs - February 2023

New Acute OP DNA's

...	Code & Title	Value ▼	Numerator	Denominator
🔴	DNA.NEW.C12 New outpatient appointment DNA - Vascular Surgery	17.39%	4	23
🔴	DNA.NEW.A81 New outpatient appointment DNA - Endocrinology	14.81%	8	54
🔴	DNA.NEW.J4 New outpatient appointment DNA - Haematology	11.36%	5	44
🔴	DNA.NEW.AG New outpatient appointment DNA - Renal Medicine	10.34%	3	29
🔴	DNA.NEW.A9 New outpatient appointment DNA - Gastroenterology	9.17%	11	120
🔴	DNA.NEW.A82 New outpatient appointment DNA - Diabetes	8.45%	6	71
🔴	DNA.NEW.AB New outpatient appointment DNA - Geriatric Medicine	8%	4	50
🔴	DNA.NEW.A7 New outpatient appointment DNA - Dermatology	7.81%	76	973
🔴	DNA.NEW.C7 New outpatient appointment DNA - Ophthalmology	7.3%	37	507
🔴	DNA.NEW.AR New outpatient appointment DNA - Rheumatology	6.8%	10	147
🔴	DNA.NEW.C5 New outpatient appointment DNA - Ear, Nose and Throat (ENT)	6.07%	17	280
🔴	DNA.NEW.ACU New outpatient appointment DNA - Forth Valley (Acute OPD Servic...	5.85%	335	5,729
🔴	DNA.NEW.AH New outpatient appointment DNA - Neurology	5.56%	12	216
⚠️	DNA.NEW.A2 New outpatient appointment DNA - Cardiology	4.92%	13	264
⚠️	DNA.NEW.C8 New outpatient appointment DNA - Orthopaedics	4.27%	35	819
⚠️	DNA.NEW.CB New outpatient appointment DNA - Urology	3.96%	17	429
⚠️	DNA.NEW.C31 New outpatient appointment DNA - Pain Management	3.7%	2	54
⚠️	DNA.NEW.A1 New outpatient appointment DNA - General Medicine	3.49%	6	172
⚠️	DNA.NEW.C1 New outpatient appointment DNA - General Surgery	3.24%	29	894
✅	DNA.NEW.D5 New outpatient appointment DNA - Orthodontist	2.7%	1	37
✅	DNA.NEW.AQ New outpatient appointment DNA - Respiratory Medicine	2.03%	3	148
✅	DNA.NEW.A6 New outpatient appointment DNA - Infectious Diseases	0%	0	13
✅	DNA.NEW.H2 New outpatient appointment DNA - Clinical Oncology	0%	0	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 February 2023, 66.4% of patients started treatment within 18 weeks of referral. This is a slight reduction in performance from the previous month position of 68.2% however an improvement from 60.1% in February 2022.

The Scotland position for the quarter ending December 2022 was 81.1% with Forth Valley 71.1%.

As one of the Board areas receiving a programme of enhanced support, NHS Forth Valley submitted a comprehensive Psychological Therapies Improvement Plan to the Scottish Government. This provides details of improvement actions, anticipated trajectories and plans for use of the allocation from the Mental Health Recovery & Renewal Fund. 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.

Psychological Services are continuing to redesign to make best use of all available resources. As part of this, the service 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. In particular, recent data improvements include the availability of clinical level activity data and the testing of a local system to record and report clinical outcomes.

Key actions undertaken:

 - Potential additional capacity from Agency staff identified via liaison with Staff Bank.
 - Redistribution of existing clinical capacity to match demand for therapeutic group programmes, allowing additional groups to be facilitated throughout 2023.
 - Recruitment: 3 preferred candidates identified for hard to recruit to posts will be available on completion of training October 2023; further candidates to interview for additional vacancies; exploring both international recruitment and making optimal use of local policy around relocation packages to attract candidates.
 - Continued collaboration with local Information Services and eHealth teams to prioritise data improvements in Psychological Services: clinical outcomes; Trak build refinement to support more accurate team level waiting times recording; improvement in quality of activity data at clinician level.
 - Whole service and specialty level trajectory models completed and shared with SG colleagues for checking.
 - Eating Disorders referrals and activity added to Trak thereby ensuring inclusion in March reporting.
 - Service wide QI event took place 8 March.

Child and Adolescent Mental Health Services (CAMHS)

In February 2023, 45.9% of patients started treatment within 18 weeks of referral (RTT), an increase from 37.4% in January 2023. This increase is due to the service experiencing an increase in urgent referrals, which are prioritised and seen within 18 weeks. Additionally, due to the matched-care pathway in place with Healios more children waiting under 18 weeks started treatment.

The CAMHS initial assessment waiting list is 231 at the end of February 2023, a slightly increased position from 224 at the end of January due to increase in referrals. This increase in referrals is being reviewed closely as the trend seems to be continuing with a higher than anticipated number of referrals being received in November and December. Whilst a review of these referral is not highlighting any specific pattern or challenge the service will continue to monitor this situation.

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 continues to see positive impacts on this wider improvement work, in particular the volume, and shape, of the waiting list continues to show improvement. The pressure point for the service remains ensuring children progress through treatment timeously. The Treatment Waiting List Trajectory has been updated, to take account of February's position and includes agreed job planned capacity and patient level detail on the next 18 weeks of children waiting. This trajectory accounts for the new capacity for additional staff starting over the course of the next few months, as well as patients being seen within Healios. This will be further reviewed to take account of the service experiencing a slight increase in referrals. The Service continues to progress a treatment waiting list action plan, with the aim of ensuring the service meets the LDP standard within Quarter 1 2023/34, and importantly, be able to sustain this level of performance.

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 8.12% in January 2023, which is a slight improvement from the December 2022 position of 8.31% however a deterioration from 5.63% in January 2022. The 12 month rolling average February 2022 to January 2023 is noted as, NHS Forth Valley 7.00%; Scotland 6.09%.

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 0.42% in January 2023. This is a reduction from 0.45% in December2022.

Total absence for January 2023 is 8.54%, a slight improvement from a total of 8.76% in December 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 February 2023 census position in relation to standard delays (excluding Code 9 and guardianship) is 53 delays; a reduction from 58 in January. There was a total of 42 code 9 and guardianship delays and no infection codes, with the total number of delayed discharges noted as 95.

In addition, there were 4 code 100 patients. (These patients are undergoing a change in care setting and should not be classified as delayed discharges however are monitored).

The number of bed days occupied by delayed discharges (excluding code 9 and 100) at the February 2023 census was 1,826, this is a reduction from 1,836 in January. Local authority breakdown is noted as Clackmannanshire 248, Falkirk 883, and Stirling 239. There were a further 456 bed days occupied by delayed discharges for local authorities' out with Forth Valley.

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

Clackmannanshire
1 - awaiting care packages for home (1 patient over two weeks)
4 - await move to Care Home (4 patients over two weeks)

Stirling
7 – allocated and assessment commenced (7 patients over two weeks)
4 – awaiting social work allocation (2 patients over two weeks and 2 under two weeks)

Falkirk
 12 - awaiting move to care homes (10 patients are over two weeks and 2 under two weeks)
 3 - awaiting care packages for home (3 patients under two weeks)
 12 - allocated and assessment commenced (5 patients over two weeks and 7 under two weeks)
 3 – await housing provision (1 patient over two weeks and 2 under 2 weeks)
 3 – await intermediate care bed (3 patients under 2 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.

The Discharge Without Delay (DWD) Programme is led by Heads of Service in the two HSCPs and the AHP Manager in Acute services. This work is supported by the Unscheduled Care Programme Team and a DWD Delivery Group. The key priorities are embedding Planned Date of Discharge (PDD), the integrated discharge team and an AWI review.

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-Sep-22	</= 1.00	1.01	1.01	-	◄►	1.00	30-Sep-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	28-Feb-23	Reduction	4,065	4,200	-	▲	-	-	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	28-Feb-23	95%	49.8%	48.4%	✓	▲	65.2%	31-Jan-23	
US3	S5	Monthly	Number that waited >4 hours in ED	28-Feb-23	Reduction	2,040	2,168	-	▲	-	-	
US4	SG	Monthly	Number that waited >8 hours in ED	28-Feb-23	Reduction	829	1,030	-	▲	-	-	
US5	SG	Monthly	Number that waited >12 hours in ED	28-Feb-23	Reduction	460	558	-	▲	-	-	
US6	SG	Monthly	Number that waited >23 hours in ED	28-Feb-23	Reduction	41	107		▲	-	-	
US7	SG	Monthly	Number of MIU Attendances	28-Feb-23	Reduction	1,430	1,426	-	▼	-	-	
US8	SG	Monthly	Minor Injuries Unit % compliance against 4 hour target	28-Feb-23	95%	99.9%	99.9%	-	◄►	-	-	
US9	SG	Monthly	NHS Forth Valley Overall % compliance against 4 hour target	28-Feb-23	95%	62.9%	61.4%	✓	▲	68.7%	31-Jan-23	
US10	FV	Monthly	Number of ED attendances - Mental Health	28-Feb-23	Reduction	41	68	-	-	-	-	Attendances at A&E with a cause of injury recorded as Intentional Self Harm
US11	FV	Monthly	Emergency Department % compliance against 4 hour access target - Mental Health	28-Feb-23	95%	43.9%	32.4%	-	-	-	-	
US12	FV	Monthly	Number of Rapid Assessment and Care Unit New Attendances	28-Feb-23	-	497	524	-	-	-	-	
US13	FV	Monthly	Number of Rapid Assessment and Care Unit Scheduled Return Attendances	28-Feb-23	-	98	82	-	-	-	-	
US14	FV	Monthly	Number of Re-directions from ED	28-Feb-23	-	406	317	-	-	-	-	Redirections from ED to a more suitable setting enabling receipt of the right care, in the right place at the right time
US15	FV	Monthly	Re-directions from ED %	28-Feb-23	-	10.0%	7.6%	-	-	-	-	
US16	FV	Monthly	Number of Emergency Admissions	28-Feb-23	Reduction	2,731	2,989	-	▲	-	-	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	28-Feb-23	Reduction	3924	5310	-	▲	-	-	
	FV	Monthly	Advice	28-Feb-23	-	3018	4211	-	-	-	-	
	FV	Monthly	Home Visit	28-Feb-23	-	97	129	-	-	-	-	
	FV	Monthly	Attend OOH Appointment	28-Feb-23	-	809	970	-	-	-	-	
OH2	FV	Monthly	Out of Hours % Rota Fill	28-Feb-23	-	72%	66%	-	▲	-	-	
SCHEDULED CARE												
OUTPATIENTS												
SC1	SG	Monthly	Total Number of New Outpatients Waiting	28-Feb-23	Reduction	18,572	18,235	✓	▼	-	-	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	28-Feb-23	Reduction	8,599	8,538	✓	▼	-	-	
SC3	SG	Monthly	New Outpatients waiting under 12 weeks %	28-Feb-23	95%	53.7%	53.2%		▲	44.1%	31-Dec-22	
SC4	SG	Monthly	Compliance with Annual Delivery Plan trajectories - New Outpatients	28-Feb-23	100%	78%	91%	-	▼	-	-	
SC5	SG	FYTD	Compliance with Annual Delivery Plan trajectories - New Outpatients	28-Feb-23	100%	86%	87%	-	▼	-	-	
SC6	Audit	Monthly	Outpatient Unavailability	28-Feb-23	Monitor	0.7%	0.5%	✓	▼	0.7%	31-Dec-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	28-Feb-23	5%	5.9%	6.5%	-	▲	7.8%	31-Dec-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	28-Feb-23	5%	6.0%	6.9%	-	▲	-	-	
DIAGNOSTICS - Imaging												
SC10	SG	Monthly	Total number waiting - Imaging	28-Feb-23	Reduction	3,957	3,685		▼	-	-	
SC11	SG	Monthly	Number waiting beyond 42 days - Imaging	28-Feb-23	0	536	648	-	▲	-	-	
SC12	SG	Monthly	Percentage waiting less than 42 days - Imaging	28-Feb-23	100%	86.5%	82.4%	✓	▲	48.5%	31-Dec-22	
SC13	SG	Monthly	Compliance with Annual Delivery Plan trajectories - Imaging	28-Feb-23	100%	105%	100%	-	▲	-	-	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
SC14	SG	FYTD	Compliance with Annual Delivery Plan trajectories - Imaging	28-Feb-23	100%	115%	116%	-	▲	-	-	
DIAGNOSTICS - Endoscopy												
SC15	SG	Monthly	Total number waiting - Endoscopy	28-Feb-23	Reduction	472	399		▼	-	-	
SC16	SG	Monthly	Number waiting beyond 42 days - Endoscopy	28-Feb-23	0	180	199	-	▲	-	-	
SC17	SG	Monthly	Percentage waiting less than 42 days - Endoscopy	28-Feb-23	100%	61.9%	50.1%	✓	▲	37.1%	31-Dec-22	
SC18	SG	Monthly	Compliance with Annual Delivery Plan trajectories - Endoscopy	28-Feb-23	100%	93%	79%	-	▲	-	-	
SC19	SG	FYTD	Compliance with Annual Delivery Plan trajectories - Endoscopy	28-Feb-23	100%	106%	108%	-	▲	-	-	

CANCER												
SC20	SG	Monthly	62 Day Cancer Target - Percentage compliance against target	31-Jan-23	95%	66.2%	73.5%	✓	▼	66.2%	31-Jan-23	
SC21	SG	Monthly	62 Day Cancer - Number seen within target against total	31-Jan-23		45/68	61/83	-	-	-	-	
	SG	Monthly	62 Day Cancer - Breast - Percentage compliance against target	31-Jan-23	95%	100.0%	100.0%	-	◀▶	91.5%	31-Jan-23	
	SG	Monthly	62 Day Cancer - Breast - Number seen within target against total	31-Jan-23	-	11/11	12/12	-	-	-	-	
	SG	Monthly	62 Day Cancer - Colorectal - Percentage compliance against target	31-Jan-23	95%	62.5%	81.8%	-	▼	60.7%	31-Jan-23	
	SG	Monthly	62 Day Cancer - Colorectal - Number seen within target against total	31-Jan-23	-	5/8	9/11	-	-	-	-	
	SG	Monthly	62 Day Cancer - Cervical - Percentage compliance against target	31-Jan-23	95%	-	-	-	-	25.0%	31-Jan-23	
	SG	Monthly	62 Day Cancer - Cervical - Number seen within target against total	31-Jan-23	-	0/0	0/0	-	-	-	-	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 - Head & Neck - Percentage compliance against target	31-Jan-23	95%	100.0%	50.0%	-	▲	79.3%	31-Jan-23	
	SG	Monthly	62 Day Cancer - Head & Neck - Number seen within target against total	31-Jan-23	-	1/1	3/6	-	-	-	-	
	SG	Monthly	62 Day Cancer - Lung - Percentage compliance against target	31-Jan-23	95%	63.6%	91.7%	-	▼	80.4%	31-Jan-23	
	SG	Monthly	62 Day Cancer - Lung - Number seen within target against total	31-Jan-23	-	7/11	11/12	-	-	-	-	
	SG	Monthly	62 Day Cancer - Lymphoma - Percentage compliance against target	31-Jan-23	95%	100.0%	100.0%	-	◀▶	67.9%	31-Jan-23	
	SG	Monthly	62 Day Cancer - Lymphoma - Number seen within target against total	31-Jan-23	-	2/2	1/1	-	-	-	-	
	SG	Monthly	62 Day Cancer - Melanoma - Percentage compliance against target	31-Jan-23	95%	100.0%	100.0%	-	◀▶	83.0%	31-Jan-23	
	SG	Monthly	62 Day Cancer - Melanoma - Number seen within target against total	31-Jan-23	-	1/1	4/4	-	-	-	-	
	SG	Monthly	62 Day Cancer - Ovarian - Percentage compliance against target	31-Jan-23	95%	100.0%	100.0%	-	◀▶	78.6%	31-Jan-23	
	SG	Monthly	62 Day Cancer - Ovarian - Number seen within target against total	31-Jan-23	-	1/1	1/1	-	-	-	-	
	SG	Monthly	62 Day Cancer - Upper GI - Percentage compliance against target	31-Jan-23	95%	80.0%	81.8%	-	▼	74.5%	31-Jan-23	
	SG	Monthly	62 Day Cancer - Upper GI - Number seen within target against total	31-Jan-23	-	8/10	9/11	-	-	-	-	
	SG	Monthly	62 Day Cancer - Urology - Percentage compliance against target	31-Jan-23	95%	39.1%	44.0%	-	▼	42.2%	31-Jan-23	
	SG	Monthly	62 Day Cancer - Urology - Number seen within target against total	31-Jan-23	-	9/23	11/25	-	-	-	-	
SC22	SG	Monthly	31 Day Cancer Target - Percentage compliance against target	31-Jan-23	95%	98.8%	96.5%	✓	▲	91.1%	31-Jan-23	
SC23	SG	Monthly	31 Day Cancer Target - Number seen within target against total	31-Jan-23	-	82/83	83/86	-	-	-	-	
SC24	SG	Quarterly	62 Day Cancer Target - Percentage compliance against target	31-Dec-22	95%	73.6%	74.9%	✓	▼	71.3%	31-Dec-22	
SC25	SG	Quarterly	31 Day Cancer Target - Percentage compliance against target	31-Dec-22	95%	96.4%	98.3%	✓	▼	94.1%	31-Dec-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%	50.2%	-	▲	56.9%	31-Dec-22	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
SC28	SG	Monthly	Total Number of Inpatients/Day cases Waiting	28-Feb-23	Reduction	4,271	4,264	✓	▼	-	-	
SC29	SG	Monthly	Number of Inpatients/Day cases waiting over 12 weeks	28-Feb-23	Reduction	2,372	2,300	✓	▼	-	-	
SC30	SG	Monthly	Percentage of Inpatients/Day cases waiting under 12 weeks	28-Feb-23	100%	44.5%	46.1%	✓	▼	31.0%	31-Dec-22	
SC31	SG	Monthly	Compliance with Annual Delivery Plan trajectories - Inpatients/Day cases	28-Feb-23	100%	78%	77%	-	▲	-	-	
SC32	SG	FYTD	Compliance with Annual Delivery Plan trajectories - Inpatients/Day cases	28-Feb-23	100%	81%	81%	-	◀▶	-	-	
SC33	Audit	Monthly	Inpatient/Day case Unavailability	28-Feb-23	Monitor	5.7%	5.3%	✓	▼	2.7%	31-Dec-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	28-Feb-23	Reduction	2.0%	1.9%	-	▼	-	-	
R2	FV	Monthly	Readmissions - Surgical 28 day	28-Feb-23	Reduction	4.3%	5.5%	-	▲	-	-	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.
R3	FV	Monthly	Readmissions - Medical 7 day	28-Feb-23	Reduction	1.5%	1.2%	-	▼	-	-	
R4	FV	Monthly	Readmissions - Medical 28 day	28-Feb-23	Reduction	4.9%	3.7%	-	▼	-	-	
MENTAL HEALTH												
PSYCHOLOGICAL THERAPIES												
MH1	SG	Monthly	Psychological Therapies - 18 week RTT compliance	28-Feb-23	90%	66.4%	68.2%	✓	▼	-	-	
MH2	FV	Monthly	Total Number Waiting for Pyschological Therapies Initial Assessment	28-Feb-23	Reduction	587	653	-	▲	-	-	
MH3	SG	Quarterly	Psychological Therapies - 18 week RTT compliance	31-Dec-22	90%	71.1%	59.7%		▲	81.1%	31-Dec-22	The 18 Weeks RTT is a whole journey waiting time standard from initial referral to the start of treatment. The standard has been determined by the Scottish Government and states that 90.0% of patients should have a completed pathway within 18 weeks.
CHILD & ADOLESCENT MENTAL HEALTH SERVICES												
MH4	SG	Monthly	Child & Adolescent Mental Health Services - 18 week RTT compliance	28-Feb-23	90%	45.9%	37.3%	✓	▲	-	-	
MH5	FV	Monthly	Total Number Waiting for CAMHS Initial Assessment	28-Feb-23	Reduction	231	224	-	▼	-	-	
MH6	SG	Quarterly	Child & Adolescent Mental Health Services - 18 week RTT compliance	31-Dec-22	90%	38.0%	31.6%		▲	70.1%	31-Dec-22	
SUBSTANCE USE												
SM1	SG	Quaterly	% Compliance with the 3 Week target - ADP (excluding Prisons)	31-Dec-22	90%	92.4%	89.1%	✓	▲	91.1%	31-Dec-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	31-Dec-22	90%	97.5%	97.7%	✓	▼	95.1%	31-Dec-22	
COMPLAINTS												
C1		Monthly	% Compliance Forth Valley	31-Jan-23	100%	72.0%	74.0%	✓	▼	-	-	
C2		Monthly	% Compliance Stage 1	31-Jan-23	100%	99.0%	99.0%	✓	◀▶	-	-	Complaints monitoring and feedback is a standing item on the Clinical Governance Committee agenda
C3		Monthly	% Compliance Stage 2	31-Jan-23	100%	45.0%	42.0%	✓	▲	-	-	

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	31-Jan-23	-	149	153	-	▲	-	-	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 (%).
WF2	FV	Monthly	COVID-19 Special Leave	31-Jan-23	-	0.42%	0.45%	✓	▲	-	-	
WF3	SG	Monthly	Overall Absence (excluding Covid Special Leave)	31-Jan-23	4.5%	8.12%	8.31%	✓	▲	6.87%	31-Jan-23	
WF4	FV	Monthly	Short Term Absence	31-Jan-23	-	3.04%	3.28%	-	▲	-	-	Short Term Absence - a period of sickness absence of 28 days or less
WF5	FV	Monthly	Long Term Absence	31-Jan-23	-	5.08%	5.04%	-	▼	-	-	Long Term Absence - a period of sickenss absence lasting over 28 days
WF6	FV	Rolling 12 mth	Overall Absence (excluding Covid Special Leave)	31-Jan-23	-	7.00%	6.77%	-	▼	6.09%	31-Jan-23	Absence Management is a standing item on the Staff Governance Committee

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)	28-Feb-23	Reduction	53	58	✓	▲	-	-	
			Falkirk	28-Feb-23	Reduction	33	36	✓	▲	-	-	
			Clackmannanshire	28-Feb-23	Reduction	5	9	✓	▲	-	-	
			Stirling	28-Feb-23	Reduction	11	10	✓	▼	-	-	
			Outwith Forth Valley	28-Feb-23	Reduction	4	3	✓	▼	-	-	
VA2	FV		Code 9 & Guardianship Delays	28-Feb-23	Reduction	42	45	✓	▲	-	-	
			Falkirk	28-Feb-23	Reduction	29	30	✓	▲	-	-	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
			Clackmannanshire	28-Feb-23	Reduction	3	3	✓	◄►	-	-	
			Stirling	28-Feb-23	Reduction	8	10	✓	▲	-	-	
			Outwith Forth Valley	28-Feb-23	Reduction	2	2	✓	◄►	-	-	
VA3	FV		Total Bed Days Occupied by Delayed Discharges	28-Feb-23	Reduction	1,826	1,836	✓	▲	-	-	
			Falkirk	28-Feb-23	Reduction	883	1,006	✓	▲	-	-	
			Clackmannanshire	28-Feb-23	Reduction	248	228	✓	▼	-	-	
			Stirling	28-Feb-23	Reduction	239	239	✓	◄►	-	-	
			Outwith Forth Valley	28-Feb-23	Reduction	456	363	✓	▼	-	-	
AVERAGE LENGTH OF STAY												
VA4	FV	Monthly	FVRH Acute Wards Average Length of Stay (Days)	28-Feb-23	Reduction	7.69	7.87	-	▲	-	-	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	28-Feb-23	Reduction	1,330	1,374	-	▲	-	-	
E2	FV	Rolling 12 mth	Acute Emergency Bed days per 1,000 population - Forth Valley	31-Jan-23	Reduction	817	812	-	▼	-	-	
E3	FV	Monthly	% Bed Occupancy - FVRH	28-Feb-23	Reduction	109.5%	114.2%	-	▲	-	-	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	28-Feb-23	Reduction	113.0%	111.2%	-	▼	-	-	
E5	FV	Monthly	% Bed Occupancy - ICU	28-Feb-23	Reduction	81.4%	80.5%	-	▼	-	-	
FINANCE												
F1	SG	FYTD	Year to date revenue position	28-Feb-23	Breakeven	-£0.7m	-£1.2m	-	▲	-	-	

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 & 8 - 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

Total number waiting

SC29-30 - Inpatients/Daycases: Number waiting over 12 weeks

— % waiting less than 12 weeks — Number waiting over 12 weeks — SCOT % waiting less than 12 weeks - Quarterly

SC33 - Inpatient Unavailability

— SCOT % Inpatient unavailability - Quarterly — % Inpatient unavailability

MENTAL HEALTH

MH1 - Access to Psychological Therapies

— SCOT % seen within 18 weeks - Quarterly — % seen within 18 weeks ···· Target

MH4- Access to Child & Adolescent Mental Health Services

— SCOT % seen within 18weeks - Quarterly — % seen within 18 weeks ···· Target

SUBSTANCE MISUSE

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

— FV Overall – – Target (90%) — FV Prisons Overall — Scotland — Scotland Prisons

COMPLAINTS

Forth Valley Complaints

— Overall Complaints Compliance – – Target — Stage 1 Complaints Compliance — Stage 2 Complaints Compliance

BETTER WORKFORCE

WF2 - Coronavirus Related Absence

— ABS.01.COVID - Months

WF3 - Sickness Absence

— Scotland — Forth Valley ···· Target

BETTER VALUE

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

Falkirk — Outwith FV — Stirling — Total — Clackmannanshire

VA2 - Delayed Discharges: Guardianship & Code 9

Total — Clackmannanshire — Falkirk — Outwith FV — Stirling

VA3 - Delayed Discharges: Total Occupied Bed Days

Total — Clackmannanshire — Falkirk — Outwith FV — Stirling

FORTH VALLEY NHS BOARD
TUESDAY 28 MARCH 2023

7.3 Person Centred Complaints and Feedback Report – January 2023
For Assurance

Executive Sponsor: Prof Frances Dodd, Executive Nurse Director

Author: Mrs Pauline Easson-Donnelly, Person Centred Manager, Mrs Caroline Logan Person Centred Co-ordinator

Executive Summary
The report is to provide a comprehensive review of complaints activity across NHS Forth Valley taking into account the number of complaints received, local resolution, compliance with the 20 day national target, SPSO referrals and examples of actions taken following complaints.

A detailed breakdown of the feedback mechanisms in place across the organisation is provided and this includes analysis of the weekly Inpatient Experience Survey's, Care Opinion, patient letters and NHS Forth Valley's Website.

Recommendation
The NHS Board is asked to: -
- **note** the current position of the complaint's performance within the organisation.
- **note** the feedback activity across the organisation.

Assurance
Not applicable

Key Issues to be Considered
- The 20 day performance target for the period April 2022 – January 2023 is 77.2%, with the January performance at 71.5%.
- It is noted that the performance for Stage 1 is 85.9%, and Stage 2 performance is 47% for the period 1 April 2022 – 31 January 2023.
- Complaints under investigation by the SPSO.
- Themes and Learning from Complaints
- Patient Feedback and Care Opinion.
- Expressions of Care – Patient Letters

Implications

Financial Implications
N/A

Workforce Implications
N/A

Infrastructure Implications including Digital
N/A

Sustainability Implications
N/A

Sustainability Declaration
Further to consideration the author can confirm that due regard has been given to compliance with the key aims of the NHS Scotland Climate Emergency & Sustainable Development Policy (DL (2021) 38) as part of the decision-making process [A policy for NHS Scotland on the climate emergency and sustainable development](#)*. (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
The report details complaints received and highlights the key performance indicators, this provides assurance and demonstrates learning through complaints and feedback. The report also evidences how staff are learning and improving services and care provision.

Information Governance Implications
N/A

Risk Assessment / Management
N/A

Relevance to Strategic Priorities
The Complaints & Feedback Performance Report directly relates to the Board 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.

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

Communication, involvement, engagement, and consultation
No consultation required.

Additional Information
N/A

Appendices

- Appendix 1 – Person Centred Care

Person Centred Complaints & Feedback Performance Report

January 2023

"What matters to you, matters to us."

At a glance 2022/23

Employs 6,300 staff across Forth Valley

1,646 COMPLAINTS received during April – January 2023- **77.2**% YTD Performance.

November Performance – 71.5%

526 COMPLIMENTS were received during April – January 2023 with the Wallace Suite, Oncology Unit, Children's ward, Wards B21 and B31 as high recipients of thank you cards

39 Cases went to the SPS0, 15 cases currently under investigation:
- 22 - no investigation conducted
- 0 - Fully Upheld
- 0 - Partially Upheld
- 2 - Not Upheld

SCOTTISH PUBLIC SERVICES OMBUDSMAN

Care Opinion

- 135 stories were shared on Care Opinion about NHS Forth Valley
- 77% of the stories were positive
- Stories have been read 13.933 times, averaging 103 times per story

Our social media platforms have attracted thousands of followers, by using Social Media we can promote and highlight important information to our wider community and to receive feedback.

Complaints Performance Summary

A summary of the complaints activity during the period 1 April 2022 – 31 January 2023 is provided below. The undernoted overview demonstrates that NHS Forth Valley continues to work towards achieving the local performance target of 80%.

Whilst the report provides a robust mechanism around reporting for governance purposes, it must be noted that the data provided reflects the complaints handling procedure during a pandemic phase which for NHS Forth Valley resulted in a noted reduction in Stage 1 and Stage 2 complaints during 2020/21 and 2021/22.

It is noted that with the easing of restrictions in 2022, the number of complaints received has increased to pre-pandemic numbers. The Patient Relations Team continues to provide a comprehensive and supportive service to all our patients and families and works closely with staff in the management of complaints.

During the period April – January 2023, a total of 1,704 complaints (including complaints transferred/withdrawn/consent not received) have been received indicating an increase of 30% compared to the same period the previous year. A further breakdown is provided in the report.   It is noted that the percentage of complaints against NHS Forth Valley's patient activity represents 0.21% of the total number of complaints received during the period April – January 2023

Performance indicates that 1,646 complaints have been investigated during April – January 2023 achieving a performance figure 77.2% compared to a performance figure of 81.6% in the same period for 2021/22.

The table below provides a breakdown of performance month on month for the current year, and during January 2023, a total of 158 complaints have been investigated of which 71.5% have been responded to within 20 working days. It is noted that there is a decrease in performance from earlier in the year, and the Team continues to work closely with the Directorates to support staff during an overall systems pressure within the organisation. On analysis of Stage 1 complaints, it is noted Stage 1 activity has increased by 36.6% and Stage 2 complaints have increased by 25.4% compared to the same period during 2021/22.

The noted increase in the number of complaints received during April – January 2023 compared to the previous year may be the impact on the easing of COVID-19 restrictions.

Stage 1	Apr-22	May-22	Jun-22	Jul-22	Aug-22	Sep-22	Oct-22	Nov-22	Dec-22	Jan-23	Feb-23	Mar-23	Yearly Total
No of Complaints Received	129	103	80	98	118	88	86	85	76	78			941
No Responded to in 5 days	111	89	67	83	100	80	73	69	64	72			808
% responded to in 5 days	86.05	86.41	83.75	84.69	84.75	90.91	84.88	81.18	84.21	92.31	#DIV/0!	#DIV/0!	85.87
Stage 2	Apr-22	May-22	Jun-22	Jul-22	Aug-22	Sep-22	Oct-22	Nov-22	Dec-22	Jan-23	Feb-23	Mar-23	Yearly Total
No of Complaints Received	67	66	64	69	90	66	76	69	59	80			706
No Responded to in 20 days	37	40	30	30	35	25	36	37	25	36			331
% responded to in 20 days	55.22	60.61	46.88	43.48	38.89	37.88	47.37	53.62	42.37	45.00	#DIV/0!	#DIV/0!	46.88
Overall No of Complaints Received	Apr-22	May-22	Jun-22	Jul-22	Aug-22	Sep-22	Oct-22	Nov-22	Dec-22	Jan-23	Feb-23	Mar-23	Yearly Total
No of Complaints Received	196	169	144	167	208	154	161	154	135	158			1646
No Responded to in 20 days	166	143	110	128	153	113	122	122	100	113			1270
% responded to in 20 days	84.69	84.62	76.39	76.65	73.56	73.38	75.78	79.22	74.07	71.52	#DIV/0!	#DIV/0!	77.16

Complaint Key Performance Indicators RAG – January 2023

Detailed in the table below is an overview of the current performance against each of the Key Performance Indicators as at January 2023. Further details on each of the indicators are provided in the report.

Measure	As at	Performance status	Direction of travel
KPI 1: Learning from Complaints	Jan - 23	AMBER	◄►
KPI 2: Complaints Process Experience	Jan - 23	AMBER	◄►
KPI 3: Self Awareness and Training	Jan - 23	AMBER	◄►
KPI 4: Total Number of Complaints Received	Jan - 23	RED	▼
KPI 5: Complaint Closed at Each Stage	Jan - 23	AMBER	◄►
KPI 6: Complaints Upheld and Not Upheld	Jan - 23	GREEN	▲
KPI 7: Average Times	Jan - 23	AMBER	◄►
KPI 8: Closed in Full within the Timescales	Jan - 23	AMBER	◄►
KPI 9: Number of Cases where an Extension is Authorised	Jan - 23	AMBER	◄►

Key to Performance Status		Direction of travel	
RED	Outwith 5% of	▼	Deterioration in period
AMBER	Within 5% of	◄►	Position maintained
GREEN	On track or	▲	Improvement in period
GREY	No trajectory or	—	No comparative data

Complaints

The format of the following report reflects the Scottish Government's mandate to capture performance for the Board against the 9 Key Performance Indicators as outlined in the Complaints Handling Procedure.

Key Performance Indicator One: Learning from Complaints

The Indicator requires NHS Forth Valley to demonstrate any changes or improvements to services or procedures as a result of a complaint investigation including matters arising under the Duty of Candour.

Identified Learning

The undernoted top 4 themes of complaints received have been identified during December 2022 – January 2023 and a brief synopsis of learning from complaint themes is detailed below:

1   Treatment/Problems with Medication Prescribing
- Pharmacy Team to undertake a review of why there was a delay in patient receiving medication.

2   Communication – Not Being Given Full Information
- Staff reviewed why there was a delay in being able to contact the department. Patient provided with an explanation regarding level of staffing within the department and the adverse weather conditions being experienced on that day.

3   Staff Attitude and Behaviour
- Staff reflected on their attitude and manner following consultation and agreed to undertake communication training.

4   Treatment – Poor Nursing Care
- Review of referring process to discharge lounge undertaken ensuring that staff are aware of a patient's cognitive ability to ensure safety of vulnerable patients.

Scottish Public Services Ombudsman (SPSO)

If a complainant remains unhappy with the response received from NHS Forth Valley, they have the right to contact the Scottish Public Services Ombudsman (SPSO) to request an investigation into their complaint. The SPSO is the final opportunity for the complainant in the NHS complaint process and offers an independent view on whether the NHS have reasonably responded to a complaint.

The SPSO has received 39 cases relating to NHS Forth Valley complaints during April 2022 – January 2023. The table below provides detail of the outcomes as at 31 January 2023 from the investigations.

2022/23 SPSO Outcomes	Total Number
Fully Upheld	0
Partly Upheld	0
Not Upheld	2
No Investigation Conducted	22
Withdrawn	0

The Ombudsman issues a Decision Letter if:

- The organisation accepted there were failings, has apologised and taken action to prevent the problem from happening again;
- From the evidence, it appears that the organisation did not do anything wrong (where there is no evidence of maladministration or service failure);
- The Ombudsman has decided that the substance of the complaint and their decision on it do not raise public interest considerations.

Key Performance Indicator Two: Complaint Process Experience

The Complaints Handling Procedure requires NHS Forth Valley to gather feedback from the person making the complaint regarding their experience of the process. To adhere to the guidance as set out in the procedure a questionnaire has been designed to enable data to be collated.

The questionnaire is forwarded to all complaints managed under the Stage 2 process and complainants are requested to tick a box against a list of predetermined questions agreed by all NHS Boards in Scotland.

The Team are currently developing a process of collating the data from complainants to provide a higher rate of return and to provide the opportunity to learn through the complaints process.

Key Performance Indicator Three: Self Awareness and Training

Moving forward our aim is to provide a report in this section that gives quantitative data relating to performance indicator 3.

Due to a number of staff changes within the Patient Relations Team, the Team are taking the opportunity to review the current training programme and develop a new programme which will be implemented during 2023/24. The programme will be implemented across NHS Forth Valley and will be updated in future Board reports.

Key Performance Indicator Four: Total number of Complaints Received

Activity April 2022 – January 2023

During the period April – January 2023, a total of 1,704 complaints (including complaints transferred/withdrawn/ consent not received) were received by the Patient Relations Team and the graph below provides a comparison of the number of complaints received during the same period year on year.

Complaints Yearly Comparison April - January 2022/23
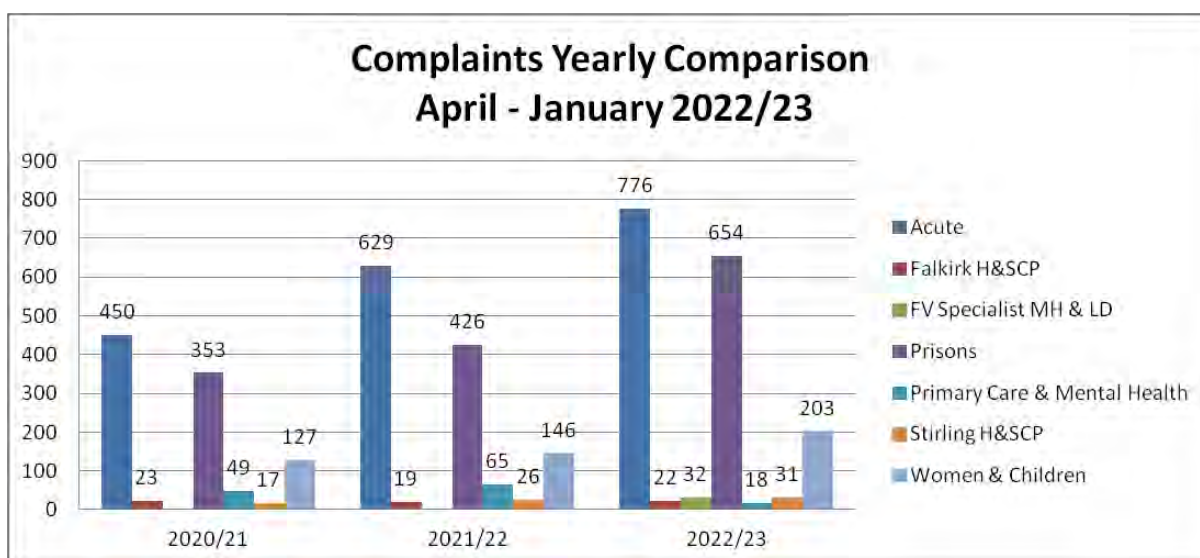
This report captures complaints received by the Acute Services Directorate, FV Specialist MH & LD, Health & Social Care Partnerships, Prison Healthcare, Primary Care and Mental Health Directorate, and Women, Children and Sexual Health Directorate. It is noted that the Directorate structure has changed and this will be reflected in a future report as not all complaints received are captured within the above Directorates.

To demonstrate the percentage of complaints against NHS Forth Valley's patient activity it can be noted that 0.21% represents the total number of complaints against patient activity (excluding out of hours patient activity, as data is currently not available) during the period April – January 2023. In comparison the number of complaints received represents 24.6% against the number of staff (excluding bank staff) employed by NHS Forth Valley.

Key Performance Indicator Five: Complaint Closed at Each Stage

The table below details the number of complaints closed at each stage and the total number of complaints received during April 2021 – January 2023.

Complaints Type	Number of complaints closed at each stage	Number of complaints closed at each stage as a % of all complaints
Stage 1	941	57.2%
Stage 2	671	40.8%
Stage 2 after escalation	34	2%

Key Performance Indicator Six: Complaints 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 complaints is provided.

The total number of complaints closed at Stage 1 for the period 1 April 2022 – 31 January 2023 is 941, the table below provides a breakdown of the formal outcome. It should be noted that 2 Stage 1 complaints are closed but awaiting an outcome decision.

Stage 1	No. Of Complaints Closed	% of Complaints Closed at Stage 1
Upheld Complaints	80	8.5%
Not Upheld Complaints	809	86%
Partially Upheld Complaints	50	5.3%

The total number of complaints closed at Stage 2 for the period 1 April 2022 – 31 January 2023 is 705, the table below provides a breakdown of the formal outcome. It is noted that 56 complaints remain open (as at 15 March 2023) and 34 complaints are awaiting an outcome decision.

Stage 2	No. Of Complaints Closed	% of Complaints Closed at Stage 2
Upheld Complaints	46	6.5%
Not Upheld Complaints	450	63.8%
Partially Upheld Complaints	119	16.9%

The figures in the above 2 tables do not reflect the total numbers of complaints received for each stage as complaints remain unresolved and awaiting outcomes. The outstanding complaints and outcomes are being actively progressed by the Team.

Key Performance Indicator Seven: Average Times

A reporting requirement of the Complaints Handling Procedure is to report on the average times in working days to close complaints at each stage of the CHP and a detailed breakdown is provided in the table below:
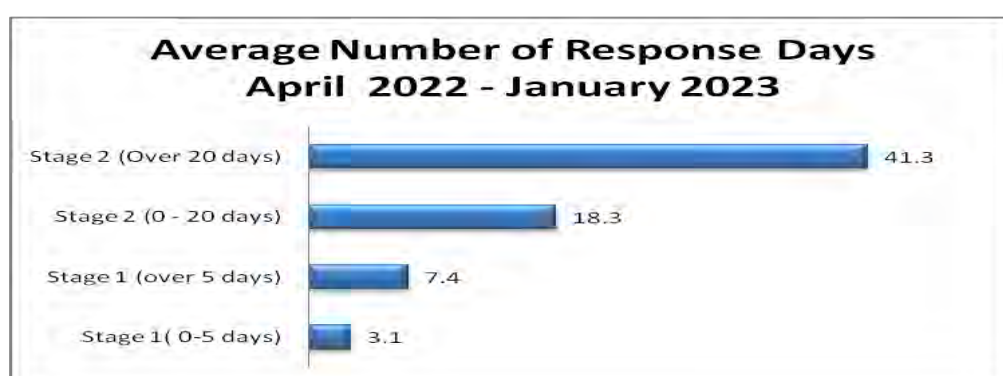
Key Performance Indicator Eight: Closed in Full within the Timescales

Overall Complaints Performance

In the period 1 April 2022 – 31 January 2023, 1,646 complaints have been investigated of which 77.2% have been responded to within 20 working days. A comparison of performance against 2020/21 and 2021/22 is detailed in the graph below.
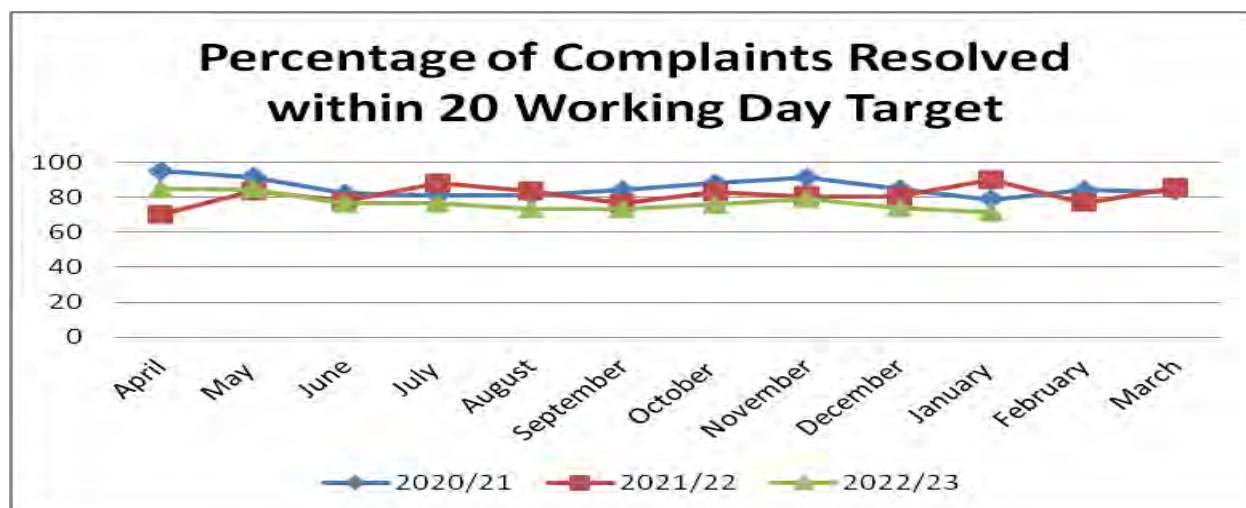
Stage 1 and Stage 2 Performance

During January 2023, a total of 158 complaints have been investigated of which 71.5% have been responded to within 20 working days. A breakdown of the numbers of complaints received and investigated at each stage is detailed in the table and below, and further analysis of the complaints activity during January is provided. It is important to note April – January's Stage 1 activity has increased by 36.6% compared to the same period during 2021/22 when the Scottish Government still had some lock down restrictions in place due to the COVID-19 pandemic and these have been eased moving forward into 2022/23.

Stage 1	Apr-22	May-22	Jun-22	Jul-22	Aug-22	Sep-22	Oct-22	Nov-22	Dec-22	Jan-23	Feb-23	Mar-23	Yearly Total
No of Complaints Received	129	103	80	98	118	88	86	85	76	78			941
No Responded to in 5 days	111	89	67	83	100	80	73	69	64	72			808
% responded to in 5 days	86.05	86.41	83.75	84.69	84.75	90.91	84.88	81.18	84.21	92.31	#DIV/0!	#DIV/0!	85.87
Stage 2	Apr-22	May-22	Jun-22	Jul-22	Aug-22	Sep-22	Oct-22	Nov-22	Dec-22	Jan-23	Feb-23	Mar-23	Yearly Total
No of Complaints Received	67	66	64	69	90	66	76	69	59	80			706
No Responded to in 20 days	37	40	30	30	35	25	36	37	25	36			331
% responded to in 20 days	55.22	60.61	46.88	43.48	38.89	37.88	47.37	53.62	42.37	45.00	#DIV/0!	#DIV/0!	46.88
Overall No of Complaints Received	Apr-22	May-22	Jun-22	Jul-22	Aug-22	Sep-22	Oct-22	Nov-22	Dec-22	Jan-23	Feb-23	Mar-23	Yearly Total
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No Responded to in 20 days	166	143	110	128	153	113	122	122	100	113			1270
% responded to in 20 days	84.69	84.62	76.39	76.65	73.56	73.38	75.78	79.22	74.07	71.52	#DIV/0!	#DIV/0!	77.16

In addition, Stage 2 complaints have increased by 25.4% compared to same period in 2021/22 when the Scottish Government still has some lock down restrictions in place due to the COVID-19 pandemic and these have been eased moving forward into 2022/23.

It is noted that there had been a drop in performance for responding to Stage 2 complaints, however work is progressing to improve performance. Due to staffing changes within the Patient Relations Team this has had an impact on the workload which in turn has had an effect on the overall performance. In addition, the Team are developing new ways of working to streamline processes which will enhance the performance of the Team and provide a more robust service to our patients and their families.

The Team continue to work closely with Directorates to improve performance and to support staff in responding timeously with information to assist in achieving the 80% target for responding to complaints within 20 working days. It is recognised that due to the high demands currently placed on services across the organisation, there are some delays in receiving information from staff.

The Patient Relations Team continue to hold a daily meeting to monitor the progress of all complaints and daily contact is made with all service areas that have active complaints. The purpose of the meeting is to ensure any overdue complaints are managed effectively and allow for early intervention.

The graph below provides a breakdown by service of the response times achieved from April – January 2023.

Breakdown by Service by % Response Times April - January 2023

Legend: Acute Services, Corporate Services, Executive, Facilities & infrastructure, Falkirk H&SCP, FV Specialist MH and LD Services, Human Resources, Nursing, Pharmacy, Primary Care & MH, Prisons, Specialist Community Services, Clacks & Stirling H&SCP, Women & Children, Target
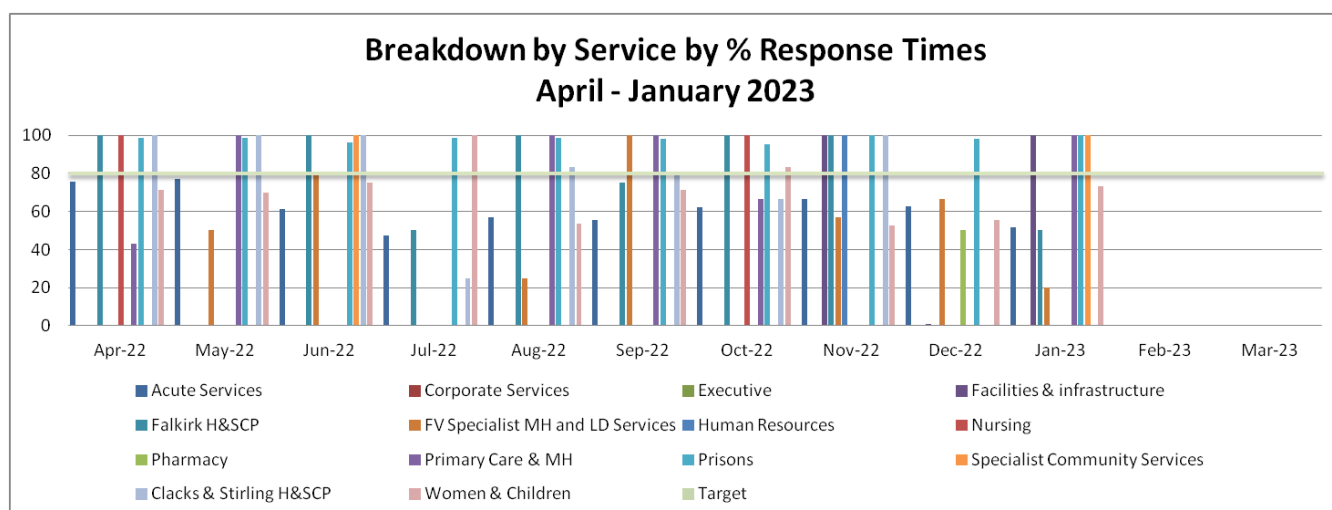
Key Performance Indicator Nine: Number of Cases where an Extension is Authorised

It is important to complainants that we respond to their complaints timeously and that every effort is made to ensure that we do not cause a detrimental effect on the person making the complaint. Not all investigations will be able to meet this deadline; however the CHP allows an extension where it is necessary to complete the investigation. If there are clear and justifiable reasons for extending the timescale, the Patient Relations Officer in discussion with the Service Managers will set time limits on any extended investigation, as long as the person making the complaint is communicated with and agrees.

The Patient Relations Team are working to ensure that this key performance indicator is adhered to, and steps have been taken to ensure that a robust recording and monitoring process of extensions within Safeguard is in place.

The table below details the number of complaints whereby an extension has been authorised against the total number of complaints received at each stage compared to the previous year as at 31 January 2023:

Complaint Stage	Total No of Complaints at each stage		No of Authorised Extensions		% of Authorised Extensions	
	2021/22	2022/23	2021/22	2022/23	2021/22	2022/23
Stage 1	689	941	55	102	7.9%	10.8%
Stage 2	562	705	242	378	43.1%	53.6%

Complaints Analysis

As part of the NHS Complaints Personnel Association for Scotland (NCPAS), NHS Forth Valley and other Boards have reviewed the themes associated with complaints with the aim of streamlining and adding clarity to the understanding of themes raised within complaints. The new themes have been replicated within the Customer Services module of Safeguard and are reflected within this section of the report.

An in-depth analysis of complaints is detailed within this section of the paper and it provides details of:

- Breakdown of the top 5 complaint themes by Service for January 2023
- Breakdown of the top theme by Service.
- Prison complaint update
- Breakdown of the complaints received by Department

Acute	15
Falkirk H&SCP	1
Prisons	37
FV Specialist LD & MH	1

Clinical Treatment/Problems with Medication/Prescribing	Total	34

Acute	23
Falkirk H&SCP	2
FV Specialist LD & MH	1
Primary Care & MH	1
Prisons	1
Women & Children	5

Clinical Treatment/Poor Aftercare	Total	33

	Acute	14
	Falkirk H&SCP	1
	Prisons	15
	Stirling & Clacks H&SCP	1
	Women & Children	6
Waiting Time/Date of Appointment	**Total**	**37**

	Acute	31
	Falkirk H&SCP	1
	FV Specialist LD & MH	1
	Primary Care & MH	1
	Prisons	2
	Stirling & Clacks H&SCP	1
	Women & Children	2
Communication – Not Given Full Information	**Total**	**39**

	Acute	42
	Facilities & Infrastructure	1
	Falkirk H&SCP	3
	FV Specialist LD & MH	3
	Prisons	3
	Women & Children	8
Staff Attitude & Behaviour	**Total**	**60**

Complaint Themes by Directorate

A breakdown of the complaint themes is provided in the data below detailing the top issues raised within the Directorates/Services for January 2023.

Directorate	Category	Total
Acute Services	Insensitive to Patient needs	26
Facilities & Infrastructure	Staff Attitude	1
Falkirk H&SCP	Patient/Carers Not Fully Involved Insensitive to Patient Needs	2 2
FV Specialist MH and LD Services	Insensitive to Patient Needs	2
Primary Care & Mental Health	Patient/Family Not Kept Updated Co-ordination of Clinical Treatment	1 1
Prisons	Problems with Medication/Prescribing	34

Stirling & Clacks H&SCP	Poor Nursing Care	
	• Lack of Pain Management	1
	• Lack of Support	1
	• Nursing Care	1
	• Staff Not Observing Patient	1
Women, Children & Sexual Health	Insensitive to Patient Needs	4
	Staff Attitude	4

The data provides a clear understanding of the issues raised by complainants and the main areas for the Directorates to focus any key learning required or improvements to be made to services provided.

Prison Healthcare

NHS Forth Valley is responsible for 3 Prison Healthcare Centre establishments within NHS Scotland – HMP Glenochil, HMP & YOI Cornton Vale and HMP & YOI Polmont. The overall capacity and diversity of these three prisons equates to a complex mix of prisoners with an ageing population and associated complex health issues. The population accounts for 23% of the Scottish prison population.

Work continues with the Prison Healthcare staff to manage and resolve issues raised by the prison population. The Patient Relations Lead attends regular meetings with senior prison healthcare staff to provide support and guidance relating to the 9 Key Performance indicators.

Departments

In total there are 263 departments listed within the Safeguard database. During January 2023, 47 departments have received complaints. The top 7 departments are detailed in the graph below for January 2023.   The graph represents the number of issues raised within a complaint, it should be noted that a single complaint can raise multiple issues and can cover multiple departments.

No of Issues Raised by Department in January 2023 Top 7 Departments
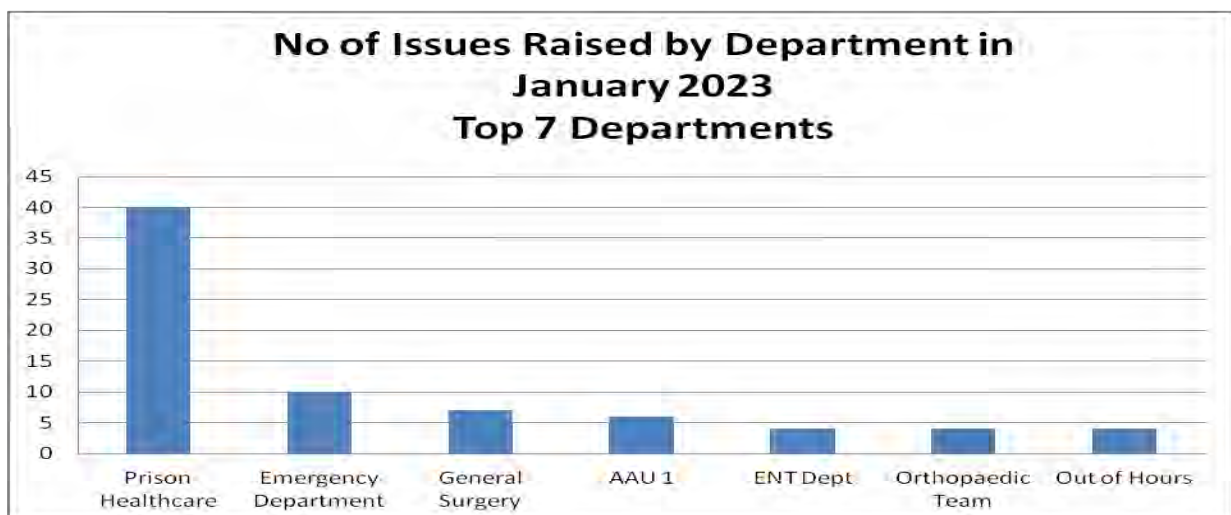
Person Centred Report

This section of the report highlights a range of projects/work the Person Centred Team have undertaken to support patients, families and staff.

To support the development of patient experience a short live working group will meet to discuss overall feedback and improvements which will be highlighted in the next report to show changes that have been made as a result feedback.

In-patient Experience Survey
As part of NHS Forth Valley's tool kit of gathering patient experience and feedback, each week 5 patients per ward are asked to complete the local in-patient experience questionnaire, this would normally be supported by ward volunteers who discuss the questionnaires with the patients, due to the current pandemic situation, this is currently being supported by ward staff and will be continuously reviewed with the aim of the volunteers returning when safe.

The following results show our patient feedback for the month of November 2022 across all in-patient areas in NHS Forth Valley. This data is collected on a weekly basis and is aggregated for purposes of this report. See below details of the top 3 positive results and the top 3 areas identified for improvement.

Top 3 Positive Results
1. 98.3% of patients had enough privacy when being examined/treated
2. 97.8% of patients were happy with their care
3. 97.2% of patient responded that the main room/ward area was clean

Top 3 areas for improvement
1. 10.5% of patients responded they were troubled or disturbed by noise at night from other patients
2. 5% of patients responded that staff did not keep them informed of how long they were likely to stay in hospital.
3. 4.4% of patients responded that they were troubled or disturbed by noise at night from staff.

It is noted that 120 patients completed the survey during the month of January. A summary of actions to demonstrate improvements will be provided in a future report.

As part of the patient experience survey patients have the opportunity to tell us in their own words about their journey.

The word cloud below details what patients felt was **good** about their experience while they were in hospital.

- Patients felt that staff were very friendly
- Patients felt safe and well cared for
- Patients commented staff of all levels were very helpful

The word cloud below tells us what patients felt could be **improved**

- Patients have asked for better access to pain relief, as they have had long waits to receive
- Patients were disappointed with the access they had to physio
- Patients felt communication could be improved, being told in advance when being discharged and being told they are being admitted to hospital
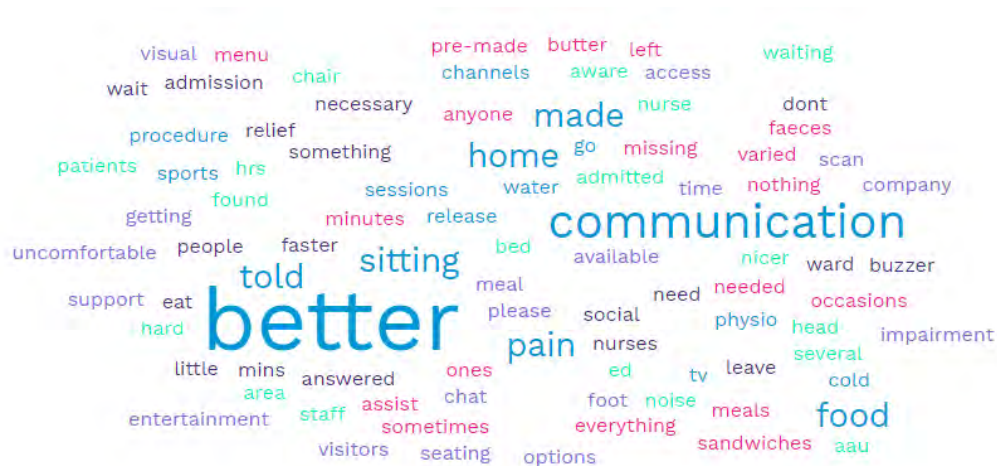
Care Opinion

During the months of December and January 2023 we have received 135 Care Opinion stories, to date the stories have be read 13,833 times. The tables below give details of how the moderators have rated the stories and who is telling the stories.

Table 1: details how the stories have been moderated, 82% of stories posted were rated as non critical/minimally critical
Table 2: 77% of stories were posted by patients/service users.

How moderators have rated the criticality of these stories

Rating	Percentage (Count)
not critical	78% (105)
minimally critical	4% (5)
mildly critical	13% (17)
moderately critical	6% (8)

How the authors of these stories identify themselves

Author	Number of stories
a carer	1% (1)
a parent/guardian	9% (12)
a relative	14% (19)
a service user	33% (44)
the patient	44% (59)

Number of stories
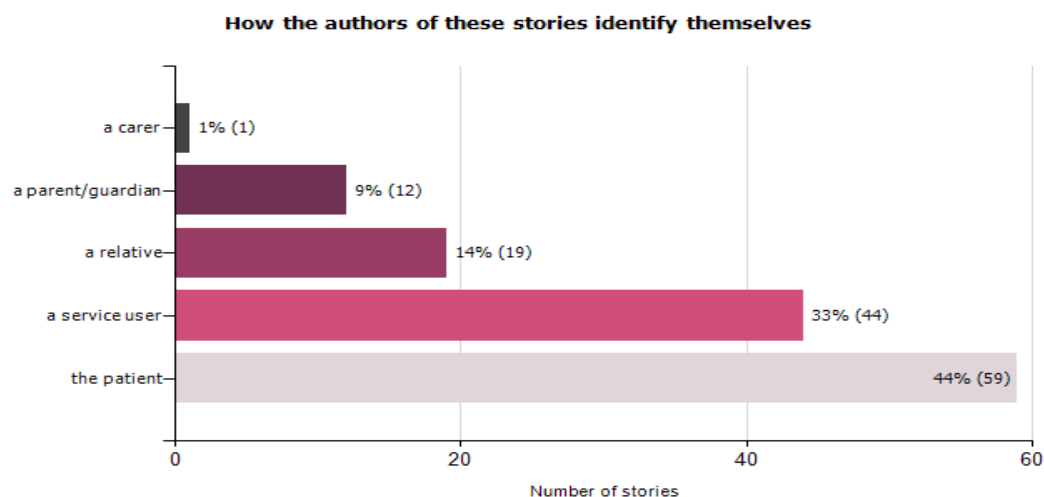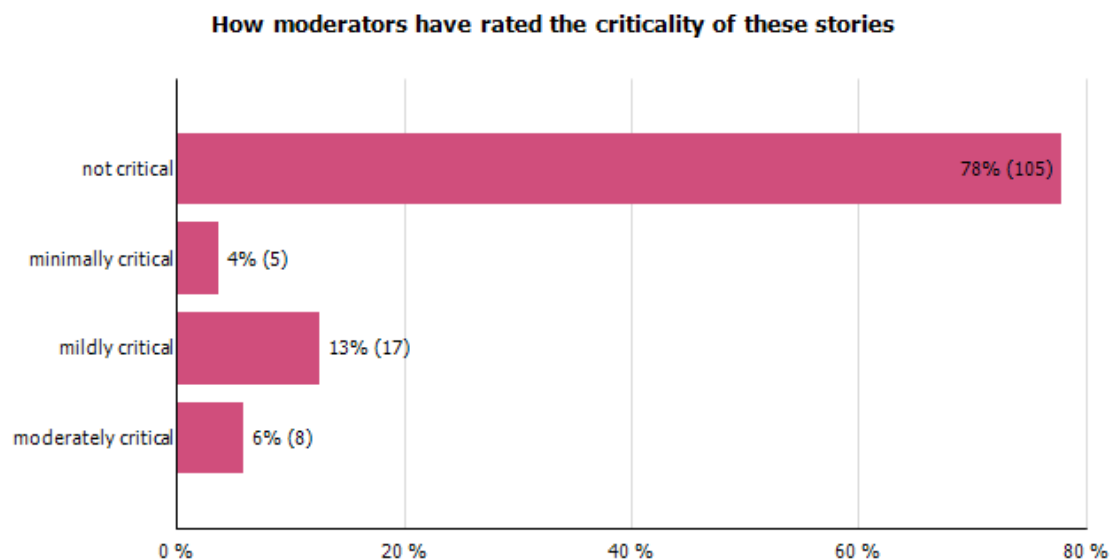
What was good?

The wordle below details what people thought was good about their experience.

- Patients fed back that staff were professional, friendly, helpful, caring and nothing was too much trouble.

What could be improved?

The wordle below details what could have improved their experience.
- Improve the waiting times
- Better communication
- Staff attitude and behaviour

Additional Bed Patient Experience

To gather the feedback and experience of patients in the additional beds, a patient experience survey was designed to capture the feedback, a member of the person centred team visits each of the wards that have the additional beds to gather the feedback from the patients.

The data below details the feedback gathered. During the month of January 2023, fifty eight patients completed the patient experience survey.

2. Which ward are you in

More Details

Ward	Count
A11	3
A12	5
A21	4
A22	3
A31	4
A32	5
B11	3
B12	1
Stroke Unit	13
B22	3
B23	4
B31	6
B32	4
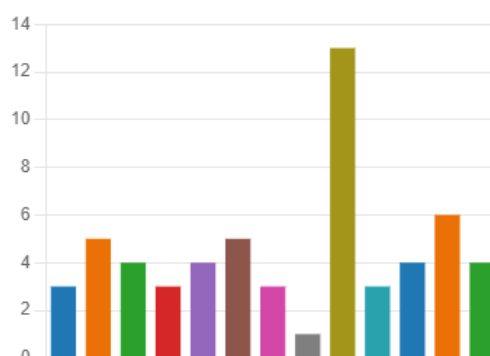
The graph above details the wards the surveys were carried out in and the number of surveys completed.

3. Where was your care delivered?

More Details

Location	Count
Treatment Room	10
Extra bed in 4 bedded bay (5th ...	48
Other (Please detail)	0

- 83% of patients participating in the survey were patients in the 5th bed of the 4 bedded bays
- 17% of responses were from patients in treatment rooms

4. **How long have you been in the additional bed area?**

More Details

🔵	Less than 24 hours	10
🟠	2 - 3 days	12
🟢	3 - 7 days	17
🔴	7 - 14 days	19

- **17%** of patients responded were **less than 24 hours** in the additional bed area
- **29%** of patients responded were **2 to 3 days** in the additional bed area
- **29%** of patients responded were **3 to 7 days** in the additional bed area
- 33% 17% of patients responded were 7 to 14 days in the additional bed area

5. I had privacy when there were discussions about my care and treatment

More Details   ⚙ Insights

🔵	Strongly Agree	29
🟠	Agree	19
🟢	Disagree	4
🔴	Strongly disagree	1
🟣	Neutral	5

- **50%** responded they **strongly agreed** they had privacy when discussing care and treatment
- **33%** responded they **agreed** they had privacy when discussing care and treatment
- **7%** responded they **disagreed** they had privacy when discussing care and treatment
- **1%** responded they **strongly disagreed** they had privacy when discussing care and treatment
- **9%** responded they **neither agreed/disagreed** they had privacy when discussing care and treatment

Feedback –

- Patients mentioned the difficulty with the space, other patients are able to hear conversations from doctors and nurses due to being so close to each other when the 5th bed in a 4 bedded bay.
- A small number of patients also mentioned that there were no curtain/screen to give additional privacy.

6. **I had privacy when personal care was being provided**

More Details · Insights

🔵 Strongly Agree	35
🟠 Agree	16
🟢 Disagree	3
🔴 Strongly disagree	2
🟣 Neutral	2

- **60%** of patients **strongly agreed** they had privacy when personal care was being provided
- **38%** of patients **agreed** they had privacy when personal care was being provided
- **3%** of patients **disagreed** they had privacy when personal care was being provided
- **2%** of patients **strongly disagreed** they had privacy when personal care was being provided
- **2%** of patients **neither agreed/disagreed** they had privacy when personal care was being provided

Feedback

- Patients in the treatment rooms highlighted that lack of access to toilet/washing facilities within the room. When accessing the facilities in the bay areas were busy due to the number of patients accessing the facilities.

7. **I was not disturbed by noise at night from other patients**

More Details · Insights

🔵 Strongly Agree	22
🟠 Agree	16
🟢 Disagree	13
🔴 Strongly disagree	5
🟣 Neutral	2

- **38%** patients **strongly agree** they were not disturbed by noise at night by other patients
- **28%** patients **agree** they were not disturbed by noise at night by other patients
- **22%** patients **disagreed** they were not disturbed by noise at night by other patients
- **9%** patients **strongly disagreed** they were not disturbed by noise at night by other

8. **I was not disturbed by noise at night from staff**

More Details   Insights

🔵 Strongly agree	29	
🟠 Agree	22	
🟢 Disagree	4	
🔴 Strongly disagree	0	
🟣 Neutral	3	
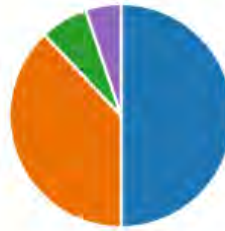
- **50%** of patients **strongly agree** they were not disturbed by noise at night by staff
- **22%** of patients **agree** they were not disturbed by noise at night by staff
- **7%** of patients **disagreed** they were not disturbed by noise at night by staff patients
- **3%** of patients **neither agreed/disagreed** they were not disturbed by noise at night by staff

9. **I felt safe during my time on the ward**

More Details

🔵 Strongly agree	35	
🟠 Agree	19	
🟢 Disagree	3	
🔴 Strongly disagree	0	
🟣 Neutral	1	
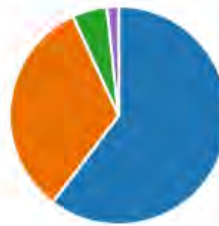
- **60%** of patients **strongly agreed** they felt safe during their time on the ward
- **33%** of patients **agreed** they felt safe during their time on the ward
- **5%** of patients **disagreed** they felt safe during their time on the ward
- **1%** of patient's **neither agreed/disagreed** they felt safe during their time on the ward

Feedback: Patient highlighted that they were anxious about being on the ward and were worried about wandering patients.

10. **The staff gave an explanation as to why I was being placed in an**

More Details

🔵	Strongly agree	10
🟠	Agree	10
🟢	Disagree	35
🔴	Strongly disagree	2
🟣	Neutral	1
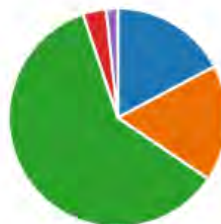
- **17%** of patients **strongly agreed** they were given an explanation about being in an additional bed space
- **17%** of patients **agreed** they were given an explanation about being in an additional bed space
- **60%** of patients **disagreed** they were given an explanation about being in an additional bed space
- **3%** of patients **strongly disagreed** they were given an explanation about being in an additional bed space
- 2% of patients **neither agreed/disagreed** they were given an explanation about being in an additional bed space

91%

11. **Did you have access to your own assistance buzzer/bell?**

More Details

9%

9%

🔵	Yes	53
🟠	No	5

41% **50%**
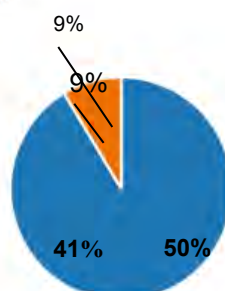
12. **The staff listened to me when I raised any concerns**

More Details   🔆 Insights

🔵	Strongly agree	29
🟠	Agree	24
🟢	Disagree	5
🔴	Strongly disagree	0

24

13. **If you raised a concern with the staff where they addressed?**

More Details   Insights

●	Fully addressed	39
●	Partially addressed	15
●	Not addressed	4
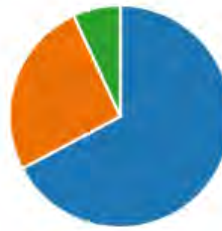
14. Can you tell us what has been good about your time on the ward?

- 81% of the patient that completed the survey responded to this question.

On analysis of the feedback the top themes include.

- Patients commented that staff are caring, helpful and kind
- Patients feel the staff listen to them
- Staff are friendly

11 respondents (23%) answered **Staff very good** for this question.

staff and patients   Good company
levels of staff   Good staff   Friendly staff   Staff are fantastic staff experience
Nice staff   **Staff very good** caring   Staff very pleasant
ward   time   Food Good
staff have all been lovely   Better   Staff are very helpful
peaceful - staff Staff are all so busy   Staff been excellent

Patient Comments:-

"It's a happy ward, staff are good and listen, and they take time with you"

"All personal was kept in confidence"

"The staff have been lovely although very busy and overworked"

15. Is there anything that could be done to improve your experience while being on the ward?

- 76% of the patients that completed the survey responded to this question. On review of the feedback the areas for improvement include:

    o Access to a television
    o Curtains to provide privacy
    o Lack of bathroom facilities when in the treatment room
    o Not enough staff available to provide help and support

8 respondents (**18%**) answered **patients** for this question.

corner of a room
Toilet in room **Better** space accessibility to TV
tv or radio **room** **patients** **beds** **staff** patient treatment
beds in ward 5th bed **No tv** **tv** buzzer visitors are in and patient
crammed in the room no privacy room under a window
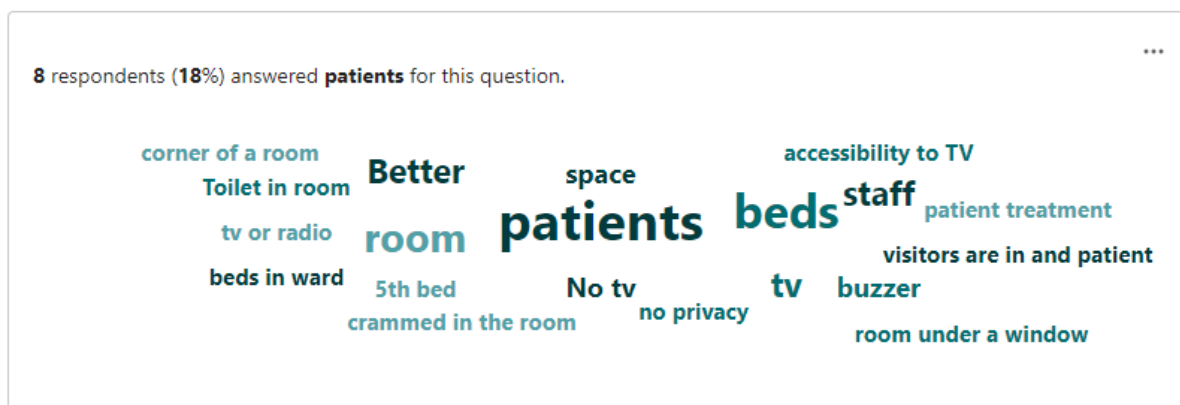
Q16. Do you have any additional comments?

- 42% of patients that completed the survey responded to the question.

6 respondents (**50%**) answered **staff** for this question.

Treatment Room 5th bed communication with daughter
doorbell buzzer hospital weeks night time extra patients
6th bed pressure **staff** busy ward equipment noisy
staff's attention bed not enough staff **Phone rings**
patients in the room bed in ward Father now has a pressure

Patient Comments:-

"New lady just arrived in the room, so now 6 patients, it's really not safe or fair on us or the staff"

"This is a very busy ward, the staff are all under so much pressure and giving them extra patients to look after really isn't good enough"

Emergency Department Patient Experience Feedback

5 patients per week with the support of the Person Centred Team are asked to complete the patient experience survey, 15 surveys were completed during the month of January 2023.

3. I was welcomed

More Details   Insights

🔵	Strongly Agree	13
🟠	Agree	1
🟢	Neither Agree/Disagree	1
🔴	Disagree	0
🟣	Strongly Disagree	0
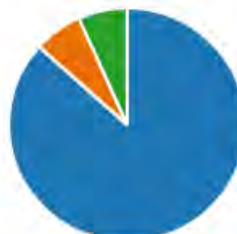
More Details

4. Staff introduced themselves

More Details   Insights

🔵	Strongly Agree	14
🟠	Agree	1
🟢	Neither Agree/Disagree	0
🔴	Disagree	0

6. Once seen by nurse/doctor, I was kept informed about what was happening to

More Details   Insights

🔵	Strongly Agree	7
🟠	Agree	4
🟢	Neither agree/disagree	2
🔴	Disagree	2
🟣	Strongly disagree	0
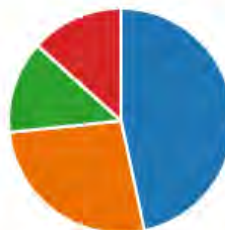
7. I knew who was in charge of my care

More Details   Insights

🔵	Strongly agree	4
🟠	Agree	1
🟢	Neither Agree/Disagree	2
🔴	Disagree	8
🟣	Strongly disagree	0

8. I felt staff listened to me if I had concerns or questions

🔵	Strongly agree	11
🟠	Agree	0
🟢	Neither agree/disagree	4
🔴	Disagree	0
🟣	Strongly disagree	0
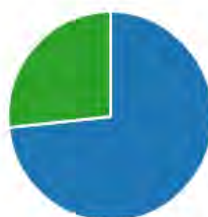
9. The nurse/doctor discussed my condition/treatment in a way that I could understand

🔵	Strongly Agree	11
🟠	Agree	2
🟢	Neither agree/disagree	1
🔴	Disagree	1
🟣	Strongly disagree	0
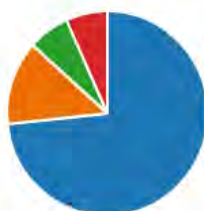
10. I had enough privacy when I was being examined

🔵	Strongly agree	14
🟠	Agree	0
🟢	Neither agree/disagree	1
🔴	Disagree	0
🟣	Strongly disagree	0

11. I was able to access adequate pain relief when I needed it

🔵	Strongly agree	8
🟠	Agree	0
🟢	Neither agree/disagree	7
🔴	Disagree	0
🟣	Strongly disagree	0

28
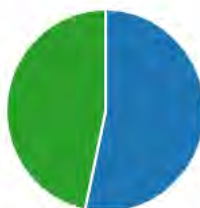
12. I felt safe during my time in the Emergency Department

More Details

🔵 Strongly Agree	15	
🟠 Agree	0	
🟢 Neither agree/disagree	0	
🔴 Disagree	0	
🟣 Strongly disagree	0	

13. Overall I was happy with my experience in the Emergency Department

More Details   💡 Insights

🔵 Strongly agree	14	
🟠 Agree	0	
🟢 Neither agree/disagree	0	
🔴 Disagree	1	
🟣 Strongly disagree	0	
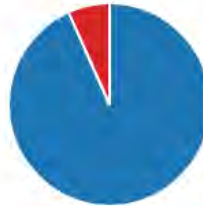
Q14. What could have made your experience better?

- 100% of patients that took part in the survey responded, 60% of those responded there was nothing needed to be done to improve their experience.

9 respondents (60%) answered No for this question.

information   Chair/Bed **No**   not sure
chat   Doctor/Nurse
Waiting Time   Suitable   room for improvement
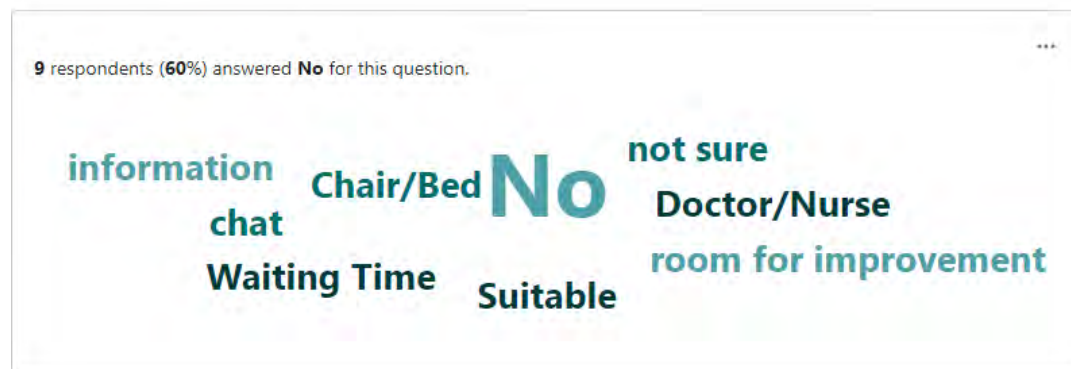
Patient comments:-

"A suitable chair or bed to sit in"

"During chat with doctor/nurse not sure if taken all the information shared"

"Reduce waiting time"

29

Q15. Was there anything particularly good about your visit to ED?

- 100% of patients that took part in the survey responded, 60% of those responses mentioned staff.

9 respondents (**60**%) answered **Staff** for this question.

Patient Comments:-

"Staff – excellent efficient, timely, manners"

"Staff welcoming and friendly"

"Staff and ambulance staff were very good"

Person Centred Team Emergency Department Visits

A member of the Person Centred Team visits the Emergency Department on a daily basis to speak with patients and provides (non Clinical) support to patients and their loved ones. The table below details the support the Person Centred Team provides and feedback received from patients.

- Total number of patient contacts 194 during the month of January 2023.

The table below gives a small example of the support the team provides and feedback from the patients and their families.

Support Provided
A number of patients couldn't understand why they had to give the same information to the triage nurse when they had described everything when they phone 111.   Explanation given to patients the reason for this.
Patients had been in the department for a long period of time and didn't want to disturb staff as they department was so busy, were offered tea and toast. Supported families in distress to access family room facilities and provided tea/coffee.
Supported patients to make contact with their loved ones to give them an update.
Supported lady looking for her hearing aids – which we found and requested staff to provide her with information on her future care and treatment.
Department extremely busy, supported patients in corridor with ambulance crews and patients in small waiting area. Some patients waiting a long time mainly to be moved to the wards.
Spent time with lady and provided her with water, lady was distressed and we chatted and I assisted in making her more comfortable with the aim of her relaxing, this in turn would help her sleep and aid her anxieties around her breathing difficulties. Checked back in with her later and she had had a sleep and was more relaxed, provided her with re-assurance.
Spent time with patients and families, particularly with one elderly lady who was on her own. We chatted and spoke about her care and who was supporting her. She has no-one apart from a carer who pulled clothing together for her when the ambulance crew arrived as she was not prepared for them, she waited a while as GP advised an ambulance would collect her earlier in the day and she thought they were not coming. She did have clothing with her but had spent her time in a hospital gown. She was unsure if she was going home or staying in hospital. Spent time with her and then left to speak with other people within ED. When I left ED and was walking along the corridor, I noticed that she was in a wheelchair with a porter. She called my name and she held on to my hand going along the corridor as she was concerned she was not dressed. She was still in a hospital gown with no blanket over her. Her bag of clothing was on the back of the chair. She was most concerned that she was not dressed. Porter advised she was being transferred to the Discharge Lounge. Re-assured her that the staff within the Discharge Lounge were lovely and would help her change and look after her prior to going home. She said to me that it all happened so quickly and this may have confused her slightly she felt she was "grabbed" and put in the chair.   The lady came across as a very softly spoken and gentle person. Re-assured her she was okay and would be looked after by staff. Porter helpful and reassuring too.

Feedback received from patients is shared with the SCN of the department on a weekly basis.

When a concern is raised by a patient or a loved one, it is highlighted to the nurse in charge and is dealt with.

Feedback
All patients appreciative of care and staff – all excellent. Patients very understanding, how busy the Team are and the demands placed on them.
Patient commented he had been well looked after and grateful to staff.
Patients are very understanding of the pressures within the department and placed on staff " it is what it is " . Patients are very complimentary towards the staff – excellent, kind, helpful, caring, one gentleman said they "can't be faulted"
Patients expressed their gratitude for spending time with them and for the support and understanding shown towards them.

Expressions of Care – Patient Feedback

NHS Forth Valley pro-actively encourages feedback to inform service improvements, ensuring that care is safe, effective and person centred. The comments and letters below demonstrate the range of positive expressions of care we have received, in the words of those providing the feedback.

Stroke Ward

One week ago today, I had a stroke. I was on my own and very frightened. Thankfully, my saviours came in many guises, from the exemplary ambulance crew, who assured me that I was in their care and tried to alleviate my fears to the excellent team in the Emergency Room, who, alongside Dr. Byrne attended to me with care, compassion and respect and saw me on the road to recovery. To every member of the Stroke Team Staff in Ward 21 and all who help in stroke situations. From the tea/dinner ladies and cleaning ladies and all others who cared for me until I was discharged, I cannot thank you enough. In my darkest hour, you gave me your all. THANK YOU!

Accident & Emergency

I brought my niece in after she fell off a horse and broke her elbow and wrist. Kim the nurse that seen her was amazing my niece has autism and doesn't communicate with strangers, Kim was so patient and friendly with her in what could have been a very stressful and painful experience Kim managed to keep my niece smiling. The reception staff were amazing as well and helped out with a stressed parent

Intensive Care Unit

I just wanted to say a big thank you to Claire and Hazel in ICU FVRC. Our mother was sadly in ICU and I cannot appreciate the nurses within this unit more than I do right now. Their kindness towards my family and my mother in what was to be a very sudden passing, couldn't be appreciated more. I hope they know that they helped guide us through a horrible unexpected part of life in such a nice and professional way. Thank you

Maternity Services

I would like to share my extremely positive experience with Maternity Services in NHS Forth Valley. The patient journey has been a very positive, marked by clear communication and patient collaboration prenatally, during birth and postnatally.

The Cherry Team were very open to discussion about having a home birth and facilitated this. Gloria is excellent and the use of the badger net app is great, The flexibility of allowing a home birth when I was 37+6 was incredible. Sharon & Rebecca the midwives who came to my home provided excellent care. Unfortunately the day after my birth my blood pressure was high and I was admitted to ward 8 at Forth Valley Royal for monitoring and medication. All staff, midwives, health care assistants, nurses and doctors provided a compassionate and caring service to my son and I. Thank you all very much.

Assurance – Performance and Demonstrating Improvements & Learning

This section of the report provides assurance and demonstrates work being progressed to enhance the management of complaints, feedback and learning, and person centred care to the Board.

- Provide a listening service through the Person Centred Team for those who do not wish to raise a complaint or a concern.
- Maintain the system wide approach to ensure that the Board's local target in respect of the Complaints Handling Procedure is achieved, however whilst acknowledging the ongoing systems pressure our staff are encountering.
- Ensure that performance is maintained and that there is an emphasis on the use of the Stage 1 complaint's process throughout the organisation particularly during the current COVID-19 pandemic.
- Provide continued support to staff around the importance of gathering feedback and learning to inform change and improve the services we deliver.
- To support local teams following the completion of an investigation within the CHP ensuring that the response is shared with staff involved in the process.
- A focussed journey of continuous improvement to the quality of responses provided to complainants ensuring a consistent person centred response is provided.
- All SPSO outcomes will go through appropriate local governance groups to ensure shared learning across the organisation.
- Developing a system wide focussed action orientated response to upheld complaints.
- Self-awareness and training has now recommenced with sessions being carried out for staff and future training is planned across a wide variety of staff within Forth Valley.
- Continued collaborative approach working with the Health and Social Care Partnerships to enhance and develop an integrated approach to the Complaints Handling Procedure, learning and reporting.

FORTH VALLEY NHS BOARD
TUESDAY 28 MARCH 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 11-month period ended 28 February 2023 together with commentary on the forecast outturn for the year.
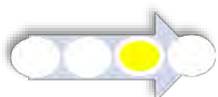
Recommendations
The NHS Board is asked to:
- **note** the in-year revenue overspend of £0.7m and balanced capital position as at 28 February.
- **note** the year-end revenue and capital projections to 31st March 2023 remain at breakeven subject to risks outlined in the paper.
- **note** that the strategic risk on medium to longer term financial sustainability remains very high in light of the current financial environment and operating context.
- **consider** the proposed level of assurance

Assurance

Proposed assurance level:

Level of Assurance		System Adequacy	Controls
Reasonable Assurance		Adequate framework of key controls with minor weaknesses present.	Controls are applied frequently but with evidence of non-compliance.

A Reasonable level of assurance is reported on the basis that mitigating actions to address the corporate financial sustainability risk are in place and operating, although these are not expected to fully mitigate the underlying risk.

Key Issues to be considered
Breakeven remains forecast for the year. This reflects receipt of funding allocations which were higher than original planning assumptions in relation to the New Medicines Fund and CNORIS.

Achievement of breakeven is reliant on non-recurring savings and one off funding sources which increases the financial challenge and recurring savings requirement for future years. This has been reflected in the draft 3-year financial plan which is presented for approval under separate cover on the agenda.

Implications

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

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

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

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

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

☐   *Yes*
✓   *N/A*

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

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

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

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

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

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

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

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

Additional Information
N/A

Appendices
- Appendix 1: Summary Revenue Financial Position as at 28 February 2023
- Appendix 2: Non-core staffing expenditure as at 28 February 2023

1.0 OVERVIEW OF MONTH 11 FINANCIAL RESULTS

1.1 Revenue position 2022/23

The total annual net revenue budget for 2022/23 is currently estimated at £767.8m 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 with one high value item which has been verbally confirmed with Scottish Government but has not yet been formally allocated (National Treatment Centre funding £8.7m).

TABLE 1: NHS Forth Valley 2022/23 Finanical performance	Annual Budget £m	Apr - Feb Budget £m	Apr - Feb Expenditure £m	Underspend/ (Overspend) £m
Clinical Directorates	344.690	299.991	301.453	(1.462)
Clackmannanshire & Stirling HSCP	147.386	131.197	132.560	(1.363)
Falkirk HSCP	157.512	140.203	138.369	1.834
Facilities and Infrastructure	108.976	98.569	98.528	0.041
Corporate Functions	10.920	6.032	5.765	0.267
Total	**769.484**	**675.992**	**676.675**	**(0.683)**

As summarised in Table 1, an overspend of £0.7m is reported as at 28 February. 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 medicines 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 remains forecast for 2022/23. This takes account of receipt of additional New Medicines funding allocations at levels significantly higher than our original planning assumption and reductions in CNORIS contributions. Note that achievement of breakeven remains subject to risk, particularly if there are further late unexpected allocations received between now and the end of the financial year, which could result in an unplanned underspend, and subject to year end audit processes.

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, regional testing and a small number of public health measures, 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 £30.7m (up £5.9m or 23% on the same period in the previous year). Around £21.2m (71%) 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.

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

1.2 <u>Capital position 2022/23</u>

The total annual net capital budget for 2022/23 is currently estimated at £15.559m as summarised in table 2 below. This reflects the core Capital Resource Limit (CRL) of £6.389m as advised by the Scottish Government, together with £11.385m of anticipated allocations, £0.185m 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.

There was one allocation adjustment in the net Capital budget during February relating to the deferment of income anticipated for Property Sales to next financial year to the value of (£0.954m). A further allocation adjustment is currently being quantified due to reflect the revised timing of completion of the National Treatment Centre at Forth Valley Royal Hospital.

TABLE 2: 2022/23 NHS Forth Valley Capital position	Annual Budget £m	Apr - Feb Budget £m	Apr - Feb Expenditure £m	Underspend/ (Overspend) £m
Core Capital Resource Limit	6.389	6.201	6.201	0.000
Anticipated allocations	11.385	6.398	6.398	0.000
Indirect Capital Charged to Revenue	(2.400)	0.000	0.000	0.000
Property sales	0.185	0.185	0.185	0.000
Total	**15.559**	**12.784**	**12.784**	**0.000**

As reported in table 2, a balanced position is reported for the 11 month period ending 28 February with expenditure of £12.8m incurred to date, an increase of £2.6m during the month of February. This leaves a balance of £3.1m to be spent before the end of the financial year. Note that there is a risk of underspend should projects be incomplete or goods not received by 31 March 2023.

2.0 YEAR TO DATE FINANCIAL PERFORMANCE

2.1 CLINICAL DIRECTORATES

Clinical Directorates reported a combined overspend of £1.5m as at 28 February 2023 as summarised in table 3 below.

TABLE 3: Clinical Directorates*	Annual Budget £m	Apr - Feb Budget £m	Apr - Feb Expenditure £m	Underspend/ (Overspend) £m
Acute Services	221.436	202.038	205.071	(3.033)
Cross Boundary Flow	59.490	54.557	54.473	0.084
Community Services incl Prisons	15.371	13.853	13.999	(0.146)
Women & Children	54.451	49.913	49.704	0.209
Specialist Mental Health	18.615	16.974	17.874	(0.900)
Ringfenced and Contingency Budgets	16.657	1.600	0.000	1.600
Income	(41.330)	(38.944)	(39.668)	0.724
Total	**344.690**	**299.991**	**301.453**	**(1.462)**

* 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 £344.690m above is £70.405m

Acute Services – an overspend of £3.0m is reported for the 11 months ended 28 February. This is broadly in line with the position reported last month and reflects ongoing service pressures within A&E and inpatient specialties due to increased demand and length of stay, together with additional workforce costs to staff additional contingency beds, cover vacancies and sickness absence and the need to maintain separate covid/non-covid patient pathways. £16.4m of additional temporary staffing costs have been incurred to date within the Acute Services Directorate. Of this total, £12.5m (76%) relates to nurse bank and agency use. Key service areas where bank and agency staff are being deployed include Acute Assessment, Wards A11, A21, Ward B12 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 costs £20k on average per month).

Cross Boundary Flow – expenditure for the first 11 months of the year is broadly in line with the budgeted position. This will continue to be kept under review as we approach year end.

Community Services, including prisons – an overspend of £0.1m is reported as at 28 February. 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 £0.2m is reported as at 28 February. This is in line with expectations and reflects 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 £0.9m. 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, which has reduced an element of staff bank and agency usage.

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 £0.7m is reported against income budgets in respect of Externals and Junior Doctors (via NHS National Education Scotland).

2.2 CORPORATE SERVICES AND FACILITIES

A combined underspend of £0.3m is reported for Corporate Services and Facilities as at 28 February 2023 as summarised in table 4 below.

TABLE 4: Corporate Functions and Facilities & Infrastructure	Annual Budget £m	Apr - Feb Budget £m	Apr - Feb Expenditure £m	Underspend/ (Overspend) £m
Facilities & Infrastructure	108.976	98.569	98.528	0.041
Corporate Functions				
Director of Finance	3.933	3.606	3.592	0.014
Area Wide Services	(22.218)	(22.739)	(22.403)	(0.336)
Medical Director	10.472	9.293	8.736	0.557
Director of Public Health	4.583	3.457	3.497	(0.040)
Director of HR	5.934	5.167	4.814	0.353
Director of Nursing	3.759	3.197	3.389	(0.192)
Chief Executive	2.333	2.104	1.892	0.212
Portfolio Management Office	0.534	0.489	0.325	0.164
Immunisation / Other	1.590	1.458	1.923	(0.465)
Corporate Functions sub total	10.920	6.032	5.765	0.267
Total	**119.896**	**104.601**	**104.293**	**0.308**

Facilitates and Infrastructure - expenditure is broadly in line with budget as at 28 February This position incorporates receipt of funding to fully offset £0.6m of covid costs that are included in the year-to-date position. 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 as part of our Covid exit strategy. Whilst an overall favourable position is reported to date, note that this masks pressures within support services specifically relating to waste, patient transport, postage and franking.

Corporate Functions - a combined underspend of £0.3m is reported at end February. This reflects a number of non-recurring benefits arising from vacancies within the Medical Director, HR 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 (excluding set aside) reported under the Health and Social Care Partnerships (HSCPs) returned a combined underspend of £0.5m as at 28 February 2023 as summarised in table 5 below.

TABLE 5: Health & Social Care Partnerships	Annual Budget £m	Apr - Feb Budget £m	Apr - Feb Expenditure £m	Underspend/ (Overspend) £m
Clackmannanshire and Stirling HSCP				
Operational Services	57.111	51.698	50.471	1.227
Universal Services	86.578	79.499	82.089	(2.590)
Ringfenced and Contingency Budgets	3.697	0.000	0.000	0.000
Subtotal	147.386	131.197	132.560	(1.363)
Falkirk HSCP				
Operational Services	70.961	64.638	60.728	3.910
Universal Services	82.230	75.565	77.641	(2.076)
Ringfenced and Contingency Budgets	4.321	0.000	0.000	0.000
Subtotal	157.512	140.203	138.369	1.834
TOTAL	**304.898**	**271.400**	**270.929**	**0.471**

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 significantly higher than original planning assumptions. In addition, tariff savings linked to margin sharing arrangements have not materialised as agreed - this latter point is being pursued with the Scottish Government.

Note that a significant underspend continues to be reported within operational services for Falkirk HSCP due the closure of wards 1 to 4 at Falkirk Community Hospital. These wards were closed as a result of fire related Health and Safety risks associated with the building, however the original HSCP revenue budget for these wards has remained in place. The IJB has set out plans for the alternative use of these budgets going forward.

Risk sharing arrangements have been verbally approved for 2022/23 with final sign off expected following the March meetings of both IJBs. The proposed arrangements mirror the agreements of previous years where:

- 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 and therefore no additional payments to Clackmannanshire and Stirling IJB are likely to be required from the Board.
- Falkirk Integrated budget – NHS Forth Valley will assume responsibility for any net overspend on the integrated healthcare budget. Note that breakeven is currently forecast for the year and therefore no additional payments to Falkirk IJB are likely to be required from the Board.

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. It would be helpful to agree this early in the new financial year.

2.4 CAPITAL

Capital reported a balanced position as at 28 February as summarised in table 6 below.

TABLE 6: 2022/23 NHS Forth Valley Capital position	Annual Budget £m	Apr - Feb Budget £m	Apr - Feb Expenditure £m	Underspend/ (Overspend) £m
Elective Care	6.413	3.526	3.526	0.000
Information Management & Technology	2.932	2.339	2.339	0.000
Medical Equipment	4.553	4.501	4.501	0.000
Facilities & Infrastructure	3.289	1.908	1.908	0.000
NHS Board corporate projects	0.772	0.510	0.510	0.000
Indirect Capital Charged to Revenue	(2.400)	0.000	0.000	0.000
Total	**15.559**	**12.784**	**12.784**	**0.000**

Elective Care – works continue on the Elective Care Modular Build and associated car park and as at 28th February the sum of £3.526m has been spent in the current financial year. Due to the timescales for project completion and handover for the Modular Build Ward element of the project now slipping further into the 2023/24 financial year, forecast total budget requirement before 31st March 2023 is in the process of being quantified.

Information Management & Technology – during February reported expenditure increased by £0.5m, predominantly on desktop, devices and infrastructure refresh programmes, bring the total spend to date to £2.4m.

Medical Equipment – as at 28th February expenditure committed to date on Medical Equipment items equates to £4.5m including an in-month increase to the value of £0.6m. During February new orders were placed included Intensive Care Ventilators, Endoscopes and replacement Diathermy machines.

Facilities & Infrastructure – total expenditure to date amounts to £1.9m from an available budget of £3.3m. Key items of expenditure to date include staff costs recharged to capital and flooring works at various Health Centres throughout Forth Valley. There remains a risk of slippage on a number of projects.

NHS Board and Property Sales – capital grant payments have now been made to Denny Cross Medical Practice to the value of £0.4m and a further £0.1m has been spent on medical Devices (which are out with the responsibility of the Medical Devices Group). In addition, the sum of £0.037m has been spent on works within the Urgent Care Centre at Forth Valley Royal Hospital. With regard to the final minimum price guarantee payments for the Bellsdyke Development, these are now anticipated in financial year 2023/24 so available Capital Resource for the current financial year has reduced by £0.954m.

3.0 EFFICIENCY SAVINGS

As previously reported, delivery of the 2022/23 savings target of £29.3m will not be fully achieved on a recurring basis 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.

To date savings of £26.7m against a total target of £29.3m have been achieved as at 28 February as summarised in table 7 below. This reflects the fact that a number of schemes have been delayed due to external recruitment issues and a lack of available internal capacity 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.

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	13.4	11.5	Green
Review of Annual Leave Policy	0.7	0.0	(0.7)	Red
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	25.7	18.2	
Unidentified savings	6.2	0.0	(6.2)	Red
Total	**29.3**	**27.8**	**(1.5)**	**Red**

Appendix 1: Summary Revenue Financial Position as at 28 February 2023

TABLE 1: NHS Forth Valley 2022/23 Finanical performance	Annual Budget £m	Apr - Feb Budget £m	Apr - Feb Expenditure £m	Underspend/ (Overspend) £m
NHS Services (incl Set Aside)				
Clinical Services				
Acute Services	221.436	202.038	205.071	(3.033)
Cross Boundary Flow	59.490	54.557	54.473	0.084
Community Services incl Prisons	15.371	13.853	13.999	(0.146)
Women and Children	54.451	49.913	49.704	0.209
Specialist Mental Health	18.615	16.974	17.874	(0.900)
Income	(41.330)	(38.944)	(39.668)	0.724
Non- Clinical Services				
Facilities and Infrastructure	108.976	98.569	98.528	0.041
Corporate Services	10.920	6.032	5.765	0.267
Other				
Ringfenced and Contingency Budgets	16.657	1.600	0.000	1.600
NHS Services sub-total	**464.586**	**404.592**	**405.746**	**(1.154)**
Health & Social Care Partnerships				
Clacks/Stirling HSCP	147.386	131.197	132.560	(1.363)
Falkirk HSCP	157.512	140.203	138.369	1.834
HSCP sub-total	**304.898**	**271.400**	**270.929**	**0.471**
Total	**769.484**	**675.992**	**676.675**	**(0.683)**

Appendix 2: non-core staffing expenditure as at 28 February 2023

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	1,474,216	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	2,495,598	3,764,470	0	30,704,297

Cumulative Expenditure £ (by period)

12
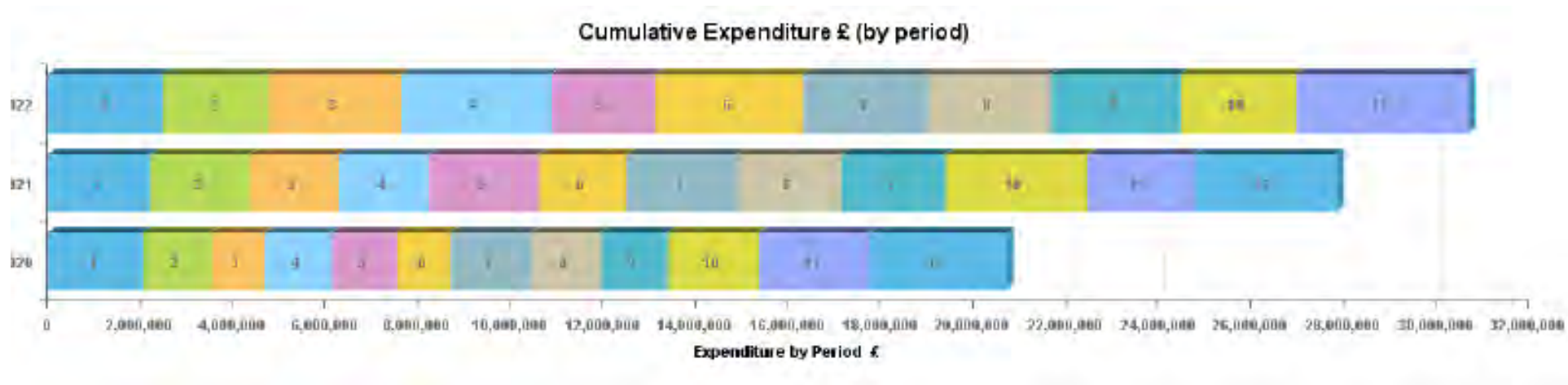
Appendix 2: non-core staffing expenditure as at 28 February 2023 (continued)

Current Year Expenditure by Directorate

Falkirk Hscp Community Admin (0.13 %)
Cshscp Community Admin (0.07 %)
Specialist Mental Hlth Service (9.35 %)
Complex Care Adults (0.16 %)
Chief Executive (0.06 %)
Portfolio Management Office (0 %)
Director Of Nursing (0.75 %)
Area Wide Controls Hb (1.53 %)
Director Of Human Resources (5.22 %)
Director Of Public Health (0.4 %)
Medical Director (0.86 %)
Director Of Finance (0.2 %)
Primary Medical Services (0.09 %)
Prescribing (0.04 %)
Facilities And Infrastructure (2.7 %)
Other Community Services (mg) (0.05 %)
Other Community Services (ko) (7.39 %)
Cs Operationally Managed (7.52 %)
Fk Operationally Managed (4.75 %)
Women & Children Directorate (6.85 %)
Acute Services (51.89 %)

FORTH VALLEY NHS BOARD
TUESDAY 28 MARCH 2023

9.1 Code of Corporate Governance Update
For Assurance

Executive Sponsor: Mrs Cathie Cowan, Chief Executive

Author: Ms Kerry Mackenzie, Head of Policy & Performance

Executive Summary

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

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

Recommendation

The NHS Board is asked to: -
* **note** an independent review of NHS Board and Assurance Committee governance arrangements is underway.
* **note** it is anticipated that the updated Code of Corporate Governance will be presented to the NHS Board in July 2023 for approval.
* **note** the work underway to review and update the sections within the Code of Corporate Governance including the Standing Orders and the Standing Financial Instructions.

Assurance

Not applicable

Key Issues to be Considered

The last comprehensive review of the Code of Corporate Governance was undertaken in March 2022 and approved by the NHS Board with a subsequent update in September 2022 to take account of the new Model Code of Conduct and the updated Risk Management Strategy 2022 – 2025.

Professor John Brown, Chair of NHS GG&C, has begun an independent review of NHS Board and Assurance Committee governance arrangements. The Terms of Reference for the review have been developed and were approved by the NHS Board at its meeting on 31 January 2023. The review findings are expected by end of June 2023, and these will be shared with Board, ELT, and Assurance Board members. Findings will inform the update to the Code of Corporate Governance along with the Blueprint for Good Governance. The annual update planned for presentation to the NHS Board in March 2023 will therefore be deferred, with the update anticipated in July 2023.

Assurance Committees are currently reviewing their Terms of Reference to ensure these accurately reflect the purpose and remit of the Committee and a detailed review of Standing Financial Instructions and the Scheme of Delegation is underway.

The Code of Corporate Governance will continue to be kept under review and amended as necessary to ensure it reflects current policy and guidance.

Implications

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

Workforce Implications
There are no Workforce Implications in respect of this paper.

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

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

Relevance to Strategic Priorities

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

Equality Declaration

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

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

Communication, involvement, engagement and consultation

- NHS Forth Valley Board members
- Assurance Committee leads'

- NHS Forth Valley Chief Executive's Office
- Audit and Risk Committee - Friday 24 March 2023

Additional Information
Nil

Appendices
Nil

FORTH VALLEY NHS BOARD
TUESDAY 28 MARCH 2023

9.2 Corporate Plan – Corporate Objectives
For Approval

Executive Sponsor: Mrs Cathie Cowan, Chief Executive

Author: Mrs Cathie Cowan, Chief Executive

Executive Summary

The Corporate Plan reaffirms our ambition and purpose as an organisation, our promise to Forth Valley communities, our patients and staff and refers to our <u>corporate objectives</u> and how they connect with the Board's wider corporate governance arrangements.

Recommendation

The Forth Valley NHS Board is asked to:

- **approve** the Corporate Plan which also sets out the Health Board's corporate objectives.

Assurance

Not applicable.

Key Issues to be Considered

The Health Board annually revisits its corporate objectives (in line with national policy) to provide direction for staff whilst promoting action towards goal-related activities and behaviours that align with our values. Staff will be supported when developing and agreeing their objectives and personal development plans to which they will be held to account for.

This year the Board is asked to set a minimum objective/PDP team compliance target of 75% and there will be an expectation all Senior Managers promote the uptake of PDP and objective setting as part of the Board's commitment to implementing the Blueprint for Good Governance (second edition) and in particular demonstrating our commitment to staff development.

<u>**Implications**</u>

Financial Implications
N/A - There are no direct financial implications associated with this paper.

Workforce Implications
The paper supports the corporate objective 'valuing and developing our staff'.

Infrastructure Implications including Digital
N/A - No infrastructure implications identified**.**

Sustainability Implications

N/A - No sustainability implications identified.

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](#)*.*

Not Applicable

Quality / Patient Care Implications
This paper supports the corporate objective - Improve our focus on safety, quality, and sustainability.

Information Governance Implications
N/A - No Information Governance implications identified.

Risk Assessment / Management
Objective setting contributes to improved alignment of Board strategic direction and staff engagement in supporting overall improved performance - helps minimise risks at operational and strategic levels.

Relevance to Strategic Priorities
This paper refers to both the strategic priorities of the Board and proposes the corporate objectives for the year ahead. There are two new proposed corporate objectives: the first supports the Board's commitment to address inequalities and the second supports the need for improved governance.

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
Corporate objectives and the need to present these annually to the Board for approval has been discussed at the ELT and a commitment has been made to support the roll out of the objectives notably to support Team and individual objective setting and will be a key feature in ELT priorities for the year ahead.

Additional Information
N/A

Appendices
- Appendix 1: Corporate Plan 2023/2024

Corporate Plan 2023/2024
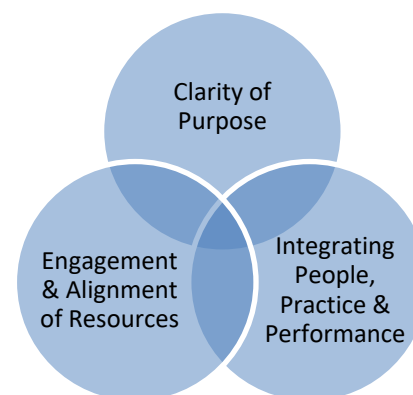
1. Foreword

Welcome to NHS Forth Valley's Corporate Plan 2023/2024. The Plan reaffirms our ambition and purpose as an organisation, our promise to Forth Valley communities, our patients and staff and refers to our priorities over the next twelve months which will be set out in detail within the NHS Board's Annual Operational Plan.

Covid-19 has been the most significant challenge our health and care system has faced in living memory and its legacy and ongoing impact has also sharpened the Board's focus on inequalities as highlighted in our 'anchor' work and in our unique 'Partnership' with the University of Stirling and Forth Valley College. The cost of living crisis and the focus on climate has focused the Board's commitment to sustainability and reform of our services to support innovation and improvements in accessing services and the health and wellbeing of our local population and staff.

In 2022/2023, the Board continued to invest in services to support our ongoing redesign of our urgent and unscheduled care including Out of Hours services, planned care and expansion of Hospital @ Home. Alongside investment in service redesign has been investment in our workforce and the NHS Board in working closely with our Area Clinical Forum and Area Partnership Forum approved £2.780m recurringly in nurse staffing and £0.696 bridging resource to support prison healthcare. In addition, as part of the Board's commitment to 'growing our workforce' the Board also invested in upgrading just over 800 staff from a Band 2 to Band 3, similar work to support international recruitment and Band 4 advancement is underway as we look to match our workforce to changing service delivery models. These investments are intended to support the NHS Board's commitment to service/workforce sustainability whilst reducing our supplementary staffing spend.

The significant additional funding to improve psychological and child & adolescent mental health services has not yet delivered the step change in performance we aspire to achieve; and we are looking at new ways of working and using technology to support our clinicians deliver more direct patient care.

As we look to the future population health (e.g., prevention, early intervention including 'keeping and staying well') whilst tackling inequalities, primary care, and staff wellbeing will continue to be centre stage in our plans to stabilise and reform services. Our ambitious plans to improve Urgent & Unscheduled Care performance are yet to deliver and a focus on triage redesign, new pathways to support scheduling of patients who traditionally present to the Emergency Department, improving prenoon and weekend discharge rates and delays in transfer or discharge with a focus on reducing our length of stay will continue.

On a positive note, Covid-19 has helped us embed and accelerate the use of technology within the Board and we will ensure we continue to support the acceleration of digital services and innovation to improve patient outcomes and experiences, where appropriate.

In summary, the time to change having been escalated to Stage 4 of the NHS Scotland Escalation Performance Framework has never been as important to us as we look to adopt and spread the language and practice of transformation and innovation as part of our everyday culture. In going forward the demands for health and social care services and the circumstances in which they will be delivered may be fundamentally different as we work more closely with neighbouring NHS Boards to share resources, achieve critical mass, and create sustainability. Integration and health and social care partnership working will be even more important as we continue to build relationships with Local Authority colleagues to improve outcomes.

In commending this Plan to you we are thoughtful of our vision - 'to be a great place to work and an outstanding place to receive care' and how it focuses on the delivery of safe and compassionate healthcare whilst encouraging people to think about their lifestyles and improving their health. We ask you to think about your contribution 'better health, safer care and better value' and invite you to highlight any opportunities to improve how we deliver services and care for both our patients and staff.   Your contribution to better health, safer care and better value is greater than you think. We are keen that you acknowledge the difference you can make, your interaction with patients, partners and each other define who we are, the importance of getting it right first time, every time becomes everyone's responsibility. We are confident we will do that with pride and professionalism and in doing so bring joy into our workplace.

Janie McCusker   **Cathie Cowan**
Chair   Chief Executive
on behalf of the Board of NHS Forth Valley

2.   Introduction

This Corporate Plan provides a connection between national and local context. It brings together the Government's ambition and our response to what has been agreed as key priorities for 2022/2023. These priorities will be set out within our Annual Operational Plan, notably:

- improve **population health and life expectancy** especially for those people living with long term conditions and furthest away from employment opportunities
- promote the **Detect Cancer Early** programme and timely access to diagnosis for people with urgent suspected cancer referrals
- implement Best Start: a five year Plan for **Maternity and Neonatal Care**
- build strong and resilient **Primary and Community Care** services
- prevent, treat, and improve access to **Mental Health** services for all ages
- redesign our **Elective Care** pathways locally and regionally to deliver sustainable improvement in all our access standards
- make progress in our **Unscheduled Care** pathways as part of our commitment to **health and care integration** an delivery of our Emergency Department (ED) and ED related performance
- build on our achievements to prevent and control **healthcare associated infection**
- work with our **financial allocation** to make best use of our resources to support high quality sustainable services
- fast track the national adoption of proven **innovations** which could have a transformative impact on efficiency and patient outcomes.
- Implement the **Workforce Plan**
- optimise use of **digital & data technologies** in the design and delivery of health and care services for improved patient access
- consider impact of actions on the **climate emergency** and environment

The Local Annual Operational Plan 2023/2024 will set out our ambition to deliver 'better health, safer care, better value, better workforce opportunities supported and informed by better governance' in response to the Government's policy context and priorities. It says what we will do rather than how we will do things. Our performance and delivery of the Plan will be reported to our Board in public and will be underpinned by outcome measures.

3. Our purpose, our promises, and our priorities

3.1 Our Purpose

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

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

In Forth Valley we have embraced the roles outlined above whilst at the same time being informed by -

- the external context within which we operate
- the intelligence which provides trend and comparative information on how our Board is performing
- dialogue and engagement with our patients, staff, partners, and the people of Forth Valley

In summary our purpose is simple: as a Board we aim to **improve outcomes in population health and healthcare whilst demonstrating best value.**

It is important when reflecting on our purpose to consider individuals and families whilst stopping to think about the population challenges we will face over the next decade. Our Healthcare Strategy needs to take account of the legacy of Covid, the cost of living and climate emergency and how we support and reward our workforce to help us deliver 'outstanding care'.

The local Integration Joint Boards will continue to play a key role in commissioning services in ways that support people stay and keep well in their own homes and/or communities and we remain committed working with partners to deliver improved outcomes for the people of Forth Valley.

3.2 Our Promise to our patients and their families

At NHS Forth Valley we pride ourselves in delivering high quality care and we will ensure all our patients are treated with dignity and respect whilst ensuring we deliver excellence and professionalism in all that we do.

You can expect

- to be treated with dignity and respect
- for us to show compassion by taking the time to listen, to talk and do the things that matter to you
- to receive high quality patient care and when you don't, we will listen and act on your feedback so we can learn, improve and do better next time
- for us to be consistent and reliable and do what we say we will
- us to work with you and your family (carers) and our colleagues so that we put your needs first
- for us to communicate (as individuals, teams and as an organisation) effectively, keeping you informed and involved and providing explanation if something has not happened

Our Promise to our staff and your promise to NHS Forth Valley

You can expect

- to be kept well informed
- to be appropriately trained and developed
- to be involved in decisions that affect you
- to be treated fairly and consistently with dignity and respect; in an environment where diversity is valued
- to be provided with a continuously improving and safe environment that promotes your health and wellbeing

In return as employers we ask that all staff show commitment and be accountable for their actions and contribution to individual, team/department and organisational performance including:

- keeping themselves up to date with developments relevant to their job within the organisation
- committing to continuous personal and professional development
- adhering to standards set by their regulatory bodies

- actively participate in discussions on issues that affect them directly or via their trade union/professional organisation
- treating colleagues and patients with dignity and respect while valuing diversity
- ensuring that their actions maintain and promote the health, safety and wellbeing of their colleagues, patients, and carers and community

The commitment to support and invest in a Compassionate Leadership Programme will begin from April 2023 and we invite staff to get behind this and contribute to an NHS Forth Valley culture that supports us being 'a great place to work and an outstanding place to receive care'.

3.3   Our Corporate Objectives

Every year the Board review and approve its corporate objectives, these objectives are intended to inform team and individual objectives for the period 2023/2024.   Table 1 below sets out our *corporate objectives and illustrates how they connect to the wider corporate governance arrangements.

Purpose: Improve outcomes in population health and healthcare whilst demonstrating best value Vision: 'to be a great place to work and an outstanding place to receive care'					
Aims/Ambitions:	Better Health	Better Care	Better Value	Better Workforce	Better Governance
Values:	Be person-centred, ambitious, respectful, supportive, a committed team member and act with integrity.				
Overarching Corporate Objectives	*Plan for the future *Demonstrate behaviours that nurture and support transformational change across our health and care system				
Corporate objectives	*Protect and improve the health and wellbeing of the people of Forth Valley whilst reducing inequalities. **Support broader social and economic development**.	*Improve our focus on safety, quality, and sustainability. *Promote and develop better integrated services locally and regionally.	*Demonstrate best value using our resources.	*Value and develop our people.	**Build systems and processes to direct, control and improve our authorising and operating environments**.

Measurable Results	Reduce the burden of disease e.g., target health promotion and screening activities and deliver a measurable shift to prevention (primary and secondary) to reduce premature mortality rate of the population, inequalities, and variation within our communities. Improve good health and wellbeing in early years to ensure the best start for children. Improve mental health and wellbeing in all ages	Reduce the risk of infection, injury of harm to our patients and our people. Improve our access to services. Demonstrate continuous improvement and sustainability in our services. Demonstrate delivery of person centred care built on the principle of realistic medicine notably choice and shared decision making. Deliver a shift on reliance on hospital care towards a preventative and proactive community care model.	Demonstrate effective financial - meet our statutory targets. Improve our 'spending well' approach to reduce variation, improve productivity, and eliminate waste. Demonstrate the use of digital technology and innovation to support the reform of our health and care system. Achieve our efficiency savings target and utilise our capital assets to support our system reform.	Demonstrate our support to the health and wellbeing of our people. Demonstrate compliance with the staff governance standard - 5 measures. Aligning our Healthcare Strategy to support cultural change. Demonstrate a shift in culture.	Demonstrate how decisions are made (setting direction) and change implemented (shaping culture and holding to account). Demonstrate inclusive stakeholder engagement and high engagement in CPP activity. Demonstrate effective governance controls and measures e.g., risk management system, and performance management system to support commitment to 'triangulation'.
Enabling, Inclusive, Collaborative and Supportive Systems Leadership and Culture					

FORTH VALLEY NHS BOARD
TUESDAY 28 MARCH 2023

9.3 Anchor Institution and Community Planning Update
For Assurance

Executive Sponsor: Dr Graham Foster, Director of Public Health

Author: Dr Jennifer Champion, Interim Director of Public Health; Mrs Susan Bishop, Head of Efficiency, Improvement and Innovation; Mrs Hazel Meechan, Public Health Specialist

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Executive Summary

NHS Forth Valley is a statutory partner in local community planning and an anchor institution[1] within the local area. This paper provides NHS Forth Valley Board members with a summary of key deliverables, issues currently being planned and addressed.
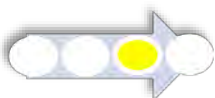
Recommendation
The NHS Board is asked to: -
- **note** the update on the newly established NHS Forth Valley Anchor Board first meeting
- **note** the progress in delivering against the Anchor Springboard milestones for 2022/23 and the planned priorities for 2023/24
- **note** the key issues currently being planned and addressed in the three local Community Planning Partnerships across Clackmannanshire, Falkirk, and Stirling.

Assurance

- NHS Forth Valley is a statutory partner in local community planning and an anchor institution[2] within the local area. If NHS Forth Valley's contribution to community health and wealth building is not aligned to our partners' strategic plans and to external policy drivers, there is a risk that we do not meet the needs of the population particularly in our most deprived communities and individuals, resulting in an increase in poverty, in health inequalities and in demand for healthcare services.

Level of Assurance		System Adequacy	Controls
Reasonable Assurance		Adequate framework of key controls with minor weaknesses present.	Controls are applied frequently but with evidence of non-compliance.

- A reasonable level of assurance has been reported on the basis that plans are being progressed with partner organisations and resources are being prioritised.

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[1] The NHS as an Anchor Institution, the Health Foundation - https://www.health.org.uk/news-and-comment/charts-and-infographics/the-nhs-as-an-anchor-institution

Key Issues to be Considered

NHS Forth Valley Anchor Board

- The first meeting of the NHS Forth Valley Anchor Board took place on 13 December with community planning partners and anchor institutions from across Forth Valley invited to the meeting.
- The purpose of the Board includes supporting shared Community Wealth Building goals to tackle inequalities including poverty, to improve collective wellbeing whilst contributing to a strong, resilient, and inclusive Forth Valley economy and enhancing the NHS Forth Valley contribution to the work of the Community Planning Partnerships, City and Growth Deals and other regional strategies to positively impact on our most disadvantaged populations.
- Both the purpose and membership are contained in the Terms of Reference, which was reviewed and supported. (See Appendix 1)
- In the meeting, a presentation from the Public Health Scotland's anchor institution lead set the national context and provided questions for the Anchor Board to consider in relation to the scope and priorities for the work of the Anchor Board.
- The next NHS Forth Valley Anchor Board meeting is scheduled to take place on 5 April 2023 and planned to be in the form of a workshop to inform outcomes and priorities for Forth Valley collaboration.

NHS Forth Valley Anchor Springboard

- The NHS Forth Valley Anchor Springboard was formed prior to the Anchor Board and is made up of heads of a range of corporate services, public health and health improvement.
- Its purpose is to drive and support the NHS Forth Valley contributions to local community wealth and health building.
- It meets monthly and is co-chaired by the Head of Strategic Planning and Health Improvement for Clackmannanshire and Stirling Health and Social Care Partnership and NHS Forth Valley's Head of Efficiency, Improvement, and Innovation.
- Progress against key deliverables is set out below with some examples described in more detail.

Widening access to quality work

- Implemented NHS FV Employability Plan – May 2022
- Shared workforce plans with partners – Nov 2022 - complete
- Identified resource opportunities with Local Employability Leads – Aug 2022 - complete
- Contributed to partners workforce planning - Aug 2022 -complete

Purchasing and commissioning for local social benefit

- Tested and implemented community benefits portal – Apr 2022 - complete
- Real living wage accreditation of providers sought – Apr 2022 - complete
- Built relationships with procurement leads in Local Authorities – Aug 2022 - complete
- Benchmark with other NHS Boards – Aug 2022 - complete

Using buildings, land and digital assets

- Mapped buildings for use by partners and agreed governance – May 2022 - mapping complete
- Mapped land with potential for social use – July 2022 - complete
- Used FCH Masterplanning and Primary Care Premises Planning as opportunities for anchor contribution Mar 2024 - in progress
- Strengthened relationships and planning with Local Authorities on digital/ICT - Mar 2023

Delivery of heath and wellbeing

- Have used data to Identify areas of health inequality to focus place based redesign of services on May 2022 - complete for Falkirk and Clackmannanshire Council areas. In discussion with Stirling Council
- Initiated Shaping Places for Wellbeing Alloa project with Clackmannanshire Council – May 2022 - complete
- Staff have access to increased health and wellbeing support – May 2022 - complete
- Horizon scan for funding opportunities - ongoing

Build anchor culture

- Have anchor milestones included in NHS FV strategic plans – to align with HCS timeline
- Have population health measures included in Local Outcome Improvement Plans – LOIP dates
- Launched University College NHS Partnership – Sep 2022 - complete
- Have expanded membership of Springboard – Sep 2022- complete
- Have increased NHS FV awareness of anchor work locally and nationally - ongoing

Reducing environmental impact/Net Zero

- Sustainability Action Plan published -
- Shared climate change submissions – Aug 2022 - complete
- Shared transport and travel plans – Sep 2022 - complete

Having tested and implemented the national Community Benefits Portal, Third Sector interface colleagues continue to submit requests that are assessed and where possible progressed by NHS Forth Valley and with local businesses.

NHS Forth Valley Board members supported the investment that NHS Forth Valley is making in a new Employability Manager role that will support the development of an updated Employability Plan. We have also, jointly with Serco, increased engagement in career and job promotion events across schools and have an NHS Forth Valley Youth Academy Huddle, which brings a wide range of partners and groups together to collectively act in support of this.

Through the Shaping Places for Wellbeing in Alloa project looking together at the available data across the organisations is guiding the focus for prioritising improvements in service delivery e.g., travel and transport, both the Improvement Service lead officer and community development officer for the project are in post and a place-based assessment of the NHS Forth Valley Healthcare Strategy has been undertaken with a report that will inform the refresh of the Strategy.

The initiation of the Forth Valley University College NHS Partnership has been a significant achievement as part of this work with a thriving programme of work across the three workstreams: research and innovation, career pathways and workforce development and education and skills.

For example, this Partnership has through much strengthened working relationships already delivered agreement on five mission-orientated research joint priorities, with submission of a mental health research bid to the UKRI Medical Research Council, healthcare role simulations for people undertaking the Foundation Associate programme and 57 enrolments in Healthcare Skills Boost Online Courses.

The Anchor Springboard has commenced action planning for 2023/24 with the following priorities initially identified at the most recent meeting held on 7th March:

- Develop and implement NHS FV's Employability Plan, prioritising young people and their needs;
- Improve the way we work together to effectively deliver a place based project in each Local Authority area;
- Develop and implement governance arrangements for mutual/shared use of land and other assets, learning from elsewhere;
- Innovative delivery of a service focussed on needs of communities and evidence base.

The Springboard members are aware of the need to continue to strengthen collaborative working and plan to evaluate the impact of the interventions being made.

Community Planning

The section below provides highlights of progress being made by Clackmannanshire, Falkirk and Stirling Community Planning Partnerships.

Clackmannanshire Community Planning Partnership

- Clackmannanshire Council has set dates for the Clackmannanshire Wellbeing Economy Anchor Partnership – the first meeting will take place on 21 April 2023.
- Development of plans for the new health hub in Alloa are ongoing.
- Clackmannanshire Council and the local Third Sector recently won the national SURF Award for Improving Scotland's Places for the Living Alloa programme
- Child poverty action plan completed for 2021/22.
- Clackmannanshire Council has committed to having wellbeing economy LOIP workshops with community planning partners – dates to be confirmed.
- Plans to tackle the cost of living are being progressed for 'one stop shop' outreach services of support including CAB, Social Security Scotland and Home Energy Team, improved information on websites/ leaflets to target benefits to eligible families. Parallel to this, Clackmannanshire Council is placing cost of living information on the Council's web site sharing Third Sector information on 'warm bank spaces'.
- Children and Young Peoples strategic group - the group's annual report for 2021/22 was recently submitted to Council committee and Scottish Government. Achievements for improving the health and wellbeing of children and reducing inequalities, included new baby financial health service, Clacks Good Food programme and THRIVE to Keep Well programmes. Recent meetings have focused on developing outcomes for 2023 to develop whole family support actions.
- Local Employability Partnership - The No-One Left Behind delivery plan has been submitted to Scottish Government. A subgroup has formed to consider how to increase the participation measure. Links into the University College NHS partnership are progressing with planning to support recruitment to HSCP jobs being made via Forth Valley College.
- Keep Well support to Clackmannanshire Criminal Justice Service - a Keep Well nurse has started outreach support to the Community Justice Service staff and clients with an aim to improve health & wellbeing outcomes and subsequent improved participation and employability outcomes for clients.
- THRIVE to Keep Well programmes **-** 2 programmes have recently been completed with clients.

Falkirk Community Planning Partnership

- The second meeting of the Community Wealth & Health Building Partnership took place in March and meetings are scheduled to develop the draft community wealth and health building action plan. Representation on the partnership includes all Falkirk CPP partners plus the University of Stirling, Forth Valley Social Enterprise Network, Forth Environment Link, the Chamber of Commerce, Falkirk BID, INEOS, Link, Falkirk Football Foundation and Stenhousemuir Football Club
- Falkirk CPP Child Poverty Action Group is developing community wealth and health test of change for Grangemouth High School and feeder primary school. Aim to improve health and attainment outcomes as well as improve access to services for these communities. Based on data and system mapping project undertaken in summer with Public Health Scotland which identified the number of referrals required to support a fictional single mother to tackle the poverty she was facing in the local area. The group continues to develop and deliver a rolling 3 year child poverty action plan.

- Falkirk & Grangemouth Growth Deal Greener Grangemouth Programme - NHS Forth Valley is a member of the Programme Group. The programme is a ten-year £10 million capital and £2 million revenue programme to improve community wellbeing in Grangemouth. A list of suggested projects for the programme are currently being consulted on with local community groups and businesses.
- The cost of living website which provides information on where people can access support with the current economic situation has recently been updated.
- Local Employability Partnership – the No-One Left Behind delivery plan for 2023/24 has been developed by the partnership with a focus on employability for young people.
- Initial planning of a family support strategy has commenced.

Stirling Community Planning Partnership

- Stirling Council community wealth building plans being progressed by an elected member/officer group. Stirling Council's new Head of People and Community Wellbeing has met with community planning partners to discuss community wealth building partnerships.
- Child poverty action report for 2021/2022 completed and agreement for the request made by NHS Forth Valley for a three-year partnership rolling child poverty action plan.
- The new Stirling Children's Services Plan 2023-2026 is currently being consulted on.
- Cost of living crisis grants were offered by Stirling Council to local charities and Third Sector organisations in autumn and discussions have been held by the CPP Executive Board on collaborative efforts to tackle the current cost of living. NHS Forth Valley supported the review of the bids for the grants.

Implications

Financial Implications
Directorate of Public Health and Anchor Leads work closely with Directorate of Finance colleagues to identify and plan for funding issues.

Workforce Implications
Directorate of Public Health and Anchor Leads work closely with Directorate of Human Resources colleagues to identify and plan for workforce issues and increase employability for people in Forth Valley, including NHS Forth Valley staff, many of whom live in Forth Valley.

Infrastructure Implications including Digital
Directorate of Public Health and Anchor Leads work closely with Digital and eHealth, Facilities and Serco colleagues to identify opportunities for collaborative working and alignment of plans.

Sustainability Implications
Net Zero/reducing environmental impact is one of our pillars of Anchor contribution. Maximising collective use of buildings and land, sustainable travel and transport and sustainable care are key objectives within the Anchor Springboard programme of work.

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*
- ☐ *No*

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
Working with Local Authority and other partners organisations should allow us to better design delivery of care to meet the needs of our communities and improve quality of care.

Information Governance Implications
Nil

Risk Assessment / Management
The plans have the potential to contribute to management of corporate risks SRR 017 Environmental Sustainability and Climate Change, SRR 009 Workforce Plans and SRR 014 Healthcare Strategy.

Relevance to Strategic Priorities
This work is intended to deliver on national Anchor Institution policy, regional plans, objectives in our NHS Forth Valley Annual Delivery Plan and our statutory duty as a community planning partner. The Strategic Plans of both Health and Social Care Partnerships are also taken into consideration.

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
Briefly detail which stakeholders, groups & / or individuals have been involved in contributing to the document, use a table format if required for ease of understanding.

Additional Information
Nil.

Appendices

- Appendix 1: NHS Forth Valley Anchor Board Terms of Reference

ANCHOR BOARD - TERMS OF REFERENCE

1. TERMS OF REFERENCE

1.1 Purpose

NHS Forth Valley as an Anchor Institution is committed to:

- long-term collaboration between Forth Valley Anchor Institutions, supporting shared Community Wealth Building objectives and goals to tackle inequalities including poverty and improve collective wellbeing whilst contributing to a strong, resilient and inclusive Forth Valley economy
- working with partners to maximise the collective positive influence we have in addressing socio economic and environmental determinants
- enhance the NHS Forth Valley contribution to the work of the Community Planning Partnerships, City and Growth Deals and other regional strategies to positively impact on our most disadvantaged populations

1.2 Objectives

The primary objective of the Anchor Board is to provide assurance to the NHS Board that NHS Forth Valley is working with partners to maximise its influence and contribution to help address socio economic and environmental determinants. Specifically NHS Forth Valley will:

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

2. COMPOSITION

2.1. Membership

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

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

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

2.2. Deputies

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

2.3. Role of the Chair

The chair of the NHS Board will chair the Anchor Board. The Chief Executive or the Director of Public Health of the NHS Board will act as deputy Chair.

3. QUORUM

The Anchor Board will be quorate with eight members, including Chair and/or Deputy Chair, being present.

4. MEETINGS

4.1 Frequency

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

5. REMIT

As an Anchor Institution we can have an impact on 5 key areas: employment/access to work, procurement, partnering in place, buildings and the environment. In summary, we will:

- establish clear and visible leadership to embed anchor practices within NHS Forth Valley strategies, systems and ways of working
- build a baseline understanding of current practice to determine areas of opportunity to inform and prioritise our actions annually (Annual Anchor Plan)
- develop metrics and evaluate the impact of our interventions
- coproduce a set of guiding principles for the way that NHS Forth Valley works with other Anchor Institutions to help maximise the collective influence we can have in addressing socio economic and environmental determinants
- report directly to Forth Valley NHS Board

6. ACCOUNTABILITY AND REPORTING ARRANGEMENTS

The Anchor Board will be accountable to the NHS Board. The administrative support to the Chair and Anchor Board will prepare a minute which will be reported to the Board. The minute will be appended to a covering note which will draw to the attention of the Board the work of the Anchor Board including any issues for disclosure or that require executive action.

The Anchor Board will develop and maintain a workplan informed by the Anchor Annual Plan.

The Anchor Board will undertake an annual review of its performance against its Terms of Reference to evaluate the achievement and the Board's effectiveness against its remit and objectives.

7. REVIEW

These Terms of Reference will be reviewed after the first year of operation and thereafter every two years.

December 2022

Proposed membership:

Partners

- Clackmannanshire, Falkirk, Stirling Local Authorities representatives
- University of Stirling representative
- Forth Valley College representative
- Clackmannanshire and Stirling, and Falkirk Health and Social Care Partnerships' representatives
- Third Sector Interface for Clackmannanshire, Falkirk and Stirling representatives
- Forth Valley Division, Police Scotland representative
- Skills Development Scotland representative
- Scottish Enterprise representative
- Forth Valley Chamber of Commerce representative

NHS Forth Valley

- Board Chair, NHS Forth Valley (Chair) - Janie McCusker
- Chief Executive, NHS Forth Valley (Deputy Chair) - Cathie Cowan
- Director of Public Health, NHS Forth Valley (Deputy Chair) - Graham Foster
- Director of Human Resources, NHS Forth Valley - Linda Donaldson
- Directors of Facilities & Infrastructure, Digital & eHealth NHS Forth Valley - Jonathan Proctor
- Medical Director, NHS Forth Valley - Andrew Murray
- Nurse Director, NHS Forth Valley - Frances Dodd

FORTH VALLEY NHS BOARD
TUESDAY 28 MARCH 2023

9.4 Communications Update Report (December 2022 – March 2023)
For Assurance

Executive Sponsor: Mrs Cathie Cowan, Chief Executive

Author: Mrs Elsbeth Campbell, Head of Communications

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Executive Summary
This paper provides an update on the communications work undertaken during the period December 2022 – March 2023. It also highlights some of the key media issues, campaigns and digital developments managed over the last four months.
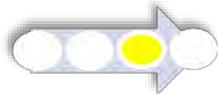
Recommendation
The Forth Valley NHS Board is asked to: -

- **note** the update and ongoing communications activity to ensure staff, patients, the public and other key stakeholders are kept updated on service developments, changes, and improvements across the organisation.
- **consider** the proposed level of assurance and confirm it is content with the assessment provided

Assurance

- Effective communications play a vital role in educating, informing, and reassuring local patients and members of the public who use our services. Honest, open, and timely communications are also important to ensure staff are kept informed on any changes or issues which affect them, and media receive the information they require to help achieve accurate, fair, and balanced coverage. If NHS Forth Valley's communication plans and priorities are not aligned to strategic plans and priorities and do not respond to the changing needs of staff, patients, and the public then there is a risk to the organisation's reputation and credibility. This could result in a loss of trust and confidence in local services, reduce uptake and engagement with local services and impact on the wellbeing of local patients and staff.

Level of Assurance		System Adequacy	Controls
Reasonable Assurance		Adequate framework of key controls with minor weaknesses present.	Controls are applied frequently but with evidence of non-compliance.

- A reasonable level of assurance has been reported on the basis that communication plans are aligned to organisational priorities and reviewed regularly to take account of feedback, outcomes, and emerging issues.

Key Issues to be considered

NHS Forth Valley's escalation to Stage 4 of the Scottish Government's Board performance framework along with the publication of the Healthcare Improvement Scotland (HIS) inspection report on Forth Valley Royal Hospital attracted considerable media interest throughout the period. Like other areas of the country, health and care services across Forth Valley experienced significant pressures during the busy winter period due to high numbers of seriously unwell people who required inpatient care as well as high levels of patients experiencing delays in being discharged or transferred from local hospitals. This, along with ongoing cases of Covid-19 and winter viruses, placed exceptional pressure on our assessment and inpatient areas and resulted in some patients having to wait longer to be assessed, discharged, or admitted.

Communications continued to play an important role in informing and reassuring local patients' members of the public, staff, partners, and other stakeholders on the wide range of work underway to respond to escalation and the HIS report. Work was also undertaken to promote the winter vaccination programme and raise awareness of alternatives to ED to help people access the right care in the right place. Despite the many challenges faced by local staff and services, efforts continued to promote a wide range of service developments, improvements, and achievements across the organisation.

Implications

Financial Implications
There has been no additional financial costs and efforts. We continue to build on and improve existing internal and external communication channels and identify opportunities for financial savings. These include a number of digital developments highlighted in the report.

Workforce Implications
Services across the organisation continue to manage significant service and capacity pressures on a day-to-day basis as well as staff absences relating to Covid-19 and other respiratory viruses which increased during the winter period.

Infrastructure Implications including Digital
A number of digital developments and improvements are highlighted in the report.

Sustainability Implications
Work continued to promote the development of sustainable services and action underway to meet the targets set out in the Scottish Government's new Climate Emergency and Sustainability Strategy (2022-2026).

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

Quality / Patient Care Implications
Work continued to highlight a range of initiatives and service developments designed to improve the quality of patient care and treatment, particularly in relation to the requirements set out in the HIS report on Forth Valley Royal Hospital. Regular feedback from local patients and families was also highlighted throughout the period on social media as part of regular 'Feedback Friday' posts.

Information Governance Implications
N/A

Risk Assessment / Management
Accurate, timely and relevant communications, tailored to the needs of specific audiences can help reduce pressure on local services, reassure the public and ensure staff are well informed. Communications is highlighted as a potential issue in a number of risks on the Strategic Risk Register as well as a number of service plans and developments. Action is taken to effectively manage and reduce these potential risks.

Relevance to Strategic Priorities
Effective internal and external communications play a key role in supporting the Board's strategic priorities and delivery plans as well as responding to key issues.

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
Communications plans are developed in partnership with local service and clinical leads as well as colleagues in other NHS Boards, Public Health Scotland, local councils, Forth Valley College and the University of Stirling, where appropriate.

Additional Information
N/A

Appendices

- Appendix 1: Communications Update

Communications

OVERVIEW

Detailed communication plans were developed to ensure staff, the public, local media and other key stakeholders were updated on the wide range of work underway to respond to Stage 4 Escalation and meet the requirements set out in the Health Improvement Scotland report on Forth Valley Royal Hospital, which was published on 5th December 2023.

This included the creation of new sections on the staff intranet and public website, regular briefing updates for staff and partner agencies, public engagement events, updates at Board meetings and media briefings. Work continues to provide regular updates on progress and reinforce the Board's commitment to making the changes necessary to improve the experience of patients and staff.

Plans were also developed to provide health information and advice throughout the winter period and support the roll out of the Winter vaccination programme. This included work to raise awareness of local Minor Injuries Services and the Pharmacy First scheme to help people access faster healthcare advice and treatment.

Work was also undertaken to promote a wide range of service developments, awards and achievements, highlight the positive feedback from local patients and their families and raise awareness of the efforts of staff who continue to deliver high quality services and care, often in very challenging circumstances.

Following the launch of the new Forth Valley University College NHS Partnership, a range of new courses and training opportunities were widely promoted to encourage people of ages to consider a career in health and care services.

ACTIVITY SNAPSHOT

30,529
FACEBOOK

Followers on Facebook

21
MEDIA RELEASES

The number of proactive releases issued

17,800
TWITTER

Followers on Twitter

75
MEDIA ENQUIRES

The number of media enquiries received, managed and responded to.

54,998
HIGHEST REACH

Highest performing post on Facebook.

48,090
FACEBOOK PAGE VISITS

The number of times our page was visited on average in a month.

22,347
REACTIONS, COMMENTS AND SHARES

The number of reactions, comments and shares on our posts.

5,116
INSTAGRAM

Followers on Instagram

KEY HIGHLIGHTS

Beat the Queues by Visiting MIU

The Communications Team continued to work with local MIU leads to raise awareness of local minor injuries services and encourage people to use these services to access faster healthcare advice and treatment.

MIU staff treat a wide range of injuries and patients can organise an appointment by calling NHS24 first on 111 so they don't have to wait to be seen when they attend. Video or telephone consultations can also be arranged with a local healthcare professional who can provide urgent healthcare advice and organise a face-to-face appointment, if required.

Involving the Public in Service Improvements

Work was undertaken at the start of the year to encourage patients and members of the public across Forth Valley to get involved in taking forward changes and improvements at Forth Valley Royal Hospital over the next three months.

The first public event was held on 21st February 2023 at Forth Valley Royal Hospital to enable local people to share feedback and suggestions which will help inform local plans and priorities. The work is being taken forward as part of wider plans to respond to the Board's escalation to Stage 4 of the NHS Scotland Performance Escalation Framework and address the requirements from the recent Healthcare Improvement Scotland (HIS) inspection report on Forth Valley Royal Hospital.

Plans to Develop new Dental Services in Callander

At the end of February 2023, information was shared with local media to confirm that work was underway to explore the development of a new NHS dental practice in Callander.

NHS Forth Valley is in discussions with a group of Forth Valley dental practitioners who are interested in setting up a new NHS dental practice in the Callander area. While these discussions are at an early stage, the progress to date has been very positive. The group is working with local NHS staff to explore the viability of this project in partnership with colleagues from Callander Medical Centre, which is a potential location for the new NHS dental practice.

This news was welcomed by local people and community representatives as the existing dental practice in the town stopped offering NHS dental care to adult patients at the start of February 2023. However, the practice is continuing to provide NHS dental treatment for children under 18 and the Health Board is working closely with the clinic to support these services for the future.

KEY HIGHLIGHTS

Promoting Careers in Health and Care

The Communications Department worked with colleagues to promote three new courses which lay the foundations for a career in the health and care sectors. The innovative short courses are some of the first to be offered through the new Forth Valley University College NHS Partnership. The Scottish Wider Access Programme (SWAP) Access to Nursing course also recently returned to Forth Valley College to give local people who do not have the necessary qualifications the opportunity to gain a place on a Higher National (HN) course or a degree level university qualification.

In addition, work was undertaken to highlight the many different pathways into nursing using local nursing student Deborah Veitch's journey as an example. Deborah 39, left an office job to work as a Nursing Assistant with NHS Forth Valley's Learning Disability Team before being encouraged to complete a HNC Healthcare Practice course at Forth Valley College. She is now in her second year of a nursing degree course at the University of Stirling.

Mental Health Project Benefits Local Students

A new 'Mental Health Matters' project for health and care students at Forth Valley College has become a huge success thanks to support from NHS Forth Valley. In partnership with Falkirk and District Association for Mental Health (FDAMH), the project was awarded a grant of £10,290 from NHS Forth Valley's Endowment Fund to create and deliver workshops to promote good mental health in areas that affect students, ranging from stress to dealing with grief and loss.

The project focused on students from seven health and care courses at the College's Alloa and Stirling campuses. The initiative is expected to lead to be rolled out to students on similar courses at the Falkirk campus. A total of 31 students benefited from the workshops – both personally in relation to their own mental health and also professionally as they will be able to use the experience to benefit the patients and service users they work with during their careers.

KEY HIGHLIGHTS

New Stroke Team Gets Off to a Flying Start

Work was undertaken to promote the work of the Stroke Transition and Rehabilitation Team (START) which celebrated its first anniversary at the end of 2022.

Around 200 local stroke patients have benefitted from a range of services in the first 12 months. These include being able to undergo rehabilitation at home, with the same expertise that they would receive from a specialist team in hospital.

Patients who have been admitted to hospital following a stroke are now given information about the START service to explain how it works and the range of therapeutic support it offers. This includes support from physiotherapists, occupational therapists, therapy assistants, speech and language therapists and psychologists, who work closely with consultants from NHS Forth Valley's Stroke Service.

Supporting a Tobacco Free Future

Local sports clubs, charities, businesses, community venues, groups and representatives from across Forth Valley have committed to help reduce the harm from smoking by supporting Scotland's Charter for a Tobacco-free Generation by 2034.

During a local community event, timed to coincide with national No Smoking Day on 8th March 2023, supporters pledged to reducing the harm from tobacco by creating smokefree environments, raising awareness of harm from tobacco and benefits of stopping smoking and signposting to stop smoking support. Work was also undertaken to promote local services and support available locally to help people give up smoking.

GP Practices Respond to Increasing Demand

The Communications Department worked with local
GP leads to highlight the significant increase in demand,
numbers of calls and requests for appointments which
GP Practices across the area are experiencing,
compared to pre-pandemic levels.

The public was also reassured that GPs were continuing
to prioritise appointments for patients who need to be
seen urgently and teams are working hard to
respond to as many calls as possible. The role of local
pharmacists and other healthcare professionals working within GP practices, including physiotherapists
and mental health nurses, were also highlighted.

Updating on Escalation and HIS report Progress

An update on progress to deliver our Escalation
Improvement Plan was shared widely, internally and
externally, following the Board meeting on
31st January 2023. This included work to respond to
the requirements of the HIS report following their
inspection visit to Forth Valley Royal Hospital at the
end of September 2022. Good progress has been
made across a number of areas, including the introduction of care and comforts rounds in the
Emergency Department and acute assessment units and a significant reduction in the number of
contingency beds in use in local hospitals.

There have also been improvements in performance across a number of services however it was
recognised that there is still much more to do, and the Board remains committed to making the
changes necessary to improve the experience of local patients and staff.

AWARDS & ACHIEVEMENTS

Prestigious Award for Mental Health Services

Two mental health wards at Forth Valley Royal Hospital were awarded accreditation status by the Royal College of Psychiatrists (RCP) in December 2022 for their commitment to high quality care.

Currently only two other mental health facilities in Scotland have managed to gain accreditation status and, since the onset of the Covid-19 pandemic, there has been an increase in the number of people experiencing severe mental illness who have required to be admitted to hospital for inpatient care and treatment.

Staff in Wards 2 and 3 in the Mental Health Unit had to meet around 300 standards to demonstrate their commitment to the delivery of high-quality care and treatment. The rigorous and demanding process to evidence the standards were being achieved and maintained took more than two years to complete.

The fact that staff manged to develop a demonstrably excellent service and achieve accreditation whilst facing the many challenges of the last two years was described as "simply awe inspiring" by Dr Jim Crabb, NHS Forth Valley's Associate Medical Director for Mental Health.

In addition to the RCP accreditation, the Mental Health Unit also recently received a letter of commendation from NHS Education for Scotland highlighting the outstandingly positive feedback received from local medical trainees.

Expressing his thanks to everyone involved in helping to achieve accreditation, Dr Crabb said that accreditation was not only a tremendous boost for local staff, but also sends out an extremely positive message for recruitment. A local event was organised to celebrate the accreditation and thank all the staff involved in helping to achieve the national standards over the last two years.

AWARDS & ACHIEVEMENTS

Nurses Receive Prestigious Queen's Nurse Award

Two nurses from NHS Forth Valley were awarded the prestigious title Queen's Nurse in December 2022.

Colette Fotheringham, team leader of the Children's Community Nursing Team and Laura McCann, Community Learning Disability Charge Nurse, both took part in a 9 month development programme run by The Queen's Nursing Institute Scotland.

Colette's nomination described her as a transformational leader for raising the profile of staff and championing a culture change within the service. It said she had gone above and beyond by integrating the paediatric day care and community children's nursing services, supporting children to stay at home and receive exceptional care in the community.

Laura McCann was recognised for her ongoing advocacy for people with learning disabilities and her drive to develop the staff and students she supports daily. She described her award as one of the amazing experiences of her career so far.

MEDIA PROACTIVE

The Communications Team continued to promote a wide range of service developments, awards and achievements as well as highlighting career opportunities across local health and care services.

TALKS ON NHS SOLUTION FOR TOWN

So many paths to nursing career

Deborah (39) left financial services to retrain and has never looked back

PLAN TO FILL DENTAL VOID

GPs highlight alternatives as NHS Forth Valley prioritises urgent care

www.alloaadvertiser.com   Wednesday, December 21, 2022

Clacks residents urged to get vaccinated this winter

Stirling Uni and FVC link with NHS for healthcare courses

By Rajmund Bakonyi
Reporter
rbakonyi@alloaadvertiser.co.uk

COURSES: Care students at Forth Valley College

Public to have say on hospital improvements

Forth Valley residents are being invited to take part

Have your say: Professor Frances Dodd

Meet the Queen's Nurses

Doc's work with mums-to-be in earthquake zone

A&E waits improve, but 'only attend in emergency'

The team at the Minor Injuries Unit in Stirling Health and Care Village

MEDIA ISSUES

A wide range of media issues were responded to during the period, including many relation to escalation, the HIS report on Forth Valley Royal Hospital, waiting times and winter pressures.

NHS Forth Valley is taken under government control

NHS Forth Valley: Inspection report raises concerns over 'safe delivery of care' at Forth Valley Royal Hospital

Asbestos found in third of health board's buildings

NHS Forth Valley put improvement plan in place after ministers take oversight

Special report
NHS leadership under fire

NHS Forth Valley: Only two out of five patients turning up at A&E seen within four hour target

Alloa & Hillfoots Advertiser
£1.10
Wednesday, November 30, 2022

Health crisis in Forth Valley:
Government intervenes to steer stricken health board

SUPPORT FOR COMMUNITY CAMPAIGN
HUNDREDS BACK FIGHT FOR TOWN NHS DENTIST
Nearly 2000 rally to sign petition

SOCIAL MEDIA

NHS Forth Valley's social media platforms were used extensively to provide quick, clear health advice and information, promote the work of local staff and signpost people to local services and support. Social media audiences continue to grow and NHS Forth Valley now has over 30,000 followers on Facebook, more than 17,800 followers on Twitter and a growing audience on Instagram.

Over the last few months, the Communications Department has worked closely with colleagues from the Scottish Government, Public Health Scotland, ASH Scotland and NHS 24 to support a number of national campaigns. These included National No Smoking day, Strep A awareness, winter Covid-19 boosters and Flu vaccinations, living kidney donation, mental health support, early detection of cancer as well as HPV and shingles vaccination programmes.

SOCIAL MEDIA

Information and updates shared across our social media channels included activity to highlight local drop-in vaccination clinics, details of how to access urgent healthcare and advice on services available during the festive period, support to stop smoking and an appeal for local people get involved in work to improve services at Forth Valley Royal Hospital.

Weekly 'Feedback Friday' posts continued to be shared to highlight positive feedback from local patients and their families along with regular posts to promote local job opportunities. Work was also undertaken with local staff to mark Mental Health Nurses' day and to remind people of the importance of getting in touch in advance if they can not make their hospital appointment.

SOCIAL MEDIA

Celebrating Mental Health Nurses' day 2023

NHS Forth Valley
3d · 🌐

A big thank you to our future nurses and Forth Valley Nurses Choir for signing in the Mental Health wards at Forth Valley Royal Hospital as part of Mental Health Nurses' Day.

NHS Forth Valley
February 21 at 1:30 PM · 🌐

Celebrating #MHNursesDay

NHS Forth Valley
February 21 at 2:30 PM · 🌐

Celebrating #MHNursesDay

NHS Forth Valley
February 21 at 12:00 PM · 🌐

Staff from the Mental Health Unit at Forth Valley Royal Hospital recently welcomed children from Mrs Differ's Daycare for a visit to celebrate #MHNursesDay . The children had been learning about 'people who help us' and had lots of questions for the nurses about their role and the hospital. They also shared their Makaton signing and taught the nurses some signs.

NHS Forth Valley
February 21 at 12:28 PM · 🌐

Celebrating #MHNursesDay

DIGITAL DEVELOPMENTS

www.nhsforthvalley.com

NHS FORTH VALLEY WEBSITE

Between December 1st 2022 and 1st March 2023, there were 330,754 tracked views on the NHS Forth Valley website www.nhsforthvalley.com (this is lower than the number of views reported for the previous quarter as changes to regulations mean that visitors must now give consent in order for their visit to be tracked by opting in to analytical cookies. This means the actual number of views is higher than the number of tracked views).

Job vacancies, Emergency Department and Forth Valley Royal Hospital were among the most popular sections visited.

INTERNAL COMMUNICATIONS

Staff News continues to be published online with key highlights emailed to all staff and promoted individually on the home page of the staff intranet. This means the newsletter can be viewed online by all staff anywhere at www.staffnews.nhsforthvalley.com
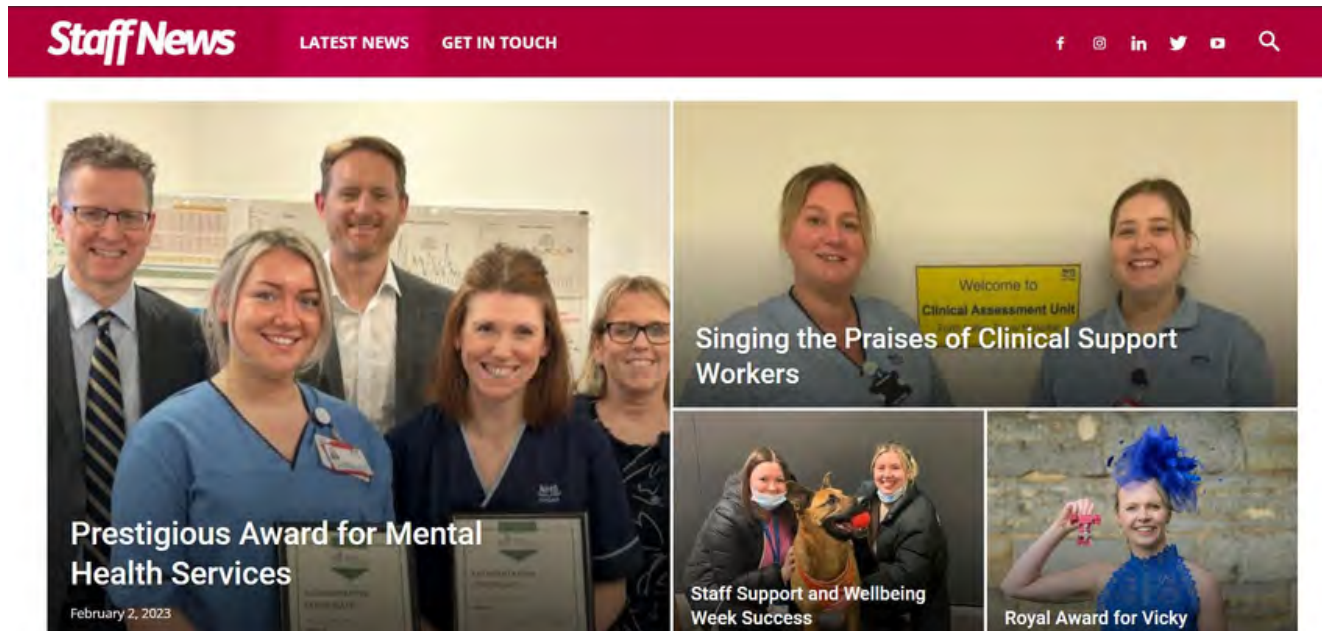
Work continues to ensure staff are kept up to date, with daily updates on the homepage of the staff intranet, regular Staff Briefs along with updates from the Chief Executive which are emailed out to all staff. Specific updates were issued to update staff on the work underway to respond to Stage 4 Escalation and the Health Improvement Scotland report on Forth Valley Royal Hospital.

New developments during the period included the creation of pilot Yammer groups for Staff Support and Wellbeing, Medical Education and the Social Zone on the Staff Intranet. These enable staff to share information, comments and feedback in a similar way to a Facebook group in a secure environment. Work is underway to develop new policies, protocols and governance arrangements to inform the wider use this new platform across the organisation.
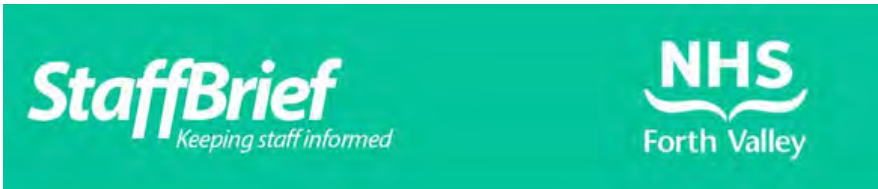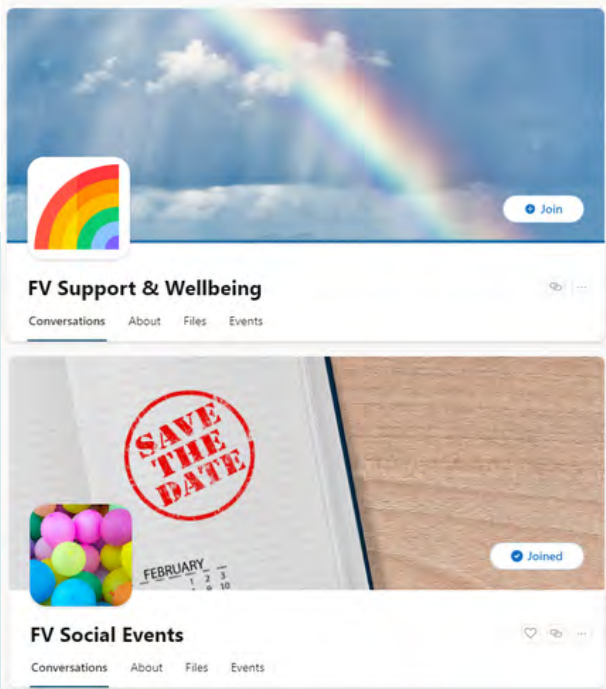
FORTH VALLEY NHS BOARD
TUESDAY 28 MARCH 2023

9.5 Falkirk IJB Update
For Assurance

Executive Sponsor: Mrs Patricia Cassidy,

Author: Mr Steven Kirkwood, Chief Finance Officer

Executive Summary

This is the first biannual Falkirk IJB update to NHS Forth Valley Board. This report provides an update on progress to implement a range of improvement actions identified through the annual governance statement and from various internal and external audit recommendations. Further updates will consider progress with MSG recommendations, progress with the review and the agreement of the Integration schemes and will highlight and summarise any relevant issues from the IJB.

Recommendation

The Forth Valley NHS Board is asked to: -
- **note** the progress report on improvement actions.
- **note** that updates will be presented to the NHS Board biannually.

Assurance

Not applicable

Key Issues to be Considered

As part of the annual accounts, the governance statement identifies a range of improvement actions designed to enhance the IJB's governance arrangements and system of internal control (including recommendations from both internal and external audit).

Improvement actions have been grouped into 4 broad categories. These are listed below with additional detail contained in Appendix 1:

- Progress with Integration Scheme / MSG Self-Assessment;
- Implementation of the CIPFA Financial Management code;
- Audit Committee self-assessment against good practice principles;
- Other Internal & External Audit Reviews.

For each broad category the current position is noted in Appendix 1 together with a target completion date for the category. The RAG status is in respect of the target completion date, with Green indicating expected completion is in line with original timeline, Amber indicating some slippage in target completion, Red indicating significant slippage in target completion date. The Comments column adds context to the RAG rating.

There has been good progress with Integration Scheme actions however actions in respect of the CIPFA Financial Management code and Audit Committee self-assessment have stalled

due to capacity challenges. A similar position in respect of the medium term financial plan is noted under item 4, other audit reviews. The management team is currently progressing options to address capacity challenges in what remains a challenging operating environment.

Implications

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

Workforce Implications
There are no Workforce Implications in respect of this paper.

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

There are no immediate legal or risk implications arising from the report recommendations.

Relevance to Strategic Priorities
The 'Review of Progress with Integration of Health and Social Care', published by the Ministerial Strategic Group for Health and Community Care (MSG) in February 2019, outlined 25 practical proposals for NHS Boards, Local Authorities and Integration Authorities, working with key partners including the third and independent sectors, to increase the pace and effectiveness of integration.

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

No consultation required on this report. Falkirk IJB audited accounts, including the annual governance statement are publicly available online.

Additional Information

Nil

Appendices

- Appendix 1: Governance Statement Improvement Actions

Falkirk Council

Title:	**Falkirk Health and Social Care Partnership**
Update Meeting:	**Scrutiny Committee (External)**
Date:	**24 November 2022**
Submitted By:	**Chief Officer, Falkirk Health & Social Care Partnership**

1.   PURPOSE OF REPORT

1.1.   The report provides a summary of the performance of the Falkirk Health and Social Care Partnership (HSCP). This report covers progress since the last update to the Scrutiny Committee on 10 February 2022.

1.2.   The report to Scrutiny Committee presents:

- Annual Assurance Statements provided to the Integration Joint Board (IJB) from the Audit Committee, Clinical and Care Governance Committee and the Joint Staff Forum
- Internal Audit Annual Assurance Report 2021/22
- IJB Annual Audited Accounts 2021/22
- the Annual Performance Report 2021/22
- the IJB Performance Monitoring Report and information on the Partnership's performance reported within the Local Government Benchmarking Framework.

1.3.   In addition to the report presented to Committee, the HSCP has provided reports to Council and members briefings throughout 2022.

2.   RECOMMENDATIONS

2.1.   It is recommended that the Committee considers the performance of Falkirk Health and Social Care Partnership, and select a course of action from the following options:

1. Note the report and progress by the HSCP in meeting its priorities in the Strategic Plan
2. Request a follow up report for future Scrutiny Committee consideration

3.   IMPACT ON CLIMATE CHANGE TARGETS

3.1.   This is not required as this is an update report to Scrutiny Committee.

4.   BACKGROUND

4.1.   The Integration Joint Board (IJB) is responsible for overseeing the planning, management, and delivery of all relevant functions within the scope of health and social care integration. This involves the delegation of functions and services by the Council and NHS Forth Valley, with services delivered through the HSCP. The Board has established an Audit Committee and a Clinical and Care Governance Committee. The Board has 6 voting members – 3 Falkirk Council Elected Members and 3 NHS Forth Valley non-executive Board members.

4.2.   The IJB controls an annual budget of approximately £254m and decides how resources are used to achieve the objectives of the Falkirk Strategic Plan 2019-2022. The Plan describes how the Partnership will continue to make changes and improvements to health and social care services for all adults. It identifies four specific local outcomes which align with the Scottish Government national health and wellbeing outcomes and the National Health and Social Care Delivery Plan.

5.   FALKIRK IJB SCRUTINY AND MONITORING ARRANGEMENTS

5.1.   The IJB is responsible for the effective monitoring and reporting on the delivery of services, relevant targets and measures. The management of performance is critical to managing the overall budget of the IJB and to provide assurance on the impact of the Strategic Plan to improve outcomes.

5.2.   The Board monitors and reports on performance in a number of ways:

- Audit Committee and Clinical and Care Governance Committee are established with specific remits and responsibilities
- Annual Assurance Statements – the presentation of these statements reflects the principles of good corporate governance and contributes to the effective delivery of the IJB's Strategic Plan. It also supports the IJBs risk management framework and ensures compliance with Internal Audit recommendations
- Annual Performance Report
- Performance Monitoring reports are presented to each IJB meeting
- Reports on a range of subjects, including the Chief Officer report and Finance reports.

5.3.   The reports presented to the IJB and its Committees are all accessible online through the HSCP website and Falkirk Council Committee pages.

5.4. **IJB Audit Committee**
The Audit Committee is responsible for assessing the adequacy and effectiveness of the IJB's internal controls and corporate governance arrangements. Committee considers the annual governance reports and assurances to ensure that the highest standards of probity and public accountability are demonstrated.

5.5. The IJB Audit Committee Annual Assurance Statement was presented to the IJB on 2 September 2022. The Assurance Statement sets out the attendance, meeting dates and business of the Audit Committee during the financial year April 2021 to March 2022.

5.6. Through the Audit Committee meetings, reports and action plans presented and agreed, output from internal and external audit, together with assurance provided from respective Partners, the Annual Assurance Statement concludes that the Audit Committee has effectively discharged its duties during 2021/22.

5.7. **IJB Clinical and Care Governance Committee**
The IJB Clinical and Care Governance Committee (CCGC) provides assurance to the Board on the systems for delivery of safe, effective, person-centred care in line with the IJB's statutory duty for the quality of health and care services.

5.8. The Committee presented their Annual Assurance Statement to the IJB on 2 September 2022. The statement sets out the attendance, meeting dates and business of the CCGC over the reporting year April 2021 to March 2022.

5.9. Assurance and governance are provided to a large extent by having an oversight and adequate reporting mechanisms from the various NHS committees, Public Protection Groups and Health and Social Care groups within the IJB governance infrastructure. These groups can demonstrate in-depth consideration of a broad range of agendas relevant to their specialities. The Committee can scrutinise proposed changes to systems and processes that deliver improvement to the quality of care delivered by the Partnership.

5.10. Through the CCGC meetings and reports presented, assurance is provided from respective partners on how services have ensured the safe, efficient delivery of health and care services throughout the year, and how services have been delivered in line with the IJB strategic objectives.

5.11. **Joint Staff Forum**
The Joint Staff Forum (JSF) provides a forum to enable effective joint discussions between employer and employee representatives, on relevant workforce matters relating to the effective implementation of health and social care integration. Assurance is provided by having an oversight, engagement, and adequate discussions on relevant matters.

5.12. The JSF will anticipate, and plan workforce matters arising from the Health and Social Care Partnership and recommend good practice methods of working and solutions to issues as they arise.

5.13. The JSF will take account of relevant legislation, including employment legislation and other Acts or guidance documents as relevant to health and social care integration. The JSF will also take account of locally agreed plans and strategies for the Partnership.

5.14. Through the Forum meetings and reports presented, assurance is provided from respective partners and Trade Unions on how staff and services have ensured the safe, efficient delivery of health and care services, and how services have been delivered in line with the strategic objectives of the IJB. The Annual Assurance Statement for the reporting year April 2021 to March 2022 was presented to the IJB on 2 September 2022.

5.15. The Audit Committee, Clinical and Care Governance Committee and the Joint Staff Forum formally provide a copy of their approved minutes to the IJB as part of its assurance processes. The Annual Assurance Statement report presented to the IJB is attached at appendix 1 for information.

6. **INTERNAL AUDIT ANNUAL ASSURANCE REPORT 2021/22**

6.1. The IJB Audit Committee received an Internal Audit Annual Assurance Report on 17 June 2022. The report provides an overall assurance on the IJB's arrangements for risk management, governance, and control, based on Internal Audit work undertaken and reported during 2021/22.

6.2. Responsibility for leading on the provision of Internal Audit services to Falkirk IJB rotates on a three-yearly cycle between the Chief Internal Auditor of NHS Fife, Tayside, and Forth Valley NHS Internal Audit consortium and Falkirk Council's Internal Audit Manager.

6.3. It is senior managers' responsibility to establish and maintain effective and proportionate risk management, governance, and control arrangements. Internal Audit is not an extension of, or substitute for, operational management.

6.4. On the basis of work undertaken, Internal Audit provided **SUBSTANTIAL** assurance in relation to Falkirk IJB's arrangements for risk management, governance, and control for the year to 31 March 2022. In providing this opinion, Internal Audit has taken account of findings arising from work undertaken as part of the Falkirk Council Internal Audit Plan on systems used, and relied upon, by the Health and Social Care Partnership.

6.5. The report is attached at appendix 2 for information.

7.   **FALKIRK IJB 2021/22 AUDITED ANNUAL ACCOUNTS**

7.1.   On 23 September, the Audit Committee approved the audited accounts of Falkirk Integration Joint Board (IJB) for the year to 31 March 2022. The 2021/22 draft annual accounts were submitted to the External Auditor by 30 June in line with timescales stipulated in the Local Authority Accounts (Scotland) Regulations 2014. Copies of the audited accounts are available on the Falkirk Health and Social Care Partnership website and hard copies are in local libraries.

7.2.   The external audit annual report provides an unqualified audit opinion on the IJB's 2021/22 financial statements. The accounts are therefore considered to provide a true and fair view of the IJB's financial position. In addition, the report confirms there are no material uncertainties in relation to the ongoing concern status of the IJB.

7.3.   In terms of the wider scope and best value areas of the audit, the report highlights a number of ongoing risks in relation to financial sustainability, longer term risk sharing arrangements/financial management and best value. Five specific improvement recommendations are included in the report, two of which are classified as grade 1 and three are grade 2. All five recommendations have been agreed by the Chief Officer and Chief Finance Officer as noted below.

Area identified for improvement as per 2021/22 external audit report	Current Status
The IJB should ensure that longer term financial planning is in place to support the delivery of the Strategic Plan.	The current Falkirk IJB Medium Term Financial Plan (MTFP) is due for renewal and a new MTFP will be prepared in alignment with the new Strategic Plan Implementation date: January 2023.
As part of the finalisation of the updated Integration Scheme, the IJB should work with Partners to ensure that corporate support arrangements remain adequate and fit for purpose.	There has been further progress recently with various aspects of the updated Integration Scheme however the IJB accepts this needs to be brought to a conclusion. In addition, the IJB is reviewing internal management capacity with plans to recruit an additional Finance post as part of an internal structure and capacity review. Implementation date: March 2023

Area identified for improvement as per 2021/22 external audit report	Current Status
The IJB should ensure that the Audit Committee is supported to conduct a self-assessment against good practice principles.	The audit committee will investigate partner assessment arrangements before adopting either CIPFA's 'Good Practice Audit Committees Principles Checklist' or 'Evaluation of Effectiveness Toolkit' Implementation date: March 2023
The IJB should conduct a self-assessment against the CIPFA Financial Management Code.	An assessment will be conducted before the end of this financial year. Implementation date: March 2023
The IJB should consider revising the self-assessment against the Ministerial Strategic Group recommendations, prepared in May 2019.	A self-assessment will be conducted before the end of this financial year. Implementation date: March 2023

7.4.   The report presented to Audit Committee and the Audited Annual Accounts is attached at appendix 3.

8.   FALKIRK HSCP ANNUAL PERFORMANCE REPORT

8.1.   The Falkirk HSCP Annual Performance Report 2021/22 outlines how the Partnership is working towards delivering the Strategic Plan and the nine national Health and Wellbeing Outcomes. This is the sixth Annual Performance Report produced and highlights achievements throughout the year. This is attached at appendix 4.

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

   ▪ review of Strategic Plan
   ▪ an assessment of performance in relation to national health and wellbeing outcomes, integration delivery principles, strategic planning
   ▪ financial planning and performance
   ▪ Best Value in planning and carrying out integration functions

- performance in respect to localities
- inspection of services.

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

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

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

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

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

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

8.9.   A short video of the plan is in development as an alternative to an executive summary report and this will be published alongside the full APR.

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

9. IJB PERFORMANCE MONITORING REPORT

9.1. The IJB Performance Monitoring Report presented to the Board in September 2022 is attached at appendix 5 for information. This report is a standing item at Board meetings. The content of the Performance Monitoring report covers the reporting period June 2021 – June 2022. It focuses on local performance indicators and data, providing a year-on-year comparison. This includes information on delayed discharges and Emergency Department (ED) performance.

9.2. Social Work Adult Services (SWAS) introduced a new social work information system during June and July 2022. Once established, the system will allow for more effective and efficient performance monitoring. Data from the previous system is not yet fully migrated across. The team are currently working hard to understand the data in the new system and work through queries where there are differences in definitions between systems. For these reasons, it has not been possible to update indicator 83 as planned for this iteration of the performance report. Further investigative work is underway to establish how reporting for indicators 49, 60-63 and 85 will be impacted going forward.

9.3. The report draws on a basic balanced scorecard approach designed to provide a comprehensive 'at a glance' view of measures against associated targets, with a comparison from the previous year and direction of travel. There is a focus on exception reporting, with measures displaying a deteriorating position against the last comparable reporting timeframe or where there are particular areas of challenge.

9.4. Section 1 provides a summary of key performance issues for the Integration Joint Board, with an extract provided below:

- **ED Performance against the 4 Hour Access Standard**
  The June 2022 compliance for the Falkirk Partnership highlights a decrease in performance to 57.3% compared with 79.4% in June 2021.

- **Delayed Discharge**
  The Falkirk partnership breakdown at the June 2022 census is noted as:
  - 58 Standard delays, 37 are delayed over 2 weeks
  - 15 guardianship/code 9 exemptions
  - 73 total delays.

- **Complaints – Falkirk Council Social Work Adult Services**
  Performance of complaints completed within timescale declined slightly in the first quarter to 68%, compared to 75% through 2020/21. Monitoring of complaint performance will continue to be overseen by a senior manager and more detailed analysis and planned actions are provided to the Falkirk IJB Clinical and Care Governance Committee.

- **Complaints – NHS Forth Valley**

  In the period April 2022 to May 2022, a total of 3 complaints (excluding complaints transferred/ withdrawn/ consent not received) were received by the Patient Relations Team relating to the Partnership. The overall response rate is noted as 66.7%.

- **Attendance management – Social Work Adult Services**

  The overall sickness absence figure for Q1 2022/23 was 11.9%, compared to 12.3% in the previous quarter, and 12.1% in the equivalent quarter last year.

- **Attendance management - NHS Forth Valley**

  The overall May 2022 sickness absence position is reported as 6.3% with the 12-month rolling position noted as 6.3%.

- **Psychological Therapies**

  In June 2022, 64.3% of patients started treatment within 18 weeks of referral. This is a reduction from the previous month position of 68.4% however an improvement from the performance in June 2021 of 59.0%.

- **Overdue pending Occupational Therapy Assessments**

  The number of overdue OT pending assessments was 352 on the 13 June 2022, the date of transition to the new social work information system, a rise of 20% on the figure at the end of the previous quarter (292).

9.5.   Section 2 provides the Performance Dashboard which maps to the local outcomes detailed in the Strategy Map. This reflects the Strategic Plan outcomes.

9.6.   Section 3 provides Performance Exception Reports for all indicators with a deteriorating position since the last reporting period, or indicators that require on-going monitoring.

9.7.   Section 4 provides an overview of the Falkirk Health and Social Care Partnership performance against the national core suite of integration indicators. These will be reported in the Annual Performance Report.

9.8.   **Local Government Benchmarking Framework 2020/21**
         The Local Government Benchmarking Framework (LGBF) is a high-level benchmarking tool developed by the Improvement Service, which is designed to support senior management teams and Elected Members to improve key Council services.

9.9.   The IJB received a briefing note on the Partnership's performance, as reported in the national publication, at their meeting on 10 June 2022. This was included in the Performance Monitoring Report and is attached at appendix 6 for information. The briefing note provides information on the

eight performance indicators. This provides a contextual understanding of how Falkirk compares alongside the LGBF 'family grouping' of the following authorities: Clackmannanshire, Dumfries & Galloway, Fife, Renfrewshire, South Ayrshire, South Lanarkshire and West Lothian.

10.   CONSULTATION

10.1.   There was no requirement to consult in the preparation of this report.

11.   IMPLICATIONS

Financial
There are no financial requirements arising from this report.

Resources
There are no resource requirements arising from this report.

Legal
There are no legal implications arising from this report.

Risk
There are no risk implications arising from this report.

Equalities
An equality and poverty impact assessment is not required for this report.

12.   CONCLUSIONS

12.1.   This report summarises the HSCP performance information covering a range of key areas of service activity. This is within a context of the pandemic, growing demand, an ageing population, people living with more complex health conditions and financial constraints.

12.2.   Throughout the pandemic we have been able to safely sustain our core services including care at home, community care team, community nursing and mental health officers, care homes and Mobile Emergency Care Service (MECS).

12.3.   The Scrutiny Committee is invited to consider the recommendations at paragraph 2.1 of this report, presented by the Falkirk HSCP.

....

Chief Officer, Falkirk Health and Social Care Partnership

Author: Suzanne Thomson, Senior Service Manager, Falkirk Health and Social Care Partnership

Date: 4 November 2022

Appendices:

Appendix 1:   IJB Annual Assurance Statement 2020/21
Appendix 2:   Internal Audit Annual Assurance Report 2021/22
Appendix 3:   Falkirk IJB 2021/22 Audited Annual Accounts
Appendix 4:   HSCP Annual Performance Report 2021/22
Appendix 5:   IJB Performance Monitoring Report September 2022
Appendix 6:   Local Government Benchmarking Framework 2020/21

List of Background Papers:
IJB reports

Appendix 1

Annual Assurance Statements 2020/21

Agenda Item: 14

Falkirk Integration Joint Board

3 September 2021

Annual Assurance Statements 2020/21

For Consideration & Comment

1.   Executive Summary

1.1   The report presents to the IJB the 2020/21 Annual Assurance Statements for:

- Audit Committee
- Clinical and Care Governance Committee
- Joint Staff Forum.

1.2   These are the second Annual Assurance Statements prepared by the Committees and Forum in response to the recommendations arising from the Internal Audit report entitled "IJB's Assurance Framework – Governance Mapping, Report No. FK05/19".

2.   Recommendations

The Integration Joint Board is asked to consider and comment on

2.1   the Audit Committee Annual Assurance Statement 2020/21

2.2   the Clinical and Care Governance Committee Annual Assurance Statement 2020/21

2.3   the Joint Staff Forum Annual Assurance Statement 2020/21.

3.   Background

3.1   During 2019-20, Internal Audit completed a Governance Mapping exercise to assess the extent to which the IJB's committee structure supports the delivery of strategic objectives.

3.2   The scope of the review was to:

- identify and map Falkirk HSCP's key committees and working groups
- review the appropriateness of Terms of Reference (ToR) and interdependencies
- assess working arrangements for key committees and working groups

- determine whether the structure of these committees and groups best supports delivery of Falkirk HSCP's strategic objectives.

3.3   This review provides assurance is relation to Strategic Risk 2 – *There is a risk that the IJB fails to deliver its strategic objectives due to lack of clarity and/or agreement in respect of governance arrangements, for example:*

- a lack of clarity around the separate roles of the IJB, HSCP, Council, NHS Board and other partners, including Clackmannanshire and Stirling IJB
- an inability to influence decision making and/or a lack of agreement around where decisions should be made/decisions been taken out with appropriate governance process.

3.4   The Internal Audit report noted:

In our opinion, overall the committees and groups tested reviewed were discharging their ToR in an efficient and effective manner. However, some committees and working groups had not been in place for the full year, work plans had not yet been established and no annual assurance reports were provided to the IJB. Therefore, based on the information available, our work could not conclude on whether sufficient work had been carried out in year to provide the IJB with adequate assurance over management of risks or progress towards strategic objectives.

The IJB should ensure that it receives adequate and appropriate assurance from partner bodies, standing committees and key working groups regarding how operational and strategic risks are being managed. Assurance should include how each partner has ensured the safe, efficient delivery of health and care services throughout the year, and how services have been delivered in line with the strategic objectives of the IJB. As a minimum, the IJB should receive annual assurance reports from the appropriate committees / groups in its governance structure.

3.5   The Internal Audit report makes four recommendations and an action plan has been agreed with the Chief Officer. One of these recommendations was that Annual Assurance Statements are provided, effective from June 2020.

4.   Audit Committee Annual Assurance Statement

4.1   The Annual Assurance Statement 2020/21 was approved by the Audit Committee on 18 June 2021 with an amendment to the membership section. This is attached at Appendix 1.

4.2   The Assurance Statement sets out the attendance, meeting dates and business of the Audit Committee during financial year April 2020 to March 2021.

4.3   Through the Audit Committee meetings, reports and action plans presented and agreed, output from internal and external audit, together with assurance provided from respective Partners, the Annual Assurance Statement concludes that the Audit Committee has effectively discharged its duties during 2020/21.

5.   Clinical and Care Governance Annual Assurance Statement

5.1   In line with the Internal Audit report recommendation an Annual Assurance Statement has been prepared. This was considered by the CCGC at its meeting on 21 May 2021, and approved for presentation to the IJB. This is attached for consideration at Appendix 2.

5.2   The statement sets out the attendance, meeting dates and business of the CCGC over the reporting year April 2020 to March 2021.

5.3   Assurance and governance are provided to a large extent by having an oversight and adequate reporting mechanisms from the various NHS committees, Public Protection Groups and Health and Social Care groups within the IJB governance infrastructure.

5.4   These groups can demonstrate in-depth consideration of a broad range of agendas relevant to their specialities. While much of the CCGC business is a 'maintenance' agenda, there is also scrutiny of proposed changes to systems and processes that deliver improvement to the quality of care delivered by the Health and Social Care Partnership.

5.5   There is ongoing work to audit and develop these assurance arrangements. This is in response to the integration of health services in to the HSCP and the development of co-ordinated services arrangements and the impact of Covid-19 which has required services to respond differently.

5.6   Through the CCGC meetings and reports presented, assurance is provided from respective partners on how services have ensured the safe, efficient delivery of health and care services throughout the year, and how services have been delivered in line with the strategic objectives of the IJB.

6.   Joint Staff Forum Annual Assurance Statement

6.1   The Joint Staff Forum (JSF) provides a forum to enable effective joint discussions between employer and employee representatives, on relevant workforce matters relating to the effective implementation of health and social care integration. Assurance is provided to a large extent by having an oversight, engagement and adequate discussions on relevant matters.

6.2   The JSF will anticipate and plan workforce matters arising from the Health and Social Care Partnership, and recommend good practice methods of working, and solutions to issues, as they arise.

6.3   The JSF will take account of relevant legislation including employment legislation and other Acts or guidance documents as relevant to Health & Social Care Integration. The JSF will also take account of locally agreed plans and strategies for the Partnerships.

6.4   Membership of the JSF includes:

- Chief Officer
- Head of Transformation & People Falkirk Council or Deputy
- Associate Director of HR NHS Forth Valley or Deputy
- Heads of Integration
- TU Representation from Falkirk Council Unite, Unison and GMB
- Employee Director as representative of the Area Staff Forum
- TU Representation from NHS Forth Valley Unison, RCN.

6.5   The Annual Assurance Statement for the reporting year April 2020 to March 2021 was approved by the JSF on 27 May 2021 and is attached at Appendix 3.

6.6   The JSF formally provides a copy of its approved minutes to the IJB as part of its assurance processes and are therefore publicly available.

6.7   Through the Forum meetings and reports presented, assurance is provided from respective partners and Trade Unions on how staff and services have ensured the safe, efficient delivery of health and care services throughout the year, and how services have been delivered in line with the strategic objectives of the IJB.

7.   Conclusions

7.1   Through the work of the respective Committee's and Joint Staff Forum, assurance is provided to the Board on the delivery of services in line with the Strategic Plan.

Resource Implications
There are no resource implications arising from this report.

Impact on IJB Outcomes and Priorities
Presentation of an annual assurance statement reflects the principles of good corporate governance and contributes to the effective delivery of the IJB's Strategic Plan.

Directions

A new Direction or amendment to an existing Direction is not required as a result of the recommendations of this report.

Legal & Risk Implications

The preparation of an Annual Assurance Statement supports the IJBs risk management framework and ensures compliance with Internal Audit recommendations.

Consultation

This is not required for the report.

Equalities Assessment

This is not required for the report.

8. Report Author

8.1   Suzanne Thomson, Senior Service Manager

9. List of Background Papers

9.1   The meeting papers of the respective meetings.

10. Appendices

Appendix 1:	Audit Committee Annual Assurance Statement 2020/21
Appendix 2:	CCGC Annual Assurance Statement 2020/21
Appendix 3:	Joint Staff Forum Annual Assurance Statement 2020/21

Annual Report of Falkirk Integration Joint Board Audit Committee 2021-2022

1. PURPOSE

1.1. This report provides annual overview of the work of the Falkirk Integration Joint Board (IJB) Audit Committee. This is in addition to the IJB receiving minutes of all Audit Committee meetings and ensures effective scrutiny of the Committee.

2. BACKGROUND

2.1. The Audit Committee is a key element of the governance structure and operates under the delegated authority of the IJB.

2.2. The Audit Committee's remit extends beyond traditional financial stewardship and oversight of the audit process and incorporates all aspects of the IJB's system of internal control and overall governance framework.

2.3. The specific functions delegated to the Audit Committee by the IJB are outlined below:

- To assess the adequacy and effectiveness of the IJB's internal controls and corporate governance arrangements and consider annual governance reports and assurances to ensure that the highest standards of probity and public accountability are demonstrated.

- Ensure existence of and compliance with an appropriate Risk Management Strategy. Review risk management arrangements and receive regular risk management updates and reports.

- Review and approve the Internal Audit Annual Plan on behalf of the IJB, receive reports and oversee and review progress on actions taken on audit recommendations and report to the IJB on these as appropriate. An Internal Audit Annual Assurance Report will be provided to the Committee providing an overall opinion on the IJB's arrangements for risk management, governance and control.

- Consider the External Audit Annual Plan on behalf of the IJB, receive reports and consider matters arising from these and management actions identified in response before submission to the IJB. The Audit Committee may also consider relevant national audit reports particularly those relating to Health and Social Care Integration from Audit Scotland.

- Approve the annual financial accounts.

- The Committee is responsible for ensuring best value for those delegated functions.

- The Committee is authorised by the IJB to investigate any activity within its terms of reference, and in so doing, may seek any information it requires.

2.4. The Committee formally provides a copy of its minutes to the IJB a part of its assurance processes and these are publicly available.

3. IJB AUDIT COMMITTEE

3.1. Composition

During the financial year ending 31 March 2021, membership of Audit Committee comprised:

Voting Members:	Mr Gordon Johnstone	Chair
	Cllr Allyson Black	Vice Chair
Non-voting Members:	Robert Clark	NHS Forth Valley
	Jennifer Kerr (left 9th Oct 2020)	Third Sector Interface

3.2. The attendance record for the Audit Committee meetings is attached at Appendix1.

3.3. Meetings

The Committee met virtually on 3 occasions during the period from 1 April 2020 to 31 March 2021 (note that the meeting scheduled for 19 June 2020 was cancelled):

- 25 September 2020
- 4 December 2020
- 5 March 2021

3.4. Business

The schedule of business is set out in Appendix 2.

4. CONCLUSION

4.1. The work of the Audit Committee provides assurance to the IJB in relation to a wide range of governance issues, including risk management and potential internal control weaknesses. This is supported by a risk based internal audit annual work plan, targeted to the highest risk areas to ensure that audit activity is focussed on key areas and is sufficient in order to provide an appropriate level of assurance.

4.2.   In addition, an audit sharing protocol is in place to ensure that any relevant issues arising in either partner organisation which may impact on the IJB is passed to the Audit Committee for consideration and action as appropriate.

4.3.   Through the Audit Committee meetings, reports and action plans presented and agreed, output from internal and external audit, together with assurance provided from respective Partners, the Audit Committee has effectively discharged its duties during 2020/21.

Voting Members		25-Sep-20	4-Dec-20	05-Mar-21
Gordon Johnston	Chair	P	P	P
Allyson Black	Vice Chair	P	P	P

Non- Voting Members				
Jen Kerr	Third Sector Interface Representative	P	A	A
Robert Clark	NHS Staff Representative	P	P	P

Attendance				
Antonia Sobieraj	Committee Services Officer, Falkirk Council	P		
Brian Pirie	Democratic Services Manager		P	P
Colin Moodie	Chief Governance Officer, Falkirk Council			
Grace Scanlin	Ernst & Young, External Audit	P	P	P
Isabel Wright	Internal Audit Manager (Acting), Falkirk Council	P		P
Jack Frawley	Committee Services Officer, Falkirk Council	P		
Jillian Thomson	Chief Finance Officer	P	P	P
Lesley James	Depute Chief Internal Auditor			
Patricia Cassidy	Chief Officer	P	P	P
Sara Lacey	Chief Social Work Officer	P		P
Scott Urquhart	Director of Finance, NHS Forth Valley			
Tony Gaskin	Chief Internal Auditor			

Key: P   Present
         A   Absent

Schedule of Business Considered April 2020 – March 2021　　　Appendix 2

Date	Title of Business Discussed	Noting / Decision
25 September 2020	Minute of previous meeting 6 March 2020	Decision
	Internal Audit Annual Assurance Report	Noting
	Annual Assurance Statement	Decision
	Strategic Risk Register	Noting
	National Audit Inspection Report Overview	Noting
	Annual Accounts – Related Party Transactions and Registers of Gifts & Hospitality and Extra Mural Employments	Decision
4 December 2020	Minute of previous meeting 25 September 2020	Decision
	Terms of Reference	Noting
	2019/20 External Audit Report	Noting
	Strategic Risk Register	Noting
	IJB Audit Committee Programme of Meetings and Workplan 2021	Decision
	National Audit and Inspection Report Overview	Noting
5 March 2021	Minute of previous meeting 4 December 2020	Decision
	Strategic Risk Register	Noting
	Internal Audit Progress Report	Noting
	Internal Audit Plan	Approval
	External Audit Plan	Noting
	National Audit Report and Inspection Overview	Noting

Falkirk
Health and Social Care
Partnership

Annual Report of Falkirk Integration Joint Board Clinical & Care Governance Committee 2020-2021

1. PURPOSE

1.1. The report sets out an annual overview of the work of the Falkirk Integration Joint Board (IJB) Clinical and Care Governance Committee (CCGC). This is in addition to the IJB receiving minutes of the meeting and ensures effective scrutiny of the Committee.

2. BACKGROUND

2.1. The Clinical and Care Governance Committee provides assurance to the IJB on the systems for delivery of safe, effective, person-centred care in line with the IJB's statutory duty for the quality of health and social care services.

2.2. An important element of clinical and care governance is to ensure there is a robust system for assuring the quality and safety of health and social care delivered and for the Committee to drive a culture of continuous improvement. This includes having systems in place to identify and respond when standards are not being met and issues of poor performance are identified and addressed.

2.3. The Committee has responsibility to oversee the processes within the Health and Social Care Partnership to ensure appropriate action is taken in response to adverse events, safely action notes, scrutiny body reports and complaints. Importantly, it ensures that examples of good practice and lessons learned are disseminated within the Partnership and beyond if appropriate.

2.4. The Committee has agreed its meeting schedule for 2021 with the agendas and forward planner developed to ensure it addresses its key strategic objectives. This includes the development of overview reports in relation to strategic oversight groups and inspection activity.

2.5. The Committee formally provides a copy of its minutes to the IJB a part of its assurance processes. Meetings are held in public and reports are available in advance of the meeting and online.

3. IJB CLINICAL AND CARE GOVERNANCE COMMITTEE

3.1. Composition

During the financial year ending 31 March 2021, membership of CCGC comprised:

Falkirk Council   NHS Forth Valley

CCGC Members		
Fiona Collie	Chair	Falkirk Council
Stephen McAllister	Vice Chair	NHS Forth Valley
Jen Kerr	Third Sector representative	CVS Falkirk
Margo Biggs	Service User representative	
Roger Ridley	Staff representative	Falkirk Council
Professional Advisors		
Patricia Cassidy	Chief Officer	Falkirk HSCP
Sara Lacey	Chief Social Work Officer	Falkirk HSCP
Andrew Murray	Medical Director	NHS Forth Valley
David Herron	Professional Lead – GP	NHS Forth Valley
Angela Wallace	Nurse Director	NHS Forth Valley
Lorraine Paterson	Head of Integration	Falkirk HSCP
Martin Thom	Head of Integration	NHS Forth Valley
Lynda Bennie	Head of Clinical Governance	NHS Forth Valley
Colin Moodie	Chief Governance Officer	Falkirk Council

3.2.   The attendance record for the CCGC meetings is attached at Appendix 1.

3.3.   Meetings

The Committee has met on 4 occasions during the period from 1 April 2020 to 31 March 2021:

- 26 June 2020
- 28 August 2020
- 11 November 2020
- 26 February 2021

3.4.   Business

Over 2020- 2021, the Committee has received, scrutinised and discussed and range of reports. The schedule of business is set out in Appendix 2.

4.   CONCLUSION

4.1.   Assurance and governance are provided to a large extent by having an oversight and adequate reporting mechanisms from the various NHS committees, Public Protection Groups and Health and Social Care groups within the governance infrastructure. These groups demonstrate in-depth consideration of broad agendas. While much of this is a 'maintenance' agenda, there is also scrutiny of proposed changes to systems and processes that deliver improvement to the quality of care delivered by the Health and Social Care Partnership.

IJB Clinical and Care Governance Attendance Record April 2020 – March 2021

Appendix 1

Members		26-Jun-20	28-Aug-20	27-Nov-20	26-Feb-21
Fiona Collie	Chair	P	P	P	P
Stephen McAllister	Vice Chair	P	P	P	P
Jen Kerr	Third Sector Interface Representative (resigned Sept 2020)	P	P	x	x
Margo Biggs	Service User Representative	P	P	P	P
Roger Ridley	FC Staff Representative	P	P	P	P
Professional Advisors					
Patricia Cassidy	Chief Officer	P	P	P	P
Sara Lacey	Chief Social Work Officer	P	P	P	P
Andrew Murray	Medical Director	P	P	P	P
Angela Wallace	Nurse Director	A	P	P	P
David Herron	GP Medical Representative			P	P
Elaine Kettings	Head of Person Centred Care	P			P
Ellen Hudson	Depute Nurse Director	P	P	A	P
Lorraine Paterson	Head of Integration		P	P	P
Lynda Bennie	Head of Clinical Governance	P	A	P	P
Martin Thom	Head of Integration		P	P	P
In attendance for agenda reports					
Amanda Crawford	Patient Relations Lead	x	x	P	P
Claire Bernard	Third Sector Interface	x	S	x	x
Claire Chapman	HSCP Locality Manager	x	x	x	P
Elaine Kettings	Head of Person Centred Care	P	x	x	x
Gemma Ritchie	Lead Officer Adult Support & Protection	P	x	x	x
Janette Fraser	Head of Planning NHS Forth Valley	P	x	x	x
Johnathon Horwood	Area Infection Control Manager	x	P	x	x
Louise McKay	Nurse Consultant - Older People	P	x	x	x
Marlyn Gardner	HSCP Locality Manager	P	x	x	x
Margaret Petherbridge	HSCP Project Development Manager	P	x	x	x
Patricia Miller	Lead Nurse Infection Control	P	P	P	P
Prakash Shankar	Chair Ethics Advisory Group	P	x	x	x
Ross Cheape	Service Development Manager for Mental Health Services, Interim Clinical Director for Acute Adult Inpatient and Forensic Psychiatry	P	x	x	x
Support Officers to Committee					
Antonia Sobieraj	Committee Services Officer	x	x	P	P
Brian Pirie	Democratic Services Manager	P	P	P	x
Jack Frawley	Committee Services Officer	x	x	x	P
Suzanne Thomson	HSCP Senior Service Manager	P	P	P	P

Key:

P - Present

A - Apologies

S - Substitute

x - does not need to attend

Schedule of Business Considered April 2019 – March 2020   Appendix 2

Date	Title of Business Discussed	Noting / Decision
26 June 2020	Minute of previous meeting 28 February 2020	Decision
	Action Log	Noting
	Care Home Assurance during Covid-19 Pandemic	Noting
	Personal Protection Equipment	Decision
	Covid-19 Shielding	Decision
	Ethics Advisory Group	Noting
	Adult Support and Protection Arrangements	Noting
	Hospital Acquired Infection: Winter Performance Report	Noting
	Overview: Inspection Reports and National Publications	Noting
	CCGC Annual Assurance Statement	Decision
	CCGC Forward Planner	Decision
28 August 2020	Minute of previous meeting 26 June 2020	Decision
	Action Log	Noting
	Remobilise, Recover, Redesign Update	Decision
	Clinical Governance Covid-19 Highlight Report	Noting
	HSCP Complaints Performance Report April 2019-March 2020	Decision
	Hospital Acquired Infection Performance Report	Noting
	Overview: Inspection Reports and National Publications	Noting
	Overview of Local Oversight Arrangements	Noting
27 November 2020	Minute of previous meeting 28 August 2020	Decision
	Action Log	Noting
	HSCP Complaints Performance Report April 2019-Sept 2020	Noting
	Complaints Report@ IMHS (Woodlands Resource Centre)	Noting
	Overview: Inspection Reports and National Publications	Noting
	Overview of Local Oversight Arrangements	Noting
	Duty of Candour Annual Report 2019-2020	Decision
	Hospital Acquired Infection Performance Report	Noting
	Reporting on Locality Working	Decision
	Programme of Meetings 2021 and Membership	Decision
	Exclusion to Public Reports	
	Care Home Incident Debrief Report	Decision
	HSCP Covid-19 Debrief Report	Decision
	Falkirk Community Hospital ASP Inquiry Report	Decision
26 February 2021	Minute of previous meeting 27 November 2020	Decision
	Action Log	Noting
	HSCP Remobilisation Plan	Noting
	Care Home Assurance Report	Noting
	Hospital Acquired Infection Performance Report	Noting
	HSCP Complaints Performance Report Quarter 3 2020-2021	Noting
	Overview of Local Oversight Arrangements	Noting
	Overview: Inspection Reports and National Publications	Noting

Falkirk Integration Joint Board
Joint Staff Forum Annual Assurance Statement 2020-2021

1.   **PURPOSE**

1.1.   The report sets out an annual overview of the work of the Falkirk Integration Joint Board (IJB) Joint Staff Forum (the Forum). This is in addition to the IJB receiving minutes of the meeting and ensures effective scrutiny of the Forum.

2.   **BACKGROUND**

2.1.   The Forum provides assurance to the IJB that the Forum enables effective joint discussions between employer and employee representatives, on all employment issues, relating to the effective implementation of health and social care integration. This ensures delivery of safe, effective, person-centred care in line with the IJB's statutory duty for quality of health and social care services.

2.2.   The Forum will anticipate and plan workforce matters arising from the Health and Social Care Partnership, and recommend good practice methods of working, and solutions to issues, as they arise.

2.3.   The Forum will take account of relevant legislation including employment legislation and other Acts or guidance documents as relevant to health and social care integration. The Forum will also take account of locally agreed plans and strategies for the Partnership.

3.   **JOINT STAFF FORUM MEMBERSHIP**

3.1.   Composition

        During the financial year ending 31 March 2021, membership of the Forum comprised:

        HSCP Members
        Patricia Cassidy   Chief Officer
        Lorraine Paterson   Head of Integration
        Martin Thom   Head of Integration

        HR Representatives:
        Linda Davidson   HR Director   NHS Forth Valley
        Karen Algie   Head of Transformation & People   Falkirk Council
        Tracey Gillespie   HR Manager   Falkirk Council
        Julie McIlwaine   HR Manager   NHS Forth Valley

Staff Representatives

Raymond Smith	GMB	Falkirk Council
Grace Traynor	GMB	Falkirk Council
Gordon Tucker	Unison	NHS Forth Valley
Roger Ridley	Unison	Falkirk Council
Matthew Jenkins	Unite	Falkirk Council
Kevin Robertson	Joint Trade Union Committee	Falkirk Council
Robert Clark	Area Partnership Forum (Unison)	NHS Forth Valley
Hilary Nelson	RCN	NHS Forth Valley
Helen Welsh	Joint Trade Union Committee	Falkirk Council

3.2.   The attendance record for the CCGC meetings is attached at Appendix1.

3.3.   Meetings

The Forum has met on 4 occasions during the period from 1 April 2020 to 31 March 2021

- 13 May 2020
- 8 July 2020
- 7 October 2020
- 4 February 2021
- 1 April 2021.

3.4.   Business

The schedule of business is set out in Appendix 2.

4.   CONCLUSION

4.1   Through the Forum meetings and reports presented, assurance is provided from respective partners and Trade Unions on how staff and services have ensured the safe, efficient delivery of health and care services throughout the year, and how services have been delivered in line with the strategic objectives of the IJB.

Joint Staff Forum Annual Assurance Statement
Attendance Record March 2020 - April 2021

			13-May-20	08-Jul-20	07-Oct-20	04-Feb-21	01-Apr-21
Gordon Tucker	Unison Representative	NHS Forth Valley	P	A	A	A	P
Grace Traynor	GMB Representative	Falkirk Council	P	A	P	A	P
Hilary Nelson	RCN	NHS Forth Valley	A	A	A	A	
Julie McIlwaine	HR Manager	NHS Forth Valley	A	A	P	P	P
Karen Algie	Head of Transformation & People	Falkirk Council	A	C	C	C	C
Kevin Robertson	Joint Trade Union Committee	Falkirk Council	P	P	P	P	P
Linda Davidson	Associate HR Director	NHS Forth Valley	P	A	P	A	A
Lorraine Paterson	Head of Integration	Falkirk HSCP	P	A	A	P	P
Martin Thom	Head of Integration	Falkirk HSCP	P	P	P	P	P
Matthew Jenkins	Unite Representative	Falkirk Council	A	P		A	
Patricia Cassidy	Chief Officer	Falkirk HSCP	C	A	P	P	P
Raymond Smith	GMB Representative	Falkirk Council	P	P		P	P
Robert Clark	Area Partnership Forum (Unison)	NHS Forth Valley	P	P	P	P	P
Roger Ridley	Unison Representative	Falkirk Council	P	P	P		P
Tracey Gillespie	HR Manager	Falkirk Council	P				A
Helen Welsh	Joint Trade Union Committee	Falkirk Council	x	x	x	x	S

Key

Chair	C
In Attendance	P
Apologies	A
Substitute	S
Does not need to attend	x

Appendix 2

Joint Staff Forum 2020 - 2021
Schedule of Business Considered

13-May-20	08-Jul-20	07-Oct-20	04-Feb-21	01-Apr-21
Update on Covid Response PPE Testing Staff Wellbeing	Remobilse Recover & Redesign	Integrated Workforce Plan Flu Vaccination Annual Assurance Statement Medication Policy	Covid Update Deployment of Staff Integrated Workforce Plan Flu Vaccination Programme AHPs	Covid Update Homecare Model Proposed Model of Older Peoples Day Services Integrated Workforce Plan Falkirk Community Hospital AHPs
		STANDING ITEMS		
Integration update HSCP update	Integration update HSCP update	Integration update **HSCP update** *SWAS Board *Homecare Review Board *Home First Board *Day Services	Integration update HSCP update	Integration update HSCP update
NHS Forth Valley update	NHS Forth Valley update	**NHS Forth Valley update** *Urgent Care Centre *Test & Trace Centre *Whistleblowing	**NHS Forth Valley update** *Whistleblowing *Annual Leave *Shielding List	NHS Forth Valley update
Falkirk Council HR update Trade Union Feedback AOCB	Falkirk Council HR update Trade Union Feedback AOCB	Falkirk Council HR update Trade Union Feedback AOCB	Falkirk Council HR update Trade Union Feedback AOCB	Falkirk Council HR update Trade Union Feedback AOCB

Appendix 2

Internal Audit Annual Assurance

Agenda Item: 5

Falkirk Integration Joint Board Audit Committee

17 June 2022

Internal Audit Annual Assurance

For Noting

1. Executive Summary

1.1 This report provides an overall assurance on the IJB's arrangements for risk management, governance, and control, based on Internal Audit work undertaken and reported during 2021/22.

2. Recommendations

The Audit Committee is asked to:

2.1 note that sufficient Internal Audit activity was undertaken to allow a balanced assurance to be provided.

2.2 note that Internal Audit can provide **SUBSTANTIAL** assurance on the IJB's arrangements for risk management, governance, and control for the year to 31 March 2022; and

2.3 note that Internal Audit operates in compliance with PSIAS.

3. Operational Activity Considered in Providing Overall Assurance

3.1 Responsibility for leading on the provision of Internal Audit services to Falkirk IJB rotates on a three-yearly cycle between the Chief Internal Auditor of NHS Fife, Tayside, and Forth Valley NHS Internal Audit consortium and Falkirk Council's Internal Audit Manager.

3.2 Prior to 01 April 2019, this provision was led by the Chief Internal Auditor of NHS Fife, Tayside, and Forth Valley NHS Internal Audit consortium. From 01 April 2019 Falkirk Council's Internal Audit Manager took over.

3.3 It is senior managers' responsibility to establish and maintain effective and proportionate risk management, governance, and control arrangements. Internal Audit is not an extension of, or substitute for, operational management.

3.4   The 2017 Public Sector Internal Audit Standards require the Internal Audit Manager to prepare an Annual Assurance Report. This report should include:

- a statement on the overall adequacy of the IJB's control environment;

- a summary of Internal Audit work undertaken during the year; and

- a statement on the Internal Audit Section's conformance with the Standards.

3.5   This report has been prepared to meet those requirements.

3.6   The 2021/22 Internal Audit Plan set out two main assignments to be completed by the team over the course of the year:

2021/22 Internal Audit Plan:	
Directions	Final Report issued on 23 May 2022.
Resilience and Business Continuity	Draft Report issued on 10 May 2022.

3.7   The scope of, and findings arising from the finalised assignment is set out at Appendix 1.

3.8   Internal Audit use a set of Assurance Categories. A summary of these is set out at Appendix 2.

3.9   On the basis of work undertaken, Internal Audit can provide **SUBSTANTIAL** assurance in relation to Falkirk IJB's arrangements for risk management, governance, and control for the year to 31 March 2022. In providing this opinion, Internal Audit has taken account of findings arising from work undertaken as part of the Falkirk Council Internal Audit Plan on systems used, and relied upon, by the Health and Social Care Partnership. For 2021/22 this consisted of:

- Falkirk Pension Fund;

- Detail Head 4999;

- Payroll Transactional Testing;

- Fleet Management and Monitoring Arrangements; and

- Continuous Auditing (focussing on Creditors Payments).

3.10   In addition, opinion can be further strengthened by the internal audit work undertaken within NHS Forth Valley during 2021/22. This included:

- Internal Control Evaluation;

- Resilience Planning;

- Strategic Planning;

- Recovery, Redesign, and Renewal; and

- Primary Care Improvement Plan.

4.   Compliance With Public Sector Internal Audit Standards

4.1   Internal Audit seeks to undertake all work in conformance with the Public Sector Internal Audit Standards 2017 (the Standards). The Standards have four objectives:

- To define the nature of Internal Auditing, within the UK public sector;

- To set basic principles for carrying out Internal Audit in the UK public sector;

- To establish a framework for providing Internal Audit services, which add value to the organisation, leading to improved organisational processes and operations; and

- To establish the basis for the evaluation of Internal Audit performance and to drive improvement planning.

4.2   The Standards require the Internal Audit Manager to establish a Quality Assurance and Improvement Programme (QAIP) to allow evaluation of compliance with the Standards. This comprises an annual self-assessment and a five yearly external assessment.

4.3   The Internal Audit Manager undertook a detailed self-assessment against the Standards during February 2022. This confirmed continuing compliance with the Standards, and will be subject to independent, external validation as part of a national review process established by the Scottish Local Authorities Chief Internal Auditors' Group.

5.   Conclusions

5.1   Sufficient Internal Audit activity was undertaken to allow a balanced assurance to be provided.

5.2   Internal Audit is able to provide Substantial assurance in respect of Falkirk IJB's overall arrangements for risk management, governance, and control for the year to 31 March 2021.

5.3   In providing that opinion, Internal Audit operated in compliance with the Public Sector Internal Audit Standards.

Resource Implications

There are no resource implications arising from the recommendations in this report.

Directions

There is no need for a new or amended Direction as a result of the recommendations of this report.

Impact on IJB Outcomes and Priorities

Effective governance, including risk management and internal control, will be necessary to deliver the outcomes and priorities of the IJB.

Legal & Risk Implications

The role of Internal Audit is to provide assurance on the IJB's arrangements for risk management, governance, and control. Recommendations made by Internal Audit aim to reduce or mitigate risk to which the IJB may be exposed.

Consultation

All Internal Audit reports are circulated in draft and reviewed by management prior to final publication.

Equalities Assessment

No equalities issues arise from the recommendations of this report.

6.   Report Author

6.1   Isabel Wright, Falkirk Council Internal Audit Manager

7.   Appendices

| Appendix 1: | Summary of Findings Arising from Internal Audit Work |
| Appendix 2: | Definition of Internal Audit Assurance Categories |

Summary of Findings Arising from Internal Audit Work

Internal Audit Plan	Assignment	Assurance
2021/22	Directions	**Limited Assurance**

Scope	Final Report Executive Summary
In January 2020 the Scottish Government published Statutory Guidance on "Directions from Integration Authorities to Health Boards and Local Authorities" (the Guidance). Falkirk Integration Joint Board (IJB) approved a formal Directions Policy on 19 March 2021. The Policy was implemented from 1 April 2021. The scope of this review was to evaluate and report on Falkirk IJB's arrangements for drafting, approving, issuing, and monitoring Directions as laid down in its Directions Policy, with reference to relevant legislation and statutory guidance. It also considered the IJB's arrangements for embedding the Policy. In particular, we reviewed: • the robustness of the Directions Policy to ensure statutory requirements have been met, this includes 'the Guidance' at Section 3 (Process for Issuing Directions), Section 4 (Form and Content of Directions), and Section 5 (Process for Issuing and Revising Directions); and • progress with embedding the Directions Policy, including how the Directions Policy is working in practice.	We were content that the Policy meets the requirements of the statutory guidance. We did, however, find several significant areas of non-compliance with the Policy. One of the main reasons for this has been the impact of Covid-19 on the IJB, which resulted in Service Managers not being available to lead the preparation of individual Directions (as they were undertaking frontline duties). The Directions issued during 2021/22 only provide detail relating to the budget elements and do not give any strategic direction to Falkirk Council or NHS Forth Valley. These Directions do not provide a detailed narrative breakdown of each separate function (this would be achieved if the template from the Policy was used). We also found that the Policy has not been subject to annual review, and a record of the Chief Executives' of partner organisations formally acknowledging receipt of the Directions issued to them is not maintained. This would enable the IJB to hold the partner organisations to account for the implementation of these Directions. In addition, we noted that the minutes from the May 2021 Strategic Planning Group meeting were not submitted to the IJB (as required by the Terms of Reference for the Strategic Planning Group). We have also suggested areas where the contents of the Policy could be enhanced, and good practice that could be adopted by the Health and Social Care Partnership.

Definition of Internal Audit Assurance Categories

Level of Assurance	Definition
Substantial assurance	Largely satisfactory risk, control, and governance systems are in place. There is, however, some scope for improvement as current arrangements could undermine the achievement of objectives or leave them vulnerable to error or abuse.
Limited assurance	Risk, control, and governance systems have some satisfactory aspects. There are, however, some significant weaknesses likely to undermine the achievement of objectives and leave them vulnerable to an unacceptable risk of error or abuse.
No assurance	The systems for risk, control, and governance are ineffectively designed and operated. Objectives are not being achieved and the risk of serious error or abuse is unacceptable. Significant improvements are required.

Appendix 3

Falkirk IJB 2021/22 Audited Annual Accounts

Agenda Item: 4

Falkirk Integration Joint Board Audit Committee

23 September 2022

Falkirk IJB 2021/22 Audited Annual Accounts

For Decision

1. Executive Summary

1.1 The purpose of this report is to present the audited accounts of Falkirk Integration Joint Board (IJB) for the year to 31 March 2022.

2. Recommendations

The Audit Committee is asked to:

2.1 approve the audited annual accounts of Falkirk IJB to 31 March 2022.

2.2 consider the external audit annual report at appendix 2.

3. Background

3.1 The 2021/22 draft annual accounts were submitted to the External Auditor by 30th June in line with timescales stipulated in the Local Authority Accounts (Scotland) Regulations 2014.

3.2 Following the audit process, the Regulations state that the IJB, or a Committee of the IJB charged with governance, must meet to consider the audited annual accounts and approve the accounts for signature by 30th September.

4. 2021/22 annual accounts

4.1 The annual accounts of the IJB have now been audited and are included as appendix 1. The External Auditor has provided an unqualified opinion on the accounts.

4.2 The specific findings arising from the audit are reported as part of the External Auditors annual report, as included in appendix 2.

4.3 Copies of the audited accounts will be posted to the Falkirk Health and Social Care Partnership website and hard copies made available in local libraries, pending approval by the audit committee.

5. Key Findings

5.1 The external audit annual report provides an unqualified audit opinion on the

IJB's 2021/22 financial statements. The accounts are therefore considered to provide a true and fair view of the IJB's financial position. In addition, the report confirms there are no material uncertainties in relation to the going concern status of the IJB.

5.2 In terms of the wider scope and best value areas of the audit, the report highlights a number of ongoing risks in relation to financial sustainability, longer term risk sharing arrangements/financial management and best value. 5 specific improvement recommendations are included in the report, 2 of which are classified as grade 1 and 3 are grade 2. All 5 recommendations have been agreed by the Chief Officer and Chief Finance Officer noted below.

Area Identified for improvement as per 2021/22 external audit report	Current Status
The IJB should ensure that longer term financial planning is in place to support the delivery of the Strategic Plan.	The current Falkirk IJB Medium Term Financial Plan (MTFP) is due for renewal and a new MTFP will be prepared in alignment with the new Strategic Plan Implementation date: January 2023.
As part of the finalisation of the updated Integration Scheme, the IJB should work with Partners to ensure that corporate support arrangements remain adequate and fit for purpose.	There has been further progress recently with various aspects of the updated Integration Scheme however the IJB accepts this needs to be brought to a conclusion. In addition, the IJB is reviewing internal management capacity with plans to recruit an additional Finance post as part of an internal structure and capacity review. Implementation date: March 2023
The IJB should ensure that the Audit Committee is supported to conduct a self-assessment against good practice principles.	The audit committee will investigate partner assessment arrangements before adopting either CIPFA's 'Good Practice Audit Committees Principles Checklist' or 'Evaluation of Effectiveness Toolkit' Implementation date: March 2023
The IJB should conduct a self-assessment against the CIPFA Financial Management Code.	An assessment will be conducted before the end of this financial year. Implementation date: March 2023

Area Identified for improvement as per 2021/22 external audit report	Current Status
The IJB should consider revising the self-assessment against the Ministerial Strategic Group recommendations, prepared in May 2019.	A self-assessment will be conducted before the end of this financial year. Implementation date: March 2023

6.   Conclusions

6.1   The 2021/22 annual accounts were submitted to our External Auditors (Ernst & Young) in compliance with the statutory timescales. The audit has now been completed and the accounts are free from qualification.

6.2   Regular reports will be provided to future audit committee meetings to update on progress to implement all outstanding improvement actions identified through governance statement (including internal and external audit recommendations as appropriate).

Resource Implications
There are no resource implications arising from the report recommendations.

Impact on IJB Outcomes and Priorities
The production and audit of annual accounts is a statutory requirement of the IJB.

Directions
A new Direction or amendment to an existing Direction is not required as a result of the recommendations of this report.

Legal & Risk Implications
There are no legal or risk implications arising from the report recommendations.

Consultation
No consultation is required on this report. The audited accounts will be available online.

Equalities Assessment
There are no equality implications arising from the report recommendations.

7. Report Author

7.1   Steven Kirkwood – Chief Finance Officer

8. List of Background Papers

8.1   N/A

9. Appendices

Appendix 1:   Audited annual accounts 2021/22
Appendix 2:   External audit annual report 2021/22

Falkirk
Health and Social Care
Partnership

Falkirk
Integration Joint Board

AUDITED ANNUAL
ACCOUNTS
2021/22

CONTENTS

Management Commentary

Introduction

This publication presents the financial statements for Falkirk Integration Joint Board ("the IJB") for the year ended 31 March 2022. The financial statements have been prepared in accordance with the Local Authority Accounts (Scotland) Regulations 2014 and the Code of Practice on Local Authority Accounting in the United Kingdom as per the requirements of section 106 of the Local Government Scotland Act 1973.

The Financial Statements are comprised of:	
1.	A management commentary which provides an overview of operational and financial performance during the course of 2021/2022. The management commentary also considers key issues and challenges for the coming financial year.
2.	A statement of responsibilities in respect of the administration of the IJB's financial affairs and delivery of best value.
3.	A remuneration report summarising remuneration and associated pension benefits in respect of specified IJB members and staff.
4.	An annual governance statement describing the IJBs corporate governance arrangements and systems of internal control.
5.	A comprehensive income and expenditure statement which reports the overall surplus or deficit arising from the provision of delegated services.
6.	A movement in reserves statement which outlines the position on IJB reserves during the course of the year.
7.	A balance sheet which summarises the assets and liabilities of the IJB as at 31st March 2022.
8.	Notes to the financial statements, including general accounting policies and other explanatory information.

Role and Remit of Falkirk Integration Joint Board

Falkirk IJB was formally established under the Public Bodies (Joint Working) (Scotland) Act 2014 to lead the integration, strategic planning and commissioning of adult health and social care services in the Falkirk area. Integration of health and social care services is a key flagship policy of the Scottish Government which aims to ensure that people receive the care and support they need at the right time, in the right setting and in a more joined up way. All of which should be underpinned by anticipatory and preventative care planning. This supports the IJB's fundamental purpose *to enable people in the Falkirk area to live full and positive lives within supportive and inclusive communities.*

The IJB is a legal entity in its own right established in October 2015 following ministerial approval of the Integration Scheme developed by Falkirk Council and NHS Forth Valley.   Membership of the IJB is comprised of 6 voting members (3 elected members nominated from Falkirk Council and 3 Non-Executive Directors nominated from NHS Forth Valley) together with 13 non-voting members. Non-voting members include the Chief Officer, Chief Finance Officer and a wide range of other health and social care professional advisors including third sector, carer and staff side representatives. The Chair and Vice Chair of the IJB are appointed for a 2 year term by Falkirk Council and NHS Forth Valley on a rotational basis. During 2021/22 the IJB was chaired by Michelle McClung as nominated by NHS Forth Valley with Vice Chair Councillor Fiona Collie nominated by Falkirk Council.

The scope of the health and social care services delegated to the IJB is outlined in the *integration scheme* (a legal document, subject to Ministerial approval, which sets out the specific services involved and how they will be planned, resourced and operationally delivered by the IJB). During 2021/22 this included Adult Social Work services, Integrated Learning Disability services, Integrated Mental Health services, District Nursing, Allied Health Professionals, Community Hospitals and Administrative staffing within a healthcare setting. Operational responsibility and strategic planning for other services referred to in the integration scheme, including Mental Health, Health Improvement, medical staff for relevant specialties and Primary Care, remained with NHS Forth Valley during 2021/22.

Strategic Planning

A key statutory duty of the IJB is to develop a 3 year strategic plan which reflects the national health and wellbeing outcomes framework and delivery of agreed local priorities. As part of this work, the IJB has implemented a locality planning structure, comprised of 3 distinct geographic areas to ensure that the overall strategic plan is accessible and responsive to the needs and unique circumstances of our local communities across East, West and Central Falkirk (see figure 1 below).

Community empowerment and engagement is key in this respect and the IJB works closely with a range of stakeholders including Falkirk Community Planning Partnership to ensure service developments are consistent with their Local Outcomes Improvement Plan (LOIP) and Falkirk Council Housing Services to determine and influence housing requirements at locality level. The IJB also consults and maintains established forums with carers and the third and independent sectors.

Figure 1 - Falkirk IJB Locality areas
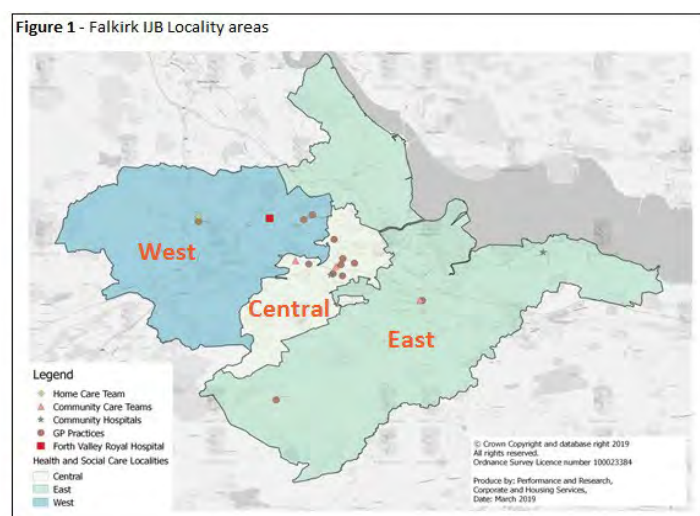
The current strategic plan covering the 3 year period 2019 to 2022 was approved by the IJB on 5 April 2019. Following review of the plan through engagement with the Strategic Planning Group and the IJB, the plan has now been extended by a further year, to 2023. This took into account the continued relevance and importance of the strategic priorities and recognised the challenges of developing a new 3 year plan during the covid pandemic and the limited scope for community engagement, which sits at the heart of strategic planning. The new plan will address the impact of Covid-19 on service requirements, as implications become clearer. This new plan will be developed between September 2022 and March 2023 with continued consultation and community participation and engagement throughout this period. The plan is expected to be published by 31 March 2023. The current plan incorporates a range of policy and legislative developments and describes the transformational change required to improve quality and outcomes for patients, carers, services users and their families whilst making best use of available resources.

The current strategic plan is set against a backdrop of the Covid pandemic which has resulted in a significant and rapid change in the configuration of health and social care services across Scotland. We continue to work with partners and organisations such as Public Health Scotland to better understand the long term impact and unintended consequences arising from the pandemic as this evidence emerges. We recognise we will need to be responsive to current and new demand of services and redesign existing services or commission new services such as Mental Health and various local community initiatives. At the same time, demand linked to ongoing demographic change, is increasing as people are living longer into old age, often with multiple long term conditions which require more complex multidisciplinary care and support. Similarly the age profile of our workforce is rising (and this is more prominent in certain staff groups e.g. District Nursing) which presents a number of risks in terms of succession planning and our ability to provide sustainable services. We are also experiencing ongoing recruitment and retention difficulties across a range of posts including personal carers, Social Workers and Allied Health Professionals.

In order to respond to these challenges (combined with the impact of growth in general price inflation and advances in new technology and medical treatments), it is clear that major reform and transformation of health and social care services is essential in order to deliver better care, better health and better value. The IJB's current, extended strategic plan supports this triple aim and sets out 4 local priority areas requiring significant change, progress or investment over the period.

The 4 Priority Areas:

A detailed delivery plan has been developed, underpinned by an integrated whole systems approach, which identifies the specific work streams and actions required to progress the 4 strategic priorities referred to above. The Delivery Plan remains fit for purpose in a post Covid context and remains aligned with our pandemic response in terms of the current remobilisation, recovery and redesign of services. The IJB is confident that the Delivery Plan continues to reflect the appropriate direction of travel for Adult Health and Social Care Services in Falkirk and notwithstanding the operational disruption and financial risks arising from Covid-19, it is recognised that the pandemic presents a unique opportunity to accelerate key elements of our Delivery Plan.

1 Deliver local health and social care services, including Primary Care, through enabled communities and workforce

2 Ensure carers are supported in their caring role

3 Early intervention, prevention and harm reduction that:
- improve people's mental health and wellbeing
- improve support for people with substance use issues, their families and communities
- reduce the impact of health and social inequalities on individuals and communities

4 Make better use of technology to support the delivery of health and social care services

2021/22 Operational Performance

Financial year 2021/22 continued to be dominated by the operational and financial impact of the Covid-19 pandemic. As we emerge from the pandemic, remobilisation plans and recovery are key priorities.

Falkirk Alcohol & Drug Partnership (ADP)

There has been significant Scottish Government investment to support the work of the ADP in 2021/22 including funding to support the Medication Assisted Treatment (MAT) Standards. The MAT standards define what is needed for the consistent delivery of safe and accessible drug treatment and support in Scotland. The standards apply to all services and organisations responsible for the delivery of care in a recovery orientated system.

Primary Care Initial Agreement and Falkirk Community Hospital Masterplan

The Primary Care Initial Agreement and Falkirk Community Hospital Masterplan Strategic Assessment are two major workstreams that have progressed significantly during 2021/22. Both workstreams consider the primary care estate, the latter with a specific focus on the Falkirk Community Hospital and related services. Far from being a like-for-like replacement of community facilities, the projects have considered future service delivery across an integrated health and social care model and considered how the primary care estate can be configured to meet future need. A wide range of stakeholders have contributed to both projects including public / patient representatives, clinical leads, subject matter experts, management and staff.

The current stage for both projects will conclude in 2022/23 with outline business case and full business case stages to follow over the next few years.

Locality Working

Falkirk Health and Social Care Partnership (HSCP) has established three localities as part of its commitment to delivering services tailored to the needs of communities. Each locality (East, West and Central) has a Locality Manager who leads a group of managers delivering the range of services which partners have delegated to the Partnership.

Progress and test of change work across the three localities is summarised in the table below:

2021/22 Locality Working:

1. Recruitment remains an ongoing challenge across the health and social care sector. Across all localities, staffing and demand are being reviewed and a working group has been established to support the recruitment and retention of staff, along with our partners in learning and development, the voluntary sector and Department for Work and Pensions (DWP).

2. Monthly locality business meetings provide an opportunity for services to discuss current challenges and success stories. This sharing of information, knowledge and skills promotes a culture of continuous improvement and learning and promotes integration across services. Refurbishment of the former Social Work offices in Grangemouth will provide opportunity for health and social care co-location, integrated working and shared learning across locality services.

3. The West Locality 4 District Nursing Teams previously met virtually, once a week, to discuss any support required in respect of staffing cover and to provide support in relation to complex cases. This meeting now includes Adult Social Work and Home Care representation. GP colleagues, Allied Health Professionals (AHPs) and Strathcarron Specialist Nurses are also invited to attend and meetings now focus on multidisciplinary discussion of complex or ongoing cases which require an integrated approach. This process has seen an improvement in joined up working, benefiting those requiring care and support, and will now be developed across the East and Central localities.

4. The Central Locality is progressing a Home Care Remapping pilot, the aim of which is to free up care at home capacity / hours / visits by making care "runs" more efficient within geographic areas.

5. Homecare remodelling and Care at Home Retender are substantial projects for all localities. The homecare remodelling encompasses 3 main workstreams – reablement & training; maintenance care; and urgent / crisis response. The pilot will inform the remodelling process, as well as the ongoing process for a new care at home retender with our external providers. This remodelling will shape how care at home is provided across Falkirk, as well as specific localities to meet outcomes, but also to ensure and support greater efficiency and streamline care capacity. The Care at Home retender seeks to support a shift to an outcomes based approach for those who required care.

6. Falkirk has joined a cohort of six Scottish HSCPs, with project support from the national Near Me team, to roll out Near Me video appointments to Duty Social Work. Near Me enables individuals to attend appointments from the location of their choice. This can reduce travel, minimise time taken off work, school, or routine activities, and make it easier for people who need carer support. Near Me can enable an interpreter, support worker, or family member to join an appointment remotely and, in this way, will support integrated service delivery. This creates an opportunity for shared decision making, thereby enabling timely person-centric care.

Technology Enabled Care

During the course of the year a Technology Enabled Care (TEC) Programme was established to co-ordinate and accelerate TEC initiatives within the Partnership and strengthen transformation projects through the considered application of modern technologies. As part of this work, it was recognised that the Partnership is already a trail blazer in terms of the Analogue to Digital transition for telecare (including potential to maximise service redesign opportunities by embracing smart sensor technology and consumer devices) and our Living Well Falkirk service, built on the ADL Smartcare digital platform, which has potential to increase self-management and access to advice and equipment.

Our newly appointed TEC Development Officer, contributed to a range of other projects and activities during the year including:

Falkirk HSCP TEC Programme Activity

Getting started, planning and scoping	• Strategic Context Review • Liaising with PMO to propose governance structure and approach to identify opportunities to embed TEC into transformation projects • Researching existing and available TEC in Falkirk • Engagement with Key Stakeholders and Partners
Designing services to embed digital solutions	• Following a successful bid for £30,000 funding from OSCWA and Scottish Government, the TEC Development Officer is leading a project to rollout Near Me video consultancy to Duty Social Work. • The Near Me Duty Social Work project is working closely and integrating with Falkirk's Community Led Support Near Me project which was first trialled earlier this year enabling individuals to talk to a link worker via a video call to the Living Well Advice Hub. • Planning has commenced on an approach to offer individuals on waiting lists support to complete a Living Well Falkirk assessment via a Near Me appointment.

Engage with individuals and build TEC awareness	• A document setting out digital Health and Care resources, NHS-approved apps and links to community support groups available to individuals was shared with HSCP staff. This will be developed into an online resource. (Appendix 2) • To encourage a broader understanding of Living Well Falkirk, a training session was arranged for Community Led Support workers and a course is being developed on Falkirk Council's online learning platform (OLLE) so that the value of this resource is more widely understood. • The TEC Development Officer has presented at the Locality Team Meetings, offering support to take forward TEC and digital health and care projects.

Community Led Support (CLS)

Falkirk HSCP and third sector partners have been working together to develop an effective model of community led support. Community Led Support (CLS) refers to services that are designed and delivered in conjunction with people and communities. The principles of community-led support are co-production, community focus, support, and advice to prevent crises, a culture based on trust and empowerment in which people are treated as equals, minimal bureaucracy, and a responsive and proportionate system that delivers positive outcomes.

Partners agreed that a Falkirk HSCP strategy was required to ensure that community led support remains sustainable, coordinated, and effective as our capacity increases to respond to demand on community-based services within localities. The draft strategy has been developed during 2021/2022. Our ambition is to increase the use of community led support to provide alternative models of care and to promote prevention and early intervention in the community. The CLS strategy and action plan is still in draft format and is being finalised with partners.

Community Development & Community Link Workers

The HSCP currently supports three Community Development Workers, one within each locality area. The key role of these workers is to work with people to identify local needs, particularly relating to health and wellbeing, and then support communities and third sector organisations to develop supports to address these needs. Community capacity building is a critical area of work in creating conditions

for people to maintain and improve their health and wellbeing without requiring access to formal HSCP services.

Enhanced support in communities is also critical to the expansion of the community link work model. Three Community Link Workers have been supporting GP practices in each of the three locality areas during the past two years. The workers have demonstrated excellent outcomes for people and investment from the Primary Care Investment Fund and Mental Health & Wellbeing in Primary Care will provide scope to enhance the service. This expansion is in line with Scottish Government ambition to have a Link Worker aligned to every GP practice.

The Link Workers have received over 300 referrals from GPs, Mental Health Nurses, and Advanced Nurse Practitioners during the period October 2021 – March 2022. Many of the people referred have a complex range of support needs, which include:

- Carers support
- Financial/Debt/Welfare Benefits
- Housing/Homelessness
- Trauma/Bereavement
- Life skills/self-management/confidence
- Mental Health (including loneliness and isolation)
- Substance Use
- Weight management
- Employment/volunteering
- Learning disability

Living Well Falkirk Concept

At present, there is a Partnership supported webpage that is a simple visual tool designed to help members of the Falkirk community to understand how to shape their progress on their ageing journey. As part of the Falkirk Community Hospital Masterplan stakeholder engagement work, the concept of a "Living Well" hub has emerged. The ongoing discussions about developing and designing Living Well "hubs" in Falkirk, describe a vision where service users, families and carers can access a range of support, advice and signposting while attending a Living Well hub. Supporting and enabling development, community participation and community led support will be crucial in order to meet the needs of residents now, and in the future.

Using Locality Data

As locality working continues to develop, we are making better use of new and current data. An example of this is hospital presentations and admissions data. This highlights some variance across the localities as well as connections between the Scottish Index of Multiple Deprivation and presentation reasons. Further analysis on work, including frequent and moderate attender reasons, could develop locality initiatives around frailty pathways and "Living Well Falkirk" developments.

Primary Care Improvement Plan (PCIP)

A revised timescale, delaying the final implementation of the new General Medical Services (GMS) contract was issued in a joint statement from the Scottish Government and British Medical Association, meaning that 2021/22 was no longer the final year of the PCIP. Work continues nationally to define delivery expectations for the various PCIP workstreams and funding expectations require to be reviewed. Despite the uncertainties of the last year, local progress has continued with implementation of the new contract and it is clear our advanced stage of implementation has been a key factor in our ability to maintain core GMS services during the pandemic.

Performance

The Falkirk Health & Social Care Partnership uses a Forth Valley-wide Performance Management Framework to monitor its progress. Regular performance updates are provided throughout the year to the Integration Joint Board. The Partnership also publishes an Annual Performance Report as required by the Public Bodies (Joint Working) Regulations 2014.

Scotland's Health and Social Care Partnerships are required to publish annual reports by 31 July each year under the Public Bodies (Joint Working) Regulations 2014. Due to the impacts of the COVID-19 pandemic upon services, the Coronavirus (Scotland) Act 2020 allowed Partnerships to postpone the publication of 2020-21 annual reports until the end of November 2021. Publication of the 2021/22 report is also postponed and will be available shortly after IJB Board approval, expected in September 2022. The latest report can be accessed here.

The Partnership's Annual Performance Report highlights the complex and challenging environment of health and social care. It includes examples of the real impacts and positive outcomes made possible by the efforts of Falkirk's health and care services in the past year, made possible by the commitment, resilience, and professionalism of our workforce and partners, including carers and volunteers.

2021/22 Financial Performance

The IJB reported total income of £253.983m for financial year 2021/22 (a decrease of £3.387m compared to the previous year) comprised of £222.904m in respect of the integrated budget and £31.079m relating to set aside.

This compares to total expenditure of £234.930m incurred during the year (a decrease of £11.026m relative to 2020/21) comprised of £203.851m in respect of expenditure on integrated services and £31.079m relating to set aside.

As a result, a surplus of £19.053m was reported in the Comprehensive Income and Expenditure Statement as at 31 March 2022. The position reflects the net increase in reserve balances on account of delays in planned expenditure during the course of the year, receipt of late funding allocations and unused Covid funding which required to be carried forward to 2022/23 in line with Scottish Government guidance.

In line with previous years, NHS Forth Valley directly managed the overspend against the set aside budget totalling £0.700m. No risk sharing arrangements were required in respect of the integrated budget.

During the course of the year the following performance issues were reported:

▪ **Large Hospital Services/Set Aside** – ongoing service pressures within A&E and various inpatient specialties (including general medicine, rehab and mental health) due to increased demand and case mix complexity/ length of stay, together with additional nursing costs in order to maintain safe staffing levels. This is exacerbated by similar short staffing challenges in social care which is impacting on an element of the planned discharge profile from the hospital.

▪ **Social Care** – significant financial and operational service pressures are being reported in relation to home care. This reflects ongoing demand combined with short staffing issues across both internal and externally provided services (due to Covid self-isolation requirements and vacancies). The number of people currently waiting for packages of care remains extremely high and a number of external Providers are operating under business continuity measures. These pressures are offset by lower costs for Housing Aids & Adaptations, a community mental health underspend, vacancies within the assessment and care planning team and non-recurring savings within respite and day care services.

▪ **Primary Healthcare** – reflecting pressures within General Medical Services (GMS) and Primary Care Prescribing. Key areas of overspend within GMS relate to locum cover costs in respect of maternity/paternity leave claims from independent GP Practices. With respect to Primary Care Prescribing, note that due to the time taken to process prescription data nationally, only actual costs for April to January are known at this stage. Therefore, estimates have been provided for February and March based on the most recent average cost per item and forecast volumes. Volume growth in the number of items prescribed is higher than original planning assumptions. This reflects ongoing demand together with delays in achieving efficiency savings.

▪ **Community Healthcare** – the favourable financial position following the temporary closure of wards 1 to 4 at Falkirk Community Hospital (FCH) due to fire risk issues and redeployment of FCH ward staff to vacancies in other service areas, together with staff turnover / vacancy savings across several services both mask significant pressures within JLES, the night nursing service and complex care (due to 2 out of area placements).

A reconciliation of the overall 2021/22 financial position to the Comprehensive Income and Expenditure Statement is presented below:

Reconciliation to Comprehensive Income & Expenditure Statement (CIES)	2021-22 £000s		
	Budget	Expenditure	(Underspend)/ Overspend
Large Hospital Services	31,079	31,779	700
Community Healthcare Services	22,284	20,151	(2,133)
Social Care Services	96,010	95,305	(705)
Primary Healthcare Services	79,798	81,413	1,615
Covid	6,528	6,528	0
IJB Running Costs	418	454	36
	236,117	235,630	(487)
Set Aside managed directly by NHS Forth Valley		(700)	(700)
TOTAL	236,117	234,930	(1,187)
Reserve adjustments included in budget figures above			
Covid	14,518	0	(14,518)
Community Healthcare Services transfers to reserves	2,436	0	(2,436)
Primary Healthcare Services transfers to reserves	1,238	0	(1,238)
Social Care transfers to reserves	(326)	0	326
	17,866	0	(17,866)
REVISED TOTAL AS PER CIES	253,983	234,930	(19,053)

Covid-19

During the course of the year the Scottish Government provided £16.338m of funding to meet all additional costs and unachieved savings associated with the pandemic. This reflected the funding originally requested through the IJB's Local Mobilisation Plan submission (£1.820m) together with a further £14.518m confirmed by the Scottish Government in March in respect of ongoing Covid related cost pressures. In addition, the IJB brought forward Scottish Government Covid funding of £6.397m, through reserves, from 2020/21. This reserve is expected to be fully utilised in 2022/23 [and 2023/24].

Expenditure of £7.334m was incurred during the year, leaving a balance of £15.401m in reserves to meet ongoing costs during 2022/23.

Key areas of Covid related expenditure to date include:	
1.	Provision of Personal Protective Equipment (PPE) and enhanced infection prevention and control arrangements;
2.	Financial sustainability support for external Social Care Providers, particularly in relation to Care Home occupancy and reimbursement of additional costs incurred by all Provider services.
3.	Financial support for independent Primary Care Contractors including support to assist with remobilisation and recovery.

4.	Additional temporary staffing costs, including use of agency, staff bank and overtime to meet increased demand and to cover for staff absence due to sickness, shielding or self-isolation requirements.
5.	Funding to offset the loss of income due to the temporary pause in non-residential charges due to the suspension of day.
6.	Provision of additional equipment to support discharge and care of patients at home (e.g. beds, hoists etc via the Joint Loan Equipment Service).
7.	Provision of Intermediate/step down care facilities during 2021/22 to facilitate earlier discharge from Acute hospital beds and to alleviate bed pressures. New contracts were agreed with two providers in 2021/22.

Reserves

A commentary on the key reserve movements is presented below (detailed information is reported under note 9).

Closing reserve balances increased by £19.053m to £37.053m as at 31 March 2022. An increase of this magnitude is unprecedented and reflects a significant number of material allocations that were received late in the financial year which required to be carried forward through reserves, together with the ongoing impact of Covid on planned expenditure relating to a number of projects that are funded through earmarked reserves.

As illustrated in note 9, the vast majority of the £37.053m balance represents earmarked reserves. These balances are held to fund specific projects or earmarked future commitments as part of the IJB's strategic plan and are expected to be fully utilised during 2022/23.

A small sum of £0.946m has been carried forward from the previous financial year and is held as a contingency reserve, as approved by the IJB in September 2021. The approved contingency reserve balance was the equivalent to 0.5% of 2020/21 IJB net expenditure (excluding non-discretionary Family Health Services and Covid) and remains relatively low in the context of the scale and magnitude of the services and functions delegated to the IJB. In total, contingency, bad debt provision and general reserves of £2.357m are noted at 31 March 2022, an increase of £1.187m during 2021/22.

Forward look 2022/23

It is clear that remobilisation, recovery and redesign of services will continue to be a key feature of financial year 2022/23 as we emerge from the Covid-19 pandemic.

The initial estimate of the potential cost impact of Covid in 2022/23 is in the region of £9.110m (excluding unachieved savings). The Scottish Government has advised that no additional Covid consequential funding has been agreed with the UK Treasury for 2022/23 and IJBs should plan on the basis that no further Covid funding will be issued. Any unused Covid balances carried forward from 2021/22 would

therefore require to be used in the first instance to meet ongoing additional costs incurred during 2022/23.

Significant recurring investment was announced last year as part of a national funding package to address winter pressures and support longer term improvement in service capacity across the health and social care system.   This funding is designed to increase multidisciplinary team working and capacity, provide a further pay award for all adult social care staff employed in direct care roles, support interim care arrangements and enhance staff wellbeing. In order to address Social Care Provider sustainability challenges, contractual rates for 2022/23 have been increased to include a pay and non-pay inflationary uplift. The rate uplift reflects full implementation of the Scottish Government's adult social care pay policy (whereby staff employed in direct care roles must be paid a minimum of £10.50 per hour) and also provides a contribution towards increased non-pay costs such as business insurance, utilities, and fuel. Whilst this has been welcomed by local providers, there is ongoing concern in relation to the scale of the cost of living and inflationary pressures currently being experienced. The position will be kept under close review.

On-going consideration will require to be given to the recurring cost impact of the pandemic in terms of long Covid and increased demand for mental health services, supported by Scottish Government Mental Health Recovery and Renewal funds. Plans for additional, anticipated funding in respect of mental health and wellbeing in primary care will also progress during 2022/23 while an additional £15m funding is anticipated nationally in respect of the Primary Care Improvement Programme.

The Scottish Government's medium term financial strategy and resource spending review were published in May 2022 and this will inform the revision of the IJB's medium term financial plan, together with wider economic considerations (rising inflation, rising energy costs and labour market challenges).

During 2022/23 work will resume on the day service review for older people, delayed during the Covid pandemic.

A number of other key workstreams and issues for 2022/23 are considered below	
1.	Financial sustainability - significant recurring savings require to be delivered during 2022/23 (comprised of £4.282m relating to the integrated budget and £0.883m relating to set aside) in order to address the underlying deficit and reduce reliance on non-recurring measures and / or additional one off payments from partners to achieve breakeven. A full programme has been identified with key themes relating to residential care services, community hospitals, procurement and prescribing however just under half of the proposals (48%) are currently considered high risk in terms of deliverability.
2.	Workforce planning and capacity – this is a key risk area given current recruitment difficulties which impacts on our ability to continue to deliver safe services and to conduct longer term workforce planning. An interim integrated workforce plan was developed in 2021/22 with further modelling

	A number of other key workstreams and issues for 2022/23 are considered below
	work required to assess service changes/developments across the medium term.
3.	Commissioning – the existing Support at Home Services (Home Support and Supported Living) framework contract was due to expire on 31 March 2022 and was subsequently extended to 31 March 2023. This is a substantial contract, valued at c.£30m. Contract strategy and associated tender documents are expected to be approved and issued by October 2022. It is recognised that changes in future market conditions and the financial viability of external Providers is a potential risk in terms of our strategic commissioning plans (particularly in a post Covid operating environment).
4.	The National Care Service (Scotland) Bill was introduced to the Scottish Parliament on 20 June 2022, to transfer social care responsibility from local authorities to a new, national service. This could include adult and children's services, as well as areas such as justice social work. The Scottish Government would need to consult with the public before transferring responsibilities relating to children's services or justice social work to the new service. Scottish Ministers are also able to transfer healthcare functions from the NHS and health boards to the National Care Service. Care or health services that are transferred to the new service could be delivered nationally or locally. New bodies called "care boards" would be responsible for delivering care locally. The Bill is currently at Stage 1 and it will be some time before the implications for Falkirk Integration Joint Board are fully understood.

Conclusion

2021/22 was another unprecedented year. The impact of Covid 19 continued to have a profound effect across the world forcing us to quickly adapt to different ways of working, learning and connecting with each other. Our Health and Social Care staff have continued to show tremendous resilience in the face of the ongoing pandemic continuing to deliver services to our most vulnerable people, often in difficult and challenging circumstances. This has been recognised by our service users, patients, carers, communities, partners and the IJB Board members and elected members. As we emerge from Covid, recovery and remobilisation plans are a key focus.

It is clear that our local Covid response has reinforced the tangible benefits of integration and collaborative working (particularly in relation to our integrated approach to Care Homes which has been recognised nationally) and we look forward to building on this in 2022/23 and beyond.

Where to Find More Information

If you would like more information please visit our website at: www.falkirkhscp.org

Michele McClung   23 September 2022
Chair

Patricia Cassidy   23 September 2022
Chief Officer

Steven Kirkwood   23 September 2022
Interim Chief Finance Officer

Statement of Responsibilities

Responsibilities of the Integration Joint Board

The Integration Joint Board is required to:

- Make arrangements for the proper administration of its financial affairs and to secure that the proper officer of the board has responsibility for the administration of those affairs (section 95 of the Local Government (Scotland) Act 1973). In this authority, that officer is the Chief Finance Officer.

- Manage its affairs to secure economic, efficient and effective use of resources and safeguard its assets.

- Ensure the Annual Accounts are prepared in accordance with legislation (The Local Authority Accounts (Scotland) Regulations 2014), and so far as is compatible with that legislation, in accordance with proper accounting practices (section 12 of the Local Government in Scotland Act 2003).

- Approve the Annual Accounts.

I confirm that these Annual Accounts were approved for signature at a meeting of the Integration Joint Board Audit Committee on 17 June 2022.

Signed on behalf of the Falkirk IJB

Michele McClung   23 September 2022
Chair

Responsibilities of the Chief Finance Officer

The Chief Finance Officer is responsible for the preparation of the IJB's Annual Accounts in accordance with proper practices as required by legislation and as set out in the CIPFA/LASAAC Code of Practice on Local Authority Accounting in the United Kingdom (the Accounting Code).

In preparing the Annual Accounts, the Chief Finance Officer has:

- selected suitable accounting policies and then applied them consistently

- made judgements and estimates that were reasonable and prudent

- complied with legislation

- complied with the accounting code (in so far as it is compatible with legislation)

The Chief Finance Officer has also:

- kept proper accounting records which were up to date

- taken reasonable steps for the prevention and detection of fraud and other irregularities

I certify that the financial statements give a true and fair view of the financial position of the Falkirk Integration Joint Board as of 31 March 2022 and the transactions for the year then ended.

Steven Kirkwood   23 September 2022
Interim Chief Finance Officer

Remuneration Report

Introduction

The Remuneration Report discloses information relating to the remuneration and pension benefits of specified IJB members and staff in accordance with the requirements of the Local Authority Accounts (Scotland) Regulations 2014.

The information provided in the tables below is subject to external audit. The explanatory text in the Remuneration Report is reviewed by the external auditors to ensure it is consistent with the financial statements.

Voting Membership of the IJB in 2021/22

Membership of the IJB is comprised of 6 voting members (3 elected members nominated from Falkirk Council and 3 Non-Executive Directors nominated from NHS Forth Valley). The Chair and Vice Chair of the IJB are appointed for a 2 year term by the voting members of Falkirk Council and NHS Forth Valley on a rotational basis.

During financial year 2021/22 the IJB voting Membership of the IJB was as follows:

NHS Forth Valley
Gordon Johnstone, Non-Executive Member of Forth Valley NHS Board
Stephen McAllister, Non-Executive Member of Forth Valley NHS Board
Dr Michele McClung, Non-Executive Member of NHS Forth Valley Board (Chair)

Falkirk Council
Councillor Allyson Black * resigned 7 Sept 2021
Councillor Robert Bissett * attended 18 March 2022 as substitute
Councillor Cecil Meiklejohn * to May 2022
Councillor Fiona Collie (Vice Chair)
Councillor Anne Hannah * from June 2022
Councillor Stacey Devine * from June 2022

Remuneration: IJB Chair and Vice Chair

The IJB does not provide any additional remuneration to the Chair, Vice Chair or any other board members relating to their role on the IJB. The IJB does not reimburse the relevant partner organisations for any voting board member costs borne by the partner. Neither the Chair or Vice Chair of the IJB received additional remuneration or taxable expenses.

The IJB does not have responsibilities, either in the current year or in future years, for funding any pension entitlements of voting IJB members. Therefore no pension rights disclosures are provided for the Chair or Vice Chair.

Remuneration: Officers of the IJB

The IJB does not directly employ any staff in its own right; however specific post-holding officers are non-voting members of the Board.

Chief Officer
Section 10 of the Public Bodies (Joint Working) (Scotland) Act 2014 stipulates that a Chief Officer must be appointed on a formal secondment basis to the IJB through the employing partner (in this case the employing partner is Falkirk Council). The employment contract for the Chief Officer will therefore adhere to the legislative and regulatory framework of the employing partner organisation. The remuneration terms of the Chief Officer's employment are approved by the IJB.

Other Officer
No other staff are appointed by the IJB under a similar legal regime. Other non-voting board members who meet the criteria for disclosure are included in the disclosures below.

Chief Finance Officer
The tables below identify a change in Chief Finance Officer during 2020/21. While there are no further changes in 2021/22 it should be noted that the post was subject to further change in May 2022 when the Chief Finance Officer post became vacant. An interim Chief Finance Officer was appointed on 25 May 2022, pending appointment of a permanent replacement. The Management Commentary and Responsibilities of the Chief Finance Officer sections of the Annual Accounts have been certified by the interim Chief Finance Officer.

Total 2020/21 £	Senior Employee/Full Time Equivalent (FTE)	Salary, Fees & Allowances £	Taxable Expenses £	Total 2021/22 £
112,745	**Patricia Cassidy** Chief Officer 1.0 FTE	113,345	-	113,345
8,917	**Amanda Templeman*** Chief Finance Officer 0.8 FTE	-	-	-
71,249	**Jillian Thomson**** Chief Finance Officer 1.0 FTE	74,597	-	74,597
192,911	**Total**	**£187,942**	**-**	**£187,942**

*Left 30 April 2020   ** Started 20 April 2020*

In respect of officers' pension benefits, the statutory liability for any future contributions to be made rests with the relevant employing partner organisation. On this basis there is no pensions liability reflected on the IJB balance sheet for the Chief Officer or any other officers.

However the IJB is required to fund employer contributions for the current year in respect of the officer time spent on discharging their role on the IJB. The below table presents the IJB's funding during the year to support officers' pension benefits. The table also shows the total value of accrued pension benefits which may include benefits earned in other employment positions and from each officer's own contributions.

Senior Employee	In year Pension Contribution		Accrued pension benefits			
	For the year to 31 March 2021 £	For the year to 31 March 2022 £			As at 31 March 2022 £000s	Difference from March 2021 £000s
Patricia Cassidy Chief Officer 1.0 FTE	25,278	25,503	Pension		39,000	3,000
			Lump Sum		23,000	0
Amanda Templeman* Chief Finance Officer 0.8 FTE	1,374	N/A	Pension		N/A	N/A
			Lump Sum		N/A	N/A
Jillian Thomson** Chief Finance Officer 1.0 FTE	14,764	15,560	Pension		26,000	3,000
			Lump Sum		0	0
Total	**41,416**	**41,063**	**Pension**		**65,000**	**6,000**
			Lump Sum		**23,000**	**0**

* Left 30 April 2020   ** Started 20 April 2020

Disclosure by Pay Bands

Pay information has not been separately disclosed as all relevant details are already included in the information above.

Exit Packages

There were no exit packages in relation to the Falkirk IJB in 2021/22 or the previous financial year.

Michele McClung   23 September 2022
Chair

                                                              23 September 2022
Patricia Cassidy
Chief Officer

Annual Governance Statement

As specified in the Local Authority Accounts (Scotland) Regulations 2014, the IJB is required to conduct a review of the effectiveness of its internal control systems at least once in each financial year and must also include an annual governance statement as part of the annual accounts. This is consistent with Code of Practice on Local Authority Accounting in the United Kingdom and guidance developed by the Chartered Institute of Public Finance and Accountancy (CIPFA) entitled "*Delivering Good Governance in Local Government: a framework*".

Scope of Responsibility

The IJB is responsible for ensuring that its business is conducted in accordance with the law and appropriate standards and that public money is safeguarded, properly accounted for and used economically, efficiently and effectively in order to secure best value.

In discharging these responsibilities, the Chief Officer has established a system of internal control and arrangements for the governance of the IJB's affairs and the effectiveness of its functions (including risk management). It is recognised that any system of internal control can only provide reasonable and not absolute assurance of effectiveness.

As part of the overall governance arrangements, the Chief Officer also places reliance on the systems of internal control operated by Falkirk Council and NHS Forth Valley (recognising that these systems ensure compliance with both organisations' policies and procedures and support achievement of each organisation's aims and objectives, as well as those of the IJB).

The Purpose of the Governance Framework

The governance framework refers to the systems, processes, culture and values by which the IJB is directed and controlled. The governance framework enables the IJB to deliver its strategic objectives and perform effectively whilst maintaining public confidence in IJB processes and decision making. The governance framework is regularly reviewed to ensure it reflects best practice and new legislative requirements, supporting continuous improvement and better outcomes, whilst striking an appropriate balance between quality and cost.

As part of the overall governance framework, the system of internal control is designed to identify, prioritise and manage risk to an acceptable level. This includes evaluation of the risk of failure to achieve the IJB's policies, aims and objectives, the likelihood of those risks being realised and the impact of those risks should they be realised. The system aims to help manage risks as efficiently, effectively and economically as possible.

The Governance Framework and Internal Control System

The Board of the IJB is comprised of the Chair, Vice-Chair and 4 other voting members. Of the 6 voting members in total, 3 are nominated by NHS Forth Valley and 3 by Falkirk Council. The Board also includes 13 non-voting members, comprised of the Chief Officer, Chief Finance Officer, other Officers appointed by virtue of their professional role including the Chief Social Work Officer, Medical Director and Director of Nursing, as well as employee representatives, service users, carers and third sector representatives. The IJB is the key decision making body in respect of the planning, resourcing and operational delivery of all integrated health and social care services within its geographical boundary area.

The main features of the governance framework in existence during 2021/22	
1.	Strategic decision making was governed by the IJB's key constitutional documents including the Integration Scheme, standing orders, scheme of delegation, financial regulations and reserves policy.
2.	A code of conduct was in place for all IJB Board members, including a register of interests.
3.	The IJB's vision, outcomes and priorities are set out in the IJB's Strategic Plan for 2019-2022, which contributes to the strategic priorities and outcomes contained in the Community Planning Partnership's Local Outcomes Improvement Plan (LOIP) and the national health and well-being outcomes framework.
4.	An Audit Committee was in place with a remit which includes risk management, corporate governance and all matters relating to internal and external audit. Terms of reference are regularly reviewed and an annual workplan agreed.
5.	The Clinical and Care Governance Committee provided assurance to the IJB on the systems in place for delivery of safe, effective, person-centred care in line with the IJB's statutory duty for the quality of health and care services. An annual work plan is in place to ensure all key pieces of work are covered.

System of Internal Control

The governance framework operates on the foundation of internal controls, including management and financial information, financial regulations, administration, supervision and delegation. During 2021/22 this included the following:

- Financial regulations and codes of financial practice
- Management information systems and regular monitoring reports, including performance and financial reporting
- Annual assurance statements prepared by each IJB committee to provide assurance that the committee structure supports delivery of IJB strategic priorities and ensures that operational and strategic risks are being managed effectively.
- Comprehensive budgeting systems and a formal budget setting process
- Regular reporting to the Audit Committee including internal audit progress reports

- Regular reporting to Falkirk Council's External Scrutiny Committee and the Community Planning Partnership
- Minutes of IJB meetings are submitted to Falkirk Council and NHS Forth Valley
- Publication of the IJB annual performance report

Review of Adequacy and Effectiveness

The IJB is required to conduct, at least annually, a review of the effectiveness of its governance framework including the system of internal control. The review of the effectiveness of the framework is informed by the work of the Chief Officer and Senior Management who have responsibility for development and maintenance of the governance environment together with reports by the Chief Internal Auditor and reports from External Auditors and other review bodies as appropriate.

The IJB operates in accordance with Public Sector Internal Audit Standards (PSIAS) which require the Chief Internal Auditor to deliver an annual opinion and report to inform the IJB's governance statement.

The Chief Internal Auditor reports directly to the Audit Committee on all audit matters, with the right of access to the Chief Officer, Chief Finance Officer and Chair of the Audit Committee on any matter. The Audit Committee agrees a risk based internal audit work plan targeted to the highest risk areas in order to ensure that all proposed audit activity is focussed on key areas and is sufficient in order to provide an appropriate level of assurance.

The annual internal audit assurance report for 2021-22 has been received which confirms that sufficient internal audit activity was undertaken during the year to allow a balanced opinion to be provided. This included work in relation to the IJB's Directions and Resilience and Business Continuity arrangements and also includes other relevant audit work undertaken within Partner organisations including

- Falkirk Council Pension Fund;
- Falkirk Council Detail Head 4999;
- Falkirk Council Payroll Transactional Testing;
- Falkirk Council Fleet Management and Monitoring Arrangements;
- Falkirk Council Continuous Auditing (focussing on Creditors Payments);
- NHS Forth Valley Internal Control Evaluation;
- NHS Forth Valley Resilience Planning;
- NHS Forth Valley Strategic Planning;
- NHS Forth Valley Recovery, Redesign, and Renewal;
- NHS Forth Valley Primary Care Improvement Plan.

The annual internal audit assurance report offers substantial assurance in respect of Falkirk IJB's overall arrangements for risk management, governance, and control for the year to 31 March 2022.

Areas for improvement

The IJB adopts a continuous improvement approach as part of our ongoing effort to enhance our governance arrangements and system of internal control. A number of areas for improvement were identified during 2021/22, including:

- Confirmation of arrangements to conclude the transfer of operational management of all outstanding healthcare services to IJBs (including agreement of hosting arrangements where appropriate).
- Implementation of statutory guidance regarding set aside services in collaboration with NHS Forth Valley and Clackmannanshire and Stirling IJB.
- Implementation of statutory guidance regarding Directions.
- Implementation of the CIPFA Financial Management code
- Implementation of various internal and external audit actions and recommendations.
- Review of the systems of internal control in relation to the work of the Central Matching Team and Financial Assessment Officers who transferred from Falkirk Council's corporate services department to Adult Social Care.

A summary of actions taken during 2021/22 to progress these areas is outlined in the table below:

Area Identified for Improvement	Current Status
Progress with Integration Scheme / MSG Self-Assessment	Recent progress has been made with the transfers of administrative staff based in community healthcare settings and Medical Staff for relevant specialities. Primary Care, Mental Health and Health Improvement transfers and hosting arrangement discussions are ongoing. Baseline set aside activity metrics have been discussed and will progress during 2022/23. Provision of corporate support arrangements from both partners will be considered as part of the review of the Integration Scheme. Risk sharing arrangements to be agreed and clearly defined as part of the review of the Integration Scheme. Further clarity is required in terms of the status of the MSG improvement plan.

Area Identified for Improvement	Current Status
Implementation of the CIPFA Financial Management code	In progress. Self-assessment of IJB financial management arrangements against CIPFA recommended standards is underway. The outcome and associated action plan will be reported and monitored, in 2022/23, via the Audit Committee.
Other Internal & External Audit Reviews	A Risk Management Action Plan was presented to the June Audit Committee and will be progressed during 2022/23. Directions final report was issued by Internal Audit 23 May 2022 with recommendations to be progressed during 2022/23. Resilience & Business Continuity draft report issued by Internal Audit on 10 May 2022 and is with IJB Senior Management Team for consideration. The IJB Medium Term Financial Plan is currently being reviewed to reflect the post pandemic operating environment, the forthcoming refresh of the IJB strategic plan and a number of significant policy developments in relation to adult social care. Self-assessment completed as part of External Audit's wider Falkirk Council Best Value Assurance audit. Work has recommenced to strengthen collaborative leadership including dedicated organisational development sessions with partners. New induction programme / Board development sessions have commenced for newly elected members of Falkirk Council.

Emerging Governance Issues

There were no new governance issues during 2021/22. Due to the ongoing impact of the covid-19 pandemic, decision making arrangements, conduct of IJB business and implementation of new policies and procedures continued to be conducted under emergency arrangements as previously agreed.

The IJB deemed the covid-19 outbreak as an emergency under the terms of its Scheme of Delegation and with effect from 20 March 2020.

As part of the emergency delegated powers, the Chief Officer and Chief Finance Officer were authorised to take such measures as may be required in emergency situations, subject to:

- reporting to the IJB as soon as possible on any items for which approval would normally be necessary.
- Continuing to act in accordance with any policies and procedures of the IJB when discharging emergency delegated powers.
- Consulting the Chair and Vice Chair where any decision proposed under the use of emergency delegated powers might lead to a budget being exceeded.

These temporary arrangements were reviewed and extended several times, the latest to September 2022.

During the course of 2021/22 a number of decisions were taken by the Chief Officer under the agreed delegation of powers, largely in relation to funding and tendering of the Hospital to Home Crisis Care Project, funding of Wellbeing for Primary Care Social Care staff, recruitment of 29 healthcare support workers as part of winter funding and provision of a non pay inflationary uplift to providers in light of significant inflationary pressures including energy, fuel and travel costs.

Conclusion and Opinion on Assurance

Subject to the above, and on the basis of the assurances provided, we consider that the internal control environment operating during the reporting period provides reasonable and objective assurance that any significant risks impacting on achievement of the IJBs principal objectives will be identified and actions taken to avoid or mitigate their impact.

Systems are in place to regularly review and improve the internal control environment. These will be supported by action plans going forward.

Michele McClung   23 September 2022
Chair

Patricia Cassidy   23 September 2022
Chief Officer

Comprehensive Income and Expenditure Statement

This statement illustrates the cost of providing services for the year according to accepted accounting practices. Where the impact on the General Fund is amended by statutory adjustments this is shown in the Movement in Reserves Statement.

2020-21			Comprehensive Income & Expenditure Statement	2021-22			Notes
Gross Expenditure	Gross Income	Net Expenditure		Gross Expenditure	Gross Income	Net Expenditure	
£'000	£'000	£'000		£'000	£'000	£'000	
29,629	0	29,629	Large Hospital Services	31,079	0	31,079	
132,194	0	132,194	Community Health and Social Care Services	121,923	0	121,923	
83,664	0	83,664	Primary Healthcare Services	81,474	0	81,474	
469	0	469	IJB Running Costs	454	0	454	
245,956	0	245,956	Sub-Total	234,930	0	234,930	
(257,370)	0	(257,370)	Taxation and Non-Specific Grant Income	(253,983)	0	(253,983)	5
(11,414)	0	(11,414)	(Surplus) or Deficit on Provision of Services	(19,053)	0	(19,053)	4
(11,414)	0	(11,414)	Total Comprehensive Income and Expenditure	(19,053)	0	(19,053)	

There are no statutory adjustments which affect the IJBs application of the funding received from partners. The movement in the General Fund balance is therefore solely due to the transactions shown in the Comprehensive Income and Expenditure Statement. Consequently, an Expenditure and Funding Analysis is not provided in these annual accounts.

Movement in Reserves Statement

This statement presents the movement during the year on the IJB's reserves. The movements which arise due to statutory adjustments which affect the General Fund balance will be separately identified from the movements due to accounting practices, if required.

Movement in Reserves During 2021/22	General Fund Balance £'000	Unusable Reserves £'000	Total Reserves £'000
Opening Balance @ 31 March 2021	(18,000)	0	(18,000)
Total Comprehensive Income and Expenditure	(19,053)	0	(19,053)
Increase in 2021/22	(19,053)	0	(19,053)
Closing Balance @ 31 March 2022	**(37,053)**	**0**	**(37,053)**

Movement in Reserves During 2020/21	General Fund Balance £'000	Unusable Reserves £'000	Total Reserves £'000
Opening Balance @ 31 March 2020	(6,586)	-	(6,586)
Total Comprehensive Income and Expenditure	(11,414)	-	(11,414)
Decrease in 2020/21	(11,414)	-	(11,414)
Closing Balance @ 31 March 2021	**(18,000)**	**-**	**(18,000)**

There are no statutory adjustments which affect the IJBs application of the funding received from partners. The movement in the General Fund balance is therefore solely due to the transactions shown in the Comprehensive Income and Expenditure Statement.

Balance Sheet

The Balance Sheet shows the value of the IJB's assets and liabilities as at the balance sheet date. The net assets of the IJB (assets less liabilities) are matched by the reserves held by the IJB. Usable reserves may be used to provide services, subject to the need to maintain a prudent level of reserves and any statutory limitations on their use. Unusable Reserves include reserves relating to statutory adjustments as shown in the Movement in Reserves Statement.

Balance Sheet as at 31 March 2022		
31 March 2021		31 March 2022
18,050	Short Term Debtors	37,234
(50)	Provision for Bad Debts	(181)
18,000	**Current Assets**	37,053
0	Short Term Creditors	0
0	**Current Liabilities**	0
0	Provisions	0
0	**Long-Term Liabilities**	0
18,000	**Net Assets**	**37,053**
(18,000)	Useable Reserves: General Fund	(37,053)
0	Unuseable Reserves	0
(18,000)	**Total Reserves**	**(37,053)**

The unaudited accounts were issued on 17 June 2022 and the audited accounts were authorised on 23 September 2022.

Steven Kirkwood   23 September 2022
Interim Chief Finance Officer

Notes to the Financial Statements

1. Significant Accounting Policies

General Principles

The IJB financial statements for 2021/22 have been prepared on a going concern basis. The IJB was established under the requirements of the Public Bodies (Joint Working) (Scotland) Act 2014 and is a Section 106 body as defined in the Local Government (Scotland) Act 1973. In accordance with the CIPFA Code of Local Government Accounting (2021/22), the IJB is required to prepare its financial statements on a going concern basis unless informed by the relevant national body of the intention for dissolution without transfer of services or function to another entity. The accounts are prepared on the assumption that the IJB will continue in operational existence for the foreseeable future.

The IJB's funding from and commissioning of services to partners has been confirmed for 2022/23 and a medium term financial plan has previously been prepared through to 2024/25, with a revised plan expected to align with the next IJB strategic plan.

It is recognised that the IJB has continued to work within the context of the Covid-19 pandemic, an unprecedented global crisis. The Scottish Government provided funding in both 2020/21 and 2021/22 to meet all additional costs and unachieved savings associated with the pandemic. Remaining funds of £6.397m were carried forward from 2020/21 through reserves and have been supplemented by additional Scottish Government Covid funding of £16.338m in 2021/22 (excluding winter planning).   After 2021/22 related expenditure of £7.334m, the remaining balance of £15.401m will be carried forward to meet ongoing costs in 2022/23, with no additional Scottish Government funding anticipated in 2022/23. However, ultimately all additional costs will be met by the IJB's partners in line with the Integration Scheme. In practice, the options available within the Integration Scheme in terms of projected budget overspends / additional costs have not been invoked in prior years as a risk sharing arrangement has been agreed on an annual basis to ensure that the relevant Partner makes good any overspends. The updated Integration Scheme will formalise these arrangements into a longer-term risk sharing agreement.

Given all of the above, the IJB considers that there are no material uncertainties in relation to its going concern status.

Accruals of Income and Expenditure

Activity is accounted for in the year that it takes place, not simply when settlement in cash occurs. In particular:

- Expenditure is recognised when goods or services are received and their benefits are used by the IJB.

- Income is recognised when the IJB has a right to the income, for instance by meeting any terms and conditions required to earn the income, and receipt of the income is probable.

- Where income and expenditure have been recognised but settlement in cash has not taken place, a debtor or creditor is recorded in the Balance Sheet.

- Where debts may not be received, the balance of debtors is written down.

Funding

The IJB is primarily funded through contributions from the statutory funding partners, Falkirk Council and NHS Forth Valley. Expenditure is incurred as the IJB commissions specified health and social care services from the funding partners for the benefit of service recipients in Falkirk.

Cash and Cash Equivalents

The IJB does not operate a bank account or hold cash. Transactions are settled on behalf of the IJB by the funding partners. Consequently the IJB does not present a 'Cash and Cash Equivalent' figure on the balance sheet. The funding balance due to or from each funding partner as at 31 March is represented as a debtor or creditor on the IJB's Balance Sheet.

Employee Benefits

The IJB does not directly employ staff. Staff are formally employed by the funding partners who retain the liability for pension benefits payable in the future. The IJB therefore does not present a Pensions Liability on its Balance Sheet.

The IJB has a legal responsibility to appoint a Chief Officer. More details on the arrangements are provided in the Remuneration Report. The charges from the employing partner are treated as employee costs.

Charges from funding partners for other staff are treated as administration costs.

Provisions, Contingent Liabilities and Contingent Assets

Provisions are liabilities of uncertain timing or amount. A provision is recognised as a liability on the balance sheet when there is an obligation as at 31 March due to a past event; settlement of the obligation is probable; and a reliable estimate of the amount can be made. Recognition of a provision will result in expenditure being charged to the Comprehensive Income and Expenditure Statement and will normally be a charge to the General Fund.

A contingent liability is a possible liability arising from events on or before 31 March, whose existence will only be confirmed by later events. A provision that

cannot be reasonably estimated, or where settlement is not probable, is treated as a contingent liability. A contingent liability is not recognised in the IJB's Balance Sheet, but is disclosed in a note where it is material. The IJB has no contingent liabilities.

A contingent asset is a possible asset arising from events on or before 31 March, whose existence will only be confirmed by later events. A contingent asset is not recognised in the IJB's Balance Sheet, but is disclosed in a note only if it is probable and can be reliably measured. The IJB has no contingent assets.

Reserves

The IJB's reserves are classified as either Usable or Unusable Reserves.

The IJB's only Usable Reserve is the General Fund. The balance of the General Fund as at 31 March shows the extent of resources which the IJB can use in later years to support service provision.

The IJB has no unusable reserves.

Indemnity Insurance

The IJB has indemnity insurance for costs relating primarily to potential claim liabilities regarding Board member and officer responsibilities. NHS Forth Valley and Falkirk Council have responsibility for claims in respect of the services that they are statutorily responsible for and that they provide.

Unlike NHS Boards, the IJB does not have any 'shared risk' exposure from participation in CNORIS. The IJB participation in the CNORIS scheme is therefore similar to normal insurance arrangements.

Known claims are assessed as to the value and probability of settlement. Where it is material the overall expected value of known claims, taking probability of settlement into consideration, are provided for in the IJB's Balance Sheet.

The likelihood of receipt of an insurance settlement to cover any claims is separately assessed and, where material, presented as either a debtor or disclosed as a contingent asset.

There were no claims or costs incurred during 2021/22 or the previous financial year 2020/21.

VAT

VAT payable is included as an expense only to the extent that it is not recoverable from Her Majesty's Revenue and Customs. VAT receivable is excluded from income.

The VAT treatment of expenditure in the IJB's accounts depends on which of the partner agencies is providing the service as these agencies are treated differently for VAT purposes.

Where the Council is the provider, income and expenditure excludes any amounts related to VAT, as all VAT collected is payable to H.M. Revenue & Customs and all VAT paid is recoverable from it. The Council is not entitled to fully recover VAT paid on a very limited number of items of expenditure and for these items the cost of VAT paid is included within service expenditure to the extent that it is irrecoverable from H.M. Revenue and Customs.

Where the NHS is the provider, expenditure incurred will include irrecoverable VAT as generally the NHS cannot recover VAT paid and will seek to recover its full cost as income from the Commissioning IJB.

2. **Events After the Reporting Period**

In accordance with the requirements of International Accounting Standards 10, events after the reporting period are considered up to the date on which the accounts are authorised for issue. This is interpreted as the date that the accounts were certified by the Chief Finance Officer following approval by the Audit Committee.

Events after the Balance Sheet date are those events, both favourable and unfavourable, that occur between the end of the reporting period and the date when the Annual Accounts are authorised for issue. Two types of events can be identified namely:

▪ Adjusting events: Those that provide evidence of conditions that existed at the end of the reporting period. The Annual Accounts is adjusted to reflect such events.

▪ Non-adjusting events: Those that are indicative of conditions that arose after the reporting period and the Statements are not adjusted to reflect such events. Where a category of events would have a material effect, disclosure is made in the notes of the nature of the events and their estimated financial effect.

Whilst the Covid-19 pandemic is not a post balance sheet event, the potential impact from ongoing developments after the 31 March 2022 year end have been considered accordingly for disclosure in the financial statements.

These developments include:

- Ongoing changes to the configuration and delivery of a wide range of health and social care services including alternative modes of service delivery and the temporary suspension of certain services in line with national guidance.

- Additional covid related expenditure of £7.334m incurred during 2021/22 is included in the accounts for the year. This was fully funded by the Scottish Government. As highlighted above, unused Covid funding was transferred to reserves to be carried forward to 2022/23.

- There will continue to be material financial implications during 2022/23, which will apply to next year's financial statements. This will reflect national guidance and the financial impact of all actions currently being taken forward by the IJB as part of the local mobilisation plan to respond and support resilience and recovery during the course of the pandemic.

From our assessment we have not identified any material financial impact on the 31 March 2022 financial position.

3. **Critical Judgements and Estimation Uncertainty**

The critical judgements made in the Financial Statements relating to complex transactions are outlined below:-

- Both partner organisations have considered their exposure to possible losses and made adequate provision where it is probable that an outflow of resources will be required and the amount of the obligation can be measured reliably. Where it has not been possible to measure the obligation, or it is not probable in the partner organisations' opinion that a transfer of economic benefits will be required, material contingent liabilities have been disclosed (there are none).

- The Annual Accounts contain estimated figures that are based on assumptions made by the IJB about the future or that are otherwise uncertain. Estimates are made taking into account historical experience, current trends and other relevant factors. However, because balances cannot be determined with certainty, actual results could be materially different from the assumptions and estimates.

- There are no items in the IJB's Balance Sheet at 31 March 2022 for which there is a significant risk of material adjustment in the forthcoming financial year.

4. Expenditure and Income Analysis by Nature

2020/21 £000		2122
82,154	Services commissioned from Falkirk Council	87,860
163,333	Services commissioned from NHS Forth Valley	146,485
-	Provision for Bad Debt	131
443	Other IJB Operating Expenditure	423
3	Insurance and Related Expenditure	3
23	Auditor Fee: External Audit Work	28
(257,370)	Partners Funding Contributions and Non-Specific Grant Income	(253,983)
(11,414)	**(Surplus) on the Provision of Services**	**(19,053)**

Other IJB Operating Expenditure relates to shared costs for the Chief Officer, Chief Finance Officer, Senior Service Manager and supporting administration posts plus associated non-pay costs. Equal contributions to these costs are made by the constituent authorities to reflect the costs of running the Integration Authority.

5. Taxation and Non-Specific Grant Income

2020/21 £000		2021/22 £000
68,965	Funding Contribution from Falkirk Council	77,703
188,405	Funding Contribution from NHS Forth Valley	176,280
257,370	**Taxation and Non-Specific Grant Income**	**253,983**

The funding contribution from the NHS Board shown above includes £31.079m in respect of 'set aside' resources relating to acute hospital and other resources (£29.629m 2020/21). These are provided by the NHS which retains responsibility for managing the costs of providing the services. The IJB however has responsibility for the consumption of, and level of demand placed on, these resources.

The funding contributions from the partners shown above exclude any funding which is ring-fenced for the provision of specific services. Such ring-fenced

funding is presented as income in the Cost of Services in the Comprehensive Income and Expenditure Statement.

6. Debtors

31 March 2021 £000		31 March 2022 £000
10,771	Falkirk Council	11,113
7,229	NHS Forth Valley	25,940
18,000	**Debtors**	**37,053**

7. Creditors
There are no current year or prior year creditor balances.

8. Provisions
A provision for bad debts in relation to Adult Social Care of £0.181m is included in the 2021/22 accounts and compares with the 2020/21 bad debt provision of £0.050m.

9. Useable Reserve: General Fund
The IJB holds a balance on the General Fund for two main purposes:

- To earmark, or build up, funds which are to be used for specific purposes in the future, such as known or predicted future expenditure needs. This supports strategic financial management.

- To provide a contingency fund to cushion the impact of unexpected events or emergencies. This is regarded as a key element of the IJB's financial risk management framework.

The table overleaf illustrates the movements on the General Fund balance, analysed between those elements earmarked for specific planned future expenditure, and the amount held as a general contingency.

Balance at 31 March 2021 £000s	Reserves	TRANSFERS OUT £000s	TRANSFERS IN £000s	Balance at 31 March 2022 £000s
-85	Services for Survivors	10	0	-75
-40	Sensory Strategy	3	0	-37
-361	Dementia Innovation Fund	0	-60	-421
-17	British Sign Language Plan	0	0	-17
-71	Choose Life	0	-22	-93
-494	Capital Grant	18	0	-476
-920	Housing Revenue Account	0	-586	-1,506
-770	Carers Strategy	0	-1,359	-2,129
-63	Self Directed Support	0	-111	-174
-5,610	Covid - adult social care	5,529	-656	-737
-1,799	Winter planning - adult social care	742	-100	-1,157
	NEW leadership funds	0	-103	-103
	NEW MHO training	0	-34	-34
	NEW digital exclusion	0	-10	-10
	NEW appropriate adults	0	-14	-14
	NEW MECS fire safety	0	-28	-28
	NEW winter pressures - pay award 1 Dec	1,243	-1,243	0
	NEW winter pressures - interim care placements	0	-1,134	-1,134
	NEW winter pressures - care at home	0	-1,758	-1,758
-2,550	Partnership Funding	4,344	-3,744	-1,950
-500	Innovation/Invest to Save	250	0	-250
	NEW Technology Enabled Care	0	-250	-250
-60	Locality development	0	0	-60
-415	Health & Wellbeing	415	0	0
-415	Reducing Health & Socal inequalities	415	0	0
	NEW Health Inequalities & Wellbeing Fund	0	-772	-772
	NEW Staff Health & Wellbeing	0	-174	-174
-92	PC Transformation Funds	0	0	-92
-105	Mental Health Innovation Fund	128	-128	-105
-30	Alcohol & Drugs Partnership/National Mission	667	-1,065	-428
-160	GP Out of Hours Fund	49	-215	-326
-47	GP Sub Committees	0	-6	-53
-6	Action 15 Mental Health Strategy	829	-925	-102
-461	Primary Care Improvement Fund	4,797	-5,290	-954
-120	GMS premises	54	-202	-268
-787	Covid - health	1,805	-1,164	-146
-569	Community Living Change Fund	0	0	-569
-174	Drugs Death Task Force funding	155	-237	-256
-44	Perinatal Mental Health	44	-65	-65
-65	District Nursing	197	-190	-58
	NEW GP Practice Exclusion Incident Audit	0	-12	-12
	NEW GDS Electric Speed Adjusting Hand Pieces	22	-204	-182
	NEW Winter 300 - Gp Practices Sustainability Payment	0	-3	-3
	NEW GDS Ventilation Improvement Allowance	36	-136	-100
	NEW Public Dental Service remobilisation	0	-121	-121
	NEW Emergency Covid Funding For Eating Disorders	29	-128	-99
	NEW winter pressures MDT	0	-567	-567
	NEW winter pressures HCSWs	0	-433	-433
	NEW Mental Health Recovery & Renewal phase 2 PDS	0	-101	-101
	NEW Mental Health Recovery & Renewal Primary Care	0	-49	-49
	NEW FCH underspend to test new community models of care	0	-829	-829
	NEW Mental Health Recovery & Renewal Psych Therapies	0	-256	-256
	NEW Primary care digital improvement	0	-54	-54
	NEW MH support for those hosptialised with covid	16	-40	-24
	NEW additional covid funding	0	-14,518	-14,518
	NEW Mental Health Premises improvement	0	-432	-432
	NEW GP Practice Telephony System Funding	13	-39	-26
	NEW Expansion of Buvidal - National Drug Mission	0	-109	-109
-16,830	Total Earmarked	21,810	-39,676	-34,696
-946	Contingency Reserve			-946
-224	General Reserve		-1,187	-1,411
-1,170	Total general	0	-1,187	-2,357
-18,000	GRAND TOTAL	21,810	-40,863	-37,053

Further information on some of the less recognisable reserves is provided below:	
Partnership Funding & Leadership Funding	This is funding provided by the Scottish Government previously referred to as Delayed Discharge and/or the Integrated Care Fund.
Capital Grant Council	This is funding received as part of the Falkirk Council financial settlement and is tied to private sector housing grants. It is used to fund aids and adaptions to privately owned houses.
Housing Revenue Account Council	This is funding received as part of the Falkirk Council financial settlement and is derived from council house rents. As such it is ringfenced for aids and adaptations within council house properties.

10. Related Party Transactions

The IJB has related party relationships with NHS Forth Valley and Falkirk Council. In particular the nature of the partnership means that the IJB may influence, and be influenced by, its partners. The following transactions and balances included in the IJB's accounts are presented to provide additional information on the relationships.

Transactions with NHS Forth Valley

2020/21 £000		2021/22 £000
(188,405)	Funding Contributions received from NHS Forth Valley	(176,280)
163,333	Expenditure on Services Provided by the NHS Board	146,485
23,112	Integration Funding passed through Falkirk Council	10,862
222	Key Management Personnel: Non-Voting Board Members	222
(1,738)	**Net (surplus) on transactions with NHS Forth Valley**	**(18,711)**

Balances with NHS Forth Valley

31 March 2021 £000		31 March 2022 £000
7,229	Debtor balances: Amounts due from the NHS Board	25,940
0	Creditor Balances: Amounts due to the NHS Board	0
7,229	**Net Balance with NHS Forth Valley**	**25,940**

Key Management Personnel: The Chief Officer is employed by Falkirk Council and the Chief Finance Officer by NHS Forth Valley. The cost of the posts are recharged to the IJB and funded via equal contributions from the constituent authorities based on voting shares. Details of the remuneration for the Chief Officer and the Chief Finance Officer are provided in the Remuneration Report.

Support services were not delegated to the IJB through the Integration Scheme and are instead provided free of charge as a 'service in kind'. The support services provided by NHS Forth Valley mainly consist of performance management, human resources, financial management, risk management, information services, information technology and payroll.

Transactions with Falkirk Council

2020/21 £000		2021/22 £000
(68,956)	Funding Contributions received from Falkirk Council	(77,703)
82,154	Expenditure on Services Provided by Falkirk Council	87,991
(23,112)	Integration Funding passed through Falkirk Council	(10,862)
247	Key Management Personnel: Non-Voting Board Members	232
(9,676)	**Net (surplus) on transactions with Falkirk Council**	**(342)**

Balances with Falkirk Council

31 March 2021 £000		31 March 2022 £000
10,821	Debtor balances: Amounts due from Falkirk Council	11,294
10,821	**Net Balance with Falkirk Council**	**11,294**

Support services were not delegated to the IJB through the Integration Scheme and are instead provided free of charge as a 'service in kind'. The support services provided by Falkirk Council mainly consist of governance services, human resources, financial management, information services, risk management, information technology and payroll.

Independent Auditor's report to the members of Falkirk Integration Joint Board and the Accounts Commission

Reporting on the audit of the financial statements

Opinion on financial statements

We certify that we have audited the financial statements in the annual accounts of Falkirk Integration Joint Board ('the Integration Joint Board') for the year ended 31 March 2022 under Part VII of the Local Government (Scotland) Act 1973. The financial statements comprise the Comprehensive Income and Expenditure Statement, Movement in Reserves Statement, Balance Sheet and notes to the financial statements, including significant accounting policies. The financial reporting framework that has been applied in their preparation is applicable law and UK adopted international accounting standards, as interpreted, and adapted by the Code of Practice on Local Authority Accounting in the United Kingdom 2021/22 (the 2021/22 Code).

In our opinion the accompanying financial statements:

- give a true and fair view in accordance with applicable law and the 2021/22 Code of the state of affairs of the Integration Join Board as at 31 March 2022 and of its income and expenditure for the year then ended;

- have been properly prepared in accordance with UK adopted international accounting standards, as interpreted and adapted by the 2021/22 Code; and

- have been prepared in accordance with the requirements of the Local Government (Scotland) Act 1973, The Local Authority Accounts (Scotland) Regulations 2014, and the Local Government in Scotland Act 2003.

Basis for opinion

We conducted our audit in accordance with applicable law and International Standards on Auditing (UK) (ISAs (UK)), as required by the Code of Audit Practice approved by the Accounts Commission for Scotland. Our responsibilities under those standards are further described in the auditor's responsibilities for the audit of the financial statements section of our report. We were appointed by the Accounts Commission on 31 May 2016. The period of total uninterrupted appointment is six years. We are independent of the Integration Joint Board in accordance with the ethical requirements that are relevant to our audit of the financial statements in the UK including the Financial Reporting Council's Ethical Standard, and we have fulfilled our other ethical responsibilities in accordance with these requirements. Non-audit services prohibited by the Ethical Standard were not provided to the Integration Joint Board. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our opinion.

Conclusions relating to going concern basis of accounting

We have concluded that the use of the going concern basis of accounting in the preparation of the financial statements is appropriate.

Based on the work we have performed, we have not identified any material uncertainties relating to events or conditions that, individually or collectively, may cast significant doubt on the Integration Joint Board's ability to continue to adopt the

going concern basis of accounting for a period of at least twelve months from when the financial statements are authorised for issue.

These conclusions are not intended to, nor do they, provide assurance on the Integration Joint Board's current or future financial sustainability. However, we report on the Integration Joint Board's arrangements for financial sustainability in a separate Annual Audit Report available from the [Audit Scotland website](#).

Risks of material misstatement

We report in our Annual Audit Report the most significant assessed risks of material misstatement that we identified and our judgements thereon.

Responsibilities of the Chief Finance Officer and Falkirk Integration Joint Board Audit Committee for the financial statements

As explained more fully in the Statement of Responsibilities, the Chief Finance Officer is responsible for the preparation of financial statements that give a true and fair view in accordance with the financial reporting framework, and for such internal control as the Chief Finance Officer determines is necessary to enable the preparation of financial statements that are free from material misstatement, whether due to fraud or error.

In preparing the financial statements, the Chief Finance Officer is responsible for assessing the Integration Joint Board's ability to continue as a going concern, disclosing, as applicable, matters related to going concern and using the going concern basis of accounting unless there is an intention to discontinue the Integration Joint Board's operations.

The Integration Joint Board Audit Committee is responsible for overseeing the financial reporting process.

Auditor's responsibilities for the audit of the financial statements

Our objectives are to obtain reasonable assurance about whether the financial statements as a whole are free from material misstatement, whether due to fraud or error, and to issue an auditor's report that includes our opinion. Reasonable assurance is a high level of assurance, but is not a guarantee that an audit conducted in accordance with ISAs (UK) will always detect a material misstatement when it exists. Misstatements can arise from fraud or error and are considered material if, individually or in the aggregate, they could reasonably be expected to influence the decisions of users taken on the basis of these financial statements.

Irregularities, including fraud, are instances of non-compliance with laws and regulations. We design procedures in line with our responsibilities outlined above to detect material misstatements in respect of irregularities, including fraud. Procedures include:

- obtaining an understanding of the applicable legal and regulatory framework and how the Integration Joint Board is complying with that framework;

- identifying which laws and regulations are significant in the context of the Integration Joint Board;

- assessing the susceptibility of the financial statements to material misstatement, including how fraud might occur; and

- considering whether the audit team collectively has the appropriate competence and capabilities to identify or recognise non-compliance with laws and regulations.

The extent to which our procedures are capable of detecting irregularities, including fraud, is affected by the inherent difficulty in detecting irregularities, the effectiveness of the Integration Joint Board's controls, and the nature, timing and extent of the audit procedures performed.

Irregularities that result from fraud are inherently more difficult to detect than irregularities that result from error as fraud may involve collusion, intentional omissions, misrepresentations, or the override of internal control. The capability of the audit to detect fraud and other irregularities depends on factors such as the skilfulness of the perpetrator, the frequency and extent of manipulation, the degree of collusion involved, the relative size of individual amounts manipulated, and the seniority of those individuals involved.

A further description of the auditor's responsibilities for the audit of the financial statements is located on the Financial Reporting Council's website www.frc.org.uk/auditorsresponsibilities. This description forms part of our auditor's report.

Reporting on other requirements

Opinion prescribed by the Accounts Commission on the audited part of the Remuneration Report

We have audited the part of the Remuneration Report described as audited. In our opinion, the audited part of the Remuneration Report has been properly prepared in accordance with The Local Authority Accounts (Scotland) Regulations 2014.

Other information

The Chief Finance Officer is responsible for other information in the annual accounts. The other information comprises the Management Commentary, Annual Governance Statement, Statement of Responsibilities and the unaudited part of the Remuneration Report.

Our responsibility is to read all the other information and, in doing so, consider whether the other information is materially inconsistent with the financial statements or our knowledge obtained in the course of the audit or otherwise appears to be materially misstated. If we identify such material inconsistencies or apparent material misstatements, we are required to determine whether this gives rise to a material misstatement in the financial statements themselves. If, based on the work we have performed, we conclude that there is a material misstatement of this other information, we are required to report that fact. We have nothing to report in this regard.

Our opinion on the financial statements does not cover the other information and we do not express any form of assurance conclusion thereon except on the Management Commentary and Annual Governance Statement to the extent explicitly stated in the following opinions prescribed by the Accounts Commission.
Opinions prescribed by the Accounts Commission on the Management Commentary and Annual Governance Statement

In our opinion, based on the work undertaken in the course of the audit:
- the information given in the Management Commentary for the financial year for which the financial statements are prepared is consistent with the financial statements and that report has been prepared in accordance with statutory guidance issued under the Local Government in Scotland Act 2003; and
- the information given in the Annual Governance Statement for the financial year for which the financial statements are prepared is consistent with the financial statements and that report has been prepared in accordance with the Delivering Good Governance in Local Government: Framework (2016).

Matters on which we are required to report by exception

We are required by the Accounts Commission to report to you if, in our opinion:

- adequate accounting records have not been kept; or
- the financial statements and the audited part of the Remuneration Report are not in agreement with the accounting records; or
- we have not received all the information and explanations we require for our audit;
- there has been a failure to achieve a prescribed financial objective.

We have nothing to report in respect of these matters.

Conclusions on wider scope responsibilities

In addition to our responsibilities for the annual accounts, our conclusions on the wider scope responsibilities specified in the Code of Audit Practice, including those in respect of Best Value, are set out in our Annual Audit Report.

Use of our report

This report is made solely to the parties to whom it is addressed in accordance with Part VII of the Local Government (Scotland) Act 1973 and for no other purpose. In accordance with paragraph 120 of the Code of Audit Practice, we do not undertake to have responsibilities to members or officers, in their individual capacities, or to third parties.

Stephen Reid, for and on behalf of Ernst & Young LLP,
Ernst & Young LLP
Atria One
144 Morrison Street
Edinburgh
EH3 8EX

September 2022

Glossary

While much of the terminology used in this document is intended to be self explanatory, the following additional definitions and interpretation of terms may be of assistance.

Accounting Period	The period of time covered by the accounts, which is normally a period of 12 months commencing on 1 April.
Assets	An asset is categorised as either current or non-current. A current asset will be consumed or cease to have material value within the next financial year (e.g. cash and stock). A non current asset will provide benefit for a period of more than one year. The Falkirk Integration Joint Board is not allowed to hold non current assets.
Balance Sheet	This represents the overall financial position of the Falkirk Integration Joint Board at the end of the year. All inter-company balances between the Board and its constituent bodies have been eliminated in preparation of the balance sheet.
Comprehensive Income & Expenditure Statement (CIES)	This statement shows the accounting cost in the year of providing services in accordance with generally accepted accounting practices (IFRS).
Constituent Authorities	The Falkirk Integration Joint Board has two constituent authorities which both fund the Board's activities and provide services to the Board. These are NHS Forth Valley and Falkirk Council.
Creditor	Amounts owed by the Falkirk Integration Joint Board for work done, goods received or services rendered within the accounting period, but for which payment has not been made by the end of that accounting period.
Debtor	Amount owed to the Falkirk Integration Joint Board for works done, goods received or services rendered within the accounting period, but for which payment has not been received by the end of that accounting period.
Events after the Reporting Period	Events after the Reporting Period are those events, both favourable and unfavourable, that occur between the end of the reporting period and the date when the Annual Accounts are authorised for issue. Should such events occur it may or may not be necessary to adjust the accounts. Guidelines are in place to determine whether an adjustment should be made to the accounts.

Events taking place after the accounts have been authorised are not reflected in the financial statements or notes. |

Accounting Period	The period of time covered by the accounts, which is normally a period of 12 months commencing on 1 April.
General Fund	The General Fund encompasses all services areas and is funded mainly by the constituent bodies or the Scottish Government.
Government Grants	Grants made by the Government towards either revenue or capital expenditure in return for past or future compliance with certain conditions relating to the activities of the Falkirk Integration Joint Board. These grants may be specific to a particular scheme or may support the revenue spend of the Falkirk Integration Joint Board.
Gross Expenditure	This includes all expenditure attributable to the service and activity including employee costs, expenditure relating to premises and transport, supplies and services, third party payments, support services and capital charges.
Gross Income	This includes grant income and all charges to individuals and organisations for the direct use of the Board's services.
Liability	A liability is where the Falkirk Integration Joint Board owes payment to an individual or another organisation. A current liability is an amount which will become payable or could be called in within the next accounting period e.g. creditors. A long term liability is an amount which by arrangement is payable beyond the next year at some point in the future or to be paid off by an annual sum over a period of time.
Movement in Reserves Statement	This statement shows the movement in the year on the different reserves held by the Board, analysed into usable reserves (i.e. those that can be applied to fund expenditure) and unusable reserves.
Net Expenditure	This relates to gross expenditure less gross income and is the amount that needs to be funded by the constituent bodies and the Scottish Government.
Notes to the Core Financial Statements	These are intended to give the reader further information which is not separately detailed in the financial statements.
Provision	An amount put aside in the accounts for future liabilities or losses which are certain or very likely to occur but the amounts or dates or when they will arise are uncertain.
Related Parties	These are entities or individuals that have the potential to control or influence the Falkirk Integration Joint Board, or to be controlled or influenced by the Board.

Accounting Period	The period of time covered by the accounts, which is normally a period of 12 months commencing on 1 April.
Remuneration	All sums paid to or receivable by an employee and sums due by way of expenses allowances (as far as these sums are chargeable to UK income tax) and the money value of any other benefits received other than in cash.
Reserves	The accumulation of surpluses, deficits and appropriations over past years. Reserves can be either usable or unusable. Usable reserves can be used to fund expenditure. Unusable reserves are accounting adjustments which enable a true and fair view to be determined. Unusable reserves cannot be used to fund expenditure. Reserves of a revenue nature are available and can be spent or earmarked at the discretion of the Board.
Revenue Expenditure	The day-to-day running costs associated with the provision of services.

Falkirk Integration Joint Board

Annual Audit Report to Members and the Controller of Audit - year ended 31 March 2022

September 2022

EY

Building a better
working world

Contents

About this report

This report has been prepared in accordance with Terms of Appointment Letter from Audit Scotland dated 31 May 2016 through which the Accounts Commission has appointed us as external auditor of Falkirk Integration Joint Board (the IJB) for financial years 2016/17 to 2021/22. As a result of the impact of Covid-19 our appointment was extended by a further 12 months to include the financial year 2021/22. We undertake our audit in accordance with the Local Government (Scotland) Act 1973 and our responsibilities as set out within Audit Scotland's Code of Audit Practice. This report is for the benefit of the IJB and is made available to the Accounts Commission, the Controller of Audit and Audit Scotland. This report has not been designed to be of benefit to anyone except the recipients. In preparing this report we have not taken into account the interests, needs or circumstances of anyone apart from the recipients, even though we may have been aware that others might read this report.

Any party other than the Recipients that obtains access to this report or a copy (under the Freedom of Information Act 2000, the Freedom of Information (Scotland) Act 2002, through a Recipient's Publication Scheme or otherwise) and chooses to rely on this report (or any part of it) does so at its own risk. To the fullest extent permitted by law, Ernst & Young LLP does not assume any responsibility and will not accept any liability in respect of this report to any party other than the Recipients

Complaints

If at any time you would like to discuss with us how our service to you could be improved, or if you are dissatisfied with the service you are receiving, you may take the issue up with Stephen Reid who is our partner responsible for services under appointment by Audit Scotland, telephone 0131 777 2839, email sreid2@uk.ey.com. If you prefer an alternative route, please contact Hywel Ball, our Managing Partner, 1 More London Place, London SE1 2AF. We undertake to look into any complaint carefully and promptly and to do all we can to explain the position to you. Should you remain dissatisfied with any aspect of our service, or with how your complaint has been handled, you can refer the matter to Vicki Bibby, Audit Scotland, 4th Floor, 102 West Port, Edinburgh, EH3 9DN. Alternatively you may of course take matters up with our professional institute. We can provide further information on how you may contact our professional institute.

Executive Summary: Key Conclusions from our 2021/22 audit

We expect to issue an unqualified audit opinion on the IJB's 2021/22 financial statements

We continued to review and update our risk assessment throughout the audit, including the materiality level applied. No changes were required as a result of this review.

Financial Statements

[We have concluded] our audit of the financial statements of Falkirk Integration Joint Board ("IJB" or "the Board") for the year ended 31 March 2022. One adjustment has been made to the financial statements since the presentation of the unaudited accounts in June 2022. The draft financial statements and supporting working papers were of good quality, which is in line with previous years. We concluded that the other information subject to audit, including the applicable parts of the Remuneration Report and the Annual Governance Statement were appropriate.

Scope update

The IJB's Audit Committee considered our audit planning report at its meeting on 11 March 2022. At the meeting, we provided an overview of our audit scope and approach for the audit of the financial statements. We carried out our audit in accordance with this plan.

Our Annual Audit Plan communicated that our audit procedures would be performed using a overall materiality of £2.5 million. We have assessed that this level of materiality remains appropriate for the actual outturn for the 2021/22 financial year. Performance materiality remains at 75% of overall materiality at £1.9 million.

Going Concern

In accordance with the CIPFA Code of Practice on Local Government Accounting, the IJB prepares its financial statements on a going concern basis unless informed by the Scottish Government of the intention for dissolution without transfer of services or function to another entity. The Scottish Government introduced a National Care Service (Scotland) Bill to Parliament on 20 June 2022. Under these plans, the functions of the IJB would transfer to become the responsibility of a National Care Service by 2026. As a result, we remain satisfied that the going concern basis remains appropriate for the IJB.

It is a requirement under revised auditing standard ISA 570 that we consider and challenge of management's assessment of going concern, including testing of the adequacy of the supporting evidence we obtained. We had no matters that we are required to draw attention to within our opinion, and we were satisfied with the going concern disclosures within Note 1 to the financial statements.

EY

Wider Scope and Best Value

We summarise the conclusions we reached in response to our work on the wider scope dimensions below.

Financial Management

Late funding allocations meant that the IJB recorded a significant underspend for 2021/22, which allowed it to further increase its reserves balances to £37.053 million.

Financial monitoring arrangements are robust. Quarterly updates to the Board remained accurate and consistent throughout the year but highlighted the challenges of delivering savings during the response to the pandemic.

An interim Chief Finance Officer is in place and the IJB has recognised that financial capacity needs to be strengthened to continue to meet reporting requirements. A self assessment of arrangements against the CIPFA Financial Management Code is planned.

Financial Sustainability

Underspends as a result of late funding allocations mean that the IJB has now exceeded its target level of reserves. Forecasts for 2023/24 and beyond continue to present a challenging outlook. The Board's general reserve, available to meet unexpected costs, increased to £2.36 million, which exceeds the reserves target.

Work to update the Strategic Plan is underway but there is an urgent need to update the Medium Term Financial Plan to support its delivery. This will include plans to respond to a significant budget gap, along with the expected longer term impact of Covid-19 on services and on workforce planning.

Governance & Transparency

While the IJB continues to demonstrate good practice in reporting on progress against priority improvement actions, a significant number of improvements have been delayed due to the ongoing impact of the pandemic.

Work to update the Integration Scheme and set aside arrangements remains ongoing. We have highlighted the significance of agreeing risk sharing arrangements, and corporate support services on the IJB's ability to deliver its priorities.

Value for Money

The IJB exercised powers granted under the Coronavirus (Scotland) Act 2020 to delay the publication of the Annual Performance Report for 2021/22. It will be published in October 2022.

In common with other IJBs, the impact of the pandemic has meant that performance declined during 2021/22 across a range of indicators. The Annual Performance Report does, however, feature the work undertaken to begin to transform services, such as bed-based care planning and the Falkirk Community Hospital masterplan.

Best Value Conclusions

Our wider scope audit work, and the judgements and conclusions reached in these areas, contribute to our overall assessment and assurance on the IJB's achievement of Best Value. We have noted in prior years that delays to integrate services in line with the expectations within the Integration Scheme had impacted the IJB's ability to shift the balance of care. During 2021/22 we noted that further progress has been made to integrate services but that the IJB's performance overall continues to be significantly impacted by the response to the pandemic.

EY

Introduction

1

Purpose of this report

In accordance with the Local Government (Scotland) Act 1973, the Accounts Commission appointed EY as the external auditor of Falkirk Integration Joint Board (the IJB or Board). Our appointment term was extended by 12 months, to financial year 2021/22t, as a result of the impact of the global pandemic. We undertake our audit in accordance with the Code of Audit Practice (the Code), issued by Audit Scotland in May 2016; Auditing Standards and guidance issued by the Financial Reporting Council; relevant legislation; and other guidance issued by Audit Scotland.

This Annual Audit Report is designed to summarise the key findings and conclusions from our audit work. It is addressed to both members of the IJB and the Controller of Audit, and presented to those charged with governance. This report is provided to Audit Scotland and is published on their website.

We draw your attention to the fact that our audit was not designed to identify all matters that may be relevant to the IJB. Our views on internal control and governance arrangements have been based solely on the audit procedures performed in respect of the audit of the financial statements and the other procedures performed in fulfilling our audit plan.

A key objective of our audit reporting is to add value by supporting the improvement of the use of public money. We aim to achieve this through sharing our insights from our audit work, our observations around where the IJB employs best practice and where practices can be improved. We use these insights to form our audit recommendations to support the IJB in improving its practices around financial management and control, as well as around key aspects of the wider scope dimensions of audit. Such areas we have identified are highlighted throughout this report together with our judgements and conclusions regarding arrangements, and where relevant recommendations and actions agreed with management.

Our independence

We confirm that we have undertaken client and engagement continuance procedures, which include our assessment of our continuing independence to act as external auditor. Further information is available in Appendix B.

EY

Scope and Responsibilities

The Code sets out the responsibilities of both the IJB and the auditor (summarised in Appendix A).

Financial statements audit

We are responsible for conducting an audit of the IJB's financial statements. We provide an opinion as to:

▶ whether they give a true and fair view of the financial position of the IJB as at 31 March 2022 and its expenditure and income for the year then ended; and

▶ whether they have been properly prepared in accordance with the Local Government (Scotland) Act 1973 and the 2021/22 Code of Practice on Local Authority Accounting in the United Kingdom.

We also review and report on the consistency of the other information prepared and published along with the financial statements. We outlined the significant risks and other focus areas for the 2021/22 audit in our Annual Audit Plan, which was presented to the audit committee on 11 March 2022.

One significant risk was identified in relation to the risk of fraud in expenditure recognition, which includes the risk of management override of controls. We consider this risk to manifest itself through the manipulation of expenditure recognition. In addition, we continued to place increased focus on management's assertion regarding the going concern basis of preparation in the financial statements. Our findings are summarised in Section 2 of this report.

Application of materiality

> We remain satisfied that the values reported in our Annual Audit Plan for planning materiality, performance materiality and our audit threshold for reporting differences remain appropriate.

Our Annual Audit Plan explained that our audit procedures would be performed using a materiality of £2.5 million. We have considered whether any change to our materiality was required in light of the financial impact of Covid-19 and we remain satisfied that the materiality values reported within our Annual Audit Plan remain appropriate.

Our evaluation requires professional judgement and so takes into account qualitative as well as quantitative considerations. Factors which we consider include the perspectives and expectations of users of the financial statements as well as our risk assessment as to the likelihood of material misstatements arising in the financial statements.

Overall Materiality	Performance Materiality	Reporting Threshold
£2.5 million	£1.9 million	£125,000
1% of the IJB's net expenditure	Materiality at an individual account level	Level that we will report to committee

As we outlined in our Annual Audit Plan, based on considerations around the expectations of financial statement users and qualitative factors, we apply lower materiality levels to the audit of the Remuneration Report and Related Party Transactions.

EY

Wider Scope audit

Under the Code of Audit Practice, our responsibilities extend beyond the audit of the financial statements. Due to the nature of the IJB, our wider scope work requires significant allocation of resources in the audit. The Code requires auditors to provide judgements and conclusions on the four dimensions of wider scope public audit:

▶ Financial management;

▶ Financial sustainability;

▶ Governance and transparency; and

▶ Value for money.

Our Annual Audit Plan identified one area of significant risk in relation to the wider scope dimensions, regarding the development of a robust Medium Term Financial Plan. Our findings are summarised in Section 3 of this report.

Best Value

Our Annual Audit Plan outlined a requirement to comment on how effectively the IJB demonstrates that it meets its Best Value responsibilities. We continue to consider the IJB's arrangements against guidance issued by Audit Scotland, *Auditing Best Value – Integration Joint Boards (March 2018)*. We outline our assessment for 2021/22 in Section 3 of this report. We also draw attention to expected revisions to arrangements under the new Code of Audit Practice for 2022/23 and beyond.

EY

Financial Statements audit

Introduction

The annual financial statements allow the IJB to demonstrate accountability for the resources that it has the power to direct, and report on its overall performance in the application of those resources during the year.

This section of our report summarises the audit work undertaken to support our audit opinion, including our conclusions in response to the significant and other risks identified in our Annual Audit Plan.

The plan highlighted one area that we identified as a fraud risk relating to the presumed risk of fraud in revenue and expenditure recognition, including through management override of controls. For the IJB, we consider this risk to manifest itself as an expenditure recognition risk.

Compliance with Regulation

The Local Authority Accounts (Scotland) Regulations 2014 set out the statutory requirements on the IJB to prepare financial statements, ensure their availability for public inspection and consideration by the board or a committee with an audit or governance remit. The IJB complied with the regulations and the normal timescale concerning preparation, publication and approval of its annual financial statements. We received the unaudited financial statements on 20 June 2022, in line with planned timescales.

The inspection notice was on 27 May 2022, and the inspection period began on 10 June 2022, in line with the requirements of the Regulations. No objections were received in relation to the financial statements.

Audit Status

[Our audit is substantially complete, subject to the following outstanding areas:

- ▶ *Receipt and review of finalised financial statements;*
- ▶ *Responses to our letters to those charged with governance; and*
- ▶ *Partner and manager review of our working papers.]*

One adjustment made to the financial statements since they were submitted for audit, relating to a late accrual of provider relief. This was identified through the 2022/23 Quarter 1 review process which showed additional Covid-related provider relief costs that related to 2021/22. Our overall audit opinion is summarised on the following page.

> The Regulations were amended to allow the IJB to delay preparation of the financial statements. However, the draft financial statements were submitted for audit in line with planned timescales. The inspection notice was published in accordance with requirements.

EY

Our audit opinion

Element of opinion	Basis of our opinion	Conclusions
Financial statements ▸ Truth and fairness of the state of affairs of the IJB at 31 March 2022 and its income and expenditure for the year then ended ▸ Financial statements in accordance with the relevant financial reporting framework and 2021/22 Code	We report on the outcomes of our audit procedures to respond to the most significant assessed risks of material misstatement that we have identified, including our judgements within this section of our report. We did not identify any areas of material misstatement. We are satisfied that accounting policies are appropriate and estimates are reasonable We have considered the financial statements against Code requirements, and additional guidance issued by CIPFA and Audit Scotland.	*[We have issued an unqualified audit opinion on the 2021/22 financial statements of the IJB.]*
Going concern ▸ We are required to conclude and report on the appropriateness of the use of the going concern basis of accounting	We conduct core financial statements audit work, including review and challenge of management's assessment of the appropriateness of the going concern basis Wider scope procedures including the forecasts are considered as part of our work on financial sustainability.	*In accordance with* the work reported on page 12, we have not identified any material uncertainties.
Other information ▸ We are required to consider whether the other information in the financial statements is materially inconsistent with other knowledge obtained during the audit	The Chief Finance Officer is responsible for other information, included in the financial statements. We conduct a range of substantive procedures on the financial statements and our conclusion draws upon Review of committee and board minutes and papers, regular discussions with management, our understanding of the IJB and the wider sector.	*We are satisfied that the Annual Report meets the core requirements set out in the Code of Practice on Local Authority Accounting.*
Matters prescribed by the Accounts Commission ▸ Audited part of remuneration report has been properly prepared. ▸ Management commentary / annual governance statement are consistent with the financial statements and have been properly prepared.	▸ Reviewing the content of narrative disclosures to information known to us. ▸ Our assessment of the Annual Governance Statement against the Delivering Good Governance Code.	*[We have issued an unqualified opinion.]*
Matters on which we are required to report by exception	We are required to report on whether: ▸ there has been a failure to achieve a prescribed financial objective, ▸ adequate accounting records have been kept, ▸ financial statements and the audited part of the Remuneration Report are not in agreement with the accounting records, or ▸ we have not received the information we require.	*[We have no matters to report.]*

EY

Significant and fraud audit risks

Risk of Fraud in expenditure recognition, including through management override of controls

What is the risk?	As we outlined in our Annual Audit Plan, ISA (UK) 240 requires us to assume that fraud risk from income recognition is a significant risk. In the public sector, we extend our consideration to the risk of material misstatement by manipulation of expenditure.
	As there is no material judgement associated with the recognition of the IJB's funding from Falkirk Council and NHS Forth Valley, we have determined that the risk of revenue recognition does not materialise within this area.
What judgements are we focused on?	For expenditure we focus on the risk in relation to the existence and occurrence of expenditure incurred by the IJB in commissioning services from the partners. There may be judgement in the timing of the recognition of expenditure.
What did we do?	We undertake specific, additional procedures for income and expenditure streams where we identified a fraud risk. For 2021/22 our work included:

▶ We challenged management on how the IJB gains assurance over the expenditure it incurs and the basis of payments it makes to its partner bodies to deliver commissioned services. Management present financial information to the IJB that clarifies the source of information provided by each of the IJB partners. Reports to the IJB at the year end also made clear that the year end outturn represented the approval by the IJB of the final expenditure incurred in commissioning services from Falkirk Council and NHS Forth Valley.

▶ Review of additional revenue streams and cut-off testing for additional income received as a result of the Covid-19 outbreak.

▶ As part of the year end process, the IJB obtained written confirmation statements from the Director of Finance at NHS Forth Valley and Section 95 Officer at Falkirk Council of the spend by the respective bodies on delivering services, and hence their request for payment from the IJB to cover those costs. We obtained a copy of those confirmations and agreed figures within the financial statement to source documentation.

▶ We obtained independent confirmation from the appointed auditor at both Falkirk Council and NHS Forth Valley of the income and expenditure transactions recorded at their respective audited bodies. The confirmations agreed the income and expenditure amounts transacted in the year.

Our conclusions

As outlined in Appendix F, we identified one adjustment to expenditure that was processed after the publication of the unaudited financial statements. We did not identify any areas of significant estimation or judgement as part of our audit work in these areas.

EY

Risk of management override

Our Annual Audit Plan recognised that under ISA (UK) 240, management is considered to be in a unique position to perpetrate fraud in financial reporting because of its ability to manipulate accounting records directly or indirectly by overriding controls that otherwise appear to be operating effectively. We respond to this risk on every engagement.

Risk of Fraud

▶ We considered the risk of fraud, enquired with management about their assessment of the risks of fraud and the controls to address those risks. We also updated and developed our understanding of the oversight of those charged with governance over management's processes over fraud.

Testing on Journal Entries

▶ We tested the appropriateness of manual journal entries recorded in the general ledger and other adjustments made in the preparation of the financial statements. We obtained all journals posted by management to record the transactions of the IJB, which are hosted on the Falkirk Council financial ledger. All of the journals for the IJB's transactions were posted at the year end and we reviewed all transactions in the course of our work.

Judgements and Estimates

▶ We agreed with management's assessment that there are no material accounting estimates included in the financial statements. We confirmed the process for ensuring that there were no claims applicable to the IJB which required provision to be made as part of its participation in CNORIS (Clinical Negligence & Other Risks Indemnity Scheme).

Accounting Policies

▶ We considered the consistency and application of accounting policies, and the overall presentation of financial information. We consider the accounting policies adopted by the IJB to be appropriate. There were no significant accounting practices which materially depart from what is acceptable under IFRS or the Code.

Our conclusions

▶ We have not identified any material weaknesses in the design and implementation of controls around journal processing. We did not identify any instances of evidence of management override of controls.

▶ There was no disagreement during the course of the audit over any accounting treatment or disclosure and we encountered no significant difficulties in the audit.

EY

Going concern

In accordance with the CIPFA Code of Practice on Local Government Accounting, the IJB prepares its financial statements on a going concern basis unless informed by the Scottish Government of the intention for dissolution without transfer of services or function to another entity. CIPFA bulletin 05 (issued at closure of the 2019/20 financial statements) states that while there is likely to be a significant impact of Covid-19 on local authority financial sustainability, the rationale for the going concern basis of reporting has not changed.

However, under the revised auditing standard, ISA 570, we are required to undertake greater challenge of management's assessment of going concern, including testing of the adequacy of the supporting evidence we obtained. Management's going concern assessment and associated disclosures cover the 12 month period from the date of approval of the financial statements, including the expected impact on the Five Year Financial Plan.

The IJB has received further financial support to meet the additional costs and unachieved savings associated with the pandemic in February 2022. As a result, the funding to date has exceeded the additional costs of Covid-19, and the balance has therefore been transferred to the IJB's reserves. This financial support has reduced the financial risk and uncertainty during the going concern period. The IJB holds earmarked reserves at 31 March 2022 of £34.696 million, and a further general reserve of £2.357 million.

The Integration Scheme sets out the process to be followed should the IJB overspend in any financial year. Where an unexpected overspend is likely, the Chief Officer should agree corrective action to mitigate the overspend. Where this does not resolve the gap, agreement must be made between the partners, to agree a recovery plan to balance the budget. Where this is unsuccessful and the IJB overspends at the year end, partners provide a voluntary additional one-off payment to reflect the level of overspend.

The IJB has therefore concluded that there are no material uncertainties around its going concern status and ultimately any costs will be met by the IJB's partners in line with the terms of the Integration Scheme.

Our conclusions

▶ We are satisfied that the IJB remains a going concern.

▶ We have worked with management to enhance the going concern disclosures within the financial statements.

EY

Best Value and Wider Scope dimensions

Introduction

We are required to reach conclusions in relation to the effectiveness and appropriateness of the IJB's arrangements for the four wider scope audit dimensions, and draw upon these assessments to form conclusions on the IJB's ability to demonstrate Best Value in its activities. We draw upon this work within our conclusions on page 23.

Under the Code of Audit Practice, we apply our professional judgement to risk assess and focus our work on each of the wider scope dimensions. In doing so, we draw upon conclusions expressed by other bodies including the IJB's internal auditors and the Care Inspectorate, along with national reports and guidance from regulators and Audit Scotland. For each of the dimensions, we have applied a RAG rating, which represents our assessment on the adequacy of the IJB's arrangements throughout the year, as well as the overall pace of improvement and future risk associated with each dimension.

> Our wider scope audit work, and the judgements and conclusions reached in these areas, contribute to the overall assessment and assurance on the achievement of Best Value on page 23.

The Wider Scope dimensions

Financial Management:

▶ Considers the effectiveness of financial management arrangements, including financial capacity and resources, sound budgetary processes and whether the control environment and internal controls are operating effectively.

Financial Sustainability:

▶ Considers the medium and longer term outlook to determine if financial planning is effective in supporting service delivery.

Governance and Transparency:

▶ Considers the effectiveness of scrutiny and governance arrangements and the transparent reporting of financial and performance information.

Value for Money

▶ Considers whether value for money can be demonstrated in the use of resources and the focus on continuous improvement.

EY

Financial Management

Financial Position

The IJB's financial outturn continued to be significantly impacted by the response to the Covid-19 pandemic throughout 2021/22. The IJB recorded an underspend of £19.053 million (2020/21: underspend of £11.414 million) as a result of:

▶ The late allocation of £15.536 million of additional funding from the Scottish Government to meet Covid-19 costs in 2022/23 and beyond;

▶ Additional funding to respond to winter pressures, totalling £3.892 million.

Due to the timing of the allocations, the IJB reserves continued to increase significantly. Audit Scotland note in their June 2022 Financial Analysis of IJBs that in 2020/21, all IJBs recorded an increase in their level of reserves, with the overall reserve balance held by IJBs increasing by £437 million (304 per cent), primarily as a result of significant Covid-19 funding and the inability to complete programmes of activity during the pandemic.

Audit Scotland note that the total reserves balances held as a proportion of each individual IJB's net cost of services in 2020/21 varied between 2.2% and 12.2%. Falkirk's proportion in 2020/21 was 7.3%, the eighth highest nationally.

As Exhibit 1 outlines, the IJB's overall reserves further increased from £18 million in 2020/21, to £37 million in 2021/22. We do, however, note that £34.7 million (around 94%) of the reserves held are earmarked for specific purposes. This includes Covid reserves of £16 million, which are expected to be used in full in 2022/23.

General, unearmarked reserves increased to £2.357 million, exceeding the IJB's current strategy of holding a recommended maximum of £1.079 million in contingency. While we consider that it remained appropriate to hold additional reserves during the period of uncertainty caused by the pandemic, there is now an opportunity to plan for the use of reserves to support the delivery of the refreshed Strategic Plan.

An increase in general reserves will allow the IJB to invest to support the delivery of the refreshed Strategic Plan.

Exhibit 1: The IJBs Reserves continued to rise in 2021/22, but the majority of reserves are earmarked for Covid or planned improvement programmes

Source: Falkirk IJB Financial Outturn 2021/22

EY

Financial Monitoring arrangements

The budget approved by the IJB prior to the start of the financial year was prepared on an indicative basis as confirmation of a number of outstanding financial planning assumptions were pending, and both Partners were yet to formally agree their respective budgets.

At this time, the IJB was unable to set a balanced budget and the interim budget approved in March 2021 outlined a funding gap of £6.091 million in 2021/22. The risk remained with NHS Forth Valley for Set Aside delegated budgets of £1.435 million, leaving a remaining gap to be bridged of £4.656 million.

The IJB monitored progress against the savings target throughout the year. However, as Exhibit 2 highlights, a range of savings were delayed due to the impact of Covid. This impact was recognised in the allocation of Covid funding, although we note that this funding is provided on a non-recurring basis. The targeting and achievement of savings must therefore be a key consideration for the updated Medium Term Financial Plan.

Exhibit 2: The IJB struggled to achieve the identified savings throughout the year, with a number delayed due to the impact of Covid.

- Achieved (£1.86m)
- Delayed due to Covid (£2.2m)
- Not achieved (£1m)
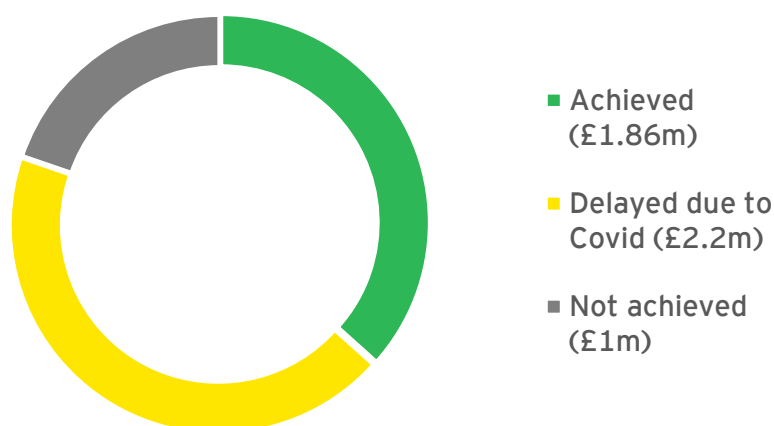
Source: Financial Monitoring reports to Falkirk IJB 2021-22

Set Aside Arrangements

An expert working group was set up during 2019/20 (with dedicated external modelling and statistical support) to progress the implementation of statutory guidance regarding set aside arrangements. This involved collaboration with NHS Forth Valley, and Clackmannanshire and Stirling IJBs. However further scheduled activity was delayed as a result of the pandemic. We note that more work is needed to develop efficiency plans with NHS Forth Valley in relation to set aside services.

EY

CIPFA Financial management code

Compliance with the CIPFA Financial Management Code became a requirement for all local government bodies in 2021/22. The Code provides guidance for good and sustainable financial management and provides assurance that authorities are managing resources effectively. It requires organisations to demonstrate that the processes they have in place satisfies the principles of good financial management.

A self-assessment of the IJB's financial management arrangements against the Code is underway and the outcome and associated action plan is expected to be reported in 2022/23. This has been identified as an area for improvement within the IJB's Annual Governance Statement.

Finance Capacity

The IJB does not directly employ staff and instead relies upon its partners to provide corporate and other support functions. The IJB has accountancy, risk management and performance support from both partners. There are, however, increasing demands on Chief Finance Officers across Scotland as a result of ongoing work on the cost impact of Covid-19, the need to respond to expectations about medium term financial planning, and preparation for the National Care Service. Similarly, there are increasing demands on procurement functions as a result of the need to support care home providers, including the distribution of sustainability payments.

The IJB has operated with an Interim Chief Finance Officer since May 2022 and the recruitment process for this post remains ongoing. Proposals to grow the leadership and support the workforce of the IJB are currently being refined, including proposed investment in a Senior Accountant post to provide additional financial capacity. The IJB should work with partners to ensure that corporate support arrangements remain adequate and fit for purpose.

EY

Financial Sustainability

**Our overall
assessment:
Amber**

National Care Service Bill

In June 2022, the Scottish Government published the National Care Service Bill. Proposals within the Bill would make Scottish Ministers accountable for adult social care in Scotland. The National Care Service will define the strategic direction and quality standards for community health and social care across Scotland.

Current IJB arrangements are expected to be replaced by local delivery boards. "Care Boards" which will work with the NHS, local authorities, and the third and independent sectors to plan, commission and deliver support and services for communities. Social care services currently provided in-house by local authorities, may continue under a commissioning arrangement with the care board. However, the care board may take over direct delivery, with staff transferring employment from a council to the care board.

The Bill explains that the detail of how the new service will work will be co-designed with people who have direct experience of social care services. The National Care Service is expected to be created in 2025/26. As a result of these changes, along with the ongoing impact of the pandemic, the IJB is responsible for strategic planning for health and social care during a significant period of uncertainty.

Strategic Plan

The Public Bodies (Joint Working) Scotland Act 2014 requires IJBs to produce a Strategic (Commissioning) Plan and to review this every three years. Reviews do not necessarily mean the creation of a new plan, and could result in a decision to continue with the same plan for a further period.

A joint workshop was held in July 2021 to assess the continued relevance of the IJB's Strategic Plan 2019-2022. The workshop considered the rationale for a delay in producing a new plan, including factors such as;

▶ Covid-19 related factors, including resource implications and needing time to reflect on the lessons learned from the pandemic;

▶ a number of significant work programmes were underway over the same period; and

▶ ongoing Covid-19 restrictions could limit the engagement process.

Following the review, it was considered that the vision of the Strategic Plan remained clear and relevant and that the outcomes remained appropriate. In September 2021, the Board approved the extension of the IJB's Strategic Plan 2019-22 for a further year, while committing to have a new Plan in place from April 2023.

The Strategic Planning Group will oversee the development of a refreshed Strategic Plan 2023-26, informed by a public consultation on the main challenges identified so far from the Joint Strategic Needs Assessment.

EY

Financial Planning

The IJB's Medium Term Financial Plan (MTFP) currently covers the period to 2024/25 and is based on the current Strategic Plan, therefore preceding the impact of the pandemic. An updated MTFP is being developed to reflect the post pandemic operating environment and a number of significant policy developments in relation to adult social care. This is anticipated to align with the refreshed Strategic Plan, which is expected to be finalised in April 2023.

Recommendation 3:

The IJB should ensure that longer term financial planning is in place to support the delivery of the Strategic Plan.

The IJB faces a significant continuing financial challenge, despite the level of reserves that the IJB held at 31 March 2022. Key costs pressures including the impact of likely pay settlements, general inflation and Covid costs mean that uncertainty remains about the financial position for the new Strategic Plan.

During 2021/22, the IJB recognised additional costs associated with the pandemic of £7.334 million, which included costs associated with:

▶ provision of Personal Protective Equipment (PPE);

▶ support for external Social Care Providers, particularly in relation to Care Home occupancy and reimbursement of additional costs incurred by all provider services; and

▶ additional temporary staffing costs, including use of agency, staff bank and overtime.

The allocation of additional Covid-19 funding in February 2022 is understood to be a final position, and no further funding will be available in 2023/24 and beyond.

Workforce Plan 2022-2025

All Health and Social Care Partnerships were required to submit 3-year Workforce Plans to the Scottish Government by 31 March 2022 which mapped the medium-term needs of the workforce, including inequalities and areas of recruitment difficulty. The Scottish Government subsequently confirmed an extension to the deadline for submission to 31 July 2022. The IJB submitted a Workforce Plan that is aligned to the current Strategic Plan and is based on the Five Pillars of Workforce Planning, as outlined within the National Workforce Strategy.

The Workforce Plan recognises the challenges that the IJB faces in recruitment and retention, and sets out a range of actions in development to address these. The Plan acknowledges the impact that the pandemic had on the workforce and on working arrangements across the partnership, and highlights the importance of embedding a focus on wellbeing into the culture as the IJB transforms out of the Covid environment.

EY

Governance and Transparency

Our overall assessment: Amber

The AGS continues to demonstrate good practice in reporting on progress against priority improvement actions for the IJB.

Local Code of Corporate Governance

The IJB complies with the CIPFA framework for *Delivering Good Governance in Local Government*, in the preparation of its Annual Governance Statement (AGS). From December 2021, the Audit Committee were provided with quarterly progress reports against the improvement actions made in the 2020/21 Annual Governance Statement.

As Exhibit 3 notes, 1 of the 11 actions were completed as planned and 3 remain on track for completion within the expected timeframe. However, the remaining 7 actions were delayed due to Covid-19, which includes work on the medium term financial plan and approval of a revised Integration Scheme. These actions remain significant priorities for the IJB.

Exhibit 3: Lack of capacity meant that limited progress was made against the improvement actions identified in the 2020/21 Annual Governance Statement

- Complete
- On track
- Delayed

11 Actions were identified for 2021/22 of which 1 has been completed, and 7 have been delayed due to the ongoing impact of the pandemic.

Source: Falkirk IJB Annual Governance Statement

Annual Governance Statement

The IJB's own assessment of the effectiveness of governance arrangements acknowledges the ongoing work to address significant governance development areas, but concludes that the internal control environment provides reasonable and objective assurance that significant risks would be identified and mitigated. We reviewed the AGS against the required guidance and we were satisfied that it was materially consistent with both the governance framework and key findings from relevant audit activity, including the Chief Internal Auditor's Annual Assurance Report.

EY

Annual Assurance Report

The annual internal audit assurance report opinion and conclusion provides substantial assurance on the IJB's arrangements for risk management, governance, and control for the year to 31 March 2022.

While the ability to complete the IJB's internal audit plan for 2021/22 was impacted by lockdown arrangements, reports on the following two planned reviews were issued in May 2022;

► Directions; and

► Resilience and Business Continuity.

The internal audit manager drew on substantial internal audit assurance work across the partnership to form her opinion.

Internal Audit Arrangements

The responsibility for leading on the provision of the Falkirk IJB internal audit function rotates on a three-yearly basis. From April 2022, the Chief Internal Auditor of Fife, Tayside and Forth Valley Internal Audit Consortium took over the provision of the internal audit service.

Integration scheme review

Legislation requires that the Integration Scheme which governs the operations of the IJB is reviewed by the partners at least every five years. A review was initially scheduled to have been concluded by November 2020, but was impacted by the pandemic.

During 2021/22, a first stage consultation of the Integration Scheme was conducted in the form of an online survey. The outcome of this was presented to the Board in September 2021, highlighting 3 key areas of the Scheme to be prioritised for review:

► governance;

► operational delivery arrangements and the role of the Chief Finance Officer; and

► finance and specifically risk sharing.

It is critical that progress continues to review the Integration Scheme to ensure that the IJB's governance arrangements are sufficient and up to date. While the review remains the responsibility of the partners, it will have a significant impact on the development of the IJB's financial planning.

EY

Audit Committee arrangements

The purpose of the Audit Committee is to provide independent assurance of the adequacy of the risk management framework and the associated control environment, as well as independent scrutiny of the financial and non-financial performance.

As outlined within its terms of reference, the Audit Committee is comprised of two voting members and two non-voting members. Throughout 2021-22, a non-voting position was vacant and a voting position became vacant from September 2021. While the quorum for the committee is one voting member, the Audit Committee cannot be fully effective in its scrutiny role when attendance is limited.

Recommendation 4: The IJB should ensure that the Audit Committee is supported to conduct a self-assessment against good practice principles.

We note that a number of new appointments have been made to the Audit Committee to fill vacancies and to reflect the representation of Falkirk Council following local government elections. As a result, there is an opportunity for the committee to assess its arrangements against CIPFA's *Good Practice Audit Committees Principles Checklist* to ensure that any improvements or training needs can be identified.

Exhibit 4: Audit Committee attendance varied throughout 2021-22 as a result of unplanned vacancies
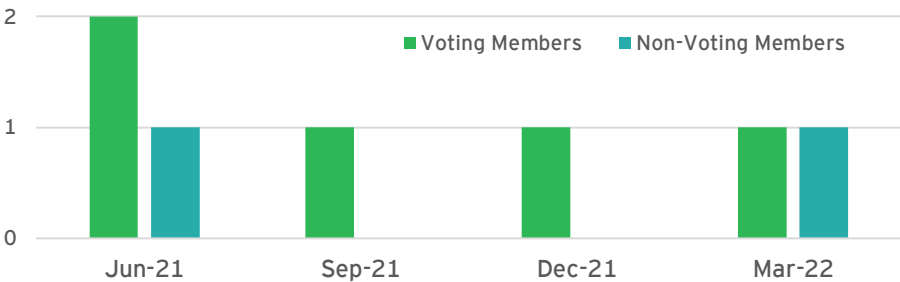
Source: Audit Committee Annual Assurance Statement

EY

Value for Money

Our overall assessment: Amber

Annual Performance Report

The IJB considered a draft Annual Performance Report for 2021/22 in August 2022. The Board will continue to exercise the powers granted to public authorities under the Coronavirus (Scotland) Act 2020 to delay the publication of the Annual Performance Report for 2021/22 to October 2022.

The draft Annual Performance Report includes explanation of the key areas of spend, financial challenges, and how the IJB works with communities, along with performance data from the partnership. The report includes a range of good practice case studies, including:

► Progress on the redesign of services, including Torwoodhall, the Falkirk Community Hospital Masterplan and an initial review of bed-based care provision.

► The development of digital inclusion schemes, including the Living Well Falkirk website and drawing on the Falkirk Digital Inclusion Fund for individuals who were digitally excluded.

► The differences that services have made to individuals and their carers, such as the roll out of Changing Places toilets, the Food Train and tailored support for carers.

The IJB's performance reporting includes the results of the Scottish Health and Care experience survey, reporting that six of the nine indicators reported scores for Falkirk below the Scottish average. The performance reported against the data from the latest available Scottish Morbidity Records noted only one indicator similar to the performance of Scotland, with the remaining 8 below the national average.

Due to the difficulty in comparing performance to prior years as a result of the pandemic, the IJB compared its performance in 2021/22 to the Scottish average. Nationally, performance decreased for 15 out of 18 indicators as a result of the impact of the pandemic. However, we noted that Falkirk's performance decreased against 16 of the 18 indicators overall when compared to the prior year. Where relevant, the report outlined the impact of Covid-19 and lockdown arrangements on both positive and negative performance trends.

Performance Monitoring

The IJB receives a regular comprehensive Performance Monitoring Report to support its focus on key performance issues and actions aligned to the Strategic Plan. Dashboards are used to provide an easy to understand summary of performance and the direction of travel, supported by additional explanation within exception reports where performance has fallen. Performance indicators are monitored on an ongoing basis across the health and social care partnership, including the Partnership Management Team.

EY

Best Value: Our assessment

Our overall assessment: Amber

Best Value Responsibilities

As auditors to the IJB, we are required to comment on how effectively, in our view, the IJB demonstrates that it meets its Best Value responsibilities to the Board.

In 2020/21, we supported the IJB's self-assessment against guidance issued by Audit Scotland in March 2018, *Auditing Best Value – Integration Joint Boards.* We noted that progress to integrate services in line with the Integration Scheme had been delayed, impacting the ability to shift the balance of care. During 2021/22 we noted that further progress has been made to integrate services but that the IJB's performance overall continues to be significantly impacted by the response to the pandemic.

In 2019, the IJB conducted a self assessment against recommendations made by the Ministerial Strategic Group (MSG) for Health and Community Care, and the Convention of Scottish Local Authorities (CoSLA). This identified significant areas for improvement, and we therefore consider that an updated self-assessment against the recommendations would allow the Board to consider whether Best Value arrangements are now in place.

Recommendation 5:

The IJB should consider updating its self-assessment against the Ministerial Strategic Group recommendations, last considered in May 2019.

Future Best Value Focus

In July 2022, the Chair of the Accounts Commission wrote to the Chief Officer to outline revised arrangements for the approach to auditing Best Value in IJBs in 2022/23 and beyond. The Chair noted that in the period since the Accounts Commission agreed to introduce a new approach to auditing BV in IJBs the Scottish Government has made a commitment to deliver a National Care Service (NCS) before the end of this parliament, i.e. by end 2026. Under the current proposals IJBs will be reformed into local care boards, accountable to Scottish Ministers and the new bodies will therefore be audited by the Auditor General for Scotland.

This significant structural and organisational change, combined with wider issues associated with the proposed creation of the NCS, such as the need to consider the impact of planning for the introduction of the NCS on IJBs means that the Accounts Commission has taken the decision not to proceed with the planned roll out of a new approach to auditing Best Value in IJBs.

The Accounts Commission has instead agreed to undertake a broad-based programme of national and local audit work on IJBs.

EY

Programme of Work on IJBs

The Accounts Commission anticipate that future work on IJBs will include:

▶ a further joint national performance audit with the Auditor General for Scotland on progress with health and social integration (including the identification of good practice);

▶ national thematic performance audit work in areas such as social care workforce planning and commissioning;

▶ a continued focus on IJB risks and performance through annual audit reports; and

▶ audit work in conjunction with the Auditor General for Scotland on Scottish Government planning and preparations for the new NCS.

The new proposals have been designed to ensure that the Accounts Commission (and where appropriate the Auditor General for Scotland) are providing robust independent oversight and public reporting at both national and local level on the current performance of IJBs as well as monitoring and reporting on the risks and challenges created by the proposed creation of the new NCS.

EY

Appendices

A – Code of Audit Practice: responsibilities

B – Independence and audit quality

C – Required communications

D – Action Plan

E – Prior Year Action Plan

EY

Appendix A: Code of Audit Practice Responsibilities

Audited Body's Responsibilities

Corporate Governance	Each body, through its chief executive or accountable officer, is responsible for establishing arrangements to ensure the proper conduct of its affairs including the legality of activities and transactions, and for monitoring the adequacy and effectiveness of these arrangements. Audited bodies should involve those charged with governance (including audit committees or equivalent) in monitoring these arrangements.
Financial Statements and related reports	Audited bodies must prepare an annual report and accounts containing financial statements and other related reports. They have responsibility for: ▶ preparing financial statements which give a true and fair view of their financial position and their expenditure and income, in accordance with the applicable financial reporting framework and relevant legislation. ▶ maintaining accounting records and working papers that have been prepared to an acceptable professional standard and support their financial statements and related reports disclosures. ▶ ensuring the regularity of transactions, by putting in place systems of internal control to ensure that they are in accordance with the appropriate authority. ▶ maintaining proper accounting records. ▶ preparing and publishing, along with their financial statements, an annual governance statement, management commentary (or equivalent) and a remuneration report that are consistent with the disclosures made in the financial statements. Management commentary should be fair, balanced and understandable and also clearly address the longer-term financial sustainability of the body. ▶ Management, with the oversight of those charged with governance, should communicate clearly and concisely relevant information to users about the entity and its financial performance, including providing adequate disclosures in accordance with the applicable financial reporting framework. Audited bodies are responsible for developing and implementing effective systems of internal control as well as financial, operational and compliance controls. These systems should support the achievement of their objectives and safeguard and secure value for money from the public funds at their disposal. They are also responsible for establishing effective and appropriate internal audit and risk-management functions.
Standards of conduct / prevention and detection of fraud and error	Audited bodies are responsible for establishing arrangements for the prevention and detection of fraud, error and irregularities, bribery and corruption and also to ensure that their affairs are managed in accordance with proper standards of conduct by putting proper arrangements in place.
Standards of conduct / prevention and detection of fraud and error	Audited bodies are responsible for putting in place proper arrangements to ensure that their financial position is soundly based having regard to: ▶ such financial monitoring and reporting arrangements as may be specified ▶ compliance with any statutory financial requirements and achievement of financial targets ▶ balances and reserves, including strategies about levels and their future use ▶ how they plan to deal with uncertainty in the medium and longer term ▶ the impact of planned future policies and foreseeable developments on their financial position.
Best Value	Local authority bodies have a statutory duty, under the Local Government (Scotland) Act 1973 and associated statutory guidance, to make arrangements to secure best value through the continuous improvement in the performance of their functions.

EY

Appendix B: Independence and audit quality

Professional ethical standards, and the Terms of our Appointment, require us to communicate all significant facts and matters that have a bearing on EY's objectivity and independence as auditor of the IJB.

Matters that we are required to communicate	The FRC Ethical Standard requires that we provide details of all relationships between Ernst & Young (EY), its directors and senior management and affiliates, and you, including all services provided by us and our network to you, and other services provided to other known connected parties that we consider may reasonably be thought to bear on our integrity or objectivity, including those that could compromise independence and the related safeguards that are in place and why they address the threats. There are no relationships from 1 April 2021 to the date of this report, which we consider may reasonably be thought to bear on our independence and objectivity.
Confirmations	We are not aware of any inconsistencies between IJB's policy for the supply of non audit services and FRC Ethical Standard. We are not aware of any apparent breach of that policy. We confirm that, in our professional judgment, Ernst & Young is independent, our integrity and objectivity is not compromised and we have complied with the FRC Ethical Standard. We confirm that your engagement team (partners, senior managers and managers and all others involved with the audit) and others within the firm, the firm and network firms have complied with relevant ethical requirements regarding independence.

Audit Fees		2021/22	2020/21
	Component of fee:		
	Total agreed auditor remuneration *	£19,250	£18,850
	Audit Scotland fixed charges:		
	Pooled costs	£2,010	£1,790
	Performance audit and best value	£5,670	£5,650
	Audit support costs	£1,030	£1,040
	Total fee	£27,960	£27,330

* The expected fee for each body is a range set centrally by Audit Scotland, which assumes that it has sound governance arrangements in place and operating effectively throughout the year, prepares comprehensive and accurate draft financial statements and supporting schedules, and meets the agreed timetable for the audit. It also assumes there is no major change in respect of the scope of work in the year and an unqualified audit opinion resulting from the audit.

EY

Matters that we are required to communicate	International Standard on Quality Control (UK and Ireland) 1 (ISQC1) requires that a system of quality control is established, as part of financial audit procedures, to provide reasonable assurance that professional standards and regulatory and legal requirements are being complied with and that the independent auditor's report or opinion is appropriate in the circumstances.
	The EY 2021 UK Transparency Report can be accessed on our website at **https://www.ey.com/en_uk/who-we-are/transparency-report-2021.** This material is published to provide a timely and relevant source of information about EY in general, and our audit business in particular. This includes our Audit Quality Report.
	The disclosures are extensive. For example, they explain our outlook and how we are structured and governed, including the role of our Independent Non-Executives and how we apply the requirements of the UK's Audit Firm Governance Code. We refer to the quality of our audits and our commitment to recruiting, developing and diversifying our people and talent pool. We also explain how we manage our risks and remain innovative and technologically advanced in what we do and how we do it.
	Maintaining high audit quality across all of our engagements is of paramount importance to us. Our transformational Audit Quality Programme continues and is a part of the global EY Sustainable Audit Quality Programme (SAQ).
	Our Audit Quality Board (AQB) continues to oversee all matters relating to audit quality and sets the agenda for the Audit Quality programme. The AQB meets monthly and also holds an annual strategy session. The AQB reports to the EY UK Board. The AQB receives regular updates on regulatory matters, results of internal and external reviews, results of root cause analysis, resourcing, the SAQ programme and pursuit approvals, as well as a comprehensive dashboard on quality measures.
	Our Audit Quality Support Team (AQST), which started within the SAQ programme, reviews 40 to 50 audits each audit cycle providing challenge and guidance to the engagement teams. These are in-depth reviews carried out by experienced auditors independent of the audit team. AQST reviews enhance the quality of both the audit under review and other audits on which team members apply the lessons learned. The AQST has now become a business-as-usual function.
Audit Quality Framework / Annual Audit Quality Report	Audit Scotland's Appointments and Assurance Team are responsible for applying the new Audit Quality Framework across all financial audits and performance and Best Value audits. This covers the quality of audit work undertaken by Audit Scotland staff and appointed firms. The team are independent of audit delivery and provide assurance on audit quality to the Auditor General and the Accounts Commission.
	We support Audit Scotland in their commitment to reporting on audit quality through responding to requests for information and providing the results of internal quality reviews undertaken in respect of relevant public sector audits in Scotland.
	The most recent audit quality report which covers our work at the IJB since appointment can be found at: https://www.audit-scotland.gov.uk/report/quality-of-public-audit-in-scotland-annual-report-202122

EY

Appendix C: Required communications

Required communication	Our reporting to you
Terms of engagement / Our responsibilities Confirmation by the audit committee of acceptance of terms of engagement as written in the engagement letter signed by both parties. Our responsibilities are as set out in our engagement letter.	Audit Scotland Terms of Appointment letter – audit to be undertaken in accordance with the Code of Audit Practice
Planning and audit approach Communication of the planned scope and timing of the audit, any limitations and the significant risks identified. When communicating key audit matters this includes the most significant risks of material misstatement (whether or not due to fraud) including those that have the greatest effect on the overall audit strategy, the allocation of resources in the audit and directing the efforts of the engagement team.	Annual Audit Plan
Significant findings from the audit ▸ Our view about the significant qualitative aspects of accounting practices including accounting policies, accounting estimates and financial statement disclosures ▸ Significant difficulties, if any, encountered during the audit ▸ Significant matters, if any, arising from the audit that were discussed with management ▸ Written representations that we are seeking ▸ Expected modifications to the audit report ▸ Other matters if any, significant to the oversight of the financial reporting process	Annual Audit Plan Annual Audit Report
Going concern Events or conditions identified that may cast significant doubt on the entity's ability to continue as a going concern, including: ▸ Whether the events or conditions constitute a material uncertainty related to going concern ▸ Whether the use of the going concern assumption is appropriate in the preparation and presentation of the financial statements ▸ The appropriateness of related disclosures in the financial statements	Annual Audit Report
Misstatements ▸ Uncorrected misstatements and their effect on our audit opinion, unless prohibited by law or regulation ▸ The effect of uncorrected misstatements related to prior periods ▸ A request that any uncorrected misstatement be corrected ▸ Corrected misstatements that are significant ▸ Material misstatements corrected by management	Annual Audit Report
Fraud ▸ Enquiries of the audit committee to determine whether they have knowledge of any actual, suspected or alleged fraud affecting the entity ▸ Any fraud that we have identified or information we have obtained that indicates that a fraud may exist ▸ A discussion of any other matters related to fraud	Annual Audit Report

EY

Required communication	Our reporting to you
Related parties Significant matters arising during the audit in connection with the entity's related parties including, when applicable: ▸ Non-disclosure by management ▸ Inappropriate authorisation and approval of transactions ▸ Disagreement over disclosures ▸ Non-compliance with laws and regulations ▸ Difficulty in identifying the party that ultimately controls the entity	No significant matters have been identified.
Independence Communication of all significant facts and matters that bear on EY's, and all individuals involved in the audit, objectivity and independence Communication of key elements of the audit engagement partner's consideration of independence and objectivity such as: ▸ The principal threats ▸ Safeguards adopted and their effectiveness ▸ An overall assessment of threats and safeguards ▸ Information about the general policies and process within the firm to maintain objectivity and independence	Annual Audit Plan This Annual Audit Report – Appendix B
Internal controls Significant deficiencies in internal controls identified during the audit	This Annual Audit Report – no significant deficiencies reported
Subsequent events Where appropriate, asking the audit committee whether any subsequent events have occurred that might affect the financial statements.	We have asked management and those charged with governance. We have no matters to report.
Consideration of laws and regulations ▸ Audit findings regarding non-compliance where the non-compliance is material and believed to be intentional. This communication is subject to compliance with legislation on tipping off ▸ Enquiry of the audit, risk and governance committee into possible instances of non-compliance with laws and regulations that may have a material effect on the financial statements and that the Committee may be aware of	Annual Audit Report or as occurring if material.
Material inconsistencies Material inconsistencies or misstatements of fact identified in other information which management has refused to revise	This Annual Audit Report

EY

Appendix D: Action Plan

Grade 1: Key risks and / or significant deficiencies which are critical to the achievement of strategic objectives. Consequently management needs to address and seek resolution urgently.	**Grade 2:** Risks or potential weaknesses which impact on individual objectives, or impact the operation of a single process, and so require prompt but not immediate action by management.	**Grade 3:** Less significant issues and / or areas for improvement which we consider merit attention but do not require to be prioritised by management.

No	Findings	Recommendation	Management Response
1	Like all local government bodies in the UK, the IJB is required to conduct a self-assessment of its performance against the CIPFA Financial Management Code. The Code became mandatory in 2021/22.	The IJB should conduct a self-assessment against the CIPFA Financial Management Code. *Grade 1*	**Response:** Agreed. An assessment will be conducted before the end of this financial year. **Responsible officer:** Chief Finance Officer **Implementation date:** March 2023
2	There are increasing demands on Chief Finance Officers across Scotland as a result of ongoing work on the cost impact of Covid-19, the need to respond to expectations about medium term financial planning, and preparation for the National Care Service. Similarly, there are increasing demands on procurement functions as a result of the need to support care home providers, including the distribution of sustainability payments. We understand that work is underway with Partners to develop a structure that provides sufficient financial capacity for the medium term.	As part of the finalisation of the updated Integration Scheme, the IJB should work with Partners to ensure that corporate support arrangements remain adequate and fit for purpose. *Grade 2*	**Response:** Agreed. There has been further progress recently with various aspects of the updated Integration Scheme however the IJB accepts this needs to be brought to a conclusion. In addition, the IJB is reviewing internal management capacity with plans to recruit an additional Finance post as part of an internal structure and capacity review. **Responsible officer:** Chief Officer, in conjunction with Chief Execs from Falkirk Council & NHS Forth Valley, for conclusion of Integration Scheme review. Chief Finance Officer, for Finance staff recruitment. **Implementation date:** March 2023

EY

Classification of recommendations		
Grade 1: Key risks and / or significant deficiencies which are critical to the achievement of strategic objectives. Consequently management needs to address and seek resolution urgently.	**Grade 2:** Risks or potential weaknesses which impact on individual objectives, or impact the operation of a single process, and so require prompt but not immediate action by management.	**Grade 3:** Less significant issues and / or areas for improvement which we consider merit attention but do not require to be prioritised by management.

No	Findings	Recommendation	Management Response
3	While the IJB now holds significant reserves, we note that most represent earmarked funding that has been allocated for specific purposes. The increase in general reserves provides an opportunity to invest to help support the delivery of the Strategic Plan, but all decisions must be underpinned by a robust financial plan for the period to 2025/26.	The IJB should ensure that longer term financial planning is in place to support the delivery of the Strategic Plan. *Grade 1*	**Response:** Agreed. The current Falkirk IJB Medium Term Financial Plan (MTFP) is due for renewal and a new MTFP will be prepared in alignment with the new Strategic Plan over the course of 2022/23. **Responsible officer:** Chief Finance Officer **Implementation date:** January 2023
4	During the year, the Audit Committee held vacant positions for both voting and non-voting members. As a result, attendance was lower than we would expect on a number of occasions. While recent appointment to the Audit Committee have been made, we note that the Committee has not yet assessed its arrangements against CIPFA's 'Good Practice Audit Committees Principles Checklist' or 'Evaluation of Effectiveness Toolkit'	The IJB should ensure that the Audit Committee is supported to conduct a self-assessment against good practice principles. *Grade 2*	**Response:** Agreed. The audit committee will investigate partner assessment arrangements before adopting either CIPFA's 'Good Practice Audit Committees Principles Checklist' or 'Evaluation of Effectiveness Toolkit' **Responsible officer:** Chief Finance Officer **Implementation date:** March 2023
5	We understand that Audit Scotland has plans in place to conduct a national performance audit of integration arrangements, in preparation for the development of the National Care Service. Any performance audit is likely to be based on previous reviews of progress, including the Leadership Group, led by the Ministerial Strategic Group (MSG) for Health and Community Care, and the Convention of Scottish Local Authorities (CoSLA) February 2019 recommendations.	The IJB should consider revising the self-assessment against the Ministerial Strategic Group recommendations, prepared in May 2019. *Grade 1*	**Response:** Agreed. A self-assessment will be conducted before the end of this financial year. **Responsible officer:** Chief Officer **Implementation date:** March 2023

EY

Appendix E: Prior Year Action Plan

Classification of recommendations		
Grade 1: Key risks and / or significant deficiencies which are critical to the achievement of strategic objectives. Consequently management needs to address and seek resolution urgently.	**Grade 2:** Risks or potential weaknesses which impact on individual objectives, or impact the operation of a single process, and so require prompt but not immediate action by management.	**Grade 3:** Less significant issues and / or areas for improvement which we consider merit attention but do not require to be prioritised by management.

No	Findings and recommendations	Management response	Our assessment
1	The IJB has been in place for 5 years, but operational responsibility for key services has not yet transferred. This limits the benefits that can be achieved through transformation and may prevent achievement of the aims in the Strategic Plan. The IJB and its partners must ensure that planning and operational management responsibility is transferred for remaining services, including Primary Care, to allow the benefits of integration to be achieved.	Accepted. Discussions are ongoing in conjunction with NHS Forth Valley and colleagues in Clackmannanshire & Stirling IJB regarding the transfer of planning and operational management responsibility for all outstanding in scope health services. **Responsible officer:** IJB Chief Officer & NHS Forth Valley Chief Executive. **Implementation date:** 31 Mar 2022	Significant progress has been made during 2021/22 to progress the transfer of operational management responsibility. **Audit assessment: complete.**
2	As an Integration Authority, the IJB does not directly employ its own staff. The ability to respond to key legislative and governance requirements therefore relies on the resource capacity provided by partners in NHS Forth Valley and Falkirk Council. The IJB should ensure that the revised Integration Scheme establishes arrangements for key support services.	Accepted. Provision of adequate and equitable corporate support functions is essential if the IJB is to operate effectively and deliver transformational change. The review of the Integration Scheme will consider the need for a more formal corporate support agreement with partners. **Responsible officer:** IJB Chief Officer, Falkirk Council Chief Executive & NHS Forth Valley Chief Executive. **Implementation date:** 30 Sept 2021	Progress against this recommendation has been delayed as a result of Covid-19. The Integration Scheme was due to be reviewed by November 2020 in line with legislative requirements. A working group has now been established to take this forward. **Audit Assessment: In progress**

EY

Classification of recommendations		
Grade 1: Key risks and / or significant deficiencies which are critical to the achievement of strategic objectives. Consequently management needs to address and seek resolution urgently.	**Grade 2:** Risks or potential weaknesses which impact on individual objectives, or impact the operation of a single process, and so require prompt but not immediate action by management.	**Grade 3:** Less significant issues and / or areas for improvement which we consider merit attention but do not require to be prioritised by management.
No	Findings and recommendations	Management response	Our assessment
3	The IJB will continue to face significant decisions to deliver the Strategic Plan and to respond to the significant budget gap across services. In our view, the papers presented to the Board could be enhanced by additional financial analysis. This may require additional financial capacity to be provided by partners. Key decisions should be supported by options appraisal or financial analysis of the net impact.	Accepted. It is important to strike an appropriate balance in the level of detail provided in publicly available reports compared to internal management information and analyses used to inform decision making. **Responsible officer:** Chief Finance Officer **Implementation date:** 30 Sept 2021	**Audit assessment:** Complete.

EY

Appendix F: Adjusted errors identified during the audit

Audit differences			
No	Description	Income and Expenditure Impact / £000's	Balance Sheet Impact / £000's
1	*Provider relief accrual*	Dr Expenditure – social care services 864	Cr Debtor – Falkirk Council 864

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Appendix 4

Annual Performance Report 2021/22

ANNUAL PERFORMANCE REPORT 2021/22

Falkirk
Health and Social Care
Partnership

CONTENTS

INTRODUCTION

A year of recovery, not uninterrupted by challenges, has continued to encourage colleagues and services to work creatively to adapt and overcome.

Our 2021/22 Annual Report demonstrates the resilience of Falkirk's local communities, with many examples of new approaches and refreshed services following the pandemic.

While lessons have been learned and opportunities grasped, we and our partners continue to deliver our vision and essential health and social care services for local people, supporting those most in need.

And looking forward, the Partnership is embarking on multiple ambitious projects, transforming primary care, establishing a new strategic plan, and reinvigorating the services delivered from the Falkirk Community Hospital site with a new masterplan.

We are also looking across Scotland, working with government and fellow health and social care partnerships to help shape and prepare for a new National Care Service.

While this will involve momentous change, our focus will always remain on improving care for people and valuing the expertise and efforts of our workforce.

These long-term initiatives are again driven by the dedication and efforts of colleagues working across our local services, efforts which will result in a brighter and healthier future for the people of Falkirk.

Patricia Cassidy
Chief Officer

Dr Michele McClung
IJB Chair

OUR COMMUNITIES

OUR LOCALITIES

The development of three localities within the Falkirk Council area is rooted within the integration legislation - the Public Bodies (Joint Working) (Scotland) Act 2014.

For service planning and delivery purposes, the three identified localities for the Partnership are West, Central and East (illustrated in Figure 1).

1. West
2. Central
3. East
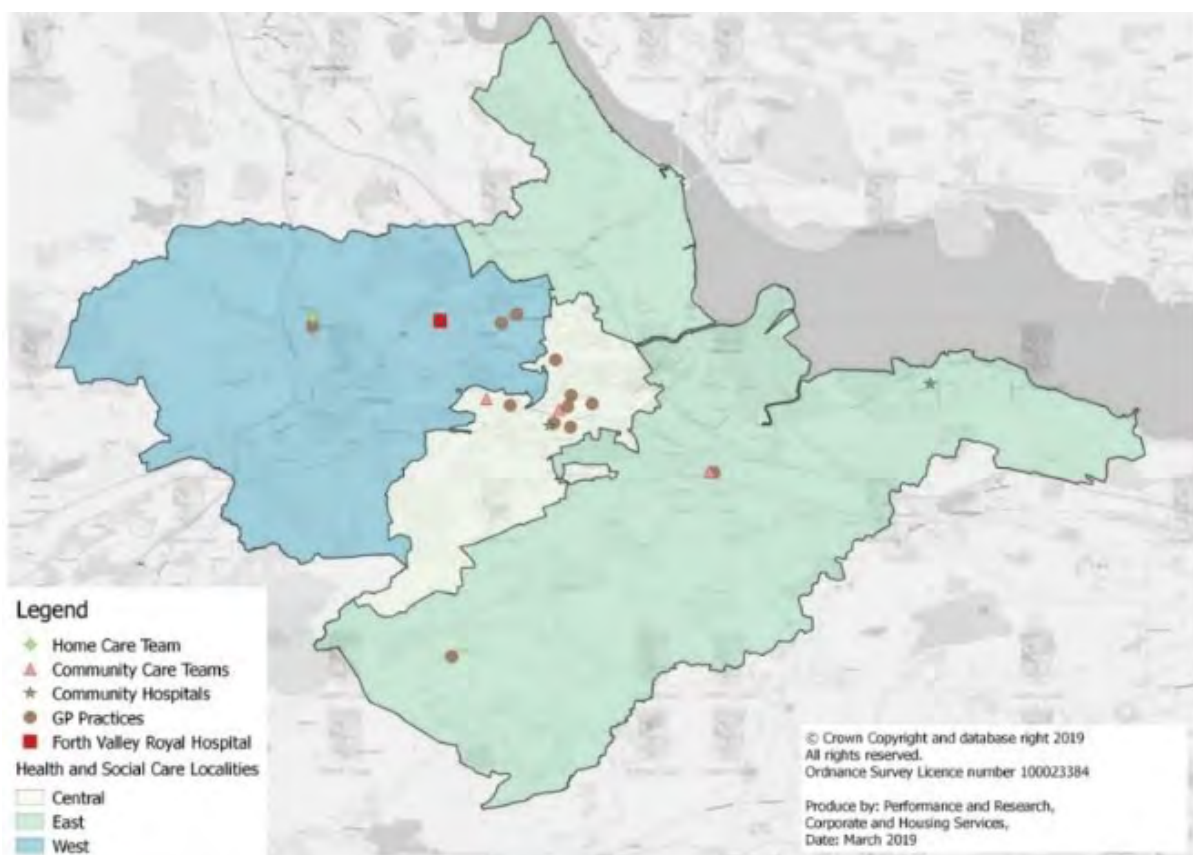
Figure 1: Falkirk Localities Map

The Partnership's locality planning approach has supported the Remobilise, Recover, and Redesign Plan - introduced in response to the Covid-19 pandemic.

Locality Managers continue to develop Locality Plans that reflect the needs of the communities and our strategic priorities, alongside joint working with communities and partner organisations. This includes the Community Planning Partnership, whose focus is on tackling poverty and inequality via the delivery of the Falkirk Plan 2021-2031, published in October 2021.

The Falkirk Plan is the framework that captures the vision and commitment of the Community Planning Partnership to work together to reduce poverty, tackle inequalities, and improve the quality of life for everyone in the Falkirk Council area.

The Falkirk Plan has been developed with community planning partners, based on research and local community feedback on the issues most important to them. The Plan has identified six priority areas to be the focus of sustained joint-working to make a positive difference to our communities. These themes are:

- Working in partnership with communities
- Poverty
- Mental health and wellbeing
- Substance use
- Gender-based violence
- Economic recovery

The plan also reflects the Public Health Priorities for Scotland, which encourages public services, the third sector, community organisations, and others to work together to address the root causes of inequalities in Scotland's health.

In addition, Grangemouth, Denny, Dunipace, and Dennyloanhead communities have published their own Community Action Plans, with Bainsford and Langlees on track to produce plans by Summer 2022.

These plans demonstrate the role and value of every volunteer and neighbour in mitigating the impact of inequality across Falkirk and preventing future health inequalities.

LOCALITY SNAPSHOTS

The following information summarises key demographic data from the Partnership's [Locality Profiles](#).

Households

21,952	31,754	21,520
Central	**East**	**West**

% that live with a long-term health condition

20%	**19%**	**18%**
Central	East	West

% that live in the most deprived SIMD quintile

33%	**12%**	**7%**
Central	East	West

WEST
Includes the areas of Larbert, Denny, and Bonnybridge.
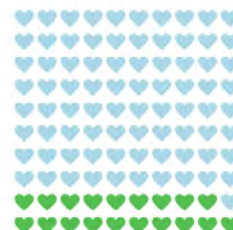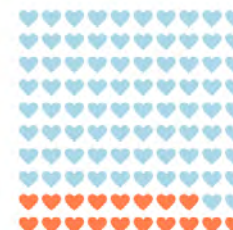
CENTRAL
Includes the areas of Falkirk Town Centre, Camelon, Bainsford, and Hallglen.

EAST
Includes the areas of Braes, Redding, Bo'ness, Grangemouth, Stenhousemuir, and Airth.

OUR CHALLENGES

Ageing population

Falkirk has an ageing population, increasing demand for health and social care services. People are living longer into old age, resulting in more people living with multiple or complex conditions. Our workforce is also ageing – by 2024 34% of our workforce will be over 60.

Substance use

There is a marked increase in addictions and drug related deaths across the local community, alongside an increase in mental health and social inequalities. The ADP is leading the multi-agency plan to address local challenges.

Trauma informed

We need a trauma informed workforce to evaluate services from a trauma informed and responsive perspective. We share the Scottish Government vision to recognise where people are affected by trauma and adversity and to respond in ways that prevent further harm and support recovery.

Mental wellbeing

We need to continue to work with staff, partners and communities to improve mental health and wellbeing in Falkirk. Where this is needed, we need to ensure timely access to specialist support for mental illness.

COVID-19

While we have achieved so much with COVID, there remains increased pressures for the community and the workforce to manage Covid-19.

Finance

There is an increasing demand for services with a reduction in funding that will mean we need to be creative and transformational to ensure a targeted and efficient approach.

Recruitment

There are real skill shortages in a range of posts and professions across the partnership. Traditional job roles may need to transform to meet the needs of our community and to ensure modern, integrated, efficient and high-quality services.

Technology

Digital technology is key to changing health and social care. Empowering people to actively manage their own care, means investing in new technologies and services. At the same time, there is a need to ensure our workforce have the technical capabilities to support the development of these changes.

Systems

Investment in more intuitive information management systems to support the delivery of person-centred care that empowers the workforce to improve practice in the assessment and planning of personal outcomes. We need to turn data into intelligence to aid better joint planning and co-design.

Estate

We need to make better use of available space as many buildings are not fit-for-purpose or easily adaptable to meet the needs of services, communities, and staff, and embrace mobile/flexible working to make best use of the assests we have.

OUR PARTNERSHIP

The **Strategic Plan** outlines how we will deliver adult health and social care services in Falkirk over 3 years. It sets out how we will deliver the national outcomes for health and wellbeing, and achieve the core aims of integration to:

- improve the quality and consistency of services for patients, carers, service users and their families
- provide seamless, integrated, quality community health and social care services that care for people in their homes, or a homely setting, where it is safe to do so
- ensure resources are used effectively and efficiently to deliver services that meet the needs of the increasing number of people with long term conditions and often complex needs, many of whom are older

Our Strategic Plan sets out the Partnership's vision, local outcomes, and priorities that will help improve the lives of people in the Falkirk area. **The Partnership's current plan is due for renewal this year, with engagement and planning already underway to produce a new 3-year plan.**

OUR VISION

> "enable people in the Falkirk HSCP area to live full and positive lives within supportive and inclusive communities"

OUR PRIORITIES

PRIORITY 1	Deliver local health and social care services, including Primary Care services that are able to respond to people and communities
PRIORITY 2	Ensure carers are supported in their carer role
PRIORITY 3	Early intervention, prevention, and harm reduction that: • Improves people's mental health and wellbeing • Improves support for people with substance use issues, their families, and communities • Minimises the impact of health inequalities on individual and communities
PRIORITY 4	Make better use of technology to support the delivery of health and social care services

OUR LOCAL OUTCOMES

Self-Management Individuals, their carers and families can plan and manage their own health, care, and well-being. Where supports are required, people have control and choice over what and how care is provided.

Safe, high-quality, health and social care services are delivered that promote keeping people safe and well for longer.

People have a fair and positive **experience** of health and social care, delivered by a supported workforce that are skilled, committed, motivated and valued.

Strong sustainable communities Individuals and communities are resilient and empowered with a range of supports in place that are accessible and reduce health and social inequalities.

NATIONAL HEALTH AND WELLBEING OUTCOMES

The Scottish Government has nine national health and wellbeing outcomes, shown in Table 1, to improve the quality and consistency of services for individuals, carers, and their families, and those who work within health and social care.

	1	People are able to look after and improve their own health and wellbeing and live-in good health for longer
	2	People, including those with disabilities or long-term conditions or who are frail, are able to live, as far as reasonably practicable, independently and at home or in a homely setting in their community
	3	People who use health and social care services have positive experiences of those services, and have their dignity respected
	4	Health and social care services are centred on helping to maintain or improve the quality of life of people who use those services
	5	Health and social care services contribute to reducing health inequalities
	6	People who provide unpaid care are supported to look after their own health and wellbeing, including to reduce any negative impact of their caring role on their own health and wellbeing
	7	People who use health and social care services are safe from harm
	8	People who work in health and social care services feel engaged with the work they do and are supported to continuously improve the information, support, care and treatment they provide
	9	Resources are used effectively and efficiently in the provision of health and social care services

Table 1: National Health and Wellbeing Outcomes

This performance report sets out progress made towards the National Health and Wellbeing Outcomes, and our Strategic Plan priorities and outcomes during 2021/22.

Falkirk HSCP Strategic Plan Priorities	National Health and Wellbeing Outcomes									Scottish Government Integration Priorities
	1	2	3	4	5	6	7	8	9	
Deliver local health and social care services, including Primary Care services able to respond to people and communities	✓	✓	✓	✓	✓	✓	✓	✓	✓	Reduce occupied hospital bed days associated with avoidable admissions and delayed discharges
Ensure carers are supported in their carer role	✓	✓	✓	✓	✓	✓	✓	✓	✓	Increase provision of good quality, appropriate, palliative and end of life care
Early intervention, prevention and harm reduction that: • Improve people's mental health and wellbeing • Improve support for people with substance use issues, their families and communities • Minimise the impact of health inequalities on individual and communities	✓	✓	✓	✓	✓	✓	✓	✓	✓	Enhance Primary Care
										Reflect delivery of the new Mental Health Strategy
										Support delivery of agreed service levels of alcohol and drugs partnership work
										Ensure provision of the living wage to adult care workers and plan for sustainability of social care provision
Make better use of technology to support the delivery of health and social care services	✓	✓	✓	✓		✓		✓	✓	Continue implementation of Self-Directed Support
										Prepare for commencement of the Carers (Scotland) Act on 1 April 2018

Table 2: Association between local Falkirk priorities, Scottish Government Integration Priorities, and National Outcomes

OUR PROGRESS
National Health and Wellbeing Outcomes

 O u t c o m e   1:

People are able to look after and improve their own health and wellbeing and live in good health for longer

LIVING WELL FALKIRK WEBSITE

Living Well Falkirk is an online tool that promotes healthy, independent living by emphasising people's ability to stay active and participate in their community. It has been designed for people who live in the Falkirk area and are having difficulties with everyday activities.

Living Well Falkirk offers:
- 24-hour access to hints and tips on how to stay well and live independently
- information about local and national services
- helpful advice by completing a self-assessment on your abilities
- suggestions on areas such as staying safe at home, preventing falls, help with bathing, etc.
- options to purchase, or request the loan of, equipment matched to your needs
- contact information for further support

Living Well Falkirk has become a key tool to achieving the Partnership's remit of bringing services together to support people in their own homes. The model emphasises empowerment of individuals within their community and is supported by a steering group with strong representation from third sector groups in Falkirk.

During 2021, the local services section of the website was updated. In early 2022, work began on developing an online training module aimed at giving new and existing Falkirk Council and Falkirk HSCP staff a greater understanding of the purpose of the system, how to register an account and complete the assessments, and increase their confidence in helping users of their services to get started on Living Well Falkirk.

The aim of the course is to promote a fuller understanding of the benefits of the Living Well Falkirk platform within the workforce. Once developed, participants will gain a fuller understanding of a prevention-focused platform where data is used to help individuals to help themselves.

This online course will be made available to the workforce via Falkirk Council's OLLE training platform.

During 2021/2022:
- 5,013 users engaged in 6,634 sessions on the Living Well Falkirk website
- 408 Lifecurve assessments were started
- 572 Lifecurve assessments reviewing individual areas of need - users can select more than one area to assess
- 572 self-assessments were started
- 421 individual areas of need assessed were recommended a suitable piece of equipment
- 170 individual areas of need assessed were signposted to relevant advice and resources

Top five individual self-assessment areas of need	Completed
I am finding it quite hard to step into the bath and/or stand to take a shower in the bath	60
I am finding it quite hard to take a bath – what can I do to manage better?	54
I struggle when walking up and down the steps at the main entrance to my home	48
I find it difficult going up and down my stairs	34
I have difficulty getting on and off the toilet	30

Table 3: Usage stats provided via Living Well Falkirk LifeCurve dashboard, 2021 –2022.

Living Well Falkirk has been commended by Healthcare Improvement Scotland as a positive example of a community-led approach to health and social care.

To learn more about Living Well Falkirk, visit livingwellfalkirk.lifecurve.uk

LIVING WELL ADVICE HUB

Falkirk HSCP and third sector partners embarked upon a pilot project to introduce Near Me as a means of accessing Community-Led Support. Near Me is a video consultation system that enables members of the public to meet with service providers remotely. The system has been well established by the NHS and its use has increased enormously since the start of the Covid-19 pandemic.

The pilot, known as the Living Well Advice Hub, enabled people to drop-in virtually on a Tuesday afternoon and have a conversation with our Community Link Workers about anything they needed support with. The Link Workers used the 'Good Conversations' model (promoted by NDTi) to find out what really mattered to the caller and to identify the assets in the caller's own life that they could build upon to improve their health and wellbeing. The Community Link Workers were also able to make referrals to other organisations.

Services that were available during the pilot included:

- Falkirk Council Social Work Services
- Falkirk Council's Community Link Workers
- FDAMH – Falkirk's Mental Health Association
- Strathcarron Hospice Compassionate Neighbours Service
- Cyrenians Falkirk Outreach

The pilot ran between July and September 2021 with the service available during a three-hour period on a Tuesday afternoon. While the approach promoted the innovative use of technology, the restricted opening hours limited the uptake of the service.
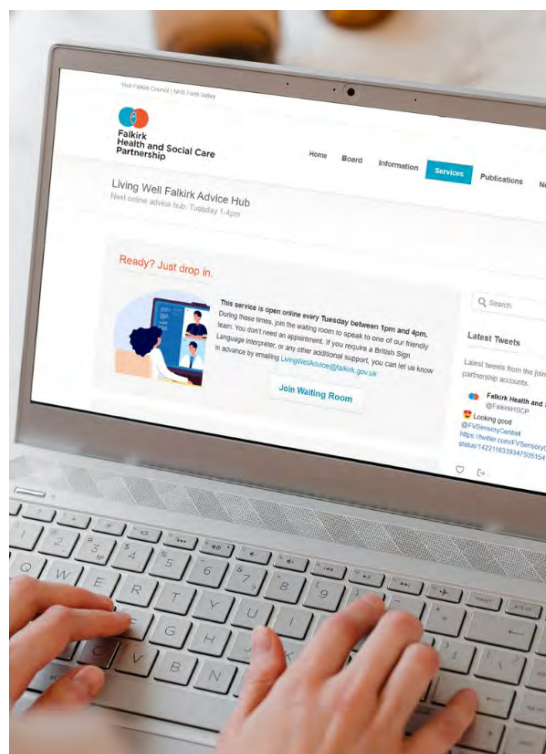
Following a successful bid for funding, a project is currently underway to roll out Near Me video consultancy to Duty Social Work. It is anticipated that the rollout of Near Me to Social Work will allow more flexible options for community engagement with Social Work services, including individuals awaiting community support.

COMMUNITY LINK WORKERS

The Community Link Work model allows GPs to target their time with an individual to address medical issues, while Community Link Workers use a social prescribing model to support individuals with a variety of social, financial, mental wellbeing, and practical issues that are affecting their life, and in turn their health. This provides a holistic person-centred approach to supporting individuals.

During 2021/2022, the Community Link Work service expanded with additional link workers recruited. This also included a Community Link Worker focused on supporting young people. Currently, there are seven Community Link Workers operating within the Falkirk area with each Community Link Worker hosted by a third sector organisation and aligned to GP Practices with the highest level of deprivation.

Community Link Work is one of the priorities within the Primary Care Transformation Programme.

LOCALITY:	EAST	CENTRAL	WEST
Host organisation	Cyrenians	FDAMH	Strathcarron
No. of CLW	3	2	2
Support Type	Generalist	Therapeutic Young People	Generalist
GP Location	Bo'ness Road Kersiebank	All Central Practices	Denny Cross Carronbank Bonnybridge

Table 4: Community Link Workers in Falkirk HSCP area

Community Link Workers adopt a flexible approach towards people's needs for different types of appointments and provide various methods to enable people to engage with the service. Community Link Workers have returned to providing services within GP practices, as well as conducting house visits and walk-and-talk meetings. They have continued to support people remotely via phone and video calls, and text messaging to suit the needs of the individual.

They have continued to build relationships in the local third sector and statutory services to make it easier for clients to be referred and access local support. During this period of uncertainty due to Covid-19, some community-based groups have restarted, but there are a lot of groups that have either yet to open again or have closed completely. A lot of support is currently being provided by Community Link Workers until community support is back to its full strength.

Looking ahead to 2022/2023, the Partnership is looking to further expand its Community Link Work service to have one Link Worker for every 15,000 of the Falkirk population. This expansion could see Community Link Workers being in every GP practice in the Falkirk area, which will increase the capacity of the service to eleven Community Link Workers.

CASE STUDY: CYRENIANS COMMUNITY LINK WORKER

A client was referred to the Community Link Worker (CLW) due to being in homeless accommodation and was about to be asked to leave. He was also looking for support with benefits/financial issues, mental health issues, social isolation, and loneliness.

The CLW supported the client by linking with the Falkirk Council Homeless Team and his GP to prevent him from being asked to leave homeless accommodation. The CLW linked the client in with other services who could then complete a benefits calculation and support him in applying for benefits.

The client now has his own property after over 20 years of moving around the country and he feels more secure. He is still seeing the CLW and is now wanting to look at possible volunteering opportunities in the community and attending some community activities.

This case study has been anonymised and provided, with thanks, from Cyrenians Community Link Worker.

DIGITAL RESOURCES

A list of health and social care digital resources available in Falkirk was produced and circulated to Social Work. This included notes about some ways that widely available devices (such as tablets and smartphones) could be used to support individuals, such as by setting reminders for medicine prompts and suggestions about programming health numbers into contacts for easy access. The document also provided links to community support groups. There is potential that this document could be developed to form a short course to generate awareness of ways that Technology Enabled Care (TEC) could support individuals.

NEW COMMUNITY NUTRITION WEBSITE LAUNCH

The Community Dietetics Healthier Future team have revamped and updated their Community Nutrition Website giving it a colourful and eye-catching new look and making it more user friendly and easier to navigate between pages. Several new pages have been created and added to the site. For example, Access to Food, Nutrition in Older People, Sustainable Eating, and a Case Studies page which illustrates how the team are encouraging and supporting local organisations, community groups, and NHS and prison staff to take forward projects around food, cooking, and growing.

The [Community Nutrition website](#) provides further information and links to nutrition resources, food funding and training opportunities, and other useful website links.

FOCUS ON FOOD IN FORTH VALLEY PRISONS

The Community Dietetics Healthier Future team have been working in partnership with the Scottish Prison Service (SPS), the Royal Caledonian Horticultural Society, Cross Reach, and the Royal Environmental Health Institute of Scotland (REHIS) to create health improvement and employability opportunities within Forth Valley Prisons.

The team delivered a [Grow, Cook, and Learn Project](#) with a group of women in HMP YOI Polmont. The project created an opportunity for people in prison to develop their gardening and cooking skills, work towards nationally recognised qualifications and receive awards that would be transferable into communities and workplaces on their release from prison. The project also recorded positive mental health and wellbeing experiences from those that took part in the project.

The Public Health Nutrition team were recognised for this work by Royal Environmental Health Institute of Scotland (REHIS) and were recently awarded The President's Award for the REHIS training and food work that they deliver across the three prisons in Forth Valley.

PRE-DIABETES INITIAL CONVERSATIONS PROJECT

The Denny and Bonnybridge GP Cluster and the Community Dietetic Healthier Future team are testing a person-led Type 2 Diabetes pathway, informed by the lived experience of citizens, third sector and community partners, and Healthcare Professionals. The team have also collaborated with GP Practices in the East Locality.

Following blood testing within their GP Practice, every person with Pre-Diabetes is offered a person-led conversation to explore their feelings, priorities, desired outcomes, and personal goals. Where a person is unable to commit to a health change, a range of support options are explored, including mental wellbeing and financial advice. The conversation will facilitate those who feel empowered to make changes on their own to set goals. A range of partner and NHS options are available for people ready to make changes with support.

Regardless of management choice, 47% of people who have had a person-led initial conversation have improved their Pre-Diabetes blood result at 12 months (HbA1c) compared to 36% who receive traditional "expert" advice.

50% of people receiving traditional "expert" advice experienced a worsening blood result at 12 months, with 42% of those who had a person-led initial conversation.

Feedback from attendees:
- "Thank you for all your assistance to date. I'm so pleased that you're taking the time to ensure all is good with my health."
- "I keep saying I know what to do, but you're the first [person] to listen to what is actually worrying me."
- "I want to do it myself. If people tell me what to do, I'll do the opposite. That's why I've been self-employed for 40 years."

SCOTTISH GOVERNMENT EARLY DETECTION OF TYPE 2 DIABETES PROJECT

One of the National Targets for Type 2 Diabetes Prevention is, that people at risk of, and with Type 2 Diabetes are identified earlier. The Community Dietetics Healthier Future team and the Keepwell (Anticipatory Care) teams collaborated to design an early detection pathway using the Diabetes UK "Know Your Risk" screening tool, with rapid access to blood testing for those at moderate to high risk. Team members can take blood, receive, and action results, and will undertake a wide range of person-centred interventions, onward referral, or signposting.

This pathway ensures that all those detected by the teams are supported out with General Practice so reducing the burden on GPs, Practice Nurses, and Primary Care Phlebotomy.

To address potential health inequality, the pathway will be delivered in more community settings and with increasing collaboration with third sector and community partners, Falkirk Council Community Learning and Development teams, and the Falkirk Council Community Advice Service during next year.

DIABETES EDUCATION PROGRAMME

"Type 2 Diabetes Explained" was developed by the NHS Forth Valley Community Diabetes Dietitians and is a nationally quality-approved education programme for people with Type 2 Diabetes. It facilitates people to understand their condition and to improve their own health and wellbeing. With face-to-face delivery not possible, the programmes have been delivered online during this year.

Measurement

Registered participants	138
Percentage completing the programme	70%
Mean percentage improvement in empowerment score	47%
Mean programme satisfaction level	95%

Table 5: Participants across Forth Valley 2021/2022

Twelve months after participating in 2020/2021, mean weight loss was 4kg and 29% of participants were in remission from Type 2 Diabetes.

ADULT WEIGHT MANAGEMENT DISORDED EATING GROUP

Up to 50% of people referred to the adult weight management service will have experienced psychological distress, trauma, or adjustment issues. 20% of those people will require support from a clinical psychologist. However, with skills development in behaviour change strategies, trauma informed practice, and the physiology of disordered eating, the Adult Weight Management team have developed a Disordered Eating Group Programme to facilitate participants to consider how physiology impacts their relationship with food.

There have been four groups with a total of 13 participants since July 2021. 100% of participants attended all six group sessions plus two individual follow-up appointments. Delivering as a group has benefited the participants through peer support and this has had an additional benefit of saving the educator 44 hours, which has saved 59% of time resources.

Following completion of the programme:
1. 1 person was referred to the Eating Disorder Service
2. 2 people felt supported enough to join traditional weight management groups
3. 8 people have begun one-to-one weight management programmes
4. 2 people are awaiting sessions with the Healthier Future Clinical Psychologist (new post to be appointed in July 2022)

Participant feedback:
- "This feels like a safe place where I am not judged."
- "I feel hopeful about focusing on my behaviours, I have been dieting all my life. I know what to eat to lose weight."
- "It made me change how/when I eat and this made me change what I'd choose to eat."

NHS FORTH VALLEY WHY WEIGHT SERVICE

The Why Weight Service supports children and young people who have challenges with weight management and the often co-morbid reduction in confidence and self-esteem.

This treatment model offers educational, practical, and activity-based interventions to facilitate behaviour change. These interventions often involve partnership working with community organisations with the aim for young people to make longer term engagements with these mainstream services. Two recent collaborations are outlined below involve physical activity opportunities for young people.

Multi-Sports Project with Falkirk Football Community Foundation (FFCF)
The Occupational Therapist from the Why Weight team delivered mental health awareness and resilience training to coaching staff from FFCF. This training consisted of a 1.5 hour face-to-face interactive teaching session to discuss the challenges some young people may face when accessing activity

programmes and how to manage difficult situations and adapt sessions accordingly. Practical training on sports activities and coaching was delivered by active school staff.

Seven young people attended between one and six sessions of the six-week programme with all parents and young people reporting that they had found the sessions very helpful and would like them to continue.

A further long-term project is planned for Autumn 2022 and will provide a rolling programme for participants to access physical activity with the aims of increasing social communication, self-esteem, and activity engagement. The goal is to facilitate further training to allow active schools to run low-impact activity-based programmes in all Falkirk secondary schools, thereby providing activity opportunities within a local setting and to anyone who may consider weight management as a challenge.

Gym Sessions at The Mariner Centre
A block of twelve gym sessions for up to six participants was negotiated with the Active Forth Service. Each session involved support from two gym instructors and the focus of increasing decision making, choice, and independence whilst working through individualised fitness plans. Individuals completed personalised fitness, strength, and endurance tests at the beginning and end of the block and all who attended on a regular basis improved these fitness metrics.

Further discussion and evaluation have highlighted that gym participation can be challenging for this group of young people and it was agreed that some may require more than twelve initial sessions. This would be followed-up with Why Weight staff supporting, for up to a maximum of three sessions, young people to progress to the Why Active Activity Referral Scheme. This progression to the mainstream service and independent access is an integral component of the Why Weight model for long-term behaviour change.

SMILE4LIFE TRAINING
The overall purpose of Smile4Life is to enable health and social care staff and support workers to provide evidence-based tailored oral health messages to meet specific and exceptional needs of vulnerable people in Scotland.

Eleven people have received Smile4Life Training from three different community organisations that support children and families with economic and social disadvantage (New Futures Project Salvation Army Falkirk;

Rainbow Muslim Women's Group). The target group consisted mainly of staff and volunteers.

Bespoke bi-lingual and culturally sensitive training sessions have been delivered to BAME communities to create oral health awareness and to facilitate their access to local dental health services and further targeted engagement is being carried out.

As a result of the training, staff have distributed more toothbrush and toothpaste packs, provided information on local dental services and supported clients through behaviour change with regards to diet, drug use, and smoking. Future Oral Health sessions for additional groups have also been requested and further requests for Oral Health packs and information resources.

Referrals have also been made to Childsmile to deliver child friendly Oral Health education sessions and toothbrushing programmes to children/parent groups in schools in Forth Valley.

Feedback from training:

- "I learned a lot of new information about Oral Health and feel that these are important messages to share with our service users, especially those that are new to the country. It is also useful to know about how to access local dental services so we can sign-post them in the right direction."

Most Smile4Life packs have gone out to community homelessness organisations, foodbanks, substance misuse organisations, care services for children and young people, BAME groups, pharmacies, and community nurses.

During 2021/2022:
- 585 adult packs and 150 child packs have been distributed in Falkirk
- 33 packs have been distributed to Community Pharmacies in the Falkirk area
- 1,013 adult Mouth Matters packs and 150 child Mouth Matters packs have been disseminated to Polmont Prison

STOP SMOKING SERVICE

Free behavioural support and pharmacotherapy is offered to individuals wanting to stop smoking in Forth Valley. The Stop Smoking Service and Community Pharmacy support delivery of the cessation service to support the wider target of reducing smoking rates to below 5% across the country by 2034.

Due to Covid-19, local boards were asked to work towards LDP targets retaining the same figures that were set for 2019/20. Therefore, NHS Scotland set out the LDP Standards to achieve at least 7,036 self-reported successful 12-week quits (individuals still not smoking after 12 weeks) through smoking cessation services in the 40% most deprived areas. The local target for Forth Valley 2021/22 was 347 successful 12-weeks.

Prior to Covid-19, the Stop Smoking Service delivered six primary care clinics in Falkirk and a drop-in clinic in Camelon. However, all face-to-face clinics were suspended from March 2020 and throughout 2021/22. Therefore, behavioural support was conducted via telephone and Near Me video consultations. The service also adopted a process to post Nicotine Replacement Therapy (NRT) to clients who would have previously received NRT at clinics.

SIMD	No. of Referrals	No. Set Quit Date	12 Week Quit Success	Contribution towards Forth Valley LDP %
SIMD 1-4	419	183	136	39%
SIMD 5-10	244	96	90	N/A
Grand Total	**663**	**279**	**226**	**39%**

Table 6: Falkirk Quit Dates Success by SIMD area and contribution to LDP

No Smoking Day

No Smoking Day took place on Wednesday 9 March 2022. This year's campaign "Quit Your Way" was driven by ASH Scotland through media platforms and promoted through our Health Improvement Resource Service (HIRS).

The campaign encouraged people to make a quit attempt by sharing stories of individuals who have successfully stopped smoking. Falkirk HSCP and third sector partners supported the campaign through social media platforms.

HEALTH IMPROVEMENT RESOURCE SERVICE (HIRS)

The Health Improvement Resource Service (HIRS) provides registered library users with access to information on a range of health improvement issues in a range of formats.

Topic	Total Requests
Alcohol	390
Drugs	113
Tobacco	530
Grand Total	**1,033**

Table 7: Total Number of Health Improvement Resource Requests in Falkirk

SMOKING AND MENTAL HEALTH: UNDERSTANDING THE IMPACT

This training session consisted of two E-Learning modules to be completed prior to a one-hour virtual training session delivered via MS Teams. This training equipped workers who support people with lived experience of mental ill-health with the knowledge, skills, and confidence to initiate a conversation about smoking and to discuss options for supporting those who are ready to quit. In 2021/2022, this training was attended by 19 participants from Falkirk.

STEP ON STRESS

Step on Stress is a stress management course delivered over three weekly sessions. The course is pre-recorded to enable live streaming over MS Teams during the Covid-19 pandemic with a moderated question and answer function. Each session covers a different topic and lasts just over an hour. A resource pack accompanies the course and is posted in advance to registered participants. During 2021/2022, 167 individuals registered from Falkirk.

ASK TELL WORKSHOPS

Ask Tell is a series of three facilitated animation workshops that inform individuals working with adults about mental health, how to maintain this, the factors that can lead to mental distress or mental ill-health, and how to have compassionate conversations, which sets out how to support people who are experiencing mental distress or may be feeling suicidal and support them to seek help. During 2021/2022, 117 individuals registered from Falkirk and 87 (74%) individuals attended two or more workshops.

MUSCULOSKELETAL PHYSIOTHERAPY SERVICES

Musculoskeletal (MSK) Physiotherapy services for Falkirk residents were relocated from Forth Valley Royal Hospital to the Westburn Building at the Falkirk Community Hospital in October 2021.

Staff have worked hard to make the outdoor space attractive by arranging planters to be built and planting plants, some of which have been donated by patients. This has allowed some patients to receive their therapy outdoors and staff to have a space to relax during their break.

Outcome 2:

People, including those with disabilities or long-term conditions or who are frail, are able to live, as far as reasonably practicable, independently and at home or in a homely setting in their community.

DAY SERVICES

All internal and external Day Care provision was stopped during the first lockdown in 2020, including community-based groups such as lunch clubs. The HSCP has worked with Corporate & Housing Services and third sector partners to ensure that service users, unpaid carers and families have continued to receive support where possible.

Day Services, in conjunction with the Public Health Team, have worked to reopen day services provision for adults. The three-phase reopening of the Partnerships' adult day services began in May 2021, with a limited number of staff and service users returning. For volunteer-led groups, HSCP Community Learning and Development staff and CVS Falkirk have been providing support about safely restarting services.

COMMUNITY RESOURCE PACK AND GRANTS

The Partnership and CVS Falkirk & District jointly produced a new community resource pack with information and tools to support groups and organisations to restart (or set up) activities following the Covid-19 pandemic.

The pack includes sample policies and templates, including health and safety, risk assessments, volunteering policy, and much more.

To support groups to restart, or start new, activities following the pandemic, the Partnership established a Restart/Start-up Grant with up to £500 of funding available to applicants.

The grant was designed to be flexible for groups and organisations to restart activities in different ways. Since the grant launched in November 2021, the Partnership has awarded a total of £7,203.50 to 15 community-based groups across the Falkirk area.

Some of the successful applicants have used this fund to:

- Support the costs of holding meetings designed to meet the identified information and support needs of local people affected by epilepsy

- Cover the costs of services and repairs of various machines within the venue facilities following restarting lunch clubs for the elderly and the disabled
- Purchase new disability accessible equipment to support delivery of events to introduce individuals back into sport and physical activity after Covid-19 lockdown
- Cover part of the cost for minibus repairs used to pick up and return group members. The minibus hadn't been used due to the Covid-19 pandemic and required essential repairs. The Tuesday Club supports mainly elderly people with dementia and runs sessions every Tuesday, including social activities, morning tea, and lunch

CASE STUDY: REOPENING COMMUNITY RESOURCES

Based at Talbot House, the Grangemouth Old People's Welfare Committee runs regular lunch clubs for the local community, combating loneliness among elderly and disabled groups. The Talbot base is also used by other local organisations, including Falkirk Carers and the Town Break Dementia Club.

Closed due to the pandemic, the Old People's Welfare Committee applied to the Restart Grant to cover the costs of servicing and re-opening the facility, which required maintenance following its 18-month hiatus.

The funding enabled the safe reopening of Talbot House, opening the door to restarting lunch clubs and other community activities.

This case study has been anonymised and provided, with thanks, from Grangemouth Old People's Welfare Committee.

JOINT DEMENTIA INITIATIVE (JDI)

The Joint Dementia Initiative (JDI) aims to help people with Dementia to continue to live the life they want to live by supporting them to live at home in their own communities for as long as possible. The JDI team work with the service user and carer to find ways to reduce the risks surrounding remaining at home. This is done by:

- Identifying familiar routines and patterns for everyday living
- Supporting people to maintain skills, such as taking a bath, dressing, or cooking
- Supporting people to learn new skills, such as computer skills to reduce social isolation
- Supporting the development of new hobbies and interests

- Helping people to maintain friendships and relationships
- Assisting involvement with the local community and the communities understanding of Dementia to make communities more Dementia Friendly
- Supporting access to services, such as health services
- Providing critical breaks for carers to allow rest from their caring role

The Joint Dementia Initiative (JDI) service offers a person-centred approach. The One-to-One service is available to anyone who has a diagnosis of dementia. It aims to support individuals with everyday tasks and help them to maintain relationships and friendships. The Home from Home service provides the opportunity for people to meet in a small group, with others who are having similar experiences. The aim is for people to receive support within a homely setting while being kept connected to their community. The Home from Home service is hosted by a self-employed home day carer who owns the home and who works alongside another self-employed carer.

The service also offers peer support groups for carers and for younger people who have a memory impairment or a diagnosis of early onset dementia.

The Covid-19 pandemic has had an adverse impact on older adults and their carers, making it the right time to start reviewing the service in April 2021. The aim of the review is to improve outcomes and opportunities for service users and to re-establish links to enhance partnership and collaborative working. This review aligns with the ongoing review of day opportunities for older people.

Consultation with service users, carers, staff, and key stakeholders demonstrated that the service should continue to be person-centred and adapted to meet the individual needs of service users and carers. The service is working collaboratively with partners to ensure that there is a spectrum of support available for people who are at different stages of diagnosis and to suit their varying needs.

As part of the engagement process for the review of the JDI services, feedback was also gathered on the views and benefits of developing a Dementia Friendly Falkirk community. The aim of this work is to raise community awareness around dementia and support the local community to be more inclusive of people living with dementia and their carers.

The first Dementia Friendly Falkirk Steering Group was held in October 2021, and included service users, carers, elected members, health and social work staff, and third sector and independent sector partners. Whilst it was noted that work relating to Dementia Friendly Falkirk needs to be set within a wider strategy context, it was agreed to begin focusing on re-establishing community group work and the need to collaborate with local partners to achieve this aim.

CALEDONIA SERVICE

The Caledonia Service works with adults living with severe and enduring mental illness. The service offers community-based group activities. All activities aim to improve wellbeing, increase self-esteem, and self-confidence while giving individuals an opportunity to learn new skills or build on existing ones. Staff are always sourcing new activities and groups for service users and have weekly team meetings to discuss progress and development of the service.

Over the past three years, the service model has significantly evolved from a long-term day service to a progressive, community-focussed model. During the Covid-19 pandemic, the building closed. However, the service continued remotely and within community-based settings with service users adjusting well to the revised model.

Prior to Covid-19, discussions had been taking place around the suitability of the building. It was situated in an industrial estate, and it wasn't easy to facilitate community access and integration. Given the building had not been used since March 2020 and it had already been evidenced that services could operate successfully via a local community-based model, it was decided to co-locate the team with the Joint Dementia Initiative (JDI) service at Dollar Park and focus on delivering local community resources across the area, utilising community buildings closer to service users' homes.

The service currently offers monthly peer-to-peer support meetings to give service users a voice and a say in what activities are sourced and available for group activities, this is led by service users to encourage inclusion and participation in local community venues. Physical health is promoted in walking groups, cycling, gardening, and fitness groups which are open to all levels to allow everyone the opportunity to participate. As a result, service users can maintain their mental health and wellbeing and contribute to their physical wellbeing through local exercise groups and activities.

Service users are volunteering in their local communities undertaking several productive and beneficial tasks. The service has strong links with Forestry and Land Scotland, working in association with a ranger in the management of both Callendar and Larbert Woods. The group have been involved in the removal of invasive species, pruning, and trimming trees, and other woodland maintenance tasks. Similarly, at the Sensory Centre in Camelon, service users are working in the Sensory Garden and grounds to maintain them at a high standard.

The service is currently working in partnership with Forth Environment Link to undertake some cycle maintenance and healthy cooking groups by offering service users hands on learning and skill building opportunities. Working in partnership with Active Forth to create a referral pathway, service users are supported to access the Shapemaster Hub at the Mariner Centre. The Hub is situated in the Health and Fitness area and offers a gentle form of exercise,

relaxation, and socialising. It's ideal for those living with long-term health problems who are new to exercise or are deconditioned. Adjustable footplates and support straps enable access for people with movement restriction and their twelve power assisted exercise machines support all fitness levels.

The Upcycling Group continues to work with Grahamston Care Home, supporting them in maintaining their garden areas, with the group involved in restoring benches, fences, and general gardening tasks. The group has also created links with the volunteer programme at the Helix Park and are looking to commence fortnightly visits working on various projects to enhance the park for their array of visitors.

The Caledonia Service continues to work as part of Falkirk Users Soccer Experience (FUSE) linking in with Woodlands Resource Centre, Bellsdyke Hospital, and the Mental Health Unit at Forth Valley Royal Hospital. FUSE has maintained our working partnership with Stenhousemuir Football Club and has been able to delivery Covid-19 friendly coaching sessions throughout the last year, with the participants continuing to experience an improvement in their mental and physical health while also delivering social inclusion.

THE FALKIRK COLLABORATIVE TEAM

For many years, day support services have sought to move to person-centred models of support. The Learning Disability Day Support Collaborative is run by Healthcare Improvement Scotland Hub (ihub), and they have identified six key areas for development in Learning Disability Day Opportunities in Scotland. These are:

- Person-centred practice
- Partnership working
- Staff empowerment
- Community inclusion
- Supporting families to take a break
- Involving people in the design process

In June 2021, Falkirk HSCP was recruited to work with iHub to redesign day support for adults with learning disabilities. The Falkirk Collaborative Team includes partners from Healthcare Improvement Scotland, Falkirk HSCP, Falkirk Council, NHS Forth Valley, and Neighbourhood Networks. The Falkirk Collaborative Team is looking to explore how key areas of development in Learning Disability Day Opportunities can be applied locally.

Phase two of the project (June 2021 to March 2022) focused on gathering the views and experiences of the following stakeholder groups:

- People with a learning disability
- Families and carers of people with a learning disability
- HSCP staff who are part of the process for accessing day opportunities

- Third Sector organisations who are part of the process for accessing day opportunities

We received sixteen responses from internal day opportunities service users and carers who engaged either face-to-face, by phone, or by post. We used easy read surveys and Talking Mats to engage with service users and listen to their views. We received 32 responses from staff who provided their views either via the staff engagement survey or by attending the staff engagement event in May 2022.

Looking ahead to 2022/23, Phase 3 of the project aims to work with service users, carers, staff, communities, and key stakeholders to improve outcomes and opportunities for adults with learning disabilities in the key areas of living, learning, wellbeing, and working.

This will include hosting feedback events to share what has been learned so far in Phase 1 and 2 and the plan to use the Big Planning tool to facilitate planning sessions with a small cohort of service users. These sessions aim to establish what people want for their lives and to co-produce positive outcomes and opportunities.

DATES-N-MATES FALKIRK

As Scotland's national dating and friendship agency for adults with learning disabilities, Dates-n-Mates has sought to improve the health and wellbeing of its members in Falkirk by helping them to overcome the loneliness and social isolation to which many people with learning disabilities are particularly susceptible.

They have done this by:

- Providing opportunities and support to make and sustain friendships and close personal relationships
- Supporting people to develop the skills and abilities to make decisions about, develop, and sustain friendships and close personal relationships
- Increasing social inclusion and the presence of people with learning disabilities in everyday places, events, and activities

At the end of 2021/22, Dates-n-Mates has 40 members. The recruitment of new members has been significantly affected by the pandemic, but despite the many challenges of the Covid-19 pandemic, Dates-n-Mates have delivered a revised programme of in person and online events for members.

Online events have been developed to enable members to keep in touch during lockdown. Workshops have been delivered to members on themes of relationships and internet safety. Local events have been focused on the communities where members live, helping members get to know local people, pubs, and restaurants, which has made members feel more connected to their communities and has given them the confidence to meet

each other and visit these places without Dates-n-Mates team members in the process of developing more natural and reciprocal relationships.

CASE STUDY: DATES-N-MATES

Scotland's national dating and friendship agency, run by and for adults with learning disabilities, helps people experiencing loneliness in Falkirk.

Joining dates-n-mates following the passing of her companion two years ago, Jane* attended local social events and got to know the team. The team were then able to match her up with another dates-n-mates member, who had faced similar circumstances and had a similar outlook for life.

Originally 'friendship matched' at a bingo event, the pair have developed a strong friendship, now often meeting up for a coffee or at the tenpin bowling.

From bowling to meals out, and clubbing to bingo, Dates-n-mates creates meaningful connections, friendships, and relationships all year round with a series of regular social events.

Image 1: dates-n-mates members enjoying a day out at Glasgow's TRNSMT festival

This case study has been anonymised and provided, with thanks, from Dates-n-Mates.

HOME FIRST

Home First is a local initiative focussing on supporting people to avoid a delay in their discharge from hospital. Home First works with the person and their carer/relative to agree how they can support their loved one to get home, without any delays. The team consists of social work professionals, including social workers, social care practitioners, and Occupational Therapists, who carry out assessments and work in collaboration with health professionals to determine people's needs to return home.

Home First manages and facilitates discharges to Bo'ness Hospital, Summerford House intermediate care home, Falkirk Council care homes, Thornton Gardens and intermediate beds procured by the Partnership. The Home First team in Falkirk Community Hospital serves and manages the intermediate beds identified to aid downstream delays within Forth Valley Royal Hospital. Home First is also involved in discharge to assess model evolvement. The service continues to have strong links with the reablement service within Summerford House care home, working with an integrated approach to facilitate discharges to assist patient flow.

Image 2: Members of the Home First Team, Claire Duffy and Deborah Jackson

The Home First service has continued to work throughout the pandemic in parallel with our health partners to promote capacity and flow within the system. There work during this time has not gone unnoticed.

Ref	Measure	Mar-21	Mar-22	Direction of travel
54	Standard delayed discharges	15	28	▼
55	Standard delayed discharges over 2 weeks	6	17	▼
56	Bed days occupied by delayed discharges	209	662	▼
57	Number of code 9 delays, including guardianship	19	24	▼
58	Number of code 100 delays	3	3	▼
59	Delays - including Code 9 and Guardianship	34	52	▼

Table 8

The extraordinary effort and dedication of health and social care staff from Falkirk and Forth Valley was recognised in the 2021 Queen's Birthday Honours List. Almost 23% of recipients were recommended for Covid-19 service. These included recipients who have given charitable and voluntary support to communities, service in health and social care, and those who have provided critical infrastructure support.

Three members of the Falkirk HSCP's Home First Team received recognition and were awarded a BEM for services to Health and Social Care and the community during Covid-19:

- Nicola Harvey has been a valued member of the Home First team for 27 years. She was a key member of the Incident Response Team for the Partnership, while also continuing to undertake her duties as Home First Manager.
- Deborah Jackson was one of the key members of the Home First Team which supports people to return home or to a homely setting as soon as possible following a hospital visit.
- Claire Duffy has 25 years' service working throughout Falkirk Council and health and social care services. She is a Home First Practitioner within the Home First team.

The awards for Claire Duffy and Deborah Jackson were for their commitment in the hospital during the Covid-19 pandemic. The award for Nikki Harvey was for her work during the pandemic supporting the hospital team and in-house care homes. She supported and worked in external care homes throughout the pandemic. She has also been involved in supporting crisis episodes in Falkirk. For example, a gas failure in Falkirk during the winter months.

Ref	Measure	Mar-21	Mar-22	Direction of travel
85	The number of overdue 'OT' pending assessments at end of the period	226	292	▼

Table 9

DISTRICT NURSING SERVICES

Our District Nursing Team provide a wide range of local community-based services to people across a range of settings including people's own home,

care homes, and treatment rooms. We provide increasingly complex care for patients and support their family and carers to meet their needs. This could include access to area wide specialist teams where appropriate, such as the Enhanced Community Health team, tissue viability, and the hospice. Providing care at home, or as close to home as possible, reduces avoidable hospital admissions or attendances and helps get people back home quickly and safely.

The past 12-18 months have been a challenging time for our District Nursing Teams due to the ongoing pandemic and the increasing emphasis on preventing hospital admission by providing care to people in their own homes. We have seen a vast increase in the frailty and complexity of those in our care and continue to see a rise in numbers of those being supported and cared for by community nurses to die in their own homes.

As well as an increase in the frailty and complexity of those in our care, we have also seen an increase in patient demand for home visits and treatment room appointments. A review of our treatment rooms between 2020 and 2021 shows a 56% rise in the number of patients seen across Falkirk. To meet this need, a request for additional staffing has been submitted to the Falkirk HSCP. We have also continued to deliver ongoing Covid-19 vaccinations to those housebound patients in our care.

Our District Nursing vision is to support people to live and die well in their own home. To ensure we have a workforce with the skills required, we have continued to support ongoing training within our service. Over the past 12 months, we have supported the training of five new District Nurse Trainees and are in the process of recruiting our first District Nurse Advanced Nurse Practitioners.

Ref	Measure	Mar-20	Mar-21	Mar-22	Direction of travel
33	Number of patients with an Anticipatory Care Plan in Falkirk	12,454	28,628	29,070	▲
34	Key Information Summary as a percentage of the Board area list size Forth Valley	8.1%	18.2%	18.4%	▲
35	Key Information Summary as a percentage of the Board area list size Falkirk	7.8%	17.8%	18.1%	▲

Table 10

PALLIATIVE AND END OF LIFE CARE (PEOLC)

The Partnership continues to plan our model of palliative and end of life care to provide more care in community settings and as close to home as possible, where this is desired and appropriate. Care often involves a range of health and social care services for those with advanced conditions who are nearing the end of life, and this includes access to specialist palliative care services.

Approximately 1,730 Falkirk residents die every year. It is estimated that up to 1,300 of these people are likely to have palliative or end of life care needs. Our ageing population means that the number of projected deaths is expected to rise, which will also increase demand for palliative and end of life care services.

We measure the percentage of last six months of life spent at home or in a community setting to provide a broad indication of progress in implementing our action plan to improve palliative and end of life care. This will help to increase the percentage of time that people spend at home or in a community setting during their last six months of life.

Ref	Measure	2015/16	2020/21	2021/22	Direction of travel
86	Proportion of last six months of life spent at home	86%	89.4%	-	▲

Table 11

COMPASSIONATE COMMUNITIES: LIVING RIGHT UP TO THE END

Strathcarron Hospice compassionate neighbour volunteer programme provides practical and emotional support for people with life-limiting conditions and their carers. The volunteers at Strathcarron Hospice know that palliative care and end of life support is not just about the last days and hours of life but helping to maintain a quality of life for the person and their family at every moment from the point of diagnosis.

The Compassionate Neighbours Programme takes a de-medicalised approach to care. Its volunteers are focused on 'being there' for people experiencing life-limiting conditions and their carers. By focusing on meaningful social interactions and practical advice, the volunteers support people to live well right up to the end. The programme also aims to combat loneliness, which is known to be damaging to physical and mental health, contributing to lower quality of life.

While these volunteers are known as 'compassionate neighbours', many of the people supported by them simply refer to them as friends. As well as providing a friendly listening ear and welcoming conversation, the volunteers offer:
- Support and advice in a comfortable and non-clinical environment, such as the person's home or while out and about over a cup of coffee or a walk
- Open conversations about planning for the later stages of their life, including anticipatory care planning
- Helping people with long-term conditions, and their carers, to connect with community activities
- An opportunity for the person's full-time carer to take a break
- Practical support with small tasks, which can be as simple as changing a lightbulb

The compassionate neighbour volunteers are trained by Strathcarron Hospice and are matched with people based on interests, suitability, and location. The match-up system is designed to make friendships natural so that both sides of the relationship benefit. Anyone can refer themselves to the programme or be introduced by a friend, family member, or GP who thinks they might benefit.

CASE STUDY: COMPASSIONATE NEIGHBOURS

A lady was referred to Strathcarron Compassionate Neighbours for community support following multiple bereavements over the course of the pandemic (husband and two sisters). She had been accessing counselling from the Strathcarron Bereavement Service. Both the lady and her counsellor felt she would benefit more from connecting with her community.

She was introduced to a compassionate neighbour who was much younger than her, but they shared an interest in needlework. The lady reports that she feels she can talk to the volunteer in a way she could not talk with her family. They chat while they carry out needlework projects, sharing knowledge and tips.

This case study has been anonymised and provided, with thanks, from Strathcarron Hospice.

JOINT LOAN EQUIPMENT SERVICE (JLES)

Funded jointly by NHS Forth Valley, Falkirk Council, and Stirling Council, the Joint Loan Equipment Service (JLES) offers a range of equipment and aids to enable people to remain in their own homes across Forth Valley. The service primarily operates from a store in Falkirk, with small satellite stores geographically dispersed across the area. The Living Well Service compliments the JLES service as it allows service users to access equipment and aids to self-manage some conditions.

Teams across the Partnership assess patient needs and use the loan service to provide access to almost 200 different pieces of equipment, including:

- Grab aids and handles
- Kitchen, bathing, and toilet aids
- Large recliner chairs
- Hoists
- Hospital style beds

The service operates 52 weeks a year, providing evening and weekend on-call services too. Illustrating the important role that the service plays in supporting people to continue living in their own communities, the service remained fully operational throughout the pandemic.

Over the last year, the service achieved:

- On average, 1,500 items loaned out each month (18,809 in total)
- Delivered to over 6,000 clients across three local authority areas
- Over 10,500 orders processed
- An average three-day waiting period for non-urgent items
- 93% of items delivered within standard 7-day period and 59% delivered on the same day as the order was placed
- A 24% increase on items loaned compared to previous year (18,809)
- Over 6,500 items delivered to 23 local buffer stores across Forth valley (14% increase)
- Over 1,600 pieces of equipment serviced by our technicians and over 400 repairs completed
- 3,400 walking aid items uplifted, inspected, cleaned and 1,800 returned into the supply chain
- Over 15,700 pieces of equipment collected back from clients (25% increase on previous year)

Over recent years, funding partners have acknowledged that the Joint Loan Equipment Service must be refocused, to better meet the needs of current and anticipated future demands. To assist this process, an independent review of the service was commissioned via the Improvement Service.

The Review sought views from key stakeholder groups, including service users and carers, practitioners, senior manager, and JLES staff. Positive feedback included the response to urgent requests, dedication of staff and flexible access arrangements. Areas for improvement include dissatisfaction with delivery times, complex ordering processes, potential waste, or inefficiency through non-return/low reuse of existing stock, performance reporting issues, inconsistencies in processes, and a lack of investment in the service.

After careful evaluation of the Review, the Panel agreed that wider investment into a Forth Valley wide service is the best option to improve the service. Moving forward, a short life project group has been established to oversee the technical and financial developments of this option.

RETURN AND REUSE OF WALKING AIDS

Over 8,000 walking aids are supplied annually by NHS Forth Valley. There was no clear pathway for patients to return walking aids leading to them being discarded inappropriately in clinical areas causing a significant infection control and Health and Safety risk or ending up in landfill sites. The aim of the project was to create a sustainable pathway for walking aids to be safely

returned for use in NHS Forth Valley and prevent inappropriate discarding and waste.

A sustainable pathway was established by utilising QI tools and identified multi-agency partners. A sustainable pathway was then designed for the return and reuse of walking aids across all three local authority areas. We established recycling centres as drop-off points with the Joint Loan Equipment Services (JLES) to collect, safety check, decontaminate, and return walking aids fit for reuse back to NHS Forth Valley.

The project was promoted through local and social media, websites and posters of the return pathway, and ongoing support to staff involved in the process. There was signage at recycling centres, updates on websites, and labelling of walking aids with return information. As a result, 2,073 walking aids returns became fit for reuse. This has saved £8,155 and avoided the environmental impact of 12,894kg CO2E.

To sustain the change, we are providing continued support to Falkirk and Stirling local authority partners, as well as rolling out and promoting the pathway in Clackmannanshire. The analysis of monthly PECOS spends and data collection on returned walking aids is ongoing. We are obtaining user experience of the new pathway from staff and patients and will continue to support and communicate to sustain the pathway moving forward.

Image 3: JLES and NHS Forth Valley staff encourage the public to return unused walking aids and equipment.

People who use health and social care services have positive experiences of those services, and have their dignity respected

A NATIONAL CARE SERVICE FOR SCOTLAND

On 1 September 2020, the First Minister announced that there would be an Independent Review of Adult Social Care in Scotland as part of the Programme for Government. This review, chaired by Derek Feely, was published on 3 February 2021, where several recommendations were made to improve the quality of social care in Scotland, including introducing a National Care Service.

The Scottish Government launched the consultation of a National Care Service (NCS) for Scotland on the 9 August 2021, which sought public views ahead of the proposed creation of a National Care Service accountable to Scottish Ministers.

In response to the consultation, the Integration Joint Board (IJB) held a workshop with the Strategic Planning Group on 22 October 2021 to consider their response. The focus of the workshop discussion was on four themes from the consultation, of priority to the members. These included:

- Reformed IJBs: Community Health and Social Care Boards (CHSCBs)
- Scope of the National Care Service
- Valuing people who work in social care
- Improving care for people

Three staff and partner engagement sessions were held to seek views on the consultation. The consultation was also widely circulated, with people encouraged to submit views individually and/or as teams or professional groups. The Council also considered their response to the consultation at a special council meeting on 2 November. The HSCP response was submitted to the Scottish Government on the 2 November.

Nearly 1,300 individuals and organisations took part in the consultation. A significant proportion of the responses came from individuals with lived experience, or bodies that represent them. The Scottish Government has published their analysis of responses to the consultation.

PARTICIPATION AND ENGAGEMENT

During 2021/2022, we have continued to adapt the way we involve people as we recover from the Covid-19 pandemic. Though we were able to conduct one consultation event in person, most engagement and consultation activity has continued online.

As outlined in our Participation and Engagement Strategy, involving people with lived experience to improve service delivery ensures they remain at the heart of provision, and that we are taking a person-centred and human rights-based approach to engagement. This approach to engagement was highlighted in the Independent Review of Adult Social Care (IRASC).

In anticipation of the introduction of the National Care Service and new legislative requirements, the Partnership is focusing on enhancing our involvement of people with lived experience to participate in activities across the Partnership. This includes providing training to service users and carers to support meaningful participation for people with lived experience.

Work is currently underway to develop training for staff so they can effectively involve and support carers and service users to participate. The Community Empowerment Team in Falkirk Council delivered community engagement training in 2021 for Tier 5 and 6 Managers. A total of 16 HSCP managers attended the training sessions. In collaboration with the Community Empowerment Team, we are currently developing a pilot training package for staff to support and allow meaningful participation for people with lived experience in strategic and operational-level meetings. This will be delivered sometime in September 2022.

The table below shows some public engagement activity that has taken place during 2021/2022:

Activity	Who was involved?					Outcome or impact on transformation
	Service users	Carers	Community	Staff	Partners	
BSL Plan	✓	✓	✓	✓	✓	
BSL Working Group	✓	✓	✓	✓	✓	
Voices Off	✓	✓	✓	✓	✓	
See Hear Strategy		✓	✓	✓	✓	
Carer Representation on the IJB and Strategic Planning Group		✓			✓	Direct opportunity to inform and direct strategic direction and decision-making process
Carer Representation on the Carers strategy Implementation Group		✓		✓	✓	Ensure appropriate and supported representation

Activity	Who was involved?					Outcome or impact on transformation
	Service users	Carers	Community	Staff	Partners	
Carer Representation on Flexible Respite Panel to agree funding of support to carers				✓	✓	Ensure appropriate decision making.
Carer Representation on group to develop easy read version of Short Breaks statement		✓		✓	✓	Ensure the final document was as accessible as possible.
Partnership approach taken to training delivery.				✓	✓	By training mixed groups from health, social work, care delivery teams, and training teams, staff could share experiences, form relationships, and consider jointly how the approach will benefit the people who use our services.
PPC Providers Networking Group formed.				✓	✓	Care coordinators and trainers from the Falkirk Council care-at-home service and private providers can come together to share best practice.
Monthly service user meetings at the Caledonia Service	✓			✓	✓	Service users have a voice to be heard by the team. It is an opportunity to discuss any issues or new opportunities available to the service.
Presentation on Caledonia service to health partners in Woodlands Resource/Social Work locality teams meeting presentation			✓	✓	✓	To allow our partners in health an opportunity to see what the service delivers, how to refer and what resources are available to new people considering attending.
Local venues resourced to engage in group work/keep well nurse visits.	✓		✓	✓	✓	Inclusion in community areas and groups, looking at overall health and wellbeing for service users.
Partnership working across HSCP within the Caledonia Service.	✓		✓	✓	✓	Partnership working and volunteering increased self-esteem in Caledonia service users and a sense of belonging within a community.

Activity	Who was involved?					Outcome or impact on transformation
	Service users	Carers	Community	Staff	Partners	
Support at Home consultation	✓	✓				Consultation findings support the HSCP and partners to develop the contract strategy and service specification for Support at Home services.
Joint Dementia Initiative (JDI) consultation	✓	✓		✓	✓	Gathered views from staff and service users to improve outcomes and opportunities for service users and re-establish links to enhance partnership and collaborative working.
Diabetes Prevention pathway Engagement activity using Scottish Model of Service design engagement tools	✓		✓	✓	✓	Lived experience shaped pathway development and ongoing Quality Improvement
Gestational Diabetes pathway Engagement activity using Scottish Model of Service design engagement tools	✓				✓	Lived experience is supporting pathway development and ongoing Quality Improvement (PDSA)
Diabetes Education development	✓	✓		✓	✓	User experience of previous diabetes education, desired learning and health need informed programme philosophy and content, including re adult literacy (health, digital, educational)
Prisons work	✓		✓	✓	✓	Content for each group is shaped by desired outcomes at session 1
Why Weight Service	✓			✓	✓	Continuous improvement through feedback from service users, staff, and partners

Table 12: Participation and Engagement Activity

Outcome 4:

Health and social care services are centred on helping to maintain or improve the quality of life of people who use those services

FALKIRK COMMUNITY HOSPITAL MASTERPLAN

A new masterplan has been developed for Falkirk Community Hospital which will set out the vision for how existing services could be developed, improved, and expanded across the site. This will be taken forward in partnership with local staff, GP practices, NHS Forth Valley, Falkirk Health and Social Care staff, and Falkirk Council.

The hospital was identified as one of several community facilities in the Scottish Government's new capital investment programme for upgrading or renewal. Plans to develop a new intermediate care facility will be explored as part of the wider review of the hospital site and there are plans to introduce additional theatre sessions at the hospital to carry out thousands of extra eye operations each year.

Work is underway to transfer outpatient physiotherapy services for people with musculoskeletal issues from Forth Valley Royal Hospital to Falkirk Community Hospital. This will free up space with the acute hospital to expand the new Urgent Care Centre which provides advice, care, and treatment for people with urgent, but not life-threatening illnesses and injuries. Many patients have been successfully discharged or transferred to other community-based facilities which are able to provide short and longer-term care, assessment, and rehabilitation support.

Several workshops took place in September and October to support the development of the Falkirk Community Hospital Master Plan. These workshops were well attended by a wide range of stakeholders including staff, public representatives, and sector specialists. The workshops have been built around the following aspects which will be included within the masterplan:

- Bedded Care
- Ophthalmology
- Audiology and Diabetic services
- Outpatients including community-based screening, continence, and audiology
- Non-clinical and support services including office accommodation, decontamination unit and technical services

The discussions through the workshops have identified the potential of a wellness centre as part of the overall master plan, creating a hub for self-management and wellbeing, bringing together a range of sectors including third sector which could sit at the heart of the Falkirk Community Hospital ambition.

COMMUNITY BED BASED CARE PROVISION

As we start to emerge from the challenges of the Covid-19 pandemic, there has been a significant improvement in the number of cases and outbreaks in our care homes. Over the winter period, the flow challenges across the system in terms of care at home availability have been supported through the commissioning of care home beds as interim and intermediate placements while suitable longer-term care has been sourced.

When looking at the demand for bedded care, including care that requires to be delivered in a community hospital setting, care that requires reablement and rehabilitation, and other residential complex care requirements, it has been identified that there are potential improvements that can be made in relation to our overall provision to match the different types of demand.

While work is ongoing to develop the Falkirk Community Hospital Masterplan, this development is a considerable time away from being delivered, and there is a need to ensure that our current bed-based care provision is fit to meet our needs in the short to medium term. Thus, a review of our bed-based care has begun.

In the meantime, one care home that has been used to support intermediate care placements is Thornton Gardens. In April 2019, the IJB agreed to relocate the respite/short breaks provision for younger adults with learning disabilities from the Rowans to Thornton Gardens, including increasing the capacity from three to four beds for short breaks. In response to the pandemic, it was agreed to temporarily change the purpose of the facility to provide accommodation for both older and younger adults and to increase the number of beds from four to fourteen to provide planned and emergency short breaks.

New intake to interim beds in this facility has now ceased and since April 2022, the Care Inspectorate Registration has been formally changed to support use of the facility for respite for all adults and adult support and protection respite. Two beds at Thornton Gardens have been unavailable throughout this time

due to reprovisioning to support storage and office accommodation. Alternatives are being considered as part of the interim bed-based care review to maximise our available bedded care provision.

This arrangement will ensure sufficient capacity is available to meet the current levels of demand while the wider review is being carried out, and medium-term recommendations developed.

PRESCRIBING PROPORTIONATE CARE

The Falkirk Health and Social Care Partnership joined with the Clackmannanshire & Stirling Health and Social Care Partnership and NHS Forth Valley to provide training to Occupational Therapists, Physiotherapists, Moving and Handling Trainers, and Care Coordinators from Falkirk Council and private providers' care-at-home teams that will allow us to modernise our approach to how we support people who need help with transfers and with moving in bed.

Modernising our approach and introducing new equipment will help us meet the growing demand for care-at-home. We have called the approach 'Prescribing Proportionate Care'. This new approach will ensure a person-centred assessment of moving and handling needs, ensuring the right amount of care and treatment is provided in an appropriate environment. The approach ensures care is not over prescribed and is proportionate to assessed needs. This prevents individual's becoming dependent on care they do not need which can negatively impact a person's independence and wellbeing.

The approach also creates capacity across the whole system as many organisations have reduced the number of care packages requiring two carers by upwards of 40% by implementing this approach. This will free up capacity and allow services to address growing demand and reduce delays safely.

There was joint working with a range of NHS Forth Valley departments to set up and kit out training rooms within Falkirk Community Hospital. We ensured that the limited spaces on each training cohort were filled, swapping places to fill vacancies that arose during a time of significant service challenge due to sickness absence, and high demand on services. We contributed to creating processes and paperwork to guide staff with the implementation at service level and in their work with individual people.

The training is already impacting outcomes for service users as the new approach avoids the need for people to have two carers where equipment plus one carer is appropriate. Thus, facilitating people who can stand, even for short periods, while transferring to do so, and offering increased opportunity for families to care for their loved one if they wish to do so.

MENTAL HEALTH AND WELLBEING IN PRIMARY CARE SERVICES

The Scottish Government has announced funding to support the formation and implementation of the Mental Health and Wellbeing in Primary Care (MHWBPC) Services Model, as proposed in the Mental Health and Primary Care Short-Life Working Group Report.

MHWBPC services are required to be established within an area served by a group of GP practices (locality or cluster area). The service should include a multi-agency team providing assessment, advice, support, and some levels of treatment for people who have mental health, distress, or wellbeing needs. The guidance states that every MHWBPC service should ensure that it provides access to a link worker to support wellbeing, with every GP practice having access to a community link worker who, through their role, will support mental wellbeing. The guidance also covers how individuals should be able to access the service, digital and self-help approaches, and pathways for people who require urgent care.

The services are expected to be developed incrementally by Spring 2026, and funding has been confirmed to support its delivery, building on the funding already in place to support mental health in primary care through Action 15 of the Mental Health Strategy and Primary Care Improvement Funding.

Local planning groups are required to be set up by Integration Authorities, and these groups will be responsible for developing and implementing the MHWBPC services in line with the Scottish Government guidance. For Forth Valley, it is intended, at least for the early planning process, that a single local planning group will be established covering Falkirk and Clackmannanshire and Stirling IJB areas.

PRIMARY CARE MENTAL HEALTH NURSES

Between 2019 – 2022, the Primary Care Improvement Plan aimed to embed a Primary Care Mental Health Nurse model which gave every GP practice access to a mental health nurse for individuals over aged 18 experiencing mild to moderate mental health problems. Since early 2022, this objective has been achieved. The service offers a weekly capacity of 1,157 appointments across all GP practices in Forth Valley (on average over the year). However, this capacity does not meet the needs of all mild to moderate mental health demand in general practice. The demand is variable and waiting times of up to four weeks are common for an appointment with a Primary Care Mental Health Nurse (PCMHN). The demand for mental health appointments seems to be higher because of the pandemic.

Between March and November 2021, there were 15,247 PCMHN appointments in Falkirk. Of these, 81% were attended, 7.1% were unfilled, and 11.9% were not attended. Service evaluation showed that most patients present with concerns relating to anxiety, low mood, or stress. Almost half of PCMHN appointments are new appointments, and half are returns. The primary

outcome for PCMHN appointments is to support patients to engage in self-help. Over 96% of patients referred fit the criteria and less than 2.5% of patients are returned to GP care. Service user feedback completed in July 2021 by 79 respondents showed that 96% of service users felt they had an appointment with the right person and 86% felt the appointment was as soon as they needed it to be.

THE SENSORY TEAM

The Sensory Team is part of the Health and Social Care Partnership and is based in the Forth Valley Sensory Centre in Falkirk. The team work closely with Opthalmology and Audiology colleagues, as well as the Social Work Locality Teams and a range of third sector specialist services to meet the outcomes of clients with sensory impairment.

The team offers support to both adults and children and have good links with local specialist schools and children's services. The team aims to promote independence, reduce risks by making the home and external environments safer and to reduce isolation and anxiety. The focus is on early intervention and prevention to prevent a decline in health and wellbeing and to reduce the impact on frontline social work and health services. The team offers a support service and staff are trained in British Sign Language, Hands on Signing, Deaf Blind Manual, and Lip Reading. The team offers BSL and Sensory Awareness training to colleagues throughout the Partnership and the wider council to meet the aims and objectives of the National and Local BSL plan.

During 2021/2022, the team have provided information and signposting as well as a range of equipment, training, advice, guidance, and support to keep people safe at home and within their local community. They have focused on meeting the agreed quality of life outcomes of feeling safe, having things to do, seeing people, staying as well as you can be, and living where you want and as you want. They have encouraged independence and improved confidence, morale, skills, mobility, and reduced symptoms.

REDESIGN OF RESIDENTIAL CARE: TORWOODHALL

There was significant engagement with residents, their families, and staff to support the transition to new care arrangements, following the decision to close Torwoodhall Care Home. This included collaborative working with Localities Teams to ensure that all residents were well supported by their key workers. All residents and their families participated in individual reviews to ensure that their individual care needs were being met and wishes and concerns were being actively listened to and documented in their care assessment and support plans.

Other agency partners were involved in supporting each resident. This included family members, independent advocacy, psychiatric nursing, and

Care Inspectorate. Regular individual meetings took place with residents in a variety of ways, including face-to-face, Teams and Skype calls.

Social stores and video footage were taken of our in-house residential care homes to enable residents to have a virtual tour of the care homes to minimise unnecessary footfall whilst adhering to Scottish Government and Public Health Guidelines. As everyone's journey progressed, visits were arranged and agreed, with PCR testing carried out. Residents were encouraged and supported to decorate their new rooms to enable and empower them to feel positive about the move and feel fully included at all stages of the process. Most of the residents from Torwoodhall chose to live in Cunningham House or Burnbrae Care Home. Staff were deployed to these homes to support residents with the move and to ensure continuity of care.

Staff engagement took place between January and March with HR and Trade Unions. All staff were supported into social care worker, domestic and cook roles in other establishments within residential care settings. Senior management ensured that all staff choices, work life balance and rotas were considered to support the staff team during a sensitive time, recognising that many staff had worked in Torwoodhall for more than twenty years. Following the residents move, Torwoodhall Care Home closed on the 30 April 2021. The building has been vacated and handed back to Falkirk Council as part of the strategic property review.

STAYING CONNECTED AT CARRONDALE CARE HOME

At Carrondale Care Home, we pride ourselves on our work within our local community and strive to give our best to encourage individuals and local groups to participate in our activity programme. During the Covid-19 pandemic, community participation has been crucial. We have used digital tools for communication to provide residents the opportunity to share their lives with family regardless of the distance and miles that separate them, especially for those who are unable to leave the home.

The main aim of the project is to bridge societal and generational gaps, to promote inclusion, diversity, and equality within the community. Throughout the activity programme, we aim to bring generations together by working with each other, for example, we are recreating a post office at Carrondale for our residents to access with the help of S4 students at Larbert High School Art Department. Plans are ongoing to erect a bus shelter with a seating area for residents and a train station with moving scenery via projector to recreate memories as a meaningful and purposeful activity.

By adopting an intergenerational approach, communities come together by creating meaningful and purposeful connections between generations whilst tackling loneliness and mental health issues. It creates more varied activities and as part of the younger generation's development, they are learning as well as socially interacting, respecting, and understanding the needs of the elderly. This is improving quality of life and eliminating age related barriers.

Adopting an intergenerational approach aims to bring young people and adults together to address social issues which in turn builds relationships and mutual respect by learning from each other. We have found families and the wider community are building lifelong friendships.

The community has come together to help us raise funds for a minibus, which is something the home has never had and would be beneficial to residents, families, staff, and community wellbeing, bringing generations together on reminiscing trips and visiting the local communities to show our support. We have used digital technology to host virtual concerts in aid of our Wheelchair Adapted Minibus Appeal.

Digital technology has been a great way to connect to the community, family, and friends. We have used our giant tablet as a tool to connect to the local primary school performing a pantomime to spread Christmas cheer and to interact with our residents. The residents love to hear from children and staff from local schools, which has been difficult due to the pandemic. However, the residents enjoyed the recorded virtual pantomime, and every child involved wrote Christmas cards for the residents as a thank you.

We have online Arts and Crafts classes hosted by a resident's daughter. We use Facebook live for singers and bands in the garden so that the residents indoors can watch and feel included allowing families to watch along with them and commenting during the live stream. We use an interactive screen for residents with hearing impairments during window and pod visits to aid in communication as masks obscure expression and thus prevents lip reading.

Digital technology has prevented loneliness by sustaining regular contact and communication with loved ones. Tablets are used to rekindle memories and encourage engagement. Laptops and iPads connect friends and family via video apps. Most of the residents own tablets and this allows them to connect with their families and friends whenever they wish.
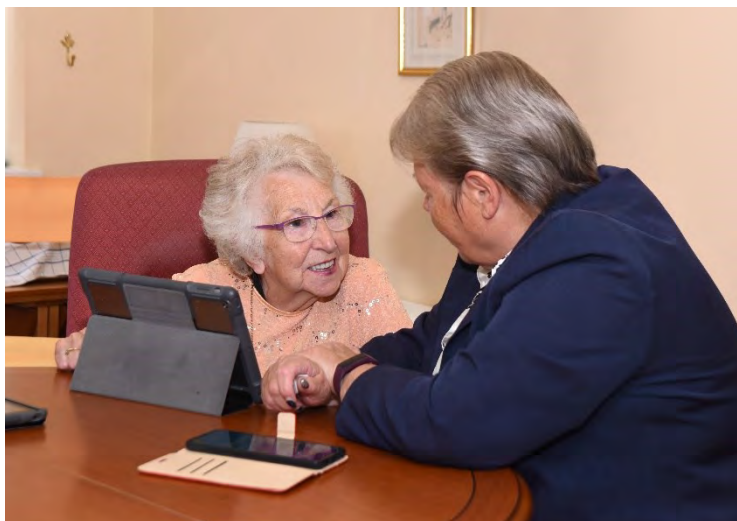
Image 4: A local resident learning how to use a digital device to keep in touch with family and friends.

A year is a long time to miss out on new grandchildren and great-grandchildren as babies grow up too fast. Using technology, residents have kept in constant contact with their families and felt included with the new-born babies. Our Facebook page is updated daily with activities and

photographs of the residents so everyone can keep up to date with their loved0020ones and observe their overall health and wellbeing, thus giving families peace of mind. The residents at Carrondale Care Home have benefited greatly from using digital technology for family times as it has allowed them to stay connected with their family and friends.

Health and social care services contribute to reducing health inequalities.

CHANGING PLACES

Changing Places toilets are different to standard wheelchair accessible toilets, as they come fitted with additional equipment to help people with severe disabilities use toilets safely and with dignity. All Changing Places will include a height-adjustable changing bench, an overhead track or mobile hoist, a peninsular toilet, privacy screen, and enough space for up to two carers.

Image 4: Changing Places Toilet

The Changing Places Consortium estimates that around 230,000 people in the UK with a range of disabilities benefit from these facilities. This includes people with severe and multiple learning disabilities, such as Cerebral Palsy, Motor Neurone disease, Multiple Sclerosis, people recovering from a stroke, and some older people.

Falkirk HSCP is currently working to install a minimum of 12 new Changing Places across the Falkirk area. The Partnership's Changing Places working group includes members of Falkirk Council, Falkirk Town Centre, Falkirk HSCP, local service user representatives, and Changing Places advocates. Current Changing Places in the Falkirk area include:

- Carronbank
- The Mariner Centre, Camelon

- Grangemouth Sports Centre
- Forth Valley Royal Hospital
- Forth Valley College
- Helix Park Falkirk
- Oswald Avenue Day Centre, Grangemouth
- Dundas Resource Centre, Grangemouth

THE HERBERT PROTOCOL

Police Scotland has adopted a single national process to help officers quickly obtain information about a vulnerable missing person who has dementia, saving vital time in the early stages of an investigation. The national implementation of the Herbert Protocol has been developed in partnership with Police Scotland, Health and Social Care Scotland, Alzheimer Scotland, and the Scottish Government.

The Partnership supports The Herbert Protocol by sharing the news release of the national launch of the Protocol and promotion of the App on the HSCP website, social media, and newsletter. Continued promotion of the Protocol will support awareness raising and information sharing on these important initiatives. This work linked closely with the promotion of Power of Attorney (POA). The Partnership participated in POA day and took part in national media and social activity.

RECONNECT

Produced by the Scottish Chamber Orchestra, ReConnect is an interactive music-making project which aims to bring people living with dementia and their carers together through music to improve wellbeing and quality of life, whatever a person's age or stage. People are invited and supported to sing, play instruments, improvise, and listen. Since 2013, in partnership with NHS Lothian and the University of Edinburgh, ReConnect has been developed for specialist use in healthcare settings, helping people with dementi a through the creation of improved pieces that draw upon people's moods or movements.

500 DVD copies of the ReConnect series were made available to Falkirk's care homes, community groups, individuals, and their carers. The DVDs have been provided as part of the Partnership's ongoing Covid-19 action plan, aimed at supporting groups and communities affected by the impact of the pandemic.

FOOD TRAIN

Food Train is a charity that provides lifeline shopping and befriending services for older people. It is highly acclaimed for its work to tackle malnutrition and loneliness among older people, already operating in nine other Scottish local authority regions.

Image 5: Food Train Delivery Service

The service has been commissioned by the Partnership to help residents aged 65 and over to live better lives in their own homes. This includes its award-winning home shopping and delivery service as well as household support, meal sharing, and befriending schemes. With the vital support of its volunteers, Food Train helps people to reconnect with their local communities and provide a friendly helping hand with everyday tasks, which can be on a regular or as-needed basis to suit people.

In its first six months, the new Falkirk branch has established four new services: the grocery shopping service, hospital discharge food support service, befriending service, and household support service. So far, 68 older people are being supported on a regular basis with the support they feel best meets their needs.

Food Train currently have 20 active volunteers working across the services, with volunteer recruitment ongoing to steadily grow their volunteer team to match growing customer numbers. Food Train have been working with the Falkirk Council Disabilities Team and have recruited two volunteers with additional support needs, who are being supported to play a vital role in the delivery of Food Train's shopping service.

CASE STUDY: FOOD TRAIN

Before joining Food Train's Befriending service, *May, who provides care for her partner, Jack, was anxious to leave him at home alone.

Food Train helped May and Jack to find a 1:1 befriender match to support them. The befriender now visits the couple regularly to help May to get out and about without worrying about Jack.

This provides regular short breaks from caring for the couple and the opportunity to do some tasks outside the home that May would otherwise not be able to do.

*This case study has been anonymised and provided, with thanks, from Food Train Falkirk.

DIGITAL INCLUSION

The Partnership has participated in Digital Inclusion Schemes, including the Fairer Falkirk Digital Inclusion Fund and Connecting Scotland, where a small number of devices were acquired for individuals who were isolated or digitally excluded. We worked with Community Learning and Support and AbilityNet, a volunteer group who acted as digital champions to support individuals who received the devices.

A series of digital inclusion events called "Tech Tea Parties" are being planned for 2022/2023. These informal events will help individuals to learn some basics about technology with support from AbilityNet volunteers. Sessions are targeted to groups who use Health and Care services, such as Care Homes or Sheltered Housing residents, Social Work service users, and people waiting for a package of care.

HEALTH PROMOTION SERVICE COVID-19 RECOVERY GRANT SCHEME

The aim of the scheme was to support local organisations and community groups across Forth Valley in their response and recovery throughout the Covid-19 pandemic. The primary focus on the scheme was to reduce health inequalities and improve mental wellbeing. Organisations and groups could apply for up to £500 to support them to recommence activity or start new activity as a response to Covid-19.

The grants allowed communities to take forward innovative ideas to respond and recover from the impact of Covid-19, ensuring that support is there when people need it most. They also enabled groups and organisations to adapt their way of working, to reduce health inequalities, and improve mental health and wellbeing.

- 23 applications were received from the Falkirk area
- 13 organisations operating within the Falkirk area received a grant of approximately £6,500
- 16 applications served other areas in Forth Valley, including Falkirk
- 9 organisations operating within the Forth Valley area, including Falkirk received a grant of approximately £11,000

As communities need support to meet new challenges post Covid-19, including the cost of living crisis and fuel poverty, there will be a return to the Community Grants Scheme for 2022/2023. Mindful of the ongoing impact of Covid-19, we continue to welcome applications with this focus.

✋ Outcome 6:

People who provide unpaid care are supported to look after their own health and wellbeing, including to reduce any negative impact of their caring role on their own health and wellbeing.

SUPPORTING CARERS

We have been working with carers and carer organisations to implement the Carer's (Scotland) Act 2016. Our Strategic Plan 2019-2022 has prioritised support for unpaid carers as a key issue. The work we are doing is consistent with the main direction of the Act, which extends and enhances the rights of unpaid carers. It aims to consistently support carers to continue to care, if they wish, and to be able to do so in good health and with a life alongside their caring responsibilities.

Our Carer's Strategy, [Getting it Right for Carers in Falkirk](#), was co-produced with carers and carer organisations and covers both young carers and adult carers.

The Covid-19 pandemic and subsequent national lockdown in March 2020 interrupted the work of the Carers Strategy Implementation Group, including the continued development of the Carers Strategy Action Plan. This group restarted on 16 March 2022 and are now called the Carers Strategy Group. Ensuring that Falkirk HSCP carries out the legal duties and requirements under the Carers (Scotland) Act 2016 remains one of the main purposes of this group. **The Carer's Strategy is due for renewal this year and this group will be reviewing the strategy to ensure it's aligned with the Strategic Plan and developments towards the National Care Service following the Independent Review of Adult Social Care 2021.**

Since the beginning of the Covid-19 pandemic, the Short Breaks Bureau team and the Self-Directed Support team have been working in close partnership with Falkirk and Clackmannanshire Carers Centre to offer coordinated support to carers. The pandemic has reduced or withdrawn many services, and this has increased the levels of caring by unpaid carers. Many people have become carers for the first time because of reduced service provision. This has inevitably led to increased stress for carers and an increase in their caring role.

To address this, personal assistants were eligible for up to £500 national bonus thank you payment in line with other health and social care staff. SDS Forth Valley has indicated a high uptake of payments. Carers have continued to be supported through the provision of Personal Protective Equipment (PPE) and information on the vaccination programme for carers.

Short break options continued to be delivered where pandemic restrictions allowed and Covid-19 testing was supported to enable these to happen. The team delivered flexible respite payments to expand options to carers who

were unable to access sufficient overnight breaks, e.g., purchase of laptops, tablets, garden furniture, exercise equipment, and online courses. A small working group was established to produce an 'easy read' version of Falkirk Short Breaks Services Statement, which has now been published online.

Despite the challenging circumstances, the Carers Centre has continued to provide a full range of services and support to carers. In addition, in response to feedback from local carers about the need for better communication, up-to-date information, and ongoing emotional support, funding from the Partnership was secured to employ a Digital Development Worker and two Telephone Support Workers, which has allowed the centre to extend service provision and reach.

In 2021/22:
- 1,988 adult carers received individual support by phone, email, or online
- 637 identified as new carers
- 506 carers offered or requested an Adult Carer Support Plan
- 474 Adult Carer Support Plans were completed
- 87 carers offered a Young Carer Statement
- 47 Young Carer Statements were completed
- 35 people accessed flexible respite funding
- 82 carers received a short breaks grant
- 1,158 carers were referred to the CAB 'Help for Carers' project for financial support
- 181 digital carers cards were issued to carers
- 3,239 carers are currently on the Carers Centre mailing list to receive regular information
- 940 carers attend 114 Care with Confidence sessions
- 745 carers attended 111 regular group sessions, including the Men's Group, Chair Yoga & Mindfulness sessions, and Young Carers and Young Adult Group sessions.
- 97 involvement opportunities, such as Carers Forum meetings, surveys, and consultations were promoted to 3,695 carers.

During 2021/2022, carers have been encouraged to think about their own outcomes (rather than focusing only on those of the cared for person) to improve their health and well-being during the restrictions imposed due to the pandemic. This enabled us to deliver support that created 'safe spaces' at home or in the garden where carers could relax. The use of technology enabled carers to access online contact with friends, family, groups, etc. Exercise equipment e.g., static and outdoor bikes enabled carers to exercise and spend some time on their own health and wellbeing.

Carers most in need were still able to access a limited amount of overnight short breaks either by using care home support, alternative 'holiday' type breaks, as restrictions eased, and hours of support at home in place of overnight breaks away from home.

There was a programme of online activities for carers during Carers Week in June 2021, including a daily prize draw of short breaks from local hospitality providers and various family events. During the festive period, the Carers Centre hosted an 'in-person' Carers Christmas Lunch and organised a prize draw to mark the 'Five Days of Christmas'.

Ref	Measure	2019/20	2020/21	2021/22	Direction of travel
60	Percentage of service users satisfied with their involvement in the design of their care package	99%	98%	98%	◄►
61	Percentage of service users satisfied with opportunities for social interaction	91%	89%	90%	▲
62	Percentage of carers satisfied with their involvement in the design of care package	93%	93%	90%	▼
63	Percentage of carers who feel supported and capable to continue in their role as a carer OR feel able to continue with additional support	91%	91%	91%	◄►

Table 13

CARER REPRESENTATIVE TRAINING PROGRAMME

The Coalition of Carers in Scotland and Carers Scotland were funded by the Health and Social Care Alliance to develop and deliver a carer representative training programme in local authority areas. The Falkirk Health and Social Care Partnership was one of the five local authority areas chosen to participate in the pilot.

The training was co-produced by carers and delivered in partnership with carer representatives, local carer centres, and local Health and Social Care Partnerships. The project was originally planned to be delivered in 2020, but due to Covid-19, the training was adapted to be delivered online in March 2021.

The training has helped prepare carer representatives and increased their confidence and ability to engage and contribute meaningfully to meetings and to influence local development. Since the training, carer representatives have participated in meetings with the Coalition of Carers and local focus groups, such as the Dementia Friendly Steering Group and the Cross-Party Group for Carers. They have also been involved in engagement sessions regarding the Care at Home tender, the Joint Loan Equipment service, and Near Me.

Based on the success of the pilot training programme, we have extended the programme to include both carers and service users. The goal is to increase our representation of people with lived experience and encourage them to

get involved in a range of strategic and operational-level service redesign meetings. The training programme was designed and delivered in collaboration with the Coalition of Carers in Scotland (COCIS), Carers Scotland, Falkirk & Clackmannanshire Carers Centre, Inclusion Scotland, and Independent Living Association Forth Valley. Three sessions were delivered to eight carers and service users in April and May 2022.

SELF-DIRECTED SUPPORT (SDS)

Progress towards full implementation of Self-Directed Support has continued despite Covid-19. Due to the continued impact of the pandemic, some services are running at limited capacity, and this means individuals and carers are not able to access the same level of support and care that was available before Covid-19. Pandemic SDS Guidance from the Scottish Government and COSLA was updated in February 2022, and it encourages HSCPS *"to maximise flexibility and autonomy for the support person in meeting agreed outcomes."* It also highlights the need for worker autonomy to reduce process. We continue to be as flexible as possible and to try to ensure processes are not slowing down delivery.

The SDS team continuously links into national and local developments and organisations where practice can be shared, and continuous learning achieved to inform local approaches.

We continued to support those with care and support needs and their carers while taking a flexible approach. An example of this is the continuation of the 'Flexible Respite' budget which enables eligible carers to use up to £1,000 per year, from their overnight respite funding, to access alternatives to an overnight break from their caring role. We continue to work in partnership with Falkirk and Clackmannanshire Carers Centre to process and agree Flexible Respite requests, ensuring that these will meet the outcomes for carers. This includes purchasing items or activities to support them in their carer role, for example, exercise equipment, garden furniture, and technology.

Partnership working with the third sector was enhanced further during the pandemic, including through our work with the local support service SDS Forth Valley. Direct Payments were maintained to ensure Personal Assistants could be retained and those with support needs were able to meet their employer obligations. Personal Assistants have been able to return to work and provide the care and support required by their employers. There was some limited uptake of employment of family members as personal assistants (this is a complex area that can impact on income, including welfare benefits) particularly where individuals were shielding. All of these arrangements were supported by SDS Forth Valley to ensure the right processes (HMRC, payroll, insurance) were in place.

We have been working with SDS Forth Valley through their Support in the Right Direction funding from Scottish Government (SiRD). This consists of a pilot project with the Central Locality Social Work Team to try to identify

people early when an assessment or review is requested. The aim is to provide advice and information about what to expect at assessment, potential to access community or personal resources/networks and information about SDS Options, should there be eligible support needs identified through social work assessment. The learning from the pilot will be used to help streamline processes and support people that are waiting for assessment.

SDS Forth Valley has developed a hybrid model for meeting with service users and carers to support them with advice, information, and practical support to understand the SDS Options and to help them set up their support. Several videos are now available along with fact sheets and the opportunity to meet online or in person to go through the range of options and set up support. This has worked well for individuals, families, and carers, particularly where people work during the day and can't attend face-to-face meetings.

We continue to supply and deliver PPE to employers for their personal assistants.

We have delivered several briefings at Social Work team meetings to help staff keep up to date with developments and to support new staff to understand Falkirk processes.

Ref	Measure	2019/20	2020/21	2021/22	Direction of travel
37	SDS Option 1: Direct payments (data only)	27 (0.6%)	29 (0.7%)	-	n/a
38	SDS Option 2: Directing the available resource (data only)	101 (2.2%)	17 (0.4%)	-	n/a
39	SDS Option 3: Local Authority arranged (data only)	4,009 (88.8%)	4,128 (92.7%	-	n/a
40	SDS Option 4: Mix of options (data only)	376 (8.3%)	279 (6.3%)	-	n/a

Table 14

Requests for different SDS options continue with more enquiries in relation to Option 2, due to the more flexible approach which it brings when support/services may not have been operating as normal or with a reduced service. Lack of capacity among care and support providers has also led to an increase in Option 2 requests.

Moving forward into 2022/2023, the Short Breaks and SDS Teams will review the effectiveness of changes made with a view to learning from the experience of the pandemic and ensuring this is used to improve delivery of SDS for individuals and carers.

Outcome 7:

People who use health and social care services are safe from harm.

FALKIRK ALCOHOL AND DRUG PARTNERSHIP (ADP)

The Falkirk Alcohol and Drug Partnership (ADP) and the Falkirk HSCP work jointly to deliver outcomes for local communities and to relieve the burden of alcohol and drug-related harm across the Partnership. This is done through better alignment of area-wide drug and alcohol and HSCP Mental health services.

During the past year, ADP commissioned services have been able to maintain an excellent level of access to those who require support for their own or a loved one's substance use. We have seen a large increase in the number of people seeking help during Covid-19, and this upward trend has continued to be a feature as we move into the next phase of managing the pandemic.

Staff within these services, both statutory and third sector, have continued to demonstrate their resilience by managing increased waiting times and working with recruitment challenges, which decrease capacity. There have been many examples of solid partnership working throughout this period.

The Medication Assisted Treatment Standards have now been formally launched by the Scottish Government with an expectation that all ADPs work towards fully embedding standards 1 to 5 (of 10) by April 2023. Local work continues in pursuit of delivery of these service standards within the scheduled implementation timeframe.

A full and robust implementation plan is in place to underpin this work and a MAT Project Lead has been recruited to work with Clinical Leads, ADP Lead Officers, and ADP Chairs pan-Forth Valley to ensure this valuable work to address drug-related harm and service access is delivered on schedule.

Another key successful of the year was the design and development of the Forth Valley Overdose Outreach Team. This multi-agency assertive outreach team will respond to those who experience a Near-Fatal Overdose and is expected to be operational by July 2022. This is a further key element in reducing drug-related deaths across Falkirk and the wider Forth Valley area as evidence shows that people who suffer one or more NFOs are more likely to die from drug-related harm.

Forth Valley Recovery Community and the Forth Valley Family Support Service continued to offer their online services whilst gradually increasing face-to-face contact safely. This hybrid response has enabled services to maintain essential contact with service users and peers in areas where physical service access may be limited or where people traditionally choose not to engage at that level. The Recovery Cafes, SMART Recovery Groups and

Family Support Groups recommenced in a staged planned way, as did access to all other substance use services.

The investment made to Forth Valley Recovery Community and Change Grow Live through Falkirk HSCP Covid-19 Mobilisation funding has resulted in the successful pilot of Assistant Recovery Workers and Assistant Harm Reduction Workers being funded by the CORRA Foundation. The pilot venture proved to be a great success and has provided employment to those farthest from the employment market.

Finally, recruitment for a new ADP Lead Officer has been successful and he has recently joined the Partnership, after the post was vacant for more than two years. This is a key development for Falkirk ADP at a time when the national focus on drug-related deaths and how the Scottish Government's National Drug Mission is delivered locally is spotlighted.

During the interim period, the ADP has been supported by the Forth Valley wide APP Coordinator as part of their wider role. Although this support has been invaluable, there is now a considerable amount of work to be progressed to review and develop Falkirk ADP, including refreshing the current Delivery Plan.

Ref	Measure	Oct-Dec 20	Oct-Dec 21	Direction of travel
68a	Substance Use - Percentage of patients that commence treatment within 3 weeks of referral – Forth Valley Alcohol & Drug Partnership (90% target)	94.5%	90.5%	▼
68b	Substance Use - Percentage of patients that commence treatment within 3 weeks of referral – Forth Valley Prisons (90% target)	100%	100%	◄►

Table 15

ALCOHOL AND DRUG DEATH PREVENTION

From 1 January to 20 April 2022, there have been 20 suspected drug-related deaths reported across the Forth Valley area. 60% of these cases have been males with the average age being 40.8 years.

In August 2021, the Strategic Prevention Coordinator for Suicide and Drug Deaths came into post. This post has a direct remit for suicide and drug death prevention and is aligned to Public Health. At the same time, the Alcohol and Drug Partnerships were also awarded funding to support the recruitment of the Substance Use Death Reviewer post. This post brings additional capacity to support the multi-agency review of drug deaths. Both posts have a Forth Valley remit.

As well as overseeing the expansion of the Drug Related Death (DRD) review process, key tasks being progressed include the development of the Forth Valley Suicide and DRD Prevention Plan as well as the establishment of the Senior Leadership Group/Prevention Partnership.

Significant work has been undertaken to streamline the Drug Related Death (DRD) Review process so that all cases are now reviewed through a single multi-agency process. A range of partners are involved in each review including NHS Forth Valley, Social Work, Housing, Scottish Prison Service, Scottish Ambulance Service, Substance Use services, and Forth Valley Recovery Community. Across five review meetings, the team have reviewed 49 cases.

The soon to be developed Leadership Group/Prevention Partnership will be an important forum, along with the Partnerships, Alcohol and Drug Partnership's (ADP) and Community Planning Partnership's (CPPs) to highlight the outputs and findings from reviews and to facilitate learning and aid strategic planning. Moving forward, alcohol-related deaths will be reviewed using the same model.

The team supporting the DRD review process is also supporting the expansion of the suicide review process. Currently, suicide reviews take place where the individual was known to statutory mental health services/substance use services in the twelve months before their death.

Moving forward, all deaths by suicide will be reviewed to maximise opportunities for learning and to take a public health approach to prevention. Police Scotland now shares notifications of all probable suicides with the review team. This allows us to potentially identify themes and trends that may require a response such as the method and location of incidents. An agreed model for the review of all probable suicide deaths will be completed by the end of 2022.

OVERDOSE AWARENESS AND NALOXONE TRAINING

The delivery of Overdose Awareness and Naloxone training is targeted to participants and groups across Forth Valley who are most likely to be confronted by an overdose situation, predicated on the evidence that most drug-related deaths occur when other people were present who could have provided emergency life support to prevent death. Our training aims to equip participants with the knowledge, skills, and confidence of what to do in an overdose situation and how to administer naloxone.

Prior to Covid-19, this training was delivered face-to-face, however, due to the pause on face-to-face training delivery, the session was adapted for delivery on MS Teams throughout 2021/2022. A total of 50 participants from Falkirk attended the sessions.

SUPPORTING PEOPLE AFFECTED BY HOARDING DISORDER

Policy and guidance have been developed for multi-agency partners to provide supportive and effective interventions with adults who experience self-neglect or exhibit hoarding behaviours. It is important that our practice is collaborative, proactive, and informed by evidenced based practice. Where this is the case, the adult and their families receiving our interventions will have a better experience and feel empowered to make the changes they want, to live the life that they want, to feel safe, and to realise their potential.

Depending on the extent of the self-neglect and/or hoarding behaviours the adult is experiencing, there will be different levels of intervention and in some instances application of legislation will be indicated. It is important that all partner agencies are alert to the signs of self-neglect and hoarding and offer supportive early and effective interventions.

A multi-agency self-neglect and hoarding training course was delivered and developed in partnership with Fire and Rescue, Health and Social Care Partnership, Housing Services, Food Train, and Transform Forth Valley. An element of the course focuses on raising awareness of the signs and indicators, causes and effects of malnutrition in older people, that are not necessarily directly related to self-neglect.

The learning materials are kept under review and updated to ensure that all staff have access to up-to-date information, guidance, and training in this complex area of practice. The course is routinely evaluated with feedback from participants being used to inform and develop future learning and development resources.

Finance was secured to fund a part-time support worker within Transform Forth Valley to work with local people engaging in hoarding behaviours in partnership with statutory agencies. This post supports individuals while seeking to develop other services and resources for people affected by hoarding and self-neglect.

Between December 2021 and June 2022, six courses have been delivered with further courses planned for until December 2022. 100 staff from across the Partnership have attended these courses. 54% of attendees were from Corporate and Housing Services, 23% from Adult Social Work services, 12% from non-statutory services (including 6% from Transform Forth Valley), 7% from Home Care services within Falkirk Council, 3% from NHS Forth Valley, and 2% from Fire and Rescue Service.

While take up from colleagues within Corporate and Housing services is very encouraging, take up from adult services staff across the HSCP, particularly NHS Forth Valley staff and Adult Social Work staff is less encouraging. Future information about the course will be more focused and promoted to Falkirk Health and Social Care Partnership staff.

The Learning and Development Subgroup of the Adult Protection Committee is responsible for ensuring that all levels of the workforce have access to an appropriate level of Adult Support and Protection training this includes self-neglect and hoarding.

Ref	Measure	2020/21	2021/22	Direction of travel
45	Number of Adult Protection Referrals (data only)	805	1,101	-
46	Number of Adult Protection Investigations (data only)	164 (76 SW, 88 Police only)	65 (40 SW, 25 Police only)	-
47	Number of Adult Protection Support Plans at end of period (data only)	20 (at 31/03/21)	18 (at 31/03/21)	-

Table 16

COVID-19 VACCINATION PROGRAMME

The Covid-19 vaccination programme continued across the Forth Valley area. NHS Forth Valley offered everyone over the age of 18 their first vaccine, but not everyone has taken up this offer as 92% of Falkirk residents aged over 18 received a first dose of the vaccination and 82% received the second dose. To improve uptake rates in younger cohorts, NHS Forth Valley worked with Falkirk and Stenhousemuir Football Clubs to vaccinate on match days during August 2021.

All young people who are over twelve years with a neuro-disability or is immune-suppressed as well as those who live at home with someone who is immuno-compromised or suppressed were offered a vaccine from the 9 August 2021 to vaccinate them all prior to starting school after the summer holidays.

The main adult flu and Covid-19 booster/third dose programme started on 27 September 202 with the immuno-suppressed and clinical extremely vulnerable population. Community vaccination centres were established in Falkirk with temporary 'pop-up' vaccination sessions available at Bo'ness Sports Centre. Bo'ness was identified as the location for the 'pop-up' sessions due to the distance to Falkirk Community Hospital and the demographics of the community. Overall, the main adult programme was slow to start due to some staff absences. However, military personnel were recruited to aid in rectifying this.

Many Community Pharmacies were contracted to administer flu vaccine to everyone who is eligible. There was also a door-to-door transport service available to people who are without transport or who might struggle with

public transport. Dial-a-journey was used successfully during the COVID vaccination programme to support people.

For housebound patients, the district nursing teams, and the Immunisation Team administered the vaccine during home visits. Pupil-facing education staff including janitorial, admin and catering, had an opportunity to receive their vaccination in school in November. Patient-facing health and social care staff use a self-appointing portal to arrange vaccinations. These were administered either by Occupational Health Services, in community centres, or by community pharmacy (flu only).

NHS FORTH VALLEY HOSPITAL COVID-19 TREATMENT

New treatment for patients who are at very high risk of becoming extremely unwell with Covid-19 symptoms was launched across the UK on 22 December 2021. The aim of the treatment is to reduce the severity of the disease and to avoid hospital admissions for the most vulnerable people, for whom the vaccine may not have offered protection.

There are a group of ultra-high-risk patients, who are a subset of the current shielding or high-risk patient group. The criteria for inclusion on the ultra-high-risk list was determined by specialists UK wide. Public Health Scotland (PHS) have applied these criteria to patient databases and identified around 150,000 patients for Scotland. The nationally provided list was not 100% complete with up to 15% of eligible patients not identified by this national process. NHS Forth Valley established a process to identify patients who were not on this list, with specialist teams applying the criteria to their own patients and adding them to the list.

All patients identified by PHS received a letter advising them that they may be eligible for this treatment. Further criteria must also be met before treatment can be offered, i.e., the patient must have mild to moderate symptoms and have had symptoms and a positive test result for less than five days. If they have no symptoms or if their symptoms have persisted for more than five days, treatment cannot be given. Most patients identified are adults, however the ultra-high-risk group included children aged 12 to 18.

The NHS Forth Valley service is open to all patients who meet the criteria. NHS Forth Valley is proactively contacting patients. Twice daily, the positive PCR results for Forth Valley are mapped to the ultra-high-risk list to identify patients who may be eligible for treatment. They are then contacted by way of a Netcall message.

There are two treatment options currently available. The first treatment option is a one-off IV infusion of a monoclonal antibody drug. The second treatment option is a course of oral antivirals. This is used if the first option is unavailable, the patient has breached the five-day window for treatment, or they do not wish to have the IV treatment.

IV treatment is currently provided in the acute hospital, however further work is underway to explore a sustainable model for delivering the medication, which takes between two to three hours. The oral medication is taken by the patient in their own home and dispatched by taxi, given the time constraints.

There are currently 4 Ultra-High-Risk treatment pathways for Forth Valley patients:
- Adult
- Children aged 12 to 18
- Pregnant women
- Renal haemodialysis patients

The pathways follow the same criteria and processes for assessing eligibility and obtaining consent, but the delivery of treatment is different. Any children meeting the treatment criteria will only be offered IV treatment and this will be given in the paediatric unit. For pregnant women, again only IV treatment is appropriate, and this is delivered in the maternity department. As renal haemodialysis patients attend for dialysis three times a week, their treatment will be given while they are in the renal unit for dialysis.

CHANGES TO THE LAW: FIRE AND CARBON MONOXIDE DETECTION

The Scottish Government changed the law on fire and smoke alarms. The introduction of smoke and heat alarms in the Tolerable Standard guidance is in recognition of the danger fire poses to the occupants of a property and is intended to reduce the risk of loss of life or injury in the event of fire.

By February 2022, every Scottish home must have:
- One smoke alarm in the living room or the room used the most
- One smoke alarm in every hallway or landing
- One heat alarm in the kitchen
- One carbon monoxide (CO) detector if the home has a carbon-fuelled appliance, such as a boiler, fire, heater or flue

Telecare systems are provided in addition to the interlinked systems. In the context of the new legislation, telecare customers at high risk of harm from fire should receive the same level of protection from their telecare system as they do from the 'satisfactory equipment' stated in the Tolerable Standard.

The Partnership has increased the telecare equipment required and, as the only digital Council in Scotland, will be replacing all fire and smoke equipment with digital, interlinked equipment.

FRIENDS OF FORTH VALLEY FIRST RESPONDERS

Run by Falkirk Council in partnership with Falkirk Health and Social Care Partnership, Community Choices aims to provide local people with a way to

apply for public funding to improve their local area and vote to decide how public money is spent.

Image 6: Friends of Forth Valley First Responders install Public Access Defibrillators across the Council area.

Friends of Forth Valley Responders submitted a bid to the Falkirk area-wide category of Community Choices and secured £73,485 to install lifesaving equipment in each council ward.

Set up in 2013, the Falkirk-based charity supports the work of Forth Valley First Responders (FVFR), a group of volunteers trained by The Scottish Ambulance Service to attend 999 emergencies before the arrival of an ambulance. By raising funds, the charity helps cover the running costs of FVFR and supports public education initiatives and the promotion of good healthcare across Forth Valley.

It also buys lifesaving equipment and will use the Place-based Capital funding to further improve access to Public Access Defibrillators (PADs) by installing an additional 45 PADs in the local area – five in each council ward.

MOBILE EMERGENCY CARE SERVICE (MECS)

Our MECS Service continues to provide telecare to support individuals to live independently at home knowing that a response service is on call to assist should they raise an alarm. This gives individuals independence and their families peace of mind.

The Council of the Future Analogue to Digital Telecare Project became the first local authority in Scotland to go live with an end-to-end digital telecare service, securing the Gold Level 1 Digital Telecare Implementation Award in 2021. The project was one of six shortlisted in the category which aimed to shine a light on 'an individual, group, or organisation who has used technology to help their local community'.

Falkirk's MECS Service have been a frontrunner in Scotland in terms of upgrading the systems and equipment in preparation for when Scotland's telephone lines switch over from analogue to digital. This work was essential to avoid call failures, but the faster connection speeds and higher reliability also provides opportunities to explore what can be done with lines that can handle significantly more data. This potentially widens the range of monitoring data.

The set-up of new devices is quicker, offering more efficient processes for configuration and updates. It provides the service with real time visibility of the connection status of devices, meaning that faults can be detected sooner, and the service can be more responsive should an alarm go offline. Improved data capture has the potential to enable more timely sharing of user information where appropriate and, in this way, strengthen partnership working.

Image 7: Pauline Waddell and Ian Whitelaw with the digitally enabled MECS box.

The Partnership collaborated with Falkirk Council on a pilot project where Smart Speaker devices were provided to MECS service users. The outcome of

the project was very encouraging. Individuals engaged with digital technology easily using their voice and, as such, it reduced digital skills barriers.

It has enabled individuals to call MECS if they have a fall and aren't wearing a pendant alarm then they could use their voice to summon help through their device. Since the devices could be linked to smart technology such as plugs, heating, and doorbells it has provided practical solutions for individuals with limited mobility. Further work is required in 2022/2023 to upscale the project to explore the governance and potential risks.

Ref	Measure	2019/20	2020/21	2021/22	Direction of travel
48	The total number of people with community alarms at end of the period	4,087 (at 31/03/20)	3,989 (at 31/03/21)	3,811 (at 31/03/22)	-

Table 17

Ref	Measure	2018/19	2020/21	2021/22	Direction of travel
49	Percentage of community care service users feeling safe	90%	89%	88%	▼

Table 18

Outcome 8:

People who work in health and social care services feel engaged with the work they do and are supported to continuously improve the information, support, care and treatment they provide.

Our workforce remains the single most important resource in delivering high quality services and the transformation required to ensure the delivery of health and social care integration. This has remained a key priority during 2021/22.

We continue with our ambition to be recognised as a Learning Organisation. This shapes and influences our approach to all training, learning, and development. We strive to follow the five golden rules in this respect:

- Encouraging experimentation
- Thrive on change
- Reward learning
- Facilitate employees to learn from one another
- Encourage learning from our surroundings

The Partnership supports workforce development opportunities in a range of different ways.

MULTI-AGENCY TRAINING FRAMEWORK
We are committed to delivering a comprehensive training framework. Evidence of this was recognised during the recent Joint Inspection of Adult Support and Protection in Falkirk. The inspection team commented in their report that: "The partnership had a comprehensive and robust multiagency training programme." (Page 7)

The report goes on to state: "The partnership delivered a comprehensive multiagency training programme accessible to all agencies. The partnership's work around supporting care homes was collaborative and supportive." (Page 26)

Joint Inspection of Adult Support and Protection Report – Care Inspectorate
February 2022

We have prioritised continued delivery of our multi-agency training programme, regularly reviewed and updated to ensure that all staff have access to up-to-date information, guidance, and training. The programme reflects our approach to blended and flexible learning, providing learners with access to 'just in time' online learning as well as induction and tiered learning depending on job role and experience. All training delivery is routinely evaluated with feedback from participants being used to inform and develop future learning and development resources.

All staff across the Partnership and beyond have access to a web-based information and learning resource ([Forth Valley Practitioner Pages](#)) where they can access a full range of information across the spectrum of Public Protection, and also directly book places on adult support and protection training.

ADULT SUPPORT AND PROTECTION (ASP) TRAINING FOR TRAINERS AND CHAMPIONS FORUM

We have developed a training programme for experienced and motivated care home practitioners to assist them in the delivery of ASP training to their staff team within their own agency or setting. This training includes all the necessary materials required to deliver ASP bespoke training with individual agencies or care home settings, ensuring that residents and service users are safe from harm. This is accompanied by appropriate support from Falkirk Health and Social Care Partnership staff towards ensuring a consistent, high-quality standard of ASP practice within and across the Partnership.

One of the supports available is the development of Care Homes ASP Champion's Forum. The first Champions Forum is scheduled to take place in Summer 2022 and planned to run quarterly throughout the year.

Course participants become 'ASP champions' within their setting or organisation following successful completion of the training for trainers. The forum will provide opportunities for Champions to come together to discuss and share practice related to Adult Support and Protection concerns in a care home setting. This will include harm prevention through the implementation of early indicators of concern framework. Champions will also receive support to develop an ASP plan for their service.

14 Residential Care Providers from both the third and private sectors, along with Falkirk Council are represented.

ADMINISTRATION OF MEDICATION TRAINING FOR HOME CARE SERVICE

The rollout of the administration of medication training programme for personal carers recommenced mid-2021 in the Central Locality after being impacted by the Covid-19 pandemic. The training is underpinned by the updated Adult Services Care & Support at Home Medication Policy.

Three Pharmacy Technicians were recruited towards the end of 2021 to support the programme working alongside Social Work Training and Workforce Development Service. In 2022, the technicians took over the delivery of the training with implementation plans being developed for rollout in the other two locality areas.

Key elements of this training include a competence test and individual feedback. This supports the personal carers to carry out administration of medication for service users who require this support. They are also able to respond to and meet an individual's medication needs in their own home, which can potentially prevent hospital admission.

PRESCRIBING PROPORTIONATE CARE (PPC)

Staff from Social Work Training and Workforce Development Service contributed to the planning of a new multi-agency delivery approach to the provision of social care packages of care. This involved Falkirk, Stirling, and Clackmannanshire Councils and NHS Forth Valley.

A series of training events were arranged for health and social care workers who have responsibility for assessing for the provision of Moving and Handling Risk Assessments. This training took place between January and April 2022. The focus was to equip workers with the skills and knowledge to help them identify where a reduced carer care package would be appropriate. The approach enables care to be delivered with dignity, consistency, and supports person-centred care through appropriate encouragement of independence.

Following this training, a series of familiarisation sessions were arranged for Moving and Handling Liaison Workers employed within Falkirk Council and the Third Sector in April and June 2022. These sessions ensure that information about the new approach and additional equipment available is understood more widely by other workers who participate in risk assessment and provide carer support with moving and handling tasks.

Training and Workforce Development staff have helped to identify and meet prior training needs for staff attending Prescribing Proportionate Care (PPC) training. In-house Moving and Handling training is being revised to incorporate the new approach and additional available equipment.

192 workers attended the PPC training from Falkirk, Stirling, and Clackmannanshire Council, NHS Forth Valley, and Third Sector care providers. Of these 192, 25 places were offered to Falkirk Council Occupational Therapists, 6 places for Care at Home services, and 5 places for Falkirk Council Moving and Handling Trainers.

66 workers were nominated to attend the Familiarisation sessions delivered inhouse by Falkirk Council Moving and Handling Trainers.

RECRUITMENT AND RETENTION OF STAFF

A Recruitment and Retention Working Group was established in May 2021 made up of representatives from the HSCP and Council Social Work Services. This cross-service group was tasked with finding solutions to significant recruitment challenges and to create initiatives providing incentives and opportunities in support of staff retention and career development. A cross-

service staff reference group was also created to consult with and gather thoughts and ideas from operational managers and frontline staff.

In the last year, we have reinstated our Social Work Sponsorship programme. We have concluded the process of collaborating with the Open University to secure two places for their social work degree course which will commence in October 2022. We successfully recruited both applicants from the Health and Social Care Partnership. Plans are in place to routinely sponsor staff on this programme and to consider an equivalent programme for Allied Health Professionals.

Social Work student placements continue to be offered, giving the opportunity to recruit those who are in their final year. In the summer of 2021/22, Falkirk provided 15 student placements to Stirling University, Robert Gordon University, and the Open University. We work in partnership with Forth Valley College and attend recruitment fayres and bespoke events to secure student interest in a career in health and social care.

In 2021, we increased the number of placements offered to HNC Health and Social Care students trialling student placements across a wider range of services across the HSCP. Alongside our regular placements within Residential Care and Housing with Care services, students were offered placements in our Home Care Reablement service, Mobile Emergency Care service, Joint Dementia Initiative service, Social Work locality teams, and our Sensory Service.

An evaluation is currently underway that will be used to inform future practice in supporting college students towards a career in health and social care. This includes employment opportunities for students with us whilst undertaking their studies. In addition, we plan to develop the offer for staff who undertake placement mentoring duties as part of their career development based on lessons learned.

Work is underway in recognising advance practice, what constitutes advance practice, and how this is recognised. Roles under consideration relate to Mental Health Officer, Mental Health Officer Practice Assessor, and Practice Educator. Consideration is also being given to other areas of advanced practice such as in Dementia, Addictions, and Public Protection.

The group is also working on developing a cross service induction programme that supports consistency across services whilst also ensuring best use of time, resources, and providing an excellent overview of local integrated and partnership working.

This work sits alongside another recruitment initiative under development. We plan to roll out a programme of evening virtual drop-ins for potential future employees informed by feedback gathered over the past year. The sessions are designed to provide an opportunity for HSCP and Council staff to

engage flexibly and reflect HSCP and Council values in action, bringing to life strategic aims and objectives and sharing examples of collaborative working.

CROSS SERVICE NEWLY QUALIFIED SOCIAL WORKERS (NQSW) GROUP

A newly qualified workers group was developed as part of the support being offered to new staff in their first year post qualifying. The group was viewed as a sanctuary during the pandemic keeping workers connected and grounded.

The group continues to develop, meeting fortnightly. As well as offering peer support, it incorporates aspects of induction from colleagues and external agencies, the agenda led by the worker's needs. Activity over the last year has included ongoing work around the development of their Continuous Professional Learning (CPL). This has taken the form of directing and assisting with the expectations of the SSSC (regulatory organisation) in their first year.

The development of awareness and skills around the assessment and management of risk to protect the public in all settings has been an important piece of learning for the group, with them developing a sense of professional and corporate responsibility.

Activities around this have included group discussion, independent learning via the use of their online Microsoft Team Channel and reflective sessions. Imminent work includes working with them and subsequently their supervisors to look at the NQSW standards with a plan to encourage group members to familiarise themselves with these and incorporate them into their supervision sessions.

Team managers and supervisors will need to look at these and heighten their awareness of the requirements. It is hoped that using these will encourage the development of individual learning plans which should be reviewed on a regular basis. A sample of this can be found here.

Other work done with the group has included training and development on subjects such as The Promise, pre-birth assessment and self-directed support, and sessions on reflective practice. The importance of the group is to facilitate learning for and from all sections of the service to enable a clear understanding of each other's roles, responsibilities, and the integration of these. For example, in kinship care where multiple family members may be involved in the protection of a child or young person.

Knowledge of the Family Group Decision Making and Change Grow Live services are essential to enable change in this and other situations. The group is designed to facilitate learning and development, share knowledge, and ultimately help make a difference to the lives of the people and communities that we work with.

WEBINARS

During the past year we have delivered a series of webinars available to all staff working across the HSCP and Council services on "Prevention of Substance Use Harm" and "Keeping the Promise". This format of online learning has enabled us to reach a wide audience and to use these opportunities to signpost participants to where they can find additional resources and training.

AHP NON-MEDICAL PRESCRIBING NETWORK

Allied Health Professionals Non-Medical Prescribing (AHP NMP) Network continues to expand and develop with continued financial backing from the Scottish Government. Throughout 2021, a further 16 Allied Health Professionals (AHP) successfully completed their NMP training and subsequent exams. We now have a total of 34 AHP NMPs in the Partnership with additional six Paramedic Prescribers who now fall under the AHP remit. A further four AHPs are currently underway with their training in 2022 and another four have applied to begin training in September 2022.

The AHP NMP Network now meets quarterly to support and mentor all AHP NMPs. The group provides Continuing Professional Development (CPD) opportunities and supports annual audit and peer supervision sessions. The group has recently contributed to the review of the NHS Forth Valley NMP Policy, allowing AHPs specific policy section reference for the first time.

Advanced Physiotherapy Practitioners in Primary Care have also commenced a national roll-out of e-prescribing in two Falkirk HSCP Practices in 2022. Close work has been undertaken with Pharmacy colleagues to achieve this improvement to patient journeys. Further implementation to another eight GP Practices is planned later this year.

AHP INJECTION THERAPY NETWORK

The Allied Health Professionals Injection Therapy Network for Physiotherapists and Podiatrists in the Falkirk HSCP continues to develop and expand. Network events have already taken place in 2022 to support peer learning and CPD training opportunities. The Network will meet again in November 2022 and has supported a further three Physiotherapists to successfully complete and pass their training this year. Training for up to a further six Physiotherapists will be undertaken as Covid-19 regulations are reduced thus enabled course dates to become available.

Advanced Physiotherapy Practitioners working in Primary Care undertook 1,000 injections in 2021/22. When compared to costs of these procedures being administered by Secondary Care Consultants, a saving of over £180,000 is demonstrated. Alongside economic benefits, the administration of Injection Therapy within AHP Primary Care and Outpatient settings can be seen to improve patient pathways and reduce already long waiting times within Secondary Care.

ALCOHOL BRIEF INTERVENTION TRAINING

The Health Promotion Service delivers Alcohol Brief Intervention (ABI) training, which has been designed in line with national ABI training to help participants learn more about the effects of alcohol, how to calculate units and the skills required when offering brief advice. The training also aims to equip the workforce with the knowledge, skills, and confidence to initiate a conversation about alcohol and to deliver alcohol brief interventions.

In 2021/2022, alcohol brief intervention training was delivered via LearnPro online learning and a total of 22 health care staff, including prison health care staff in Falkirk attended the training.

RAISING THE ISSUE OF TOBACCO TRAINING

'Raising the issue of tobacco' training aims to raise awareness of the importance of addressing smoking behaviour with anyone we come into contact with, thus it is seen as everyone's responsibility to 'Raise the Issue'. The course provides participants with the knowledge and confidence on how to discuss someone's smoking behaviour, the benefits of quitting, and refer someone for support to stop smoking.

In 2021/2022, this training was delivered via LearnPro online learning to 32 health care staff, including prison health care staff in Falkirk.

Outcome 9:

Resources are used effectively and efficiently in the provision of health and social care services

BEST VALUE

As a public body, the IJB has a duty to make arrangements to secure Best Value. As defined by Audit Scotland, Best Value is concerned with "*good governance and effective management of resources with a focus on improvement to deliver the best possible outcomes for the public*".

With this in mind, the IJB's governance framework is intended to support continuous improvement and better outcomes, whilst striking an appropriate balance between quality and cost.

The key features of the IJB's governance framework which were in place during 2021/22 to support best value are outlined below:

Vision and Leadership

A key statutory duty of the IJB is to develop a 3-year Strategic Plan which reflects the national health and wellbeing outcomes framework and delivery of agreed local priorities. The Strategic Plan is now set against a backdrop of the Covid-19 pandemic which has resulted in a significant and rapid change in the configuration of health and social care services across Scotland. *Work is already underway to produce a new 3-year Strategic Plan.*

It is recognised that the long-term impact and unintended consequences arising from the pandemic are uncertain and may require development of new services and enhanced support for existing services such as mental health and various local community initiatives. At the same time, demand linked to ongoing demographic change, is increasing as people are living longer into old age, often with multiple long-term conditions which require more complex multidisciplinary care and support.

Similarly, the age profile of our workforce is also rising (and this is more prominent in certain staff groups e.g., District Nursing) which presents several risks in terms of succession planning and our ability to provide sustainable services. This is also exacerbated by ongoing recruitment and retention difficulties particularly in relation to Social Work services (where staff turnover is in the region of 7.9%).

To respond to these challenges (combined with the impact of growth in general price inflation and advances in new technology and medical treatments), it is clear that major reform and transformation of health and social care services is essential in order to deliver better care, better health and better value.

Our detailed Delivery Plan is underpinned by an integrated whole systems approach, which identifies the specific work streams and actions required to progress our strategic priorities. The Delivery Plan has recently been reviewed to ensure it is fit for purpose in a post Covid-19 context and remains aligned with our pandemic response in terms of the current remobilisation, recovery, and redesign of services.

The IJB is confident that the Delivery Plan continues to reflect the appropriate direction of travel for Adult Health and Social Care Services in Falkirk and notwithstanding the operational disruption and financial risks arising from Covid-19, it is recognised that the pandemic presents a unique opportunity to accelerate key elements of our Delivery Plan.

Governance and accountability
Falkirk IJB has responsibility for the strategic planning and commissioning of delegated health and social care functions. NHS Forth Valley and Falkirk Council delegate budgets to the IJB, which decides how resources are used to achieve the objectives of the Strategic Plan. The IJB then directs the partners, through the HSCP, to deliver services in line with this plan. The IJB controls an annual budget of approximately £254m.

The governance framework includes the Integration Scheme, IJB Standing Orders, Risk Management and Clinical and Care Governance. These frameworks set out the rules and practices by which the IJB ensures that decision making is accountable, transparent, and carried out with integrity. The IJB has legal responsibilities and obligations to its stakeholders, staff, and residents of the Falkirk Council area.

The range of IJB Board members has enabled informed decision-making through the insightful contributions from different perspectives. The voice of service users and carers have been of importance and value to the Board. During 2021-2022, all meetings have continued online.

Effective use of resources
The National Health and Wellbeing Outcomes Framework requires the IJB is to demonstrate that *"resources are used effectively and efficiently in the provision of health and social care services".* As part of this requirement, an overview of 2021/22 financial performance is provided below, including consideration of the financial outlook for 2022/23.

2021/22 FINANCIAL PERFORMANCE (FROM UNAUDITED ACCOUNTS 2021/22)
The IJB reported total income of £253.983m for financial year 2021/22 and total expenditure of £234.066m incurred during the year. As a result, a surplus of £19.912m was reported in the unaudited Comprehensive Income and Expenditure Statement on 31 March 2022.

The reported surplus reflects delays in planned expenditure during the year, receipt of significant, late funding allocations and unused Covid-19 funding which is required to be carried forward into 2022/23 in line with Scottish Government guidance. However, the overall surplus does mask multiple key financial pressures experienced during the year including:

Large Hospital Services/Set Aside
Ongoing pay pressures within A&E and various impatient specialties reflects the ongoing use of locums and agency staff to cover key vacancies. This position was partly offset by lower-than-expected non-pay costs (e.g., surgical sundries, lab supplies, and drugs) linked to lower overall hospital activity levels because of Covid-19.

Social Care
Additional funding was provided by Scottish Government in 2021/22 to allow Care at Home providers to increase wages for direct care staff to increase Care at Home capacity and make the service more sustainable. Despite increased hourly rates, capacity remains a concern with demand for Care at Home outstripping capacity. Underspends were reflected throughout Social Care including assessment and care planning team recruitment delays/vacancies and lower activity across Day Care, Respite & Carers Support, and Community Mental Health, all associated with the Covid-19 pandemic.

Primary Healthcare
Key areas of overspend within General Medical Services related to reimbursement of locum cover costs in respect of sickness absence and maternity/paternity leave claims from independent GP Practices. With respect to Primary Care Prescribing, there has been a 4% increase in Prescribing activity combined with delays in delivering efficiency savings (in terms of both savings initiatives and agreed national tariff reductions) contributing to the overspend position.

Community Healthcare
Temporary ward closures at Falkirk Community Hospital due to fire risk issues mask overspend pressures within the Joint Loan Equipment Scheme (JLES), Night Nursing, and Complex Care.

The vast majority (77%) of IJB expenditure incurred during 2021/22 related to Primary Healthcare and Social Care Services as outlined in the table below:

Total Expenditure	2021/ 22	2020/ 21	2019/ 20	2018/ 19	2017/ 18
Large Hospital Services	31,079	29,629	27,741	26,026	25,207
Primary Care Services	81,474	83,284	81,941	75,816	70,734
Social Care Services	99,102	93,952	88,259	83,694	78,297

Community Healthcare Services	21,956	38,241	36,604	35,422	36,785
IJB Running Costs	454	469	444	410	351
Total	**234,066**	**245,575**	**234,989**	**221,368**	**211,374**
Set Aside	31,079	29,629	27,741	26,026	25,207
Integrated Budget	202,987	215,946	207,248	195,342	186,167
Total	**234,066**	**245,575**	**234,989**	**221,368**	**211,374**

Table 19

Figure 2: 2021/2022 Expenditure by Category

COVID-19 FINANCIAL IMPLICATIONS

During 2021/22, the Scottish Government provided £16.338m of Covid-19 funding to meet all additional costs and unachieved savings associated with the pandemic. This reflected the funding originally requested through the IJB's Local Mobilisation Plan submission (£1.820m) together with a further £14.518m confirmed by the Scottish Government in February in respect of ongoing Covid-19 related cost pressures. 2021/22 funding was in addition to the £6.397m Covid-19 funding carried forward through earmarked reserves from 2020/21.

Expenditure of £6.470m was incurred during the year, leaving a balance of £16.265m to be transferred to reserves in relation to Covid-19. Winter planning and winter pressure funding of £5.052m will also transfer to reserves to meet ongoing costs during 2022/23.

FORWARD LOOK 2022/23 AND BEYOND

Remobilisation, recovery, and redesign of services will continue to be a key feature of the financial year 2022/23 as we emerge from the Covid-19 pandemic.

The initial estimate of the potential cost impact of Covid-19 in 2022/23 is in the region of £9.110m (excluding unachieved savings). The Scottish Government has advised that no additional Covid-19 consequential funding has been agreed with the UK Treasury for 2022/23 and IJBs should plan on the basis that no further Covid-19 funding will be issued. Any unused Covid-19 balances carried forward from 2021/22 would therefore require to be used in the first instance to meet ongoing additional costs incurred during 2022/23.

Significant recurring investment was announced last year as part of a national funding package to address winter pressures and support longer term improvement in service capacity across the health and social care system. This funding is designed to increase multidisciplinary team working and capacity, provide further pay awards for all adult social care staff employed in direct care roles, support interim care arrangements, and enhance staff wellbeing.

To address Social Care Provider sustainability challenges, contractual rates for 2022/23 have been increased to include a pay and non-pay inflationary uplift. The rate uplift reflects full implementation of the Scottish Government's adult social care pay policy (whereby staff employed in direct care roles must be paid a minimum of £10.50 per hour) and provides a contribution towards increased non-pay costs such as business insurance, utilities, and fuel. Whilst this has been welcomed by local providers, there is ongoing concern in relation to the scale of the cost of living and inflationary pressures currently being experienced. The position will be kept under close review.

Ongoing consideration will be given to the recurring cost impact of the pandemic in terms of long Covid-19 and increase demand for mental health services, supported by Scottish Government Mental Health Recovery and Renewal funds. Plans for additional, anticipated funding in respect of mental health and wellbeing in primary care will also progress during 2022/23 while all additional £15m funding is anticipated nationally in respect of the Primary Care Improvement Programme.

The Scottish Government's medium-term financial framework and resource spending review is expected to be published in May 2022, and this will inform the revision of the IJB's medium-term financial plan, together with wider economic considerations (e.g., rising inflation, rising energy costs, and labour market challenges).

SUSTAINABILITY

Adult Social Work services are included in Falkirk Council's Carbon Management Plan. The target for the IJB is to achieve a 68% reduction in its

2019/20 carbon emissions from vehicle fuel, gas, and electricity consumption by 2030.

Adult Social Work accounted for 1,427 tonnes CO2e in 2021/22, which is not a huge increase from the previous year. The breakdown per emissions sector is as follows:

- Gas – 772 tCO2e
- Electricity (including transmission and distribution losses) – 397 tCO2e
- Fuel (fleet) – 229 tCO2e
- Staff mileage – 67 tCO2e
- Water – 4 tCO2e
- Homeworking – 3 tCO2e

Work is underway to identity how to reduce carbon emissions, especially from travel and energy use in buildings.

The NHS Forth Valley Sustainability Strategy 2019-24 sets out how the key elements of sustainability can come together to actively support and enable efficient and effective healthcare delivery. The Strategy recognises that NHS Forth Valley needs to address health challenges due to climate change as well as reducing its own environmental impact.

FAIRNESS AND EQUALITY

We know that there can be significant differences in people's health depending on where they live, whether they are socially excluded or whether they share certain characteristics (such as sex, ethnicity, or disability). The impact of such health inequalities is explained in the Joint Strategic Needs Assessment.

Promoting fairness and equality to help tackle health inequalities underpins the priorities of the Strategic Plan. We aim to work with partners to prevent and reduce the impact of poverty and promote equality of access as part of our priority to 'Deliver local health and social care services including Primary Care, through enabled communities and workforce'.

Our priority to 'Focus on early intervention, prevention and harm reduction' also recognises that there are unfair and avoidable differences in people's health and social care between different population groups.

The Equality Outcome and Mainstreaming Report 2017-21 explains what Falkirk IJB will do to address inequality in greater detail. The report defines six IJB equality outcomes and describes how equality will be built into the way that the IJB works.

One of the key mechanisms for ensuring that equality is mainstreamed into IJB decisions is the Equality & Poverty Impact Assessment. During 2021/22, we conducted Equality & Poverty Impact Assessments on the following areas:

1. Volunteer Expenses Policy
2. Participation and Engagement Strategy
3. MECS Operations Dispersed Alarm Replacement Programme
4. MECS Installation of Alexa Devices and Supportive Technology
5. Establishment of the Living Well Advice Hub
6. Proposal to establish Living Well Centres in East and West Localities
7. Relocation of service users to a new base at Burnbrae/Grahamston House
8. Review of Existing Care Package: Younger Adults
9. Proposal to close registered Support Service which runs from a room in Cunningham House
10. British Sign Language (BSL) Plan for Falkirk
11. Carer and Service User Involvement Training

BUILDING CONFIDENCE WITH SENSORY AWARENESS

The British Sign Language (Scotland) Act 2015 and the British Sign Language National Plan 2017 - 2023 required public bodies in Scotland to publish local action plans by October 2018 and on a six-yearly basis, thereafter, showing how they will promote and support British Sign Language (BSL).

Our local action plan commits to raising awareness for workers who support individuals with sensory impairment. Sessions have been developed aimed at increasing workforce confidence about sensory impairment issues with the following learning outcomes:
- how to interact with someone who has a sensory impairment
- how a sensory impairment can affect someone's communication, access to information and mobility
- how to adapt working practice to meet the needs of those with a sensory impairment and keep a positive attitude
- learn about the wide range of services within Falkirk Health and Social Care Partnership that are available to support those with a sensory impairment.

USING TECHNOLOGY

Care at Home Forecasting Tool

A Care at Home forecasting tool was developed for the Inhouse Care at Home service, making use of data to inform decision making. This report has been run and presented to Senior and Operational Management meetings on multiple occasions to identify pressure points in the system. Reports have been developed further and analysed alongside the previous year's data, the timings of the service's visit commitments and carer working patterns to support the effective and efficient use of resources.

Social Work and Near Me

During the summer of 2021, £30,000 of funding was awarded by the Scottish Government for Falkirk HSCP and a five other HSCP's to pilot a video consultancy platform called Near Me to support duty to Social Work. Near Me provides an online waiting room offering video appointments as a method of communicating with Social Work. In this way, it has the potential to widen access to the service.
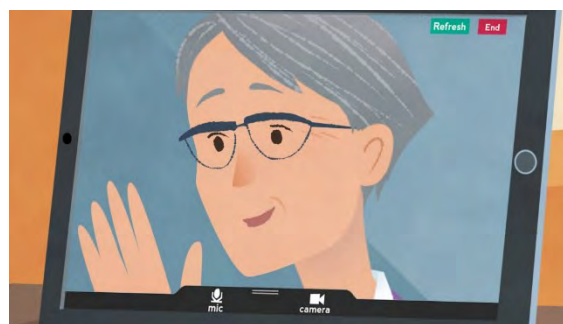
The project will enable a blended approach of in-person and video interactions for Duty and other Social Work appointments where appropriate. It is anticipated that this will attract benefits such as enabling choice, widening access to our services, supporting relationship-based approaches and outcomes focussed practice. Near Me will facilitate the inclusion of family members, carers, or other health and care professionals in discussions and, in this way, the system will support integrated service delivery.

Since the project commenced, Falkirk HSCP has met multiple milestones:
- Testing has been completed
- Data Protection Impact Assessment has been completed and signed off
- Five training sessions have taken place and a small number of video appointments have been made

The next steps for 2022/2023 will focus on scaling up the use of the platform across three localities and the creation of the live online waiting room.

PARTNERSHIPS AND COLLABORATIVE WORKING
WORKING IN PARTNERSHIP WITH THE THIRD SECTOR

Community Led Support Strategy

Falkirk HSCP and third sector partners have been working together to develop an effective model of community-led support. Community-Led Support (CLS) refers to services that are designed and delivered in conjunction with people and communities. The principles of community-led support are co-production, community focus, support, and advice to prevent crises, a culture based on trust and empowerment in which people are treated as equals, minimal bureaucracy, and a responsive and proportionate system that delivers positive outcomes.

Partners agreed that a Falkirk HSCP strategy was required to ensure that community-led support remains sustainable, coordinated, and effective as our capacity increases to respond to demand on community-based services within localities. The draft strategy has been developed during 2021/2022. Our

ambition is to increase the use of community-led support to provide alternative models of care and to promote prevention and early intervention in the community.

The strategy intends to:
- Ensure that Falkirk Health and Social Care Partnership have a collective understanding of the why and how we intend to work alongside communities.
- Highlight the learning from the Covid-19 pandemic, with reference to sustainable learning for the Partnership.
- Highlight the change that is required for community led support to be effective and sustainable.
- Provide an action plan based on a theory of change model, which will enable investment and activities to be monitored and evaluated.

The strategy describes how we will develop community led support in relation to the following themes:
- Strengthening Communities
- Collaboration and Partnership
- Access to Community Resources

The Community-Led Support Strategy and action plan is still in draft format and is currently being finalised with partners. Co-production of the action plan is intended to ensure that there is an equal status amongst partners in terms of planning, design, and decision making.

To finalise and drive forward the implementation of the Strategy, a Community Led Support Programme Manager will be recruited in 2022. To ensure effective and sustainable pace of change, the Manager will be skilled in community learning and development and will work closely with third sector partners and communities. This will also include an assessment of the HSCP role in community development and consideration of resource requirements.

Winter Pressures Collaborative
The Winter Pressures Collaborative was established and funded by the Partnership to help reduce demand on Forth Valley Royal Hospital by providing a direct link to community support. The Forth Valley-wide service has successfully improved patient flow within hospital, helped to reduce admissions and promote independence at home by offering a range of supports provided by third sector partners.

The partners include:
- Strathcarron Compassionate Neighbours
- RVS
- Dial-A-Journey
- Food Train
- Falkirk & Clackmannanshire and Stirling Carers Centres

- NHS Forth Valley: Frailty Team & Rapid Access Teams, Home from Hospital & Discharge Teams
- Falkirk and Stirling & Clackmannanshire HSCPs.

Community Link Workers are employed within the hospital, helping to identify support from third sector partners to practically support the person home safely. Once discharged home, a follow-up visit involving a "Good Conversation" is conducted with the patient and, where applicable, carer. This identifies longer-term support to help maintain independence at home. The type of support available includes carers support, a shopping service, prescription delivery, befriending and links to wider community resources.

Communication between partners is aided by a bespoke app developed by Falkirk HSCP. The app allows the Community Link Workers to record the necessary personal data and patient consent securely and efficiently. The app also enables information to be shared between partners securely. The Link Worker and app provides a single point of access and coordination of resources from community partners.

Using the app helps to improve efficiency by:
- Data is entered once, but used many times (e.g., the name and address of service user may form part of a referral to more than one partner).
- Link Workers are guided through a process by advancing through the screens of the app, reducing variation and the potential for missing information.
- The app applies validation to many of the fields of data that it collects by restricting the type of data that can be entered, thus reducing the scope for error.
- Referral emails to partners are generated automatically from data that has already been collected in the app.

More than 500 people across Forth Valley used the service during the initial project period (December 2021 – 30 March 2022).

With a full project evaluation completed, the project has been a success in supporting people home from hospital and supporting hospital flow. With support from our third sector partners, Falkirk and Stirling &

Clackmannanshire Health and Social Care Partnerships have agreed to extend the project to provide year-round support.

Partners are currently identifying future service models and the potential for its expansion.

DEMONSTRATING IMPACT

The positive findings of the project's evaluation have been presented to colleagues across Scotland, with the team taking a poster to the NHS Scotland Event exhibition in Aberdeen this summer.

A virtual version of the poster, and its accompanying evaluation report, can be found on the NHS Scotland Event 2022 website.

CASE STUDY: WINTER PRESSURES COLLABORATIVE

Following her discharge from hospital, Ms C received a follow up call from the team's dedicated link worker.

Living alone with no family, Ms. C was managing her return home and recovery from hospital with assistance from friends who were visiting daily and running errands like food shopping.

The Link Worker discussed the benefits of Food Train with Ms. C, which would help take pressure off her friends, who are also elderly.

The Strathcarron Compassionate Neighbours project was also of interest to Ms. C, although she was initially unsure. A follow up call a few weeks later provided another opportunity to discuss support options, where Ms C agreed a referral to the Compassionate Neighbours, who are able to help her attend the Snowdrop Café for a chat and some company.

The range of support options available are supporting Ms C during her initial return from hospital and her recovery, as well as into the future.

This case study has been anonymised and provided, with thanks, from the Winter Pressures Collaborative Evaluation Report.

HOW WE WORK WITH HOUSING SERVICES

Housing has a key role for people to stay at home, in accommodation that meets their needs, in their communities. The contribution of Falkirk Council housing services and Registered Social Landlord's (RSL's) is key to delivery of the Partnership's Strategic Plan.

Our Housing Contribution Statement (HCS) 2019 – 2022 includes the following priorities that form an essential link with the Strategic Plan and the Local Housing Strategy:

- Make the best use of technology to help people stay in their communities for as long as possible
- Recognise the importance of well-being and connectedness
- Make the most of the built environment
- Improve access to housing
- Provide housing options for homeless people

Actions that have already been achieved include:

- Review the Mobile Emergency Care Service including the transition from analogue to digital
- Explore how to further assist empty homeowners such as advice on hoarding. A Hoarding Policy is in place between Falkirk Council Housing and HSCP, officers have been trained, and 38 empty homes have been brought back into use.
- Set up a housing first model
- Increase percentage of social lets to homeless people

Of the 22 actions:
- 4 have been achieved
- 14 are ongoing
- 3 have been revised
- 1 has been delayed

WORKING IN PARTNERSHIP WITH THE INDEPENDENT SECTOR

The Independent Sector is committed to improving the sustainability of care provision in Falkirk and is a key partner in the delivery of integrated health and social care services in the area.

During the Covid-19 pandemic, the Independent Sector Lead (ISL) has continued to support the Care Home Managers Support Network and the Care at Home Providers Network. These networks were well established before the pandemic and ensured continuity of support during this challenging period. The role also extended to proactively supporting the partnership through membership of the Care Home Improvement Team and the Care Home Oversight Group. This has ensured vital and regular communication with the independent sector providers and the Partnership.

During 2021/22, the Independent Sector Lead (ISL) has been committed to ensuring the wellbeing of the Independent Sector workforce remains high on the agenda of many strands of the Partnership's organisational and leadership processes. The ISL holds weekly meetings with care at home and care home providers to ensure there is equality of opportunity for those who work within the independent sector in relation to support, discussion groups, and wellbeing support.

PARTNERSHIP FUNDING 2021/2022

Falkirk HSCP has operated a partnership funding programme as an opportunity for partners to establish, test, transform, and accelerate the delivery of integrated services in line with local priorities.

During the investment period 2018-2021, the IJB committed to shifting the balance of care towards integrated services and projects in the community and away from traditional models of health and social care, which have largely focussed on statutory services within centralised and/or institutionalised

settings. The IJB agreed that ongoing investment to support discharge or avoid admission should be via redistribution of current allocations rather than significant new investment. The challenge is to shift the balance of care to develop a range of community-based supports to develop supportive communities to enable more people to live at home longer.

Partnership Funding Investment Plan 2021-2024

Falkirk HSCP has operated a Partnership funding programme since 2018. The programme has provided an opportunity for partners to establish, test, transform, and accelerate the delivery of integrated services in line with local priorities.

During the period 2018-2021, Partnership Funding encompassed only four funds:
- Main Programme
- Leadership Fund
- Carers Fund
- Dementia Innovation Fund

The IJB agreed that a single partnership investment plan should be developed to provide oversight of investment, governance, and evaluation of impact for all strands of funding available to the Partnership to support in-scope services. The Partnership Funding Investment Plan 2021-2024 was developed in collaboration with partners and approved by the IJB in June 2021.

The benefits of operating a Partnership Funding Programme include the ability to:
- Respond to emerging needs across the system on a flexible manner
- Effectively and transparently allocate, monitor, and evaluate funds, using a collaborative commissioning approach
- Include people with lived experience in design and decision-making processes
- Shift resources from crisis support to earlier intervention and prevention

Currently, the Partnership Funding Programme includes eleven funds:
1. Main Programme
2. Carers Fund
3. Health Inequalities and Wellbeing Fund (non-recurring)
4. Alcohol and Drugs Partnership
5. TEC Innovation Fund (non-recurring)
6. Dementia Innovation Fund
7. Choose Life
8. Services for Survivors
9. Innovation and Invest to Save (non-recurring)
10. Locality based funding (non-recurring)
11. Mental Health Recovery and Renewal Funds (Phase 2 – Post Diagnostic Support)

The pandemic has caused a delay in progressing commissioning processes at the pace initially hoped, which has resulted in some funds accruing significant reserves. Progress is now being made to address this and align investment with the priorities of the Strategic Plan, whilst also addressing challenges resulting from Covid-19.

OUR GOVERNANCE

INSPECTION OF FALKIRK HSCP REGISTERED SERVICES

The Care Inspectorate is responsible for the regulation of care standards in Scotland. In consultation with the social care sector, the Care Inspectorate has developed a self-evaluation and quality framework model based on the Scottish Government's Health and Social Care Standards. Inspectors use the quality framework to evaluate the quality of care during inspections and improvement planning.

CARE INSPECTORATE QUALITY ASSESSMENT FRAMEWORK

The Quality Assessment Framework sets out Key Questions about the difference a care service makes to people's wellbeing, and the quality of the services that contribute to that. During 2020, the Care Inspectorate created an additional new theme of "How good is our care and support during Covid-19 pandemic?"

Key Question 1	How well do we support people's wellbeing?
Key Question 2	How good is our leadership?
Key Question 3	How good is our staff team?
Key Question 4	How good is our setting?
Key Question 5	How well is our care and support planned?
Key Question 6	What is the overall capacity for improvement?
Key Question 7	How good is our care & support during the pandemic?

RESIDENTIAL CARE HOMES (OLDER PEOPLE)

Summerford House

The Care Inspectorate visited Summerford House on 27 January 2022. This was a focused inspection to follow up on the three requirements and three areas of improvement made at their unannounced visit on 9 and 10 November 2021. There was also a follow-up visit on 1 December 2021. The Care Inspectorate also followed up on an area for improvement made as a result of an upheld complaint.

The Care Inspectorate graded the service at a three (adequate) for the quality indicator "How well do we support people's wellbeing?" The service had met the requirements and areas for improvement made in November and another made following an upheld complaint. Although one of the requirements identified in November had been met, the Care Inspectorate noted more work was needed and identified new improvements. There was no timescale given for achieving the area for improvement as the service will move back to annual inspections.

The Care Inspectorate noted that there was improvement in the cleanliness of the building and staff knowledge, and thus re-evaluated the quality indicator "How good is our care and support during the Covid-19 pandemic?" from adequate to good.

Burnbrae Care Home

The Care Inspectorate completed their follow-up inspection at Burnbrae Care Home on 17 June 2021 to focus on actions taken to address requirements. During the previous inspection on 4 May 2021, the Care Inspectorate graded the service as a two (poor) as five of the six requirements that had been issued in an inspection in October 2019 had still not been met.

Based on the follow-up inspection, the service has shown positive improvement. Many of the areas inspected were described as very good, however, given the poor grades and the need to show consistent ongoing improvement, the home was subsequently evaluated as a three (adequate) in all areas. Their report noted that each point was adequate whilst highlighting important or significant strengths. All the outstanding requirements from October 2019 have been subsequently met (out-with timescale) at the most recent inspection. The HSCP will continue to monitor improvements to ensure the standards evidenced throughout the inspection are built upon and the follow up actions are fully embedded.

At the end of the 2021/22 financial year, the percentage scores from all Homes in the Falkirk Council area were as follows, with 12 local care homes being inspected during this financial year, compared to 3 last financial year:

Key Questions	Good/Very Good/Excellent	Unsatisfactory/Weak/ Adequate	Not Inspected
KQ 1	55%	20%	25%
KQ 2	10%	0%	90%
KQ 3	10%	5%	85%
KQ 4	10%	5%	85%
KQ 5	35%	5%	60%
KQ 6	0%	0%	100%
KQ 7	50%	10%	40

Table 20

RESIDENTIAL CARE HOMES (YOUNGER ADULTS)

11 out of the 12 care homes continue to be assessed under the new Quality Assessment Framework described in the section above.

At the end of the 2021/22 financial year, the percentage scores from for the 11 care homes in the Falkirk Council area inspected under the new framework were as follows, with only three care homes inspected this year.

Key Questions	Good/Very Good/Excellent	Unsatisfactory/Weak/Adequate	Not Inspected
KQ 1	50%	40%	10%
KQ 2	10%	20%	70%
KQ 3	10%	20%	70%
KQ 4	20%	10%	70%
KQ 5	70%	20%	10%
KQ 6	N/A	N/A	N/A
KQ 7	30%	10%	40%

Table 21

One care home continues to be assessed under the old inspection regime and was graded 100% in good, very good, and excellent, and 0% in weak or unsatisfactory.

CARE AT HOME AND HOUSING SUPPORT SERVICES

During the year 2021/22, care inspection activity across all care at home and housing support services remained reduced to create capacity in response to the Covid-19 pandemic and resilience efforts to other Coronavirus variants including Omicron.

Three services were successfully inspected in the Falkirk area between April 2021 and March 2022. For two of these services, the criteria required by the Care Inspectorate to meet the evaluation quality point scale of 4 – Good was successfully achieved. The other service inspected met the evaluation quality point scale of 3 – Adequate.

HOUSING WITH CARE SERVICES

The Care Inspectorate completed an unannounced inspection of Housing with Care Services on 30 August 2021. The inspection evaluated the quality of services in two areas.

For the quality indicator, "How well do we support people's wellbeing?", the inspection identified two requirements and assessed the service as three (adequate). Following a follow-up unannounced inspection, the service had made good progress and was reassessed as a four (good) for this quality indicator.

For the quality indicator, "How good is our care and support during the Covid-19 pandemic?", the inspection identified one requirement and one area for improvement and assessed the service as a two (weak). Following good progress made, this was reassessed as a four (good).
In August, the Care Inspectorate also assessed progress against two previously identified areas for improvement. They found that insufficient progress had been made in these areas. They made a requirement around one and repeated the other as an area for improvement that would be followed up at future inspections.

ADULT SUPPORT AND PROTECTION JOINT INSPECTION

The Falkirk Adult Support and Protection (ASP) Inspection of partners – Falkirk Council, NHS Forth Valley, Police Scotland, and the Adult Protection Committee (APC) – was one of many that took place across Scotland as part of a programme of assurance activity at the request of Scottish Ministers. It was jointly carried out by the Care Inspectorate (CI), Healthcare Improvement Scotland (HIS), and Her Majesty's Inspectorate of Constabulary in Scotland (HMICS). The inspection scrutinised the quality of two important ASP indicators – the quality of our ASP Key Processes and the quality of ASP Leadership.

The partners and all others across Scotland faced the unprecedented and ongoing challenges of the Covid-19 pandemic. The report has found an engaged workforce which prioritises adults at risk of harm, and their carers. Adult Support and Protection processes in Falkirk adapted well to the challenges of the pandemic with a collaborative structure in place across all key partners. The report has identified six areas of improvement, which cover recording of key processes and further opportunities for joint-working.

The inspection report was published on 8 February 2022. The report commended the practices and processes in place to ensure adults at risk of harm are safe, protected, and supported in Falkirk. The inspection concluded that both the Partnership's strategic leadership and key processes for adult support and protection were effective with areas for improvement. There were clear strengths supporting positive experiences and outcomes for adults at risk of harm, which collectively outweighed the areas for improvement.

OUR PERFORMANCE

NATIONAL INTEGRATION INDICATORS

The IJB fulfils its ongoing responsibility to ensure effective monitoring and reporting on the delivery of services, relevant targets, and measures which are set out in the Strategic Plan and integration functions.

The Partnership reports progress against the suite of national integration indicators. This enables us to understand how well our services are meeting the needs of people who use our services and communities.

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

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

Our performance for 2021/22 is set out in the following 'Performance at a Glance', with more detailed tables on the following pages.

INDICATOR SUMMARY

- **5.6%** of indicators where Falkirk **compares well** to Scotland.
- **16.7%** of indicators where Falkirk is **similar to** Scotland.
- **77.8%** of indicators where Falkirk **does not compare well** to Scotland.

2021/22 performance has decreased across the country, including:
- Falkirk, 16 of 18 (88.9%)
- Scotland, 15 of 18 (83.3%)
- Comparator group, 14 of 18 (77.8%)

No.	Percentage	Outcome Indicator	National
NI-1	89.5%	Of adults able to look after their health very well or quite well.	90.9%
NI-2	70.6%	Of adults supported at home who agreed that they are supported to live independently as possible.	78.8%
NI-3	63.9%	Adults supported at home who agree they have a say in how their help, care, or support was provided.	70.6%
NI-4	47.2%	Of adults supported at home who agreed their health and social care services seemed to be well co-ordinated.	66.4%
NI-5	63.5%	Of adults receiving any care or support who rated it as excellent or good	75.3%
NI-6	60.3%	Of people with positive experience of the care provided by their GP practice	65.6%
NI-7	70.4%	Adults supported at home who agree their services and support have an impact on improving or maintaining their quality of life	78.1%
NI-8	28.6%	Carers who feel supported to continue in their caring role	29.7%
NI-9	73.5%	Of adults supported at home agreed they felt safe.	79.7%

No.	Performance	Data Indicator	National
NI-11	493 per 100,00	Premature mortality rate per 100,000 persons.	471 per 100,00
NI-12	13,945 admissions per 100,000	Emergency admission rate 2020	11,636 per 100,000
NI-13	111,984 bed days per 100,000	Emergency bed day rate 2020	109,429 per 100,000
NI-14	146 per 1,000	Readmission to hospital within 28 days – rate per 1,000 population, 2020.	110 per 1,000
NI-15	88.4%	Proportion of last 6 months spent at home or in a community setting 20202	90.1%
NI-16	24.5 falls per 1,000	Falls rate per 1,000 population aged 65+, 2020	23 per 1,000
NI-17	81.2%	Proportion of care services graded good or better in Care Inspectorate Inspections, 2020	75.8%
NI-18	65.2%	Percentage of adults with intensive care needs receiving care at home, 2020	64.9%
NI-19	1,112 per 100,000	Number of days people spend in hospital when they are ready to be discharged, 2020	761 per 100,000

NOTES ON INDICATORS 1-9

The Health and Care Experience Survey for 2021/22 was published by the Scottish Government on 10th May 2022. While core suite indicators 1-9 come from the survey the figures presented here may differ from those published due to changes in underlying methodology and not all indicators will be comparable to previous years.

Results for indicators (1, 2, 3, 4, 5, 7 and 9) may differ between the HACE and Core Suite Integration Indicator releases.

Results for indicators 1, 6 and 8 are comparable across all years.
2021/22 results for indicators 2, 3, 4, 5, 7, and 9 are comparable to 2019/20 but not to results in years prior to this* (therefore all indicators 1-9 are comparable with 2019/20 results)

*A change of methodology to focus only on NHS or Council-funded services in the core suite indicators release in 2019/20 meant that indicators 2,3,4,5,7 and 9 were not directly comparable to previous years. It also meant that 2019/20 results for these indicators may differ from HACE published results.

NOTES ON INDICATORS 11-20

Use of Proxy 2021/22 financial year data for indicators 12, 13, 14, 15 and 16 Calendar year 2021 is used here as a proxy for 2021/22 due to the national data for 2021/22 being incomplete. We have done this following guidance issued by Public Health Scotland to all Health and Social Care Partnerships. Figures presented may not fully reflect activity during 2021/22 due to the varying impact of COVID-19 at different points of the pandemic.

INDICATOR 20

NHS Boards were not able to provide detailed cost information for 2020/21 due to changes in service delivery during the pandemic. As a result, PHS have not provided information for indicator 20 beyond 2019/20. PHS previously published information to calendar year 2020 using costs from 2019/20 as a proxy but, given the impact of the COVID-19 pandemic on activity and expenditure, PHS no longer consider this appropriate.

NI	Outcome Indicator	Falkirk 2017/18	Falkirk 2019/20	Falkirk 2021/22	Comparator Avg.2021/22	Scotland 2021/22
NI-1	Of adults able to look after their health very well or quite well.	92.4%	92.4%	89.5%	90.6%	90.9%
NI-2	Of adults supported at home who agreed that they are supported to live independently as possible.	82.5%	79.2%	70.6%	76.2%	78.8%
NI-3	Adults supported at home who agree they have a say in how their help, care, or support was provided.	76.0%	78.6%	63.9%	73.2%	70.6%
NI-4	Of adults supported at home who agreed their health and social care services seemed to be well co-ordinated.	71.8%	74.6%	47.2%	67.7%	66.4%
NI-5	Of adults receiving any care or support who rated it as excellent or good	80.5%	83.6%	63.5%	74.5%	75.3%
NI-6	Of people with positive experience of the care provided by their GP practice	81.0%	76.4%	60.3%	65.7%	65.6%
NI-7	Adults supported at home who agree their services and support have an impact on improving or maintaining their quality of life	78.3%	78.8%	70.4%	78.8%	78.1%
NI-8	Carers who feel supported to continue in their caring role	37.3%	36.6%	28.6%	28.0%	29.7%
NI-9	Of adults supported at home agreed they felt safe.	84.1%	85.8%	73.5%	78.5%	79.7%
NI-10	Percentage of staff who said they would recommend their workplace as a good place to work.	N/A	N/A	N/A	N/A	N/A

NI	Title	Falkirk Partnership						Comparator Average	Scotland
		2016/17	2017/18	2018/19	2019/20	2020/21	2021/22*	Latest	Latest*
NI - 11	Premature mortality rate per 100,000 persons	466	427	449	435	460	493	459	471
NI - 12	Emergency admission rate (per 100,000 population)	11,771	12,325	12,125	15,346	13,219	13,945	12,764	11,636
NI - 13	Emergency bed day rate (per 100,000 population)	144,772	138,571	137,752	135,542	110,314	111,984	113,566	109,429
NI - 14	Readmission to hospital within 28 days (per 1,000 population)	121	121	118	152	163	146	107	110
NI - 15	Proportion of last 6 months of life spent at home or in a community setting	85.5%	86.4%	86.1%	87.0%	89.1%	88.4%	89.6%	90.1%
NI - 16	Falls rate per 1,000 population aged 65+	19.8	21.9	23.9	24.6	22.5	24.5	23.1	23.0
NI - 17	Proportion of care services graded 'good' (4) or better in Care Inspectorate inspections	85.8%	88.2%	83.8%	87.4%	87.0%	81.2%	84.5%	75.8%
NI - 18	Percentage of adults with intensive care needs receiving care at home	64.6%	64.2%	64.8%	63.7%	64.2%	65.2%	66.2%	64.9%
NI - 19	Number of days people spend in hospital when they are ready to be discharged (per 1,000 population)	1023	910	1178	1020	684	1,112	817	761
NI - 20	Percentage of health and care resource spent on hospital stays where the patient was admitted in an emergency	23.4%	23.6%	23.8%	24.6%	NA	NA	NA	24.2%
NI - 21	Percentage of people admitted to hospital from home during the year, who are discharged to a care home	NA	NA	NA	NA	NA	NA	NA	NA
NI - 22	Percentage of people who are discharged from hospital within 72 hours of being ready	NA	NA	NA	NA	NA	NA	NA	NA
NI - 23	Expenditure on end of life care, cost in last 6 months per death	NA	NA	NA	NA	NA	NA	NA	NA

Source: Public Health Scotland

Notes:

1. NA indicates where data is not yet available.

2. NI 1 – 9: Data are presented on financial year file and 2021/22 is the most recent data available. The figures presented for the Core Suite of Integration Indicators may differ from those published due to changes in the underlying methodology. Historic figures will also not be comparable due to a change in methodology.

3. NI 11 and 18 are presented on calendar year. 2021 is the most recent data available.

4. NI 12 – 16 and 20: Calendar year 2021 is used here as a proxy for 2021/22 due to the national data for 2021/22 being incomplete. We have done this following guidance from Public Health Scotland and to improve consistency between our report and those for other Health and Social Care Partnerships.

5. NI 17 and 19 are presented on financial year with the latest available data being from 2021/22.

6. NI 1 – 9, 11 and 17: for these indicators the data available for each Council Area in the Comparators group is a percentage or a rate only. So, the 'Comparator Average' is the average of the percentages or rates for each indicator, rather than a true weighted average.

7. NI 12 – 16 and 18 – 20: for these indicators, the 'Comparator Average' is a true weighted average.

8. Since moving to TrakCare in April 2019 Combined Assessment Unit (CAU) activity has been recorded in SMR01 under significant facility 11 whereas previously it was recorded in SMR00. This has contributed to an increase in the total number of emergency admissions (indicator 12) in Forth Valley areas from 2019/20 onwards. This will also have had an impact on Indicator 14.

Comparators: Includes members of Family Group 3: Clackmannanshire, Dumfries & Galloway, Fife, Renfrewshire, South Ayrshire, South Lanarkshire and West Lothian: http://www.improvementservice.org.uk/benchmarking/how-do-we-compare-councils.html

LOOKING FORWARD

As we emerge from the Covid-19 pandemic, the Partnership, with support from a range of partners, remains committed to improving services available to people. We aim to increase our involvement of people with lived and living experience to help us improve how we deliver our services.

The impact of the Covid-19 pandemic will endure into 2022/2023 as we continue to manage the ongoing increased pressure on community services and the workforce. As well as the impact of the cost of living crisis and fuel poverty on people's health and wellbeing, and the widening health and social inequalities in our communities.

However, the Partnership remains ambitious. We have developed a transformation programme to enable our limited resources to be aligned to key areas of service delivery that will make the biggest impact on our Partnership.

We will also be working with the Scottish Government and fellow health and social care partnerships to help shape and prepare for a new National Care Service.

Key areas of work for 2022/2023 include:

- Establish a new three-year Strategic Plan
- Develop an Integrated Workforce Plan
- Refresh the Carer's Strategy
- Progress the Transformation Priorities
- Develop the Falkirk Community Hospital Masterplan
- Transform Primary Care
- Workforce Recruitment
- Expansion of the Community Link Work service
- Work with partners to drive forward the Community-Led Support Strategy

GLOSSARY

A&E	Accident and Emergency Department (casualty)
Acute	Acute Care is a branch of health care where people receive active but short-term treatment for a severe injury or episode or illness, an urgent medical condition, or during recovery from surgery. Acute care services are generally provided in a formal hospital setting.
Adaptations	Adaptations can help older people and people with disability to live independently in their own homes. They can reduce the risk of falls and other accidents in the home and also reduce the need for home care or long-term admission to a care home. A wide variety of aids and equipment is available to help with daily living tasks. This ranges from simple adapted cutlery to telecare alarms, specialist seating and beds. Common examples of adaptations include replacing a bath with a level access shower or making it easier to get in and out of the home by widening doors or installing a ramp.
Admitted / Admission (to hospital)	Being taken into hospital
Advocacy	Advocacy means getting support from another person to help someone express their views and wishes, and to help make sure their voice is heard. Someone who helps in this way is called an advocate. In the Standards, we are referring to formal advocacy provided by an organisation to someone using care.
Adult support and protection (ASP)	Things we can do to identify, support and protect adults who may be at risk of harm or neglect and who may not be able to protect themselves
Alcohol and Drug Partnership (ADP)	ADPs are multi agency partnerships established to implement and respond to the national strategies on alcohol, drugs, tobacco and volatile substances across the whole population. ADPs also have a responsibility to develop a local substance strategy which addresses prevention. This must ensure that the range of treatment options that are required to promote recovery from substance use problems are provided for and available at point of need.

Anticipatory Care Plans (ACPs)	A plan prepared by a person with health/care needs along with a professional. The plan lays out what the person would prefer if/when their condition changes.
Assessment	Process used to identify the needs of a person so that appropriate services can be planned for them
Avoidable admission	An admission to a bed that may be regarded as unnecessary had other more appropriate services been available
Balance of care	How much care is given in the community compared to how much is given in hospitals etc.
Bed based services	Those services such as inpatient wards in a hospital where people are cared for overnight
Bed days	The number of days that beds in hospital are occupied by someone
Capacity	Capacity refers to an individual's ability to make decisions about their wellbeing. This may change over time and may refer to different aspects of their life. For people who have been medically assessed as lacking capacity there is legislation to protect their wellbeing.
Care home	A care service providing 24-hour care and support with premises, usually as someone's permanent home.
Care Plan	A Care Plan is the plan of treatment or actions agreed with a service user, their carer and family, following an assessment of need by a health or care agency.
Carer	A carer is a person, of any age, who looks after family, partners, or friends in need of help, because they are ill, frail or have a disability and need support to live independently. This care is unpaid however the carer may be in receipt of carers allowance, but this is not considered to be payment.
Chief Officer	Chief Officer of the Integration Joint Board was appointed to provide a single point of management for the integrated budget and integrated service delivery. They are accountable to the Integration Joint Board and to the Chief Executives of their Health Board and Local Authority for the delivery of the integrated services.

Choice and control	Choice and control is about shaping services to meet people's needs, rather than allocating people to fit around services
Adult Carer Support Plan	An assessment to find out what a carer (unpaid, informal carer) needs (such as respite, short breaks etc.) and how services can support them better
Clinical and Care Governance	Clinical and care governance is a systematic approach to maintain and improve care in a health and social care system. This will provide assurance to the IJB on the systems for delivery of safe, effective, person-centred care in line with the IJB's statutory duty for the quality of health and care services.
Commission (a service)	Buying a service from another to meet the needs of a population
Community Based Support	Services that are delivered within community settings, sometimes within a person's home. Community based support is provided by NHS Forth Valley, Falkirk Council and also by voluntary and community organisations.
Community Planning Partnership (CPP)	Where public agencies work together with the community to plan and deliver better services which make a difference to people's lives
Covid-19	An acute respiratory illness in humans caused by the coronavirus, which can cause severe symptoms and in some cases death. Originally identified in China in 2019 which became a pandemic in 2020.
Daily living	Tasks that people carry out to look after their home, themselves and when taking part in work, social and leisure activities
Delayed discharge	Where someone is unable to leave hospital because the appropriate care and/or support is not yet available for them at home
Delegated function	A service that HSCP partnership will be responsible for
Delivering (a service)	Carrying out a service

Demographic change / workforce challenges	Changes in population (e.g., more older people) that mean we have to change how we provide our services
Direct payments	Means-tested payments made to service users in place of services they have been assessed as needing. This allows people to have greater choice in their care
Early intervention	Giving support, care and/or treatment as early as possible
End of Life Care	End of life care addresses medical, social and emotional, spiritual and accommodation needs of people thought to have less than one year to live. It often involves a range of health and social care services for those with advanced conditions who are nearing the end of life.
Engagement	Having meaningful contact with communities e.g., involving them in decisions that affect them
Facilitate/facilitator	Making a process easy or easier
Front line staff	Staff who work directly with users of a service
Governance	The way that an organisation is run
Health and Social Care Integration	In the UK, Health and Social Care (often abbreviated to HSC or H&SC) is a term that relates to services that are available from health and social care providers. This is a generic term used to refer to integrating/bringing together the whole of the health and social care provision infrastructure, public and private sector, including the Third sector.
Health inequalities	The gap that exists between the health of different population groups such as the well-off compared to poorer communities or people with different ethnic backgrounds
Home First	The Home First team support people to avoid delay in their discharge from hospital, they work with the person, their carer / relatives to agree how to support them to get home.
Housing Contribution Statement (HCS)	The HCS sets out the arrangements for carrying out the housing functions delegated to the

	Integration Authority under the Public Bodies (Joint Working) (Scotland) Act 2014
Independent sector	This includes voluntary, not for profit, and private profit-making organisations. It also includes housing associations
Integration	The term used to describe the partnership working between health and social care services as outlined in the Public Bodies (Joint Working) (Scotland) Act 2014
Integration Joint Board (IJB)	The IJB is responsible for running the partnership and has members from Falkirk Council and NHS Forth Valley, staff representatives, the Third Sector and the public
Integration Scheme	The detail of our model of integration is laid out within our Integration Scheme. This scheme sets out a robust and transparent framework for the governance and operation of the Falkirk Health and Social Care Partnership. This includes detail such financial arrangements, governance arrangements, data sharing, liability and dispute resolution.
Intermediate Care	Intermediate Care services support people to improve their independence and aim to provide a range of enabling, rehabilitative and treatment services in community and residential settings. The term has been defined as a "range of integrated services to promote faster recovery from illness, prevent unnecessary acute hospital admission, support timely discharge and maximise independent living"(NSF for Older People, DOH, June 02).
Joint working	Different teams and organisations working together
Long term conditions	Long-term conditions are conditions that last a year or longer, impact on many aspects of a person's life, and may require ongoing care and support. The definition does not relate to any one condition, care group or age category. It covers adults and older people as well as children and those with physical and mental health issues. Common long-term conditions include epilepsy,

	diabetes, some mental health problems, heart disease, chronic pain, arthritis, inflammatory bowel disease, asthma and chronic obstructive pulmonary disease.
Multidisciplinary	Where several different professionals work together in the interests of service users and carers
Palliative care / Palliative and End of Life Care	Palliative care aims to improve the quality of life of people, and their families, with life-threatening illness that can't be cured. It helps to prevent and relieve the problems associated with their condition, through early identification and assessment of their needs, care planning to address any symptoms and pain and address any social, psychological, or spiritual needs.
Partnership	A partnership refers to two or more individuals or organisations working together to achieve a shared aim. Within the context of health and social care integration, the Partnership consists of Falkirk Council, NHS Forth Valley, Third and Independent sectors working together to provide effective, joined up service.
Personal outcomes	The changes or improvements that have taken place during the time someone has been receiving support
Person centred	Putting the needs and aspirations of the individual service user at the centre of our work
Priorities	Things we think are important to do
Proactive	Creating or controlling a situation rather than just responding once it's happened.
Public Bodies	NHS Forth Valley and Falkirk Council are both public bodies. A public body is democratically accountable at either national or local level. They have specific functions and requirements generally driven by legislation, which they must undertake. The Public Bodies (Joint Working) (Scotland) Act requires the integration of health and social care and is an example of legislation.
Readmission	Being taken back into hospital shortly after having been discharged

Recruitment and retention	Being able to recruit and keep staff
Reablement	Reablement service will begin at the point of assessment and have a focus on independence through the delivery of a short-term person centred approach by a multidisciplinary team of well-trained staff working
Resilience	Being able to cope with and recover from difficult situations
Redesign	Redesign within the context of health and social care integration, relates to services may be changed and improved. Redesign is based on evaluation and review of existing services and will often include listening to service users, their carers and families about what services are important to them.
Rehabilitation	Rehabilitation entails restoring someone to health or normal life through guidance and therapy after addiction, or illness.
Remobilise, Recover, Redesign	An overview of the HSCP mobilisation response to the Covid-19 pandemic, and the key elements for recovery and the potential for redesign
Risk management	The process of identifying, quantifying, and managing the risks that an organisation faces
Self-management	Where people take responsibility for and manage their own care. Encouraging people with health and social care needs to stay well, learn about their condition and remain in control of their own health
Self-directed support	When the person who needs services directs their own care and has choice when it comes to their support
Social Care	Any form of support or help given to someone to help them take their place in society
Stakeholders	Stakeholders include any person or group with a vested interest in the outcome of a project or plan.

Strategic Commissioning	This is the process that informs the Integration Authorities Strategic Plan. Strategic Commissioning is a way to describe all the activities involved in: • assessing and forecasting needs • linking investment to agreed desired outcomes • planning the nature, range and quality of future services; and • working in partnership to put these in place.
Strategic Plan	The plan that describes what the partnership aims to do, and the local and national outcomes used to measure our progress
Sustainable	Can be maintained at a certain level or rate
Technology	Specialised devices that help people in their day-to-day life, such as telecare, telehealth or telemedicine, alarm call system, remote support and advice or mobility aids
Third sector	Voluntary and community groups, social enterprises, charities
Transformational change	A complete change in an organisation, designed to bring big improvements.
Transition	Used to describe a significant change for someone, such as starting to use a new care service or a change in life stage (e.g., becoming an adult).

Falkirk
Health and Social Care
Partnership

Appendix 5

Performance Monitoring Report Sept 2022

Agenda Item 13

Falkirk Integration Joint Board

2 September 2022
Performance Monitoring Report
For Consideration & Comment

1. Executive Summary

1.1 The Performance Monitoring Report June 2021 – June 2022 is presented to support the IJB to fulfil its ongoing responsibility to ensure effective monitoring and reporting of service delivery.

1.2 The report provides a summary of key performance issues and draws on a basic balanced scorecard approach with a focus on exception reporting.

2. Recommendations

The Integration Joint Board is asked to consider and comment on:

2.1 the content of the Performance Monitoring Report

2.2 note that appropriate management actions continue to be taken to address the issues identified through these Performance Monitoring Reports.

3. Background and Approach

3.1 The overall approach to performance underlines the principle that robust performance management is integral to the delivery of quality improvement and core to sound management, governance and accountability.

3.2 The Performance Monitoring Report is presented to support focus on current key performance issues and actions in relation to the delivery of services and relevant national and local targets and measures aligned to the Strategic Plan. Performance reporting will continue to develop in a responsive manner taking account of Scottish Government directives and local changes. It supports the IJB to fulfil its ongoing responsibility to ensure effective monitoring and reporting of service delivery.

3.3 Performance indicators within the report are monitored on an ongoing basis through a variety of groups, including the Partnership Management Team.

4. Performance Monitoring Report

4.1   The Falkirk Partnership Performance Group has proposed a structured and themed timetable in relation to performance monitoring reporting for 2022. This has been based on the IJB programme of meetings.

4.2   The content of the Performance Monitoring report covers the reporting period June 2021 – June 2022. It focuses on local performance indicators and data, providing a year-on-year comparison. This includes information on delayed discharges and Emergency Department (ED) performance. The report is attached at Appendix 1.

4.3   Social Work Adult Services (SWAS) introduced a new social work information system during June and July 2022. Once established the system will allow for more effective and efficient performance monitoring. Data from the previous system is not yet fully migrated across. The team are currently working hard to understand the data in the new system and work through queries where there are difference in definitions between systems. For these reasons, it has not been possible to update indicator 83 as planned for this iteration of the performance report. Further investigation work is underway to establish how reporting for indicators 49, 60-63 and 85 will be impacted going forward.

4.4   The report draws on a basic balanced scorecard approach designed to provide a comprehensive 'at a glance' view of measures against associated targets, with a comparison from the previous year and direction of travel. There is a focus on exception reporting with measures displaying a deteriorating position against the last comparable reporting timeframe or are particular areas of challenge.

4.5   Section 1 provides a summary of key performance issues for the Integration Joint Board, with an extract provided below:

- **ED Performance against the 4 Hour Access Standard**
  The June 2022 compliance for the Falkirk Partnership highlights a decrease in performance to 57.3% compared with 79.4% in June 2021.

- **Delayed Discharge**
  The Falkirk partnership breakdown at the June 2022 census is noted as:
  - 58 Standard delays, 37 are delayed over 2 weeks
  - 15 guardianship/code 9 exemptions
  - 73 total delays.

- **Complaints – Falkirk Council Social Work Adult Services**
  Performance of complaints completed within timescale declined slightly in the first quarter to 68%, compared to 75% through 2020/21. Monitoring of complaint performance will continue to be overseen by a senior manager and more detailed analysis and planned actions are provided to the Falkirk IJB Clinical and Care Governance Committee.

- **Complaints – NHS Forth Valley**
  In the period April 2022 to May 2022, a total of 3 complaints (excluding complaints transferred/ withdrawn/ consent not received) were received by the Patient Relations Team relating to the Partnership. The overall response rate is noted as 66.7%.

- **Attendance management – Social Work Adult Services**
  The overall sickness absence figure for Q1 2022/23 was 11.9%, compared to 12.3% in the previous quarter, and 12.1% in the equivalent quarter last year.

- **Attendance management - NHS Forth Valley**
  The overall May 2022 sickness absence position is reported as 6.3% with the 12-month rolling position noted as 6.3%.

- **Psychological Therapies**
  In June 2022, 64.3% of patients started treatment within 18 weeks of referral. This is a reduction from the previous month position of 68.4% however an improvement from the performance in June 2021 of 59.0%.

- **Overdue pending Occupational Therapy Assessments**
  The number of overdue OT pending assessments was 352 on the 13 June 2022, the date of transition to the new social work information system, a rise of 20% on the figure at the end of the previous quarter (292).

4.6   Section 2 provides the Performance Dashboard which maps to the local outcomes detailed in the Strategy Map. This reflects the Strategic Plan outcomes.

4.7   Section 3 provides Performance Exception Reports for all indicators with a deteriorating position since the last reporting period, or indicators that require on-going monitoring.

4.8   Section 4 provides an overview of the Falkirk Health and Social Care Partnership performance against the national core suite of integration indicators. These will be reported in the Annual Performance Report.

5.   Conclusions

The Performance Monitoring Report presents a range of information on local indicators for the reporting period June 2021 – June 2022.

Resource Implications
The management of performance is critical to managing the overall budget of the IJB. The resource requirements to ensure effective performance management and performance reporting are under review.

Impact on IJB Outcomes and Priorities

By managing performance, the delivery of the IJB outcomes and priorities can be assessed, providing a sound basis from which to make decisions regarding investment and service redesign.

Directions

No amendment or new Direction is required for this report.

Legal & Risk Implications

Performance management is a legal requirement as defined in the IJB's Integration Scheme.

Consultation

This is not required for the report.

Equalities Assessment

This is not required for the report.

6. Report Authors

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7. List of Background Papers

n/a

8. Appendices

Appendix 1:   Performance Monitoring Report June 2021 – June 2022

Falkirk
Health and Social Care
Partnership

Performance Monitoring Report

Reporting Period
June 2021 – June 2022

Contents

1.   KEY PERFORMANCE ISSUES

1.1   Emergency Department (ED) Performance against the 4 hour Access Standard
95% of patients should wait less than 4 hours from arrival to admission, discharge or transfer for accident and emergency treatment.

The June 2022 compliance for the Falkirk Partnership highlights a decrease in performance to 57.3% compared with 79.4% in June 2021.

1.2   Delayed Discharge
The Falkirk partnership breakdown at the June 2022 census is noted as:

- 58 Standard delays, 37 are delayed over 2 weeks
- 15 guardianship/code 9 exemptions
- 73 total delays.

Within the Falkirk Partnership the number of bed days occupied by delayed discharges is noted as 1492 at the June 2022 census. As with the Forth Valley position this is a significant increase from the June 2021 census position of 671.

1.3   Complaints - Falkirk Council Social Work Adult Services
Performance of complaints completed within timescale declined slightly in the first quarter to 68%, compared to 75% through 2020/21.

Monitoring of complaint performance will continue to be overseen by a senior manager and more detailed analysis and planned actions are provided to the Falkirk IJB Clinical and Care Governance Committee.

1.4   Complaints - NHS Forth Valley
In the period April 2022 to May 2022, a total of 3 complaints (excluding complaints transferred/ withdrawn/ consent not received) were received by the Patient Relations Team relating to the Partnership. The overall response rate is noted as 66.7% with 100.0% of Stage 1 complaints responded to within the timescale and 0% of Stage 2 complaints.

1.5   Attendance Management – Social Work Adult Services
The overall sickness absence figure for Q1 2022/23 was 11.9%, compared to 12.3% in the previous quarter, and 12.1% in the equivalent quarter last year.

1.6   Attendance Management - NHS Forth Valley
The target is to reduce sickness absence to 4% or less however an interim or milestone target of 4.5% has been agreed. The overall May 2022 sickness absence position is reported as 6.3% with the 12-month rolling position noted as 6.3%.

1.7 Psychological Therapies

In June 2022, 64.3% of patients started treatment within 18 weeks of referral. This is a reduction from the previous month position of 68.4% however an improvement from the performance in June 2021 of 59.0%. The remobilisation plan trajectory of 60% by March 2022 was met. Patients who have experienced the longest waits are being prioritised however this can adversely impact achievement of the 18 week Referral to Treatment standard.

1.8 Overdue pending Occupational Therapy (OT) Assessments

The number of overdue OT pending assessments was 352 on the 13th June 2022, the date of transition to the new social work information system, a rise of 20% on the figure at the end of the previous quarter (292). Of these 352 cases, 291 (83%) were priority 2 and the remainder - 61 (17%) - were priority 3. These assessments are specifically identified as requiring an assessment by a qualified OT. The service has consistently been able to respond to priority one assessment and there has been no waiting list for these.

2.   PERFORMANCE DASHBOARD

2.1.   Format and Structure

The Partnership focus is across the local outcomes with work continuing to support a balanced approach to measurement and reporting.

This section of the report highlights local data based on the most up to date position against the previously reported timeframe where applicable, giving a year on year comparison. Performance data relates to adults aged 18 and over.

The Performance Exception Reports at section 3 detail areas of challenging performance or indicators that require on-going monitoring. Key issues are highlighted along with actions underway to support improvements.

Key:

Direction of travel relates to previously reported position	
▲	Improvement in period
◄►	Position maintained
▼	Deterioration in period
—	No comparative data

2.2. Table 1: Self-Management Indicators 24 – 40

Ref	Measure	Jun 2021	Jun 2022	Direction of travel	Exception Report
24	Emergency department 4 hour wait Forth Valley	80.7%	62.7%	▼	Page 10
25	Emergency department 4 hour wait Falkirk	79.4%	57.3%	▼	
26	Emergency department attendances per 100,000 Forth Valley Population	1897	1898	▼	-
27	Emergency department attendances per 100,000 Falkirk	1918	1865	▲	-
28	Emergency admission rate per 100,000 Forth Valley population (all ages)	1207	1177	▲	-
29	Emergency admission rate per 100,000 Falkirk population	1200	1173	▲	-
30	Acute emergency bed days per 1000 Forth Valley population	646	711	▼	-
31	Acute emergency bed days per 1000 Falkirk population	657	741	▼	-
32	Number of patients with an Anticipatory Care Plan in Forth Valley	55,860	56,317	▲	-
33	Number of patients with an Anticipatory Care Plan in Falkirk	28,629	28,695	▲	-
34	Key Information Summary as a percentage of the Board area list size Forth Valley	18.3%	18.4%	▲	-
35	Key Information Summary as a percentage of the Board area list size Falkirk Acute emergency bed	17.8%	17.9%	▲	-

Ref	Measure	2019/20	2020/21	Direction of travel	Exception Report
Self Directed Support (SDS) options selected: People choosing					
37	SDS Option 1: Direct payments (data only)	27 (0.6%)	29 (0.7%)	-	-
38	SDS Option 2: Directing the available resource (data only)	101 (2.2%)	17 (0.4%)	-	-
39	SDS Option 3: Local Authority arranged (data only)	4,009 (88.8%)	4,128 (92.7%)	-	-

Ref	Measure	2019/20	2020/21	Direction of travel	Exception Report
40	SDS Option 4: Mix of options (data only)	376 (8.3%)	279 (6.3%)	-	-

Total service option choices - Option 1 – 61 (1.4% of people choosing)
- Option 2 – 268 (6.0%)
- Option 3 – 4,406 (98.9%)

Note: The significant fall in Option 2 is attributed to a reduction of respite care provided during this Covid affected period. These service users often receive no other service and, where they do, are frequently receivers of LA arranged Home Care (Option 3), leading to reduction in multiple option choices (Option 4) and increase in single choice of Option 3.

2.3.   Table 2: Safety Indicators 42 - 49

Ref	Measure	Jun 2021	Jun 2022	Direction of travel	Report Exception
42	Readmission rate within 28 days per 1000 admissions FV	41.7	56.5	▼	-
43	Readmission rate within 28 days per 1000 admissions Falkirk	57.2	59.1	▼	-
Ref	**Measure**	**2021/22 Q1**	**2022/23 Q1**	**Direction of travel**	**Exception Report**
45	Number of Adult Protection Referrals (data only)	269	278	-	-
46	Number of Adult Protection Investigations (data only)	11	19	-	-
	% of protection referrals that result in an investigation	4%	7%	-	-
47	Number of Adult Protection Support Plans at end of period (data only)	19 (at 30/06/21)	24 (at 30/06/22)	-	-
Ref	**Measure**	**2020/21**	**2021/22**	**Direction of travel**	**Exception Report**
48	The total number of people with community alarms at end of the period	3,989 (at 31/03/21)	3,811 (at 31/03/22)	-	-
49	Percentage of community care service users feeling safe	89%	88%	▼	-

2.4. Table 3: Experience Indicators 54-68

Ref	Measure			Jun 2021	Jun 2022	Direction of travel	Exception Report
54	Standard delayed discharges			27	58	▼	
55	Standard delayed discharges over 2 weeks			13	37	▼	
56	Bed days occupied by delayed discharges			671	1492	▼	
57	Number of code 9 delays, including guardianship			13	15	▼	Page 11
58	Number of code 100 delays			5	3	▼	
59	Delays - including Code 9 and Guardianship			40	73	▼	
60	Percentage of service users satisfied with their involvement in the design of their care package			98%	98%	◄►	-
61	Percentage of service users satisfied with opportunities for social interaction			89%	90%	▲	-
62	Percentage of carers satisfied with their involvement in the design of care package			93%	90%	▼	-
63	Percentage of carers who feel supported and capable to continue in their role as a carer OR feel able to continue with additional support			91%	91%	◄►	-
Ref	**Measure**	**2021/22 Q1**	**2022/23 Q1**	**2022/23 Q1 Stage 1**	**2022/23 Q1 Stage 2**	**Direction of travel**	**Exception Report**
64	**a**. The number of Social Work Adult Services (Stage 1 & 2) complaints completed within 20 days	15/20	21/31	18/28	3/3	-	P14
	b. The proportion of Social Work Adult Services (Stage 1 & 2) complaints completed within timescales	75%	68%	64%	100%	▼	
	c. Proportion of Social Work Adult Services complaints upheld	% Upheld		36%	33%		
		% Partially upheld		24%	67%		
		% Not upheld		32%	0%		
		% Resolved		8%	0%		

Ref	Measure	Apr 2021-Mar 2022	Apr-May 2022	Direction of travel	Exception Report
65	**a**. The number of complaints to NHS Forth Valley applicable to Falkirk IJB (Stage 1 & Stage 2)	23	3	-	P16
	b. The percentage of complaints responded to within 20 days (Stage 1 & Stage 2)	82.6%	66.7%	▼	
	c. The number of SPSO cases received	3	0	-	

Ref	Measure	2021/22 Q1	2022/23 Q1	Direction of travel	Exception Report
66a	Attendance Management - Social Work Adult Services (Target – 5.5%)	12.1%	11.9%	▲	P17

Ref	Measure	May 2021	May 2022	Direction of travel	Exception Report
66b	Attendance Management – NHS Forth Valley (Interim target 4.5%)	5.7%	6.3%	▼	P19

Ref	Measure	Apr 2018-Mar 2019	Apr 2019-Mar 2020	Direction of travel	Exception Report
67	Number of Alcohol Brief Interventions delivered – annual target 3410 (most up to date published position)	9158	9030	▼	-

Ref	Measure	Jan 2021-Mar 2021	Jan 2022-Mar 2022	Direction of travel	Exception Report
68a	Substance Use - Percentage of patients that commence treatment within 3 weeks of referral – Forth Valley Alcohol & Drug Partnership - 90% target (most up to date published position)	96.2%	93.8%	▼	-
68b	Substance Use - Percentage of patients that commence treatment within 3 weeks of referral – Forth Valley Prisons - 90% target (most up to date published position)	100%	100%	◄►	-

Ref	Measure	Jun 2021	Jun 2022	Direction of travel	Exception Report
69	Access to Psychological Therapies – Percentage of people that commenced treatment within 18 weeks of referral	59.0%	64.3%	▲	P20

2.5. Table 4: Strong Sustainable Communities Indicators 69 - 82

Ref	Measure	End Sep 2020	End Sep 2021	Direction of travel	Exception Report
72	Number of people aged 65+ receiving homecare	1,591	1,643		-
73	Number of homecare hours for people aged 65+	12,065	12,414	**	-
74	Rate of homecare hours per 1000 population aged 65+	394.7	405.0		-
75	Number people aged 65+ receiving 10+ hrs of home care	420	441		-
76	**a.** Number & percentage of Home Care service users aged 65+ receiving personal care	1,561 & 98.1%	1,636 & 99.6%		-
76	**b.** Number & percentage of Home Care service users aged 18-64 receiving personal care	200 & 99.0%	206 & 100.0%	-	-

Please note that the Home Care data in indicators 72 - 76 are derived from the SOURCE dataset submitted to Public Health Scotland, using a snapshot at the end of September. Note the data relates to Care At Home services only and omits here services delivered under housing support.

Ref	Measure	2021/22 Q1	2022/23 Q1	Direction of travel	Exception Report
77	Number of new Telecare service users 65+	36	27	-	-

Ref	Measure	2020/21	2021/22	Direction of travel	Exception Report
83	The number of people who had a community care assessment or review completed	8,091 people (13,724 assessments 6,207 reviews)	9,522 people (14,528 assessments 6,230 reviews)	▲	-

Ref	Measure	2021/22 Q1	2022/23 Q1	Direction of travel	Exception Report
84	Number of Adult Carer Support Plans that have been completed by the Carers Centre	63	143	▲	-

Ref	Measure	At 30 Jun 2021	At 13 Jun 2022	Direction of travel	Exception Report
85	The number of overdue 'OT' pending assessments at end of the period	204	352	▼	P21
Ref	Measure	2015/16	2020/21	Direction of travel	Exception Report
86	Proportion of last six months of life spent at home or in a community setting	86%	89.4%	▲	-

3.1. Local Outcome: Self-Management - Unscheduled Care – Emergency Department (ED) Compliance

Target

95% of patients should wait less than 4 hours from arrival to admission, discharge or transfer for accident and emergency treatment. This is a whole system target.

Performance

Overall compliance with the 4 hour target in June 2022 was 62.7%; Minor Injuries Unit 99.3%, Emergency Department 48.9%. A total of 2,730 patients waited longer than the 4 hour target across both the ED and Minor Injuries Unit (MIU); with 849 waits longer than eight hours and 243 waits longer than 12 hours. The main reason for patients waiting beyond 4 hours continues to be wait for first assessment with a cohort of 1,803 patients, an increase from 1,619 in May. Note that this continues to be as a result of issues in relation to flow through the system and system-wide pressures with the Forth Valley Royal Site in extremis on a number of occasions. Wait for a Bed accounted for 527 patients waiting beyond 4 hours with Clinical Reasons accounting for 139 breaches.

The June 2022 compliance for the Falkirk Partnership highlights a decrease in performance to 57.3% compared with 79.4% in June 2021.

The position within ED remains challenging with a significant exacerbation of pressure across the system impacting on compliance with the 4 hour emergency access standard. Factors in relation to bed occupancy, length of stay, delayed discharges, and time of discharge continue to impact on flow through ED. This is being compounded by a rise in Covid-19 cases impacting on staff absence and an increase in the number of patients presenting that require admission.

Daily meetings are in place with senior clinical decision makers and service leads from across the system to identify potential solutions and review urgent actions that can be taken to improve the system capacity and flow. The focus on patient and staff safety continues and priority is being given to the identification of capacity to relieve pressure within the system.

The chart below notes performance from June 2021 – June 2022.

Chart 1: A&E Compliance with the 4 Hour Emergency Access Standard

4 Hour Emergency Access Standard

July 2020
- Falkirk.ED - Months: 95.6%
- Months - Targets: 98%
- Forth Valley.ED - Months: 95.6%

Falkirk.ED - Months —— Months - Targets —— Forth Valley.ED - Months
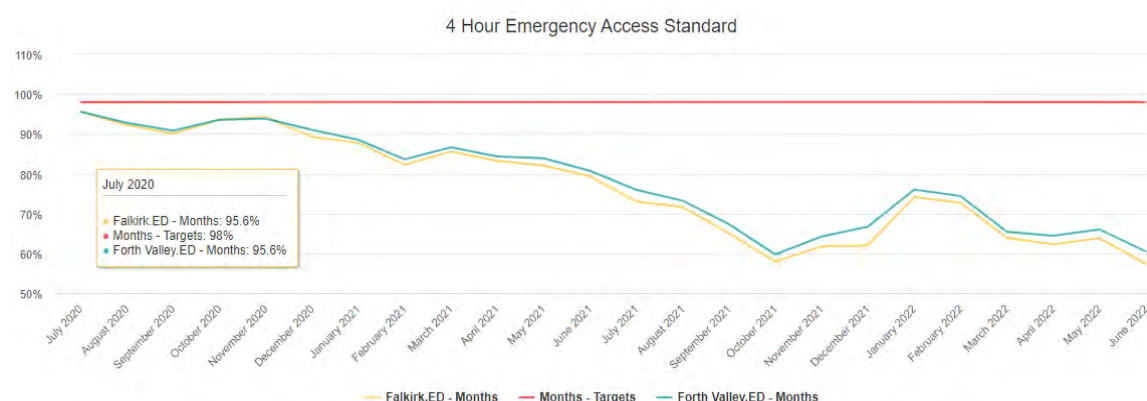
A programme of redesign is being undertaken as part of NHS Forth Valley's plan to improve the unscheduled care performance through a series of three programmes; Access, Optimise Flow and Transfer. The programmes are aligned to key drivers and to an overarching vision of 'Transforming Our Care'. The Access programme will see the Emergency Department reviewed in its totality including pathways into and out of ED. Key 30, 60, 90 day actions are in place to support transformation.

The Partnership is committed to supporting people to receive appropriate support and treatment within the community in order to reduce the number of A&E attendances and subsequent admissions to hospital. There are a range of services in place that aim to support people to remain more resilient at home by identifying and addressing gaps and utilising the assets they have and their care circle/community available. At a time of escalating need or 'crisis' services support people to access care or support at the lowest level of intervention appropriate to address their needs.

3.2. Local Outcome: Experience – Unscheduled Care - Delayed Discharge

Performance
Table 1 provides a breakdown of Delayed Discharge performance at the June 2022 census.

Table 1: Delayed Discharge Breakdown – June 2022

	Under 2 wks	Over 2 wks	Standard Delays	Guardianship 9/51X	Code 9_Other	TOTAL (Ex code 100)	Code 100	Infection Codes
Falkirk	21	37	58	13	2	**73**	3	0
Total FV	39	50	89	29	4	**122**	4	0

The June 2022 census position for Forth Valley delays over 14 days is 50 against a zero standard. A further 39 delays waiting under 2 weeks brings the total number of standard delays to 89. Including 33 code 9 exemptions the total number of delayed discharges at the June 2022 census point is noted as 122.

A further 3 delayed discharges are noted from residents living in Local Authority outwith the Forth Valley area.

The Falkirk partnership breakdown at the June 2022 census is noted as:

- 58 Standard delays, 37 are delayed over 2 weeks
- 15 guardianship/code 9 exemptions
- 73 total delays

Standard delays June 2020 to June 2022 are detailed in chart 2 below.

Chart 2: Standard Delays
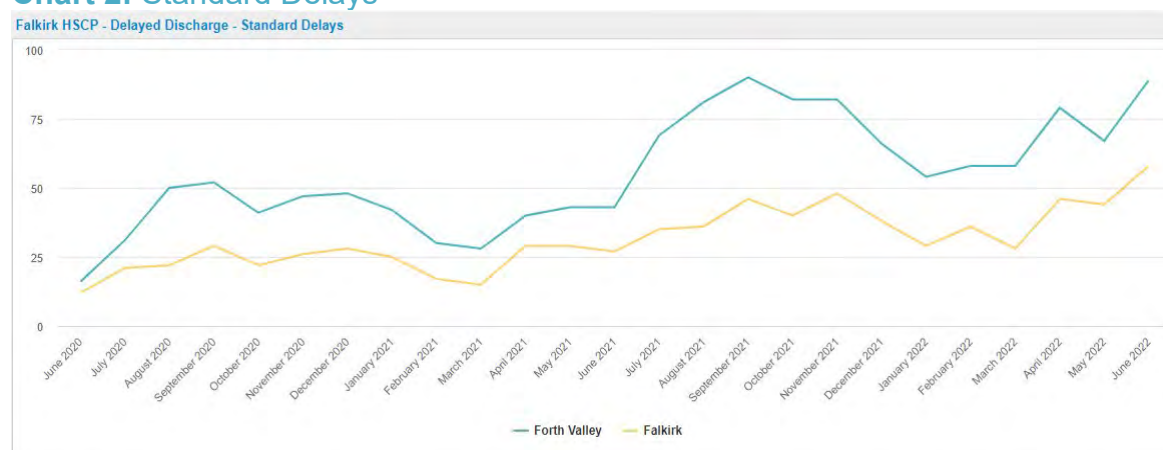
In addition, at the June census there were 4 code 100 delays within Forth Valley, 2 for Falkirk Partnership.

Of the 58 Standard Delays in Falkirk:

- 7 awaiting move to care homes (6 patients are over two weeks and 1 under two weeks)
- 18 awaiting care packages for home (10 patient over two weeks and 8 under two weeks)
- 28 allocated and assessment commenced (21 patients over two weeks and 7 under two weeks)
- 5 awaiting allocation and assessment (5 under two weeks)

Table 2: Bed Days Occupied by Delays Over and Under 2-week Target at Census Point (Exc. Codes 9 and 100)

	Under 2 wks	Over 2 wks	Total BDO
Falkirk	79	1413	1492
Total FV	205	1990	2195

Across Forth Valley, the number of bed days occupied (BDO) by people delayed in their discharge at the June 2022 census was 2195, as noted in table 2 above. This is an increase from the June 2021 position of 1069. An average of 1659 bed days occupied was noted at the monthly census June 2021 to June 2022. Of note is that a further 122 bed days were occupied by people delayed in their discharge from outwith Forth Valley.

Falkirk Partnership position mirrors that of NHS Forth Valley. There was an increase in the number of bed days occupied by delayed discharges from 671 in June 2021 compared to 1492 in June 2022. The average number of occupied bed days at the monthly census June 2021 to June 2022 was 886.

There remains month on month variability in the number of bed days occupied by people delayed in their discharge with the position June 2020 to June 2022 detailed in chart 3 below.

Chart 4 highlights the position in relation to the number of Code 9 and Guardianship patients.

The overall position remains under continual review.

Chart 3: Occupied Bed Days

Falkirk HSCP - Delayed Discharge - OBD
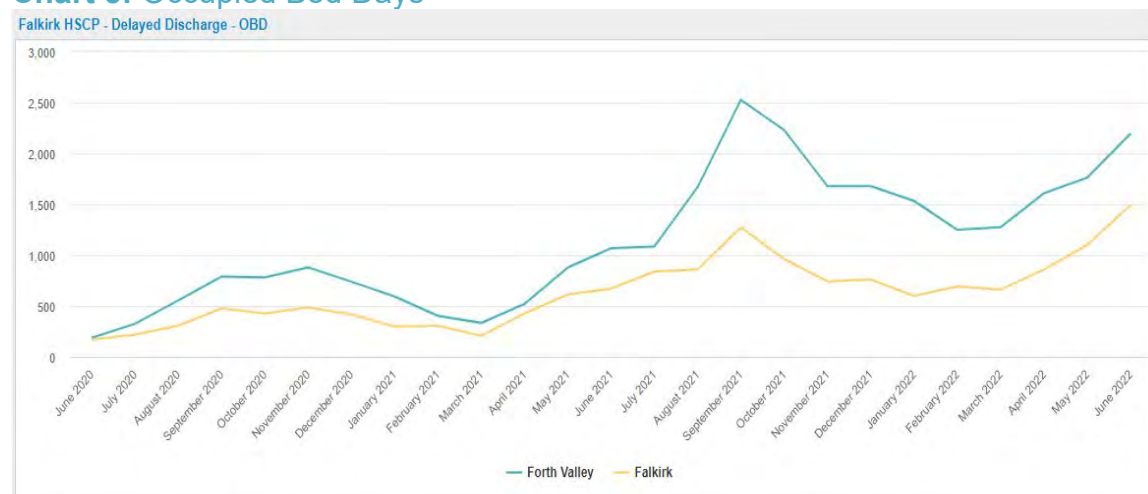
Chart 4: Code 100 and Code 9

Falkirk HSCP - Delayed Discharge - Code 100 / Code 9

As a result of the ongoing pandemic there continues to be significant focus on the delayed discharge position with care in the community, community intermediate care and community hospital facilities a high priority. Work to support and develop these activities is on-going through the Falkirk HSCP remobilisation plan.

Of note is a significant number of patients waiting for a community bed, however significant focus remains on the delayed discharge position to support flow of patients through Forth Valley Royal Hospital and the community sites. Work is continuing in partnership, including third sector, to ensure appropriate care and to support timely discharge with care in the community, community intermediate care and community hospital facilities a high priority.

Actions in place include enabling the right short term support at home through responsive community care and support, coordination of community support with less duplication and a more efficient support model, care home multi agency working, interim placements to care homes and third sector link worker based on the acute site. A number of further supporting actions continue to be developed.

3.3. Local Outcome: Experience – Complaints to Social Work Adult Services

Purpose

Monitoring and managing complaints are an important aspect of governance and quality management. It also helps ensure that any necessary improvement actions arising from complaints are followed up and implemented.

Position

Performance of complaints completed within timescale declined slightly in the first quarter to 68%, compared to 75% through 2020/21.

Chart 5 shows the trend over the last two years.

Between 1st April and 30th June 2022, there were 31 complaints completed (Stage 1 – 28; Stage 2 – 3). This is in comparison to 18 (Stage 1 – 16; Stage 2 – 2) for the same period last year, suggesting numbers could be returning to pre-pandemic levels.

Chart 5: Percentage of complaints completed within timescales
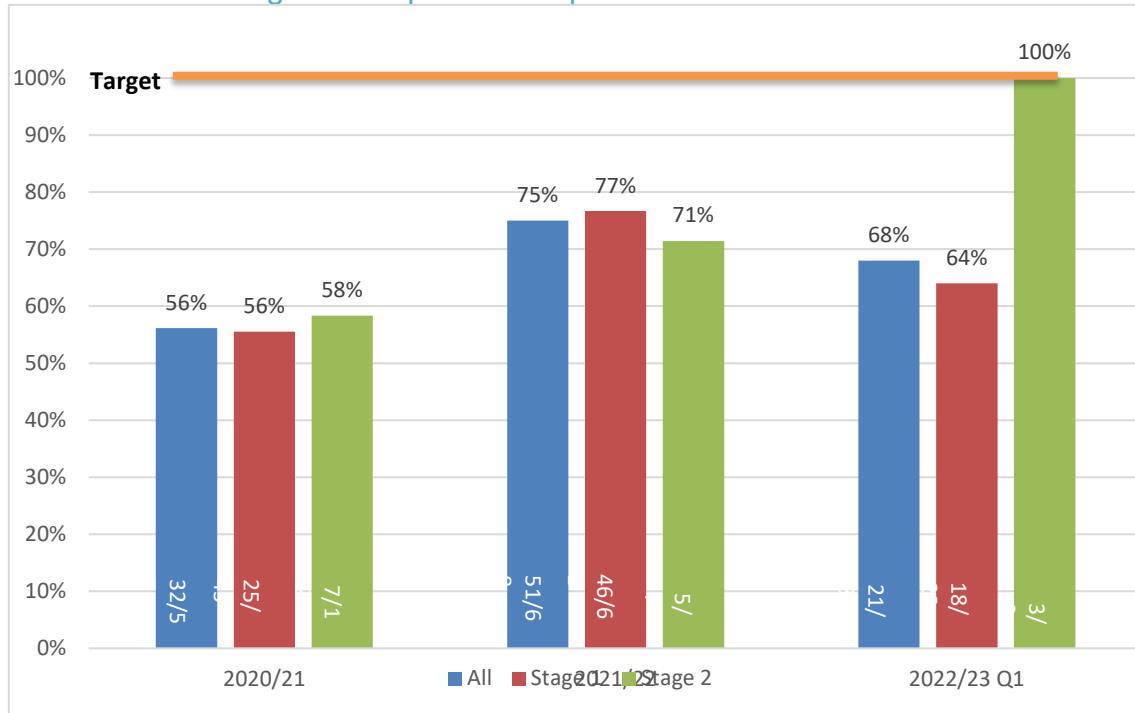
A number of actions were initiated in Q3 of 2020-21 aimed at improving performance in relation to compliance with response timescale requirements. There has been a significant improvement over the subsequent 12 month period.

Chart 6 shows the outcomes of the complaints for the last 2 years. In April 2021, the SPSO introduced a new response for Stage 1 and Stage 2 complaints. If, following discussion, the complainant and organisation can agree what action will be taken to resolve the complaint an outcome of resolved is recorded. During the first quarter of 2022/23, 8% of Stage 1 complaints were agreed as resolved, compared to 16% across 2021/22.

Chart 6: Percentage Outcome of Social Work Complaints
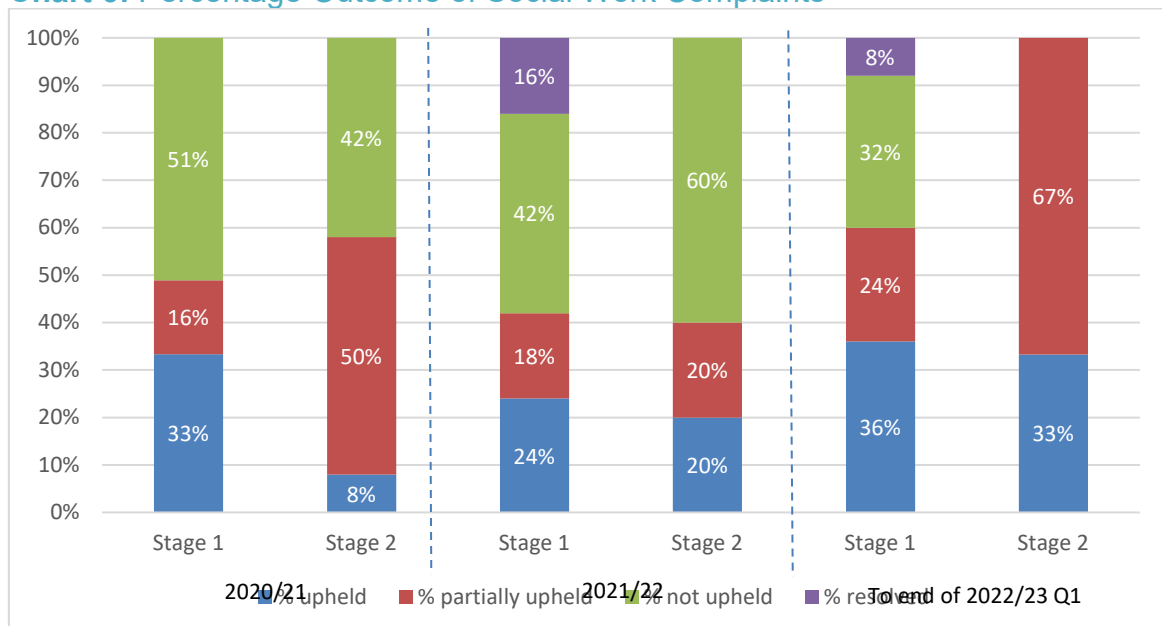
Updates to the complaint categories within Falkirk Council's recording system were implemented in April 2022 to reflect the most common complaint themes identified by the SPSO.

In Quarter 1 the most common category recorded for complaints received was "delay or perceived delay in providing a service", which was recorded for eleven stage 1 complaints. The next most common category recorded was "conduct, treatment by, or attitude of a member of staff or contractor" for eight stage 1 complaints and one stage 2 complaints.

The number of complaints remains low given the large number of service user contacts. Around 9,000 people receive an assessment/review each year. As a result of the low number of complaints, relatively small changes to those that meet/do not meet timescales or are upheld/ partially upheld, can generate significant variations in performance percentages.

Monitoring of complaint performance will continue to be overseen by a senior manager and feedback on complaint performance will be highlighted to managers across service areas as well as an individual basis where appropriate.

More detailed analysis and planned actions are provided to the Falkirk IJB Clinical and Care Governance Committee.

3.4. Local Outcome: Experience – Complaints to NHS Forth Valley

Performance

During the reporting period April – May 2022, a total of 3 complaints were received by the Patient Relations Team relating to the delegated functions for the HSCP. This excludes complaints transferred, withdrawn or where consent was not received. The overall response rate for Stage 1 and Stage 2 is 66.7%; Stage 1, 100.0%; Stage 2, 0%.

- Two complaints were responded to within 5 working days (Stage 1)
- No complaints were responded to within 20 working days (Stage 2)

If a complainant remains unhappy with the response received from NHS Forth Valley, they have the right to contact the Scottish Public Services Ombudsman (SPSO) to request an investigation into their complaint. The SPSO is the final opportunity for the complainant in the NHS complaint process and offers an independent view on whether the NHS have reasonably responded to a complaint.

The SPSO has received no cases relating to Falkirk Health & Social Care Partnership complaints during April – May 2022.

It is worth noting that due to the low number of complaints, a single breach of the 20 day target will cause performance to drop significantly.

A breakdown of the complaint themes and departments is provided in table 3, detailing the number of issues raised against each theme. A complaint can raise multiple issues within their complaint and these themes can crossover into a variety of departments. The table provides detail of the issues raised by complainants and areas for the Directorates to focus any key learning or improvements that require to be made to services provided.

Table 3: Complaint Type and Category

Month	Category Type	Category	Department
Apr-22	Patient Privacy Dignity	Breach of Confidentiality	Woodlands Resource Centre
	Staff Communication (Oral)	Lack of Clear Explanation	Thistle Suite
	Treatment/clinical	Co-ordination of Cliinical Treatment	District Nursing (Falkirk)
May-22	Treatment - Investigation carried out poorly	Treatment didn't have expected outcome	Woodlands Rescource Centre

In total there are approximately 17 departments listed against the delegated functions. During the period April – May 2022, 4 departments received complaints.

Position
- Table 3 details the category of complaint raised enabling Directorates to focus any key learning required or improvements to be made to the services provided
- During the period April – May 2022, one complaint out of the 3 complaints received by Falkirk H&SCP has been fully upheld
- Learning needs continue to be identified in relation to upheld complaints with appropriate support in place
- To support staff with local resolution, NHS Forth Valley continues to raise awareness of Care Opinion, an on-line, independent website which enables patients, families and carers to leave feedback about their healthcare experience
- A comprehensive complaints performance report is examined and discussed at the Falkirk IJB Clinical and Care Governance Committee and NHS Forth Valley Clinical Governance Committee

3.5. Local Outcome: Experience – Attendance Management in Social Work Adult Services

Purpose
The management of sickness absence and the improvement of staff wellbeing is an important management priority. A target of 5.5% has been set for Social Work Adult Services in recognition of the fact that the service includes those engaged in Home Care and Residential Care which are recognised nationally as physically demanding and stressful occupations.

Position

The overall sickness absence figure for Q1 2022/23 was 11.9%, compared to 12.3% in the previous quarter, and 12.1% in the equivalent quarter last year. The figures include Covid sickness but <u>not</u> Covid related absence, such as individuals self-isolating and/or having underlying health conditions, shielding or Carer responsibilities.

Chart 7: Sickness Absence in Social Work Adult Services since 2019/20, by quarter.
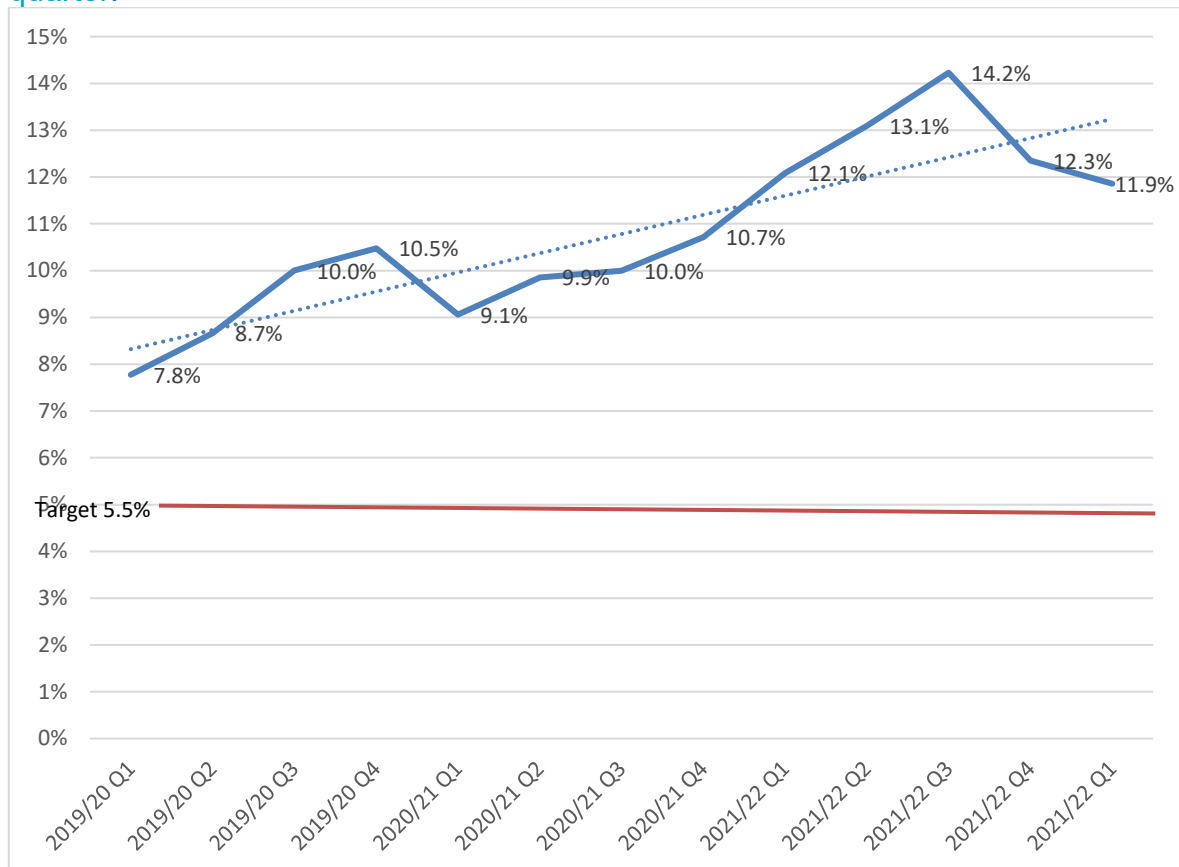
Chart 7 shows the trend since 2019/20. In the third quarter of that year, pre-Covid, the figure was 10.0%. However, it is noted that there have been two consecutive quarter reductions since the end of 2021 with the latest figure now 11.9%. While closer to pre-pandemic levels this is well in excess of the long term target of 5% and there remains a lot of uncertainty about the long term effects of the pandemic on staff absence but management will continue to monitor closely and use the analysis to inform actions accordingly.

Sickness absence occurrences for the first quarters of the last three years, by absence reason, are shown in Chart 8. This year's first quarter shows the impact of Long Covid, as well as 'Infection/Virus' and 'Any Other Conditions' which may reflect the persistent prevalence of Covid in recent months and the imprecise nature of Covid symptoms.

The service will use this analysis to support appropriate actions to address this complex issue.

3.6. **Local Outcome: Experience – Attendance Management in NHS Forth Valley**

Target
To reduce sickness absence to 4% or less however an interim or milestone target of 4.5% has been agreed at the Staff Governance Committee.

Performance
Absence remains above the target at 6.30% in May 2022 which is a deterioration from 5.69% in May 2021 and 5.66% in April 2022. The 12 month rolling average June 2021 to May 2022 is: NHS Forth Valley 6.27%; Scotland 5.86%.

Coronavirus absences are recorded as Special Leave and are not included within the sickness absences figures. The absence for Coronavirus reasons is noted as 1.43% in May 2022. This is a deterioration from 0.98% in May 2021 however an improvement from 3.22% in April 2022.

Total absence for May 2022 is 7.73%, a decrease or improvement from a total of 8.88% in April 2022.

Chart 9 highlights the sickness absence position, excluding COVID-19 absence reasons, from May 2020 to May 2022.

Chart 9: NHS Forth Valley Sickness Absence

Position

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, to staff self-isolating, to staff within the shielding category and to enable home working.

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

3.7. Local Outcome: Experience – Psychological therapies

Target

90% of patients should start treatment within 18 weeks of referral to Psychological
Therapies (18 week Referral to Treatment).

Position

In June 2022, 64.3% of patients started treatment within 18 weeks of referral. This is a reduction from the previous month position of 68.4% however an improvement from the performance in June 2021 of 59.0%. The Remobilisation Plan trajectory of 60% was exceeded for the quarter ending March with performance 69.2%. The Scotland position in the quarter ending March 2022 was 83.1%.

As one of the Board areas receiving a programme of enhanced support, NHS Forth Valley submitted a comprehensive Psychological Therapies Improvement Plan to the Scottish Government. This provides details of improvement actions, anticipated trajectories and plans for use of the allocation from the Mental Health Recovery & Renewal Fund. The service has recently revisited its remobilisation trajectories with modelling indicating that NHS Forth Valley is likely to achieve the 90% standard by September 2023. This is however contingent on the additional resource indicated by the Scottish Government being confirmed.

It is important to also note that the biggest risk to achieving the trajectory remains workforce availability. The service has recently recruited to a number of posts however there remain several core vacancies

Psychological Services are continuing to redesign to make best use of all available resources. As part of this, the service is in the process of contacting all patients on the Adult Psychological Therapies waiting list to offer them an assessment appointment. At our last data collection point, of 542 patients contacted, 295 had been allocated an assessment appointment and 247 had been discharged. Once the waiting list assessment process is complete, the service will realign its current capacity to best match the type of clinical demand.

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

It is anticipated that taken together these actions will support an improvement in performance against the 18 week referral to treatment standard.

Chart 10: Access to Psychological Therapies

In the quarter ending March 2022 the published 18 week referral to treatment standard comparison is Scotland 83.1%; Forth Valley 69.2%.

3.8. Local Outcome: Strong Sustainable Communities - Overdue pending Occupational Therapy (OT) Assessments

Purpose
Currently Occupational Therapists (OT) in Social Work Adult Services work with people with complex health and social needs. The focus of the work of the OT is to work collaboratively with a person to find solutions to assist them to live independently at home for as long as possible.

This includes advising on self-management techniques, providing advice to carers, intense reablement, technology solutions and provision of equipment and adaptations if required. OTs will also offer advice and support to paid care staff, NHS and Social Work Adult Services colleagues in regard to more straightforward solutions to meet service user needs.

Position

The number of overdue OT pending assessments was 352 on the 13th June 2022, the date of transition to the new social work information system, a rise of 20% on the figure at the end of the previous quarter (292). Of these 352 cases, 291 (83%) were priority 2 and the remainder - 61 (17%) - were priority 3. These assessments are specifically identified as requiring an assessment by a qualified OT. The service has consistently been able to respond to priority one assessment and there has been no waiting list for these.

Chart 11: Overdue OT Pending Assessments
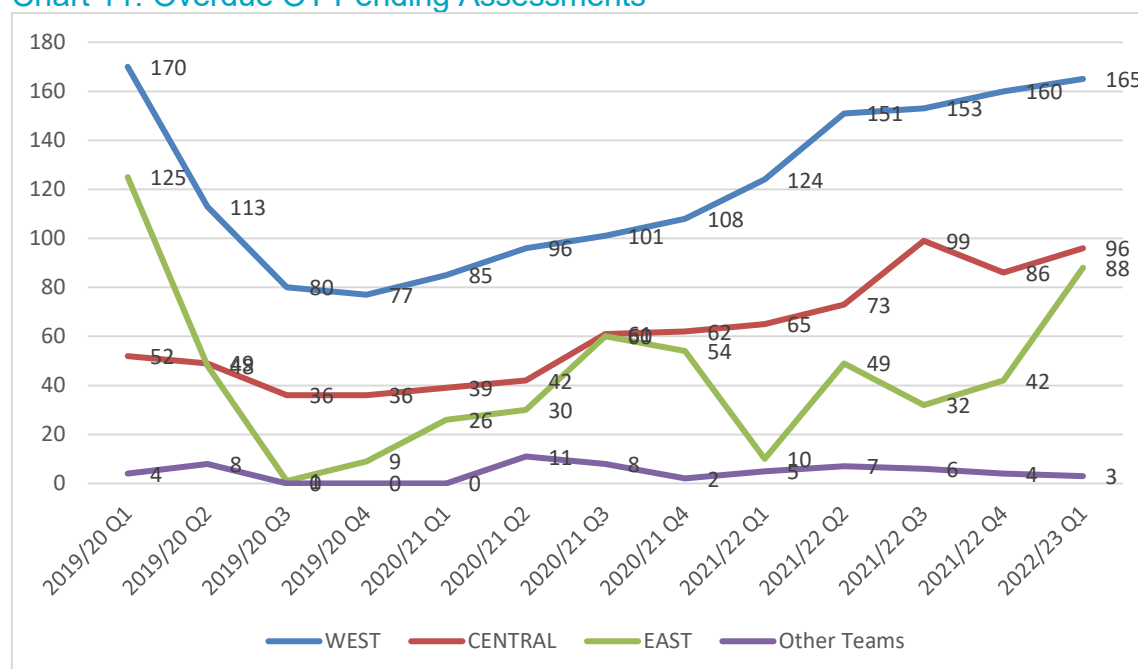
Chart 11 shows the trend since the beginning of 2019/20 demonstrating significant improvement through that year before the pressure of the Covid pandemic hindered sustaining this progress. Since the first quarter of 2020/21 overall numbers have steadily risen to current numbers, with the additional numbers in the East – consistently lowest through the period - contributing significantly to the latest increase.

Change in Staffing

Vacancies in posts for Occupational Therapists and Social Workers across the locality teams represent an ongoing challenge for the service. The loss of experienced staff results in a reduction in the volume of activity which can be delivered as well as a depletion of skills and experience, which take time to replace. New appointments are predominantly newly qualified practitioners who require time and training to develop their professional skills and expertise.

The service is actively working with the Council's Children and Families service and HR to address the underlying issues affecting recruitment and retention.

Significance of Covid pressures

The prioritisation of adult support and protection work and 'critical need' activity, such as care at risk of breakdown, supporting hospital discharge and avoiding hospital admissions continues. Social Work Occupational Therapy staff resource continues to be utilised towards supporting the work of reducing delayed discharges and supporting the 'flow' through intermediate and community beds.

Occupational Therapists continue to make up a significant percentage of the council officers responding to Adult Support and Protection work. This flexibility remains essential to the team's ability to deliver an effective service to support citizens' safety and wellbeing.

However, as a result, the early intervention and prevention work undertaken by Occupational Therapists within a Reablement model of assessment and intervention has reduced.

Similarly, the Living Well service, which were giving people with lower level needs an alternative to waiting on a pending list for a home assessment by a Social Care Officer was suspended at the start of the pandemic, in order to free up staff to deal with acute need. As a result some of those individuals have come to the locality teams for a service. Within the current recruitment plan, additional Social Care Officer posts are being progressed to support the re-opening of the Living Well Centre, which will reduce some of the pressure on locality waiting lists for Occupational Therapist input.

Review of Occupational Therapy Services

A Review of Occupational Therapy service provision across the Partnership (NHS & SW) is currently under way. The aim of the review is to reduce unnecessary duplication and delay of referrals, assessments and interventions between health and social care partnership Occupational Therapists. This should improve the access to Occupational Therapy services for service users in the medium to longer term as well as help to address some of the recruitment and retention issues.

4.1 The IJB fulfils its ongoing responsibility to ensure effective monitoring and reporting on the delivery of services, relevant targets, and measures which are set out in the Strategic Plan and integration functions.

The Partnership reports progress against the suite of national integration indicators. This enables us to understand how well our services are meeting the needs of people who use our services and communities.

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

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

4.2 Our performance for 2021/22 is set out in the following 'Performance at a Glance', with more detailed tables in appendix 3.

PERFORMANCE AT A GLANCE

Key

Compares well to Scotland	Does not compare well to Scotland	Similar to Scotland
• Falkirk rate is 2% better than Scotland (not 2 percentage points)	• Falkirk rate is <u>not</u> within 2% of Scotland Rate (not 2 percentage points)	• Falkirk rate within 2% of Scotland (not 2 percentage points)

89.5% of adults able to look after their health very well or quite well	**70.6%** of adults supported at home who agreed that they are supported to live independantly as possible	**63.9%** adults supported at home who agreed that they had a say in how their help, care, or support was provided
NI-1	NI-2	NI-3
Scotland = 90.9%	Scotland = 78.8%	Scotland = 70.6%
47.2% of adults supported at home who agreed that their health and social care services seemed to be well co-ordinated	**63.5%** of adults receiving any care or support who rated it as excellent or good	**60.3%** of people with positive experience of the care provided by their GP practice
NI-4	NI-5	NI-6
Scotland = 66.4%	Scotland = 75.3%	Scotland = 66.5%
70.4% adults supported at home who agree that their services and support had an impact on improving or maintaining their quality of life	**28.6%** carers feel supported to continue in their caring role	**73.5%** of adults supported at home agreed they felt safe
NI-7	NI-8	NI-9
Scotland = 78.1%	Scotland = 29.7%	Scotland = 79.7%

Key

493 per 100,000

Premature mortality rate per 100,000 persons

(NI – 11)

Scotland = 471 per 100,000

13,945 admissions per 100,000

Emergency Admission Rate 2020

(NI – 12)

Scotland = 11,636 per 100,000

111,984 bed days per 100,000

Emergency Bed Day Rate 2020

(NI – 13)

Scotland =109,429 per 100,000

146 per 1,000

Readmission to hospital within 28 days – rate per 1,000 population 2020

(NI – 14)

Scotland = 110 per 1,000

88.4%

Proportion of last 6 months spent at home or in a community setting 2020

(NI – 15)

Scotland = 90.1%

24.5 Falls per 1,000

Falls rate per 1,000 population aged 65+ 2020

(NI – 16)

Scotland = 23.0 per 1,000

81.2%

Proportion of care services graded 'good' or better in Care Inspectorate inspections, 2020

(NI – 17)

Scotland = 75.8%

65.2%

Percentage of adults with intensive care needs receiving care at home, 2020

(NI – 18)

Scotland = 64.9%

1,112 per 100,000

Number of days people spend in hospital when they are ready to be discharged, 2020

(NI – 19)

Scotland = 761 per 100,000

Indicator Summary

% of indicators where Falkirk compares well to Scotland		5.6%
% of indicators where Falkirk is similar to Scotland		16.7%
% of indicators where Falkirk does not compare well to Scotland		77.8%
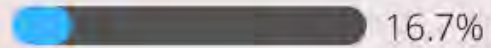
2021/22 performance has decreased across the Country

Number of indicators which have seen a decrease in performance:

- **Falkirk - 16/18** (88.9%)

- **Scotland 15/18** (83.3%)

- **Comparator Group** 14/18 (77.8%)

Appendix 1 Falkirk Integration Joint Board Strategy Map

Vision	"to enable people in Falkirk HSCP are to live full and positive lives within supportive and inclusive communities"			
Local Outcomes	**Self Management**	**Safe**	**Experience**	**Strong Sustainable Communities**
National Outcomes (9)	**1)** Healthier living **4)** Quality of Life **5)** Reduce Inequalities	**7)** People are safe	**3)** Positive experience and outcomes **8)** Engaged work force **9)** Resources are used effectively	**2)** Independent living **6)** Carers are supported
National Indicators (23)	**1)** % of adults able to look after their health well/quite well **7)** % of adults who agree support has impacted on improving/maintaining quality of life **11)** Premature mortality rate **12)** Rate of Emergency admissions for adults **17)** % of care services graded 'good' (4) or better by Care Inspectorate	**9)** % of adults supported at home who felt safe **13)** Emergency bed day rate for adults **14** Readmission to hospital within 28 days rate **16)** Falls rate per 1000 population 65+yrs	**3)** % of adults who agree that they had a say in how their help/care was provided **4)** % of adults supported at home who agree their health and care services are co-ordinated **5)** % of adults receiving care and support rated as excellent or good **6)** % of people with positive GP experiences **10)** % of staff who recommend their place of work as good **19)** Rate of days people aged 75+ spend in hospital when they are ready to be discharged, **20)** % of total health and care spend on hospital stays where the patient admitted as an emergency **22)** % people discharged from hospital within 72 hours of being ready **23)** Expenditure on end of life care	**2)** % of adults supported at home who agree they are supported to be independent **8)** % of carers who feel supported in their role **15)** % of last 6 months of life spent at home or in community **18)** % of adults 18+ years receiving intensive support at home **21)** * % of people admitted to hospital from home then discharged to care home
MSG Indicators	a. Number of A&E attendances and the number of patients seen within 4 hours b. Number of emergency admissions into Acute specialties	c. Number of unscheduled hospital bed days, with separate objectives for Acute, Geriatric Long Stay and Mental Health specialties	d. Number of delayed discharge bed days	e. Percentage of last six months of life spent in the community f. Percentage of population residing in non-hospital setting for all adults and people aged 75+

Partnership Indicators

Self Management	Freq	Safe	Freq	Experience	Freq	Strong Sustainable Communities	Freq
24 Emergency department 4 hour wait NHSFV	M	42 Readmission rate within 28 days per 1000 FV population	M	54 Standard delayed discharges	M	70 The total respite weeks provided to older people aged 65+. Annual Indicator	Y
25 Emergency department 4 hour wait Falkirk	M	43 Readmission rate within 28 days per 1000 Falkirk population	M	55 Delayed discharges over 2 weeks	M	71 The total respite weeks provided to older people aged 18-64. Annual	Y
26 Emergency department attendance per 100,000 FV Population	M	44 Readmission rate within 28 days per 1000 Falkirk population 75+	M	56 Bed days occupied by delayed discharges	M	72 Number of people aged 65+ receiving homecare	Q
27 Emergency department attendances per 100,000 Falkirk	M	45 Number of Adult Protection (AP) Referrals (data only)	Q	57 Number of Code 9 delays	M	73 Number of homecare hours for people aged 65+	Q
28 Emergency admission rate per 100,000 FV population	M	46 Number of Adult Protection Investigations (data only)	Q	58 Number of Code 100 delays	M	74 Rate if homecare hours per 1000 population 65+	Q
29 Emergency admission rate per 100,000 Falkirk population	M	47 Number of Adult Protection Support Plans (data only)	Q	59 Delays – including Code 9 and Guardianship	M	75 Number receiving 10+ hours of homecare	
30 Acute emergency bed days per 1000 FV population	M	48 The total number of people with community alarms at the end of the period	Q	60 Percentage of service users satisfied with their involvement in the design of their care package		76a Number & percentage of Home Care service users aged 65+ receiving personal care	Q
31 Acute emergency bed days per 1000 Falkirk population	M	49 Percentage of community care service users feeling safe	Q	61 Percentage of services users satisfied with opportunities for social interaction		76b Number & percentage of Home Care service users aged 18-64 receiving personal care	
32 Number of patients with an Anticipatory Care Plan in FV	M	50 Number of new Telecare service users 65+	Q	62 Percentage of carers satisfied with their involvement in the design of their care package		77 Number of new Telecare service users 65+	
33 Number of patients with an Anticipatory Care Plan in Falkirk	M	51 Rate per 1,000 Acute Occupied Bed Days attributed to Staphylococcus Aureus Bacteraemia's (SABs)	M	63 Percentage of carers who feel supported and capable to continue in their role as a carer OR feel able to continue with additional support		82 The number of people who had a community care assessment or review completed	
34 Key Information Summary (KIS) as a percentage of the Board area list size FV	M	52 Rate per 1,000 Bed Days attributed to Device Associated Infections	M	64a The proportion of SWAS (Stage 1 & 2) complaints completed within 20 days		83 Number of Adult Carer Support Plans that have been completed by the Carers Centre	
35 Key Information Summary (KIS) as a percentage of the Board area list size Falkirk	M	53 Rate per 1,000 Bed Days in the 65+ age group attributed to Clostridium Difficile	M	64b The proportion of SWAS (stage 1&2) complaints completed within timescales		84 The number of overdue 'OT' pending assessments at end of the period	
36 Long term conditions - bed days per 100,000 population	M			64c The proportion of SWAS (completed stage 1 & 2) complaints upheld		85 Proportion of last 6 months of life spent at home or community setting	
37 SDS Option 1: Direct payments (data only)				65 The number of complaints to NHS Forth Valley applicable to Falkirk IJB		86 Number of days by setting during the last six months of life: Community	
38 SDS Option 2: Directing the available resource (data only)				65a The percentage of complaints responded to within 20 days			
39 SDS Option 3: Local Authority arranged (data only)				65b The number of SPSO cases received			
40 SDS Option 4: Mix of options, 1,2,3 (data only)				66 Medical Absence in SWAS (target -5.5%)			

Self Management	Freq	Safe	Freq	Experience	Freq	Strong Sustainable Communities	Freq
				66a	Attendance Management – SWAS (target – 5.5%)				
				66b	Attendance Management – NHS Forth Valley (target 4%)				
				67	Delivery of Alcohol Brief Interventions	Q		
				68a	Percentage of patients that commence treatment for substance misuse within 3 weeks of referral – Alcohol & Drug Partnership (ADP)	Q		
				68b	Percentage of patients that commence treatment for substance misuse within 3 weeks of referral - Prison	Q		
				69	Access to Psychological Therapies (18 week referral to treatment – 90% target)	M		

Local Indicators no longer needed / superseded

Self Management	Freq	Safe	Freq	Experience	Freq	Strong Sustainable Communities	Freq
41	No recorded SDS option						78	The proportion of Home Care service users aged 65+ receiving a service during evening/overnight	
						79	The proportion of Home Care service users aged 65+ receiving a service at weekends	
						80	Percentage of Rehab At Home service users who attained independence after 6 weeks (target – 80%)	
						81	Percentage of Crisis Care service users who are retained in the community when service ends (target - 70%)	

Local Indicators Under Development

Self Management	Freq	Safe	Freq	Experience	Freq	Strong Sustainable Communities	Freq
				Alcohol related deaths (per 100,000 population aged 19 and over)			
				Suicide Rate per 100,000 population			

Appendix 2 GLOSSARY

Accident & Emergency (A&E) Services - Collectively the term Accident and Emergency (A&E) Services includes the following site types: Emergency Departments; Minor Injury Units, community A&Es or community casualty departments that are GP or nurse led.

Admission - Admission to a hospital bed in the same NHS hospital following an attendance at an ED service.

Admission rate - the number of admissions attributed to a group or region divided by the number of people in that group (the population).

Anticipatory Care Plan (ACP) - The measure is the number of patients who have a Key Information Summary or Electronic Palliative Care Summary uploaded to the Emergency Care Summary. The Emergency Care Summary provides up to date information about allergies and GP prescribed medications for authorised healthcare professionals at NHS24, Out of Hours services and accident and emergency.

Attendance - The presence of a patient in an A&E service seeking medical attention.

Attendance rate - The number of attendances attributed to a group or region divided by the number of residents in that group (the population).

COPD – Chronic Obstructive Pulmonary Disease

Delayed Discharge

Code 9 - Code 9 and its various secondary codes, are used by partnerships that are unable, for reasons beyond their control, to secure a patient's safe, timely and appropriate discharge from hospital:

- The patient is delayed awaiting availability of a place in a specialist facility, where no facilities exist and an interim move would not be appropriate i.e. no other suitable facility available

- Patients for whom an interim move is not possible or reasonable

- The patient lacks capacity, is going through a Guardianship process

Code 100 - Some patients destined to undergo a change in care setting should not be classified as delayed discharges and can be categorised as:

- Long-term hospital in-patients whose medical status has changed over a prolonged period of treatment and discharge planning such that their care needs can now be properly met in non-hospital settings. These might be Mental Health patients or Hospital Based Complex Clinical Care patients who have been reassessed as no longer requiring such care

- Patients awaiting a 'reprovisioning' programme where there is a formal (funded) agreement between the relevant health and/or social work agencies

- Information on patients recorded as code 100 is not published but details are made available to the Scottish Government.

Emergency Department (ED) – The department of a hospital responsible for the provision of medical and surgical care to patients arriving at the hospital in need of immediate care

4 hour wait standard - since 2007 the 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.

Frequent attenders - Have been defined as patients who attend a health care facility repeatedly. The frequency of attendance has been variously defined between 3 and 12 attendances per annum.

HAI - Healthcare Acquired Infections

MSG – Ministerial Strategic Group (Scottish Government)

Pentana – Performance Management eHealth system formerly referred to as Covalent

RAG – Red, Amber or Green status of a measure against agreed target.

Readmission – admission to hospital within either 7 or 28 days of an index admission standardised by specialty

SAS – Scottish Ambulance Service

Scottish Index of Multiple Deprivation - The area based measurement of multiple deprivation ranking areas based on 38 indicators spanning 7 dimensions of deprivation; employment, income, health, education, housing, geographic access to services and crime.

SPSO - The Scottish Public Services Ombudsman (SPSO) is the final stage for complaints about councils, the National Health Service, housing associations, colleges and universities, prisons, most water providers, the Scottish Government and its agencies and departments and most Scottish authorities.

Unscheduled Care - is "NHS care which cannot reasonably be foreseen or planned in advance of contact with the relevant healthcare professional, or is care which, unavoidably, is out with the core working period of NHS Scotland. It relates to aim of reducing the number of patients and the amount of time they spend in hospital where it is not planned e.g. operation. Shorter lengths of stay results in better outcomes for patients, reduced risk of healthcare acquired infections, and improved patient flow through hospital systems.

Variance Range – The percentage difference between data at 2 different points in time.

Appendix 3 Core Suite of Integration Indicators – Full Tables

NI	Title	Falkirk Partnership			Comparator Average	Scotland
		2017/18	2019/20	2021/22	2021/22	2021/22
NI - 1	Percentage of adults able to look after their health very well or quite well	92.4%	92.4%	89.5%	90.6%	90.9%
NI - 2	Percentage of adults supported at home who agreed that they are supported to live as independently as possible	82.5%	79.2%	70.6%	76.2%	78.8%
NI - 3	Percentage of adults supported at home who agreed that they had a say in how their help, care, or support was provided	76.0%	78.6%	63.9%	73.2%	70.6%
NI - 4	Percentage of adults supported at home who agreed that their health and social care services seemed to be well co-ordinated	71.8%	74.6%	47.2%	67.7%	66.4%
NI - 5	Total % of adults receiving any care or support who rated it as excellent or good	80.5%	83.6%	63.5%	74.5%	75.3%
NI - 6	Percentage of people with positive experience of the care provided by their GP practice	81.0%	76.4%	60.3%	65.7%	66.5%
NI - 7	Percentage of adults supported at home who agree that their services and support had an impact on improving or maintaining their quality of life	78.3%	78.8%	70.4%	78.8%	78.1%
NI - 8	Total combined % carers who feel supported to continue in their caring role	37.3%	36.6%	28.6%	28.0%	29.7%
NI - 9	Percentage of adults supported at home who agreed they felt safe	84.1%	85.8%	73.5%	78.5%	79.7%
NI - 10	Percentage of staff who say they would recommend their workplace as a good place	NA	NA	NA	NA	NA

(Row group label: Outcome Indicators)

| NI | Title | Falkirk Partnership | | | | | | Comparator Average | Scotland |
		2016/17	2017/18	2018/19	2019/20	2020/21	2021/22*	Latest	Latest*
NI - 11	Premature mortality rate per 100,000 persons	466	427	449	435	460	493	459	471
NI - 12	Emergency admission rate (per 100,000 population)	11,771	12,325	12,125	15,346	13,219	13,945	12,764	11,636
NI - 13	Emergency bed day rate (per 100,000 population)	144,772	138,571	137,752	135,542	110,314	111,984	113,566	109,429
NI - 14	Readmission to hospital within 28 days (per 1,000 population)	121	121	118	152	163	146	107	110
NI - 15	Proportion of last 6 months of life spent at home or in a community setting	85.5%	86.4%	86.1%	87.0%	89.1%	88.4%	89.6%	90.1%
NI - 16	Falls rate per 1,000 population aged 65+	19.8	21.9	23.9	24.6	22.5	24.5	23.1	23.0
NI - 17	Proportion of care services graded 'good' (4) or better in Care Inspectorate inspections	85.8%	88.2%	83.8%	87.4%	87.0%	81.2%	84.5%	75.8%
NI - 18	Percentage of adults with intensive care needs receiving care at home	64.6%	64.2%	64.8%	63.7%	64.2%	65.2%	66.2%	64.9%
NI - 19	Number of days people spend in hospital when they are ready to be discharged (per 1,000 population)	1023	910	1178	1020	684	1,112	817	761
NI - 20	Percentage of health and care resource spent on hospital stays where the patient was admitted in an emergency	23.4%	23.6%	23.8%	24.6%	NA	NA	NA	24.2%
NI - 21	Percentage of people admitted to hospital from home during the year, who are discharged to a care home	NA	NA	NA	NA	NA	NA	NA	NA
NI - 22	Percentage of people who are discharged from hospital within 72 hours of being ready	NA	NA	NA	NA	NA	NA	NA	NA
NI - 23	Expenditure on end of life care, cost in last 6 months per death	NA	NA	NA	NA	NA	NA	NA	NA

Source: Public Health Scotland

Notes:

1. NA indicates where data is not yet available.

2. NI 1 – 9: Data are presented on financial year file and 2021/22 is the most recent data available. The figures presented for the Core Suite of Integration Indicators may differ from those published due to changes in the underlying methodology. Historic figures will also not be comparable due to a change in methodology.

3. NI 11 and 18 are presented on calendar year. 2021 is the most recent data available.

4. NI 12 – 16 and 20: Calendar year 2021 is used here as a proxy for 2021/22 due to the national data for 2021/22 being incomplete. We have done this following guidance from Public Health Scotland and to improve consistency between our report and those for other Health and Social Care Partnerships.

5. NI 17 and 19 are presented on financial year with the latest available data being from 2021/22.

6. NI 1 – 9, 11 and 17: for these indicators the data available for each Council Area in the Comparators group is a percentage or a rate only. So, the 'Comparator Average' is the average of the percentages or rates for each indicator, rather than a true weighted average.

7. NI 12 – 16 and 18 – 20: for these indicators, the 'Comparator Average' is a true weighted average.

8. Since moving to TrakCare in April 2019 Combined Assessment Unit (CAU) activity has been recorded in SMR01 under significant facility 11 whereas previously it was recorded in SMR00. This has contributed to an increase in the total number of emergency admissions (indicator 12) in Forth Valley areas from 2019/20 onwards. This will also have had an impact on Indicator 14.

Comparators: Includes members of Family Group 3: Clackmannanshire, Dumfries & Galloway, Fife, Renfrewshire, South Ayrshire, South Lanarkshire and West Lothian: http://www.improvementservice.org.uk/benchmarking/how-do-we-compare-councils.html

Appendix 6

Local Government Benchmarking Framework 2020/21

Appendix 3 Local Government Benchmarking Framework Briefing 20/21

The following briefing covers the recently released 2020/21 Adult social work indicators which form part of the overall Local Government Benchmarking Framework and were included in the recent overview publication. This briefing will look at each of the adult social work indicators in two ways:

1. Trend analysis compared to the national average
2. Latest year comparison with Scotland and comparable local authority peers

The indicators which are included in the LGBF Adult Social work section are as follows:

SW1	Home care costs per hour for people aged 65 or over
SW2	Self Directed Support (Direct Payments + Managed Personalised Budgets) spend on adults 18+ as a % of total social work spend on adults 18+
SW3a	% of people aged 65 and over with long-term care needs who receiving personal care at home
SW4b	% of adults supported at home who agree that their services and support had an impact in improving or maintaining their quality of life
SW4c	Percentage of adults supported at home who agree that they are supported to live as independently as possible
SW4d	Percentage of adults supported at home who agree that they had a say in how their help, care or support was provided
SW4e	Percentage of carers who feel supported to continue in their caring role
SW5	Residential costs per week per resident for people aged 65 or over
SW6	Rate of readmission to hospital within 28 days per 1,000 discharges
SW7	Proportion of care services graded 'good' (4) or better in Care Inspectorate inspections
SW8	Number of days people spend in hospital when they are ready to be discharged, per 1,000 population (75+)

Note – while the LGBF 2020/21 data extract allows for both "Cash" (true figures not adjusted for inflation) and "Real" (adjusted for inflation) for all cost related indicators (SW1 and SW5) we have only used "Real" figures in this briefing so the following charts are adjusted for inflation.

Indicators SW4b, SW4c, SW4d and SW4e come from the health and care experience survey which is carried out every 2 years. The Survey is sample based and each question can have a varying number of responses. The responses received for each questions were: 265, 260, 265 and 573 respectively. For more details see https://publichealthscotland.scot/publications/health-and-care-experience-survey/health-and-care-experience-survey-2022/detailed-experience-ratings-results/

Falkirk is in Family group 3 for the Improvement Services' LGBF Children, Social Work and Housing indicators. The comparator peers for Falkirk are those with a similar population in terms of relative deprivation and affluence.

Family Group 3

Falkirk
Dumfries & Galloway
Fife
South Ayrshire
West Lothian
South Lanarkshire
Renfrewshire
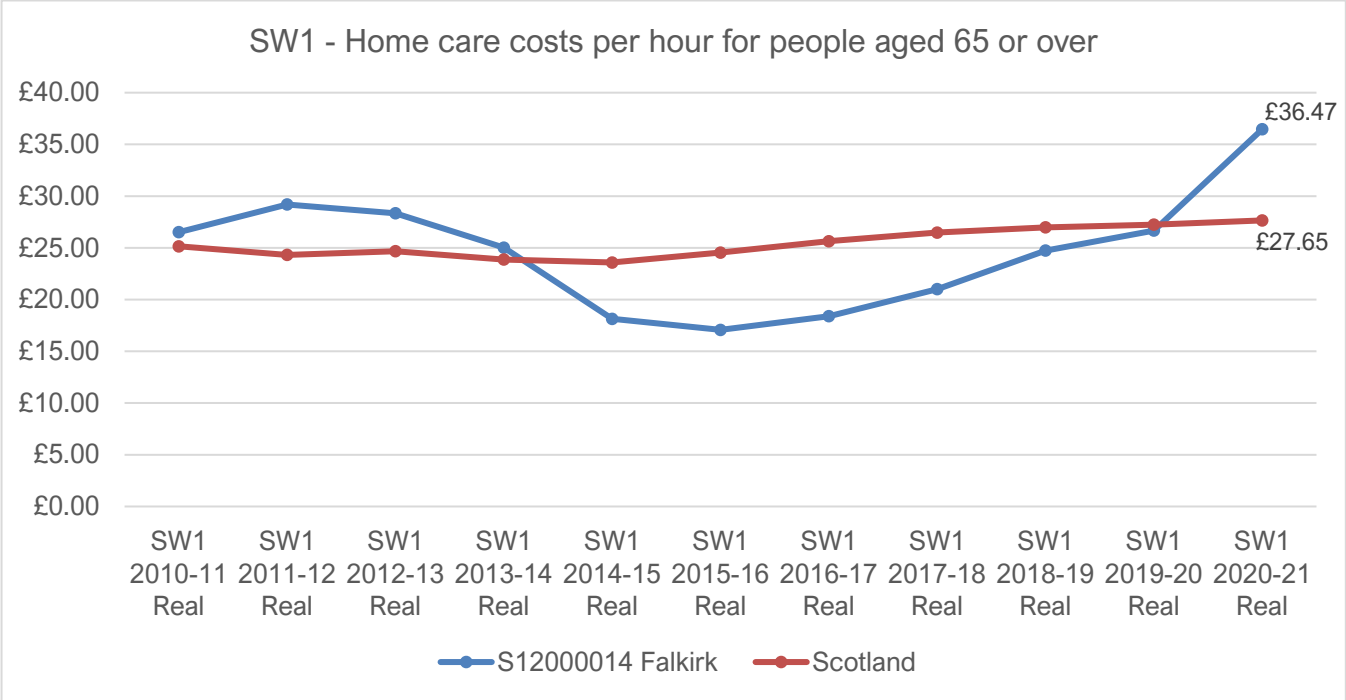Clackmannanshire

Summary of Performance 2020/21

The table below provides a brief overview on how Falkirk compares to the Scotland average for the 2020/21 financial year indicators

£36.47 – Home care costs per hour for people aged 65 or over *(SW1 – Scotland £27.65)*	**4.77%** - Self Directed Support spend on adults 18+ as a % of total social work spend on adults 18+ *(SW2 – Scotland 8.17%)*	**66.8%** of people aged 65 and over with long-term care needs who receiving personal care at home *(SW3a – Scotland 61.7%)*
78.8% - % of adults supported at home who agree that their services and support had an impact in improving or maintaining their quality of life *(SW4b – Scotland 80.0%)*	**79.2%** - % of adults supported at home who agree that they are supported to live as independently as possible *(SW4c – Scotland 80.8%)*	**78.6%** - % of adults supported at home who agree that they had a say in how their help, care or support was provided *(SW4d – Scotland 75.4%)*
36.6% - % of carers who feel supported to continue in their caring role *(SW4e – Scotland 34.3%)*	**£301** - Residential costs per week per resident for people aged 65 or over *(SW5 – Scotland £439)*	**162.96** - Rate of readmission to hospital within 28 days per 1,000 discharges *(SW6 – Scotland 120.0)*
87% Proportion of care services graded 'good' (4) or better in Care Inspectorate inspections *(SW7 – Scotland 82.5%)*	**684.3** Number of days people spend in hospital when they are ready to be discharged, per 1,000 population (75+) *(SW8 – Scotland 484.3)*	

Performs better than Scotland average (>2% points better)
Similar to Scotland average (within 2%)
Does not perform well compared to Scotland average (not within 2% points)

SW1 - Home care costs per hour for people aged 65 or over

Falkirk has seen an increasing trend for home care costs per hour (people 65+) in the past 6 years and peaked at £36.47 per hour in 2020/21, nearly £10 per hour more than Scotland average in 2020/21, and a sharp increase of approximately £10 per hour on the 2019/20 figure. More so Falkirk has the highest hourly cost compared to its comparator group. It is important to note that there is a wide variance of costs across areas. This suggests it is likely that the approach in terms of costs and services included may differ across areas and not be entirely comparable.
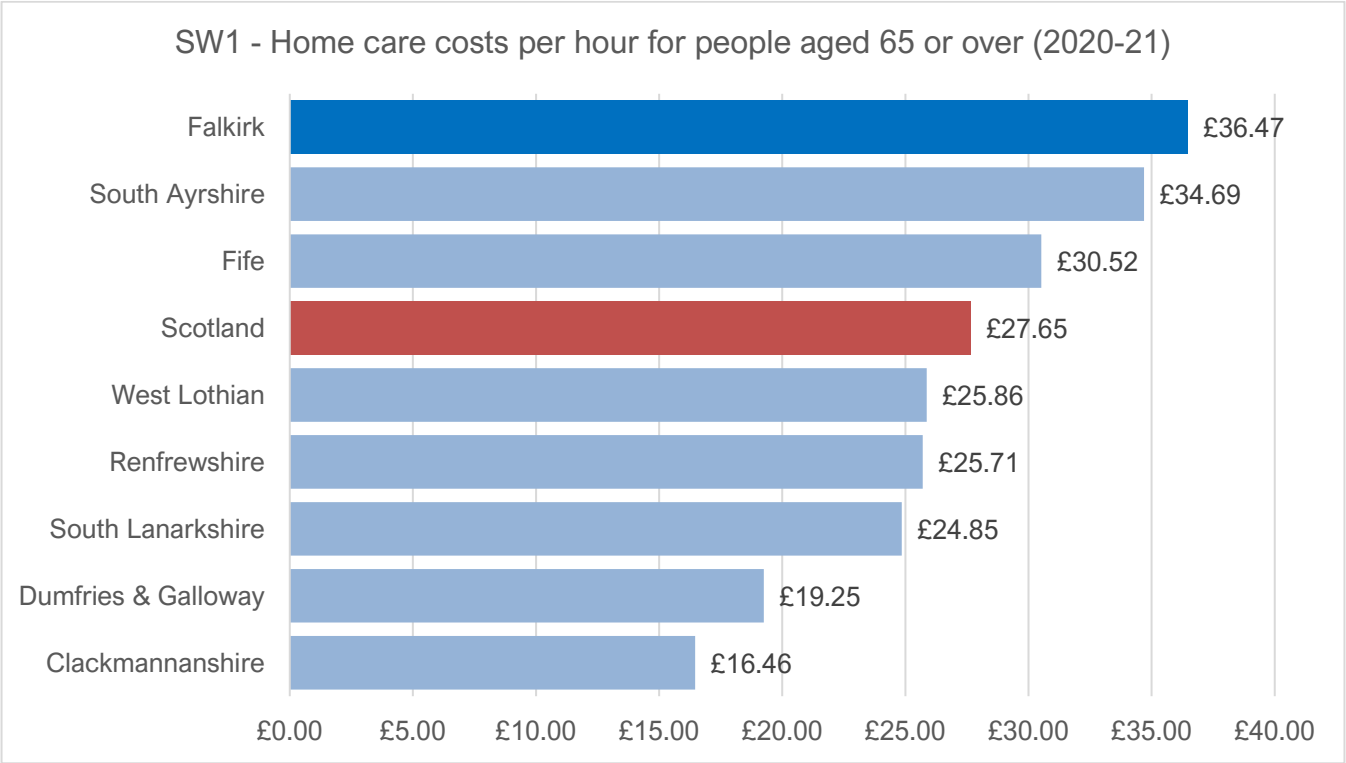
SW1 - Home care costs per hour for people aged 65 or over

SW1 - Home care costs per hour for people aged 65 or over (2020-21)

SW2 - Self Directed Support (Direct Payments + Managed Personalised Budgets) spend on adults 18+ as a % of total social work spend on adults 18+

For self directed support payments Falkirk was mirroring an increasing trend with the overall Scotland average over the past 5 years however a drop from 6.1% (2019/20) to 4.8% of total adult social care spend was observed in 2020/21. In terms of comparison to the peer group, Falkirk has a lower percentage spend than West Lothian and Dumfries & Galloway but sits higher than the five other peer local authorities.
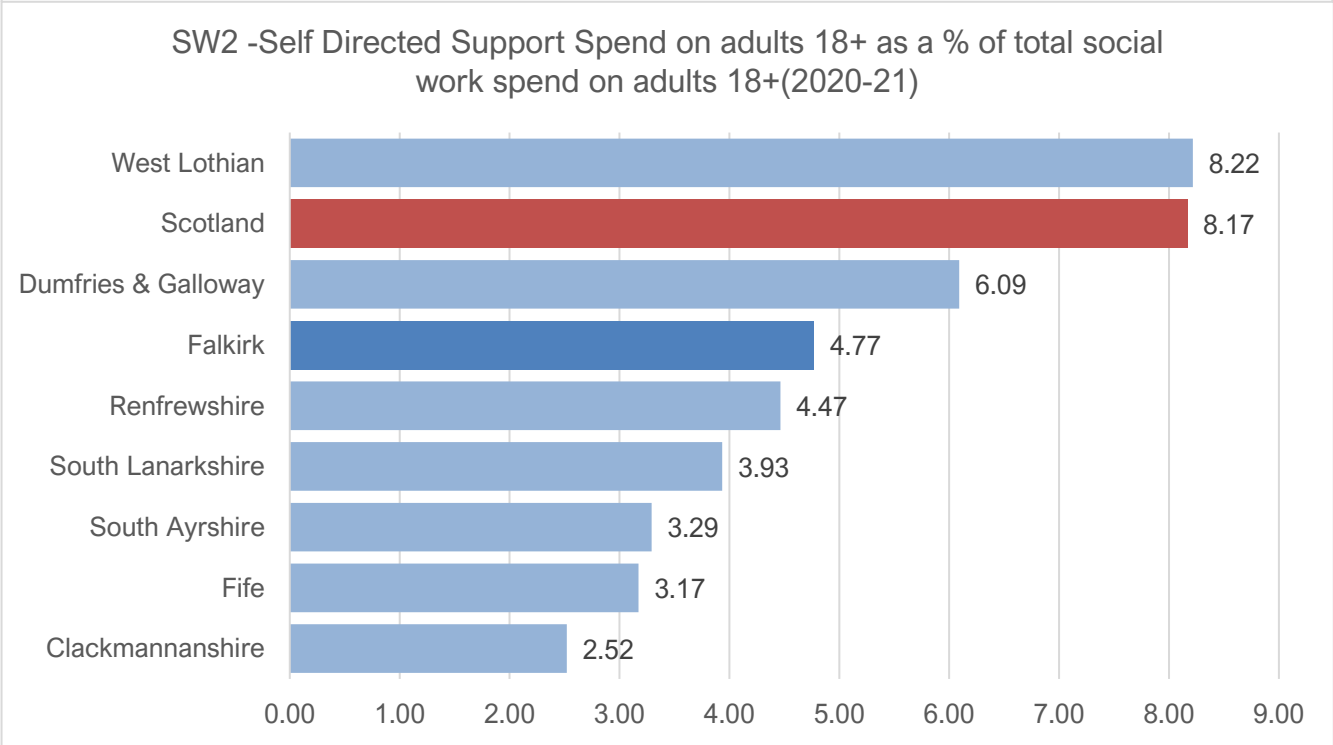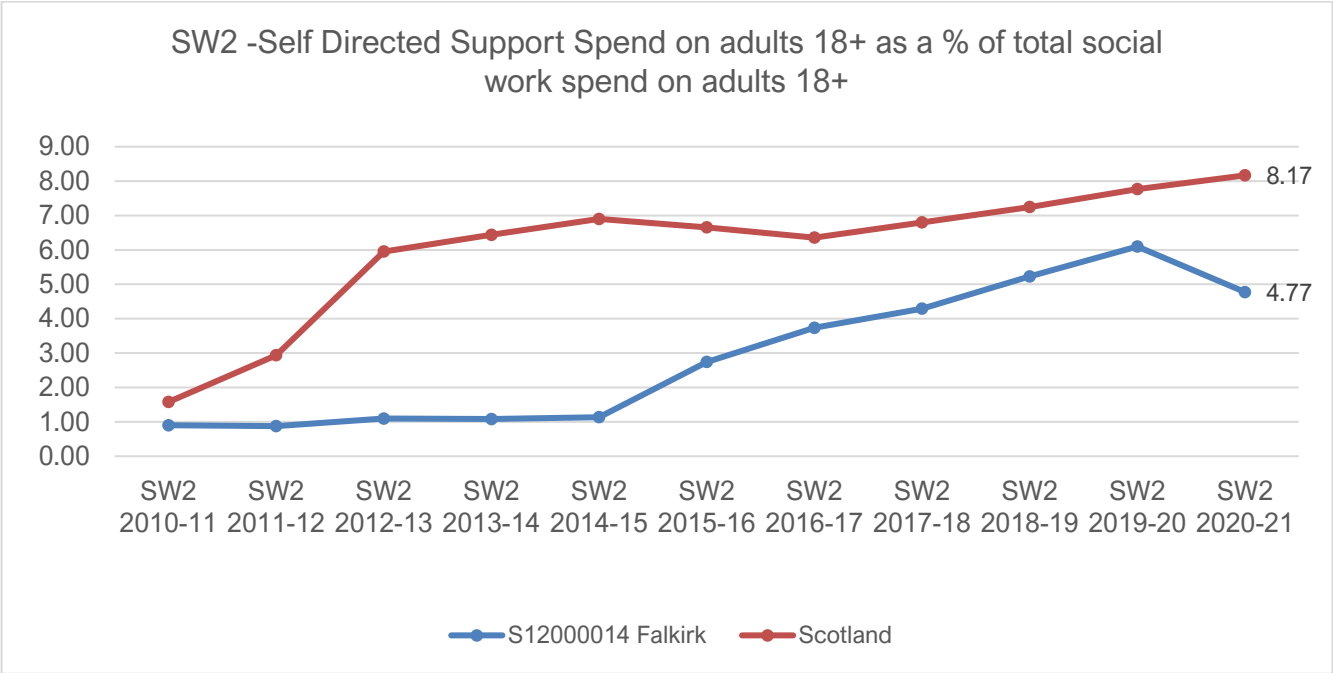
SW2 -Self Directed Support Spend on adults 18+ as a % of total social work spend on adults 18+

SW2 -Self Directed Support Spend on adults 18+ as a % of total social work spend on adults 18+(2020-21)

SW3a - % of people aged 65 and over with long-term care needs who receiving personal care at home

Over the past 10 years Falkirk has remained in a very similar position for this indicator with approximately two thirds (66%) of people aged 65+ with long term care needs receiving personal care at home. This has consistently been around 5%-7% higher than the Scotland average. When comparing to peers Falkirk is 2nd top of the group behind neighbouring Clackmannanshire in 2020/21.
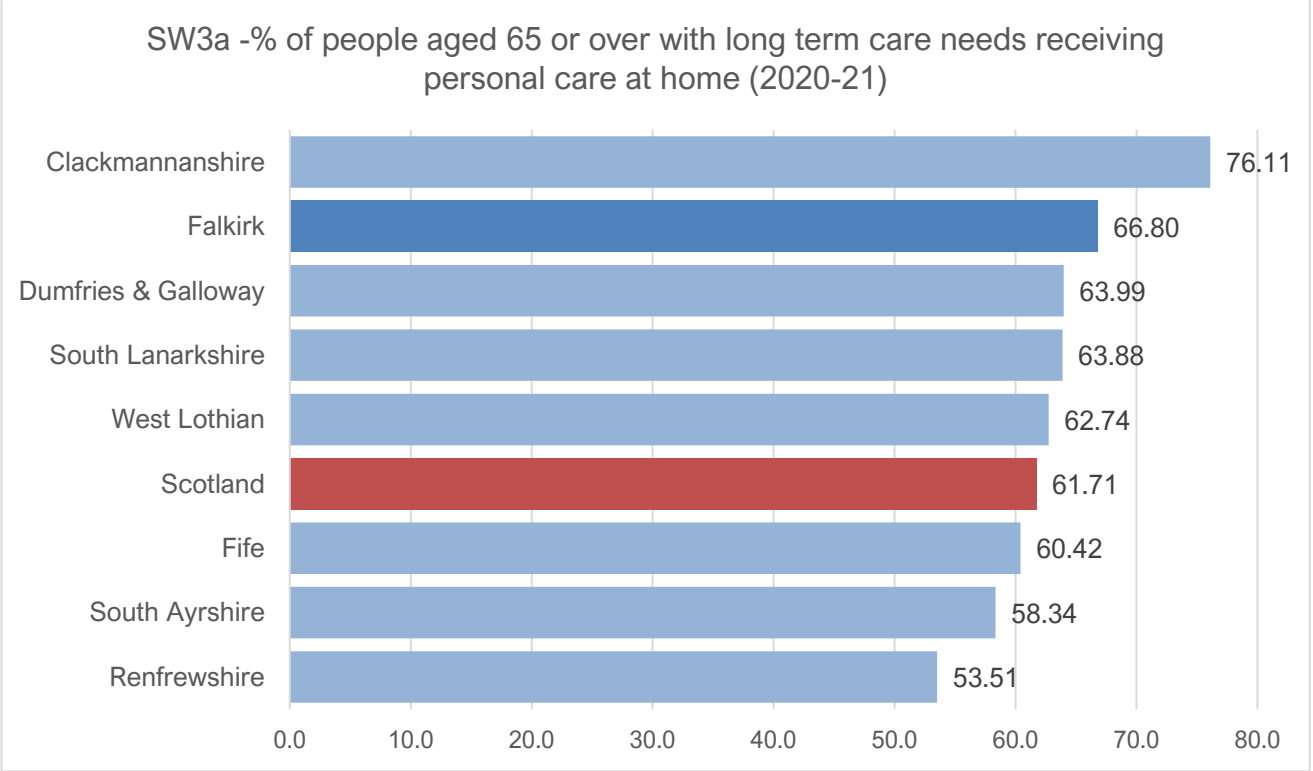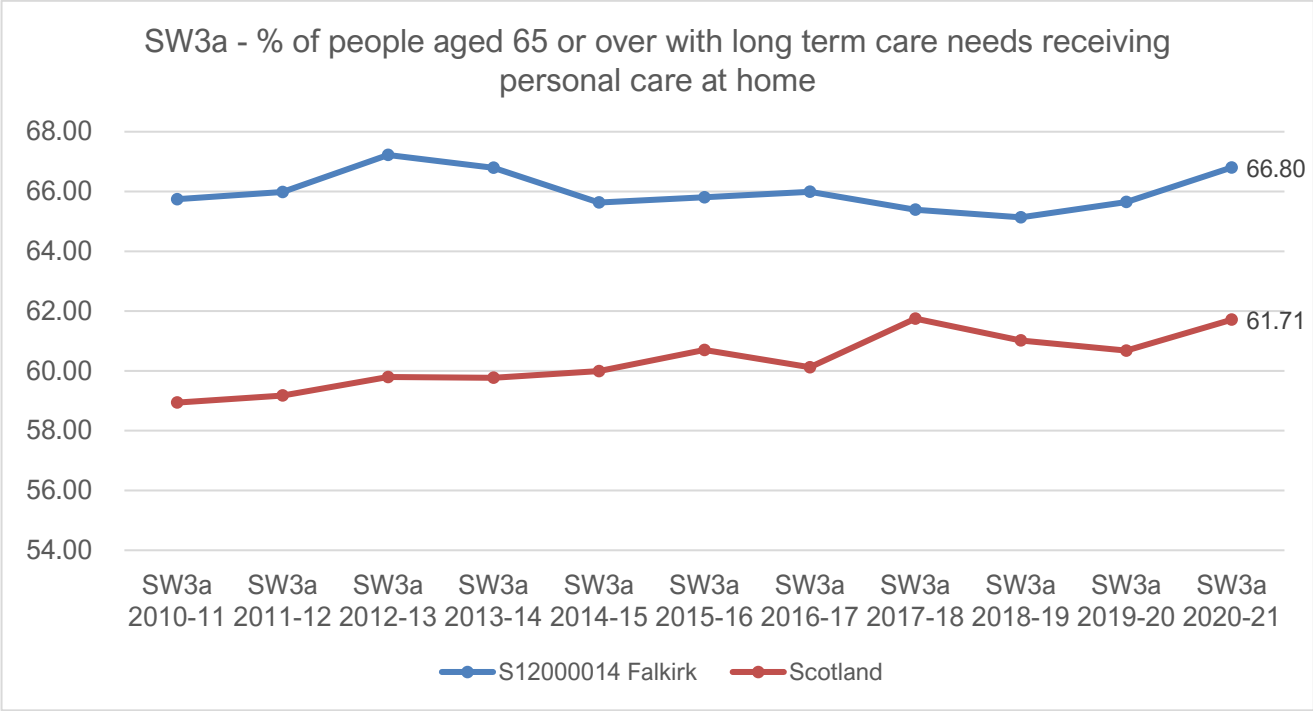
SW4b - % of adults supported at home who agree that their services and support had an impact in improving or maintaining their quality of life

Indicator SW4b comes from the health and care experience survey which is carried out every 2 years. The trend chart shows a small improvement for Falkirk in the most recent year, however this is a substantial drop from the 2013-14 & 2015-16 surveys (methodological changes to the health and care experiences survey have caused a drop in performance across Scotland too). The peer comparison sees Falkirk below the National average and in the bottom 3 of the peer group.

SW4b - % of adults supported at home who agree that their services and support had an impact in improving or maintaining their quality of life

- S12000014 Falkirk
- Scotland

SW4b - % of adults supported at home who agree that their services and support had an impact in improving or maintaining their quality of life (2019/20)

Area	Value
Clackmannanshire	82.35
Renfrewshire	81.83
Dumfries & Galloway	81.57
South Ayrshire	81.23
Fife	80.54
Scotland	80.03
Falkirk	78.80
South Lanarkshire	78.08
West Lothian	75.34

SW4c - Percentage of adults supported at home who agree that they are supported to live as independently as possible

Indicator SW4c comes from the health and care experience survey. Over the past 4 surveys, Falkirk has a seen a decrease in performance against this indicator. In the past 3 surveys Falkirk performed better than the Scotland average but in the most recent survey the % of adults who agreed they were supported to live as independently as possible dropped below 80% and below the national average. Falkirk sits 2nd bottom of the peer group in 2019/20 but is very close to the Scotland average.
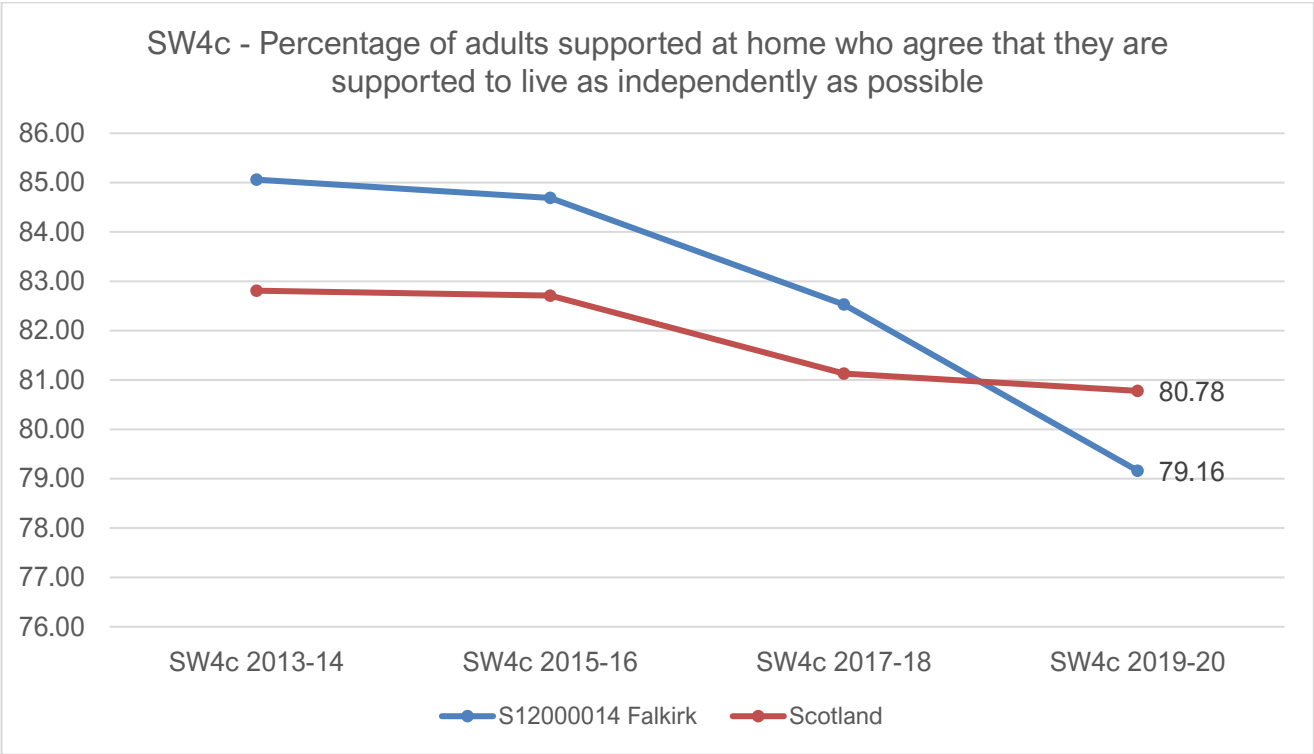
SW4c - Percentage of adults supported at home who agree that they are supported to live as independently as possible

SW4c - Percentage of adults supported at home who agree that they are supported to live as independently as possible (2019/20)
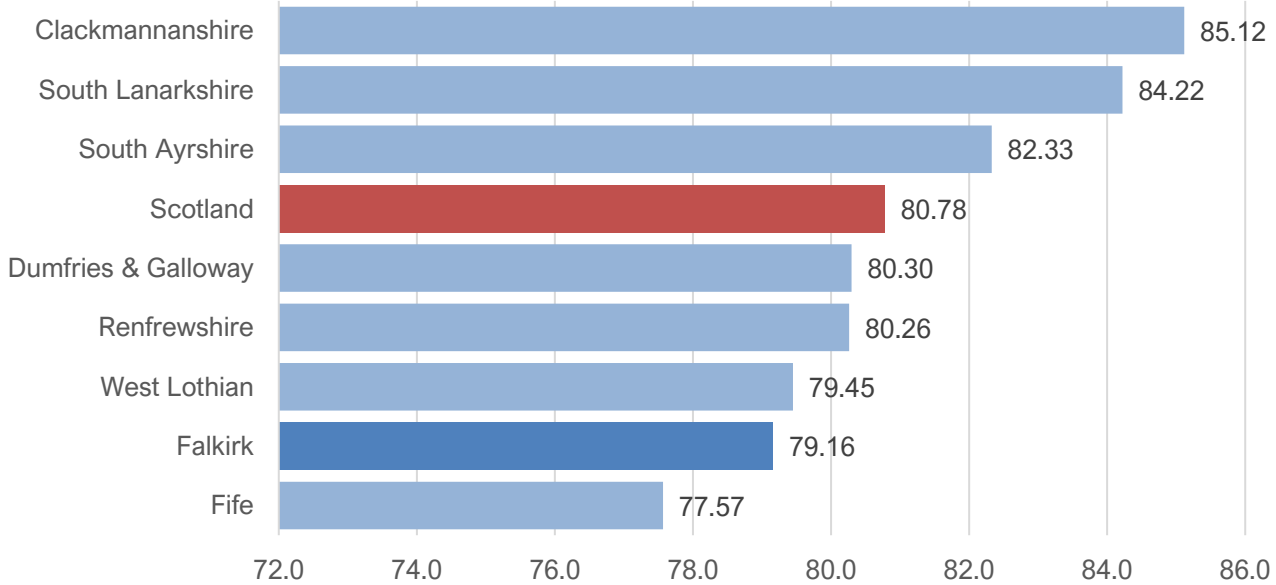
Area	Value
Clackmannanshire	85.12
South Lanarkshire	84.22
South Ayrshire	82.33
Scotland	80.78
Dumfries & Galloway	80.30
Renfrewshire	80.26
West Lothian	79.45
Falkirk	79.16
Fife	77.57

SW4d - Percentage of adults supported at home who agree that they had a say in how their help, care or support was provided

Indicator SW4d comes from the health and care experience survey. After 3 consecutive drops in performance for Falkirk (mirrored by Scotland average) there was an improvement from 76% to 78.6% in 2019/20. Falkirk also topped the peer group comparison for this indicator and was nearly three percentage points higher than the nearest comparator local authority.

SW4d - Percentage of adults supported at home who agree that they had a say in how their help, care or support was provided
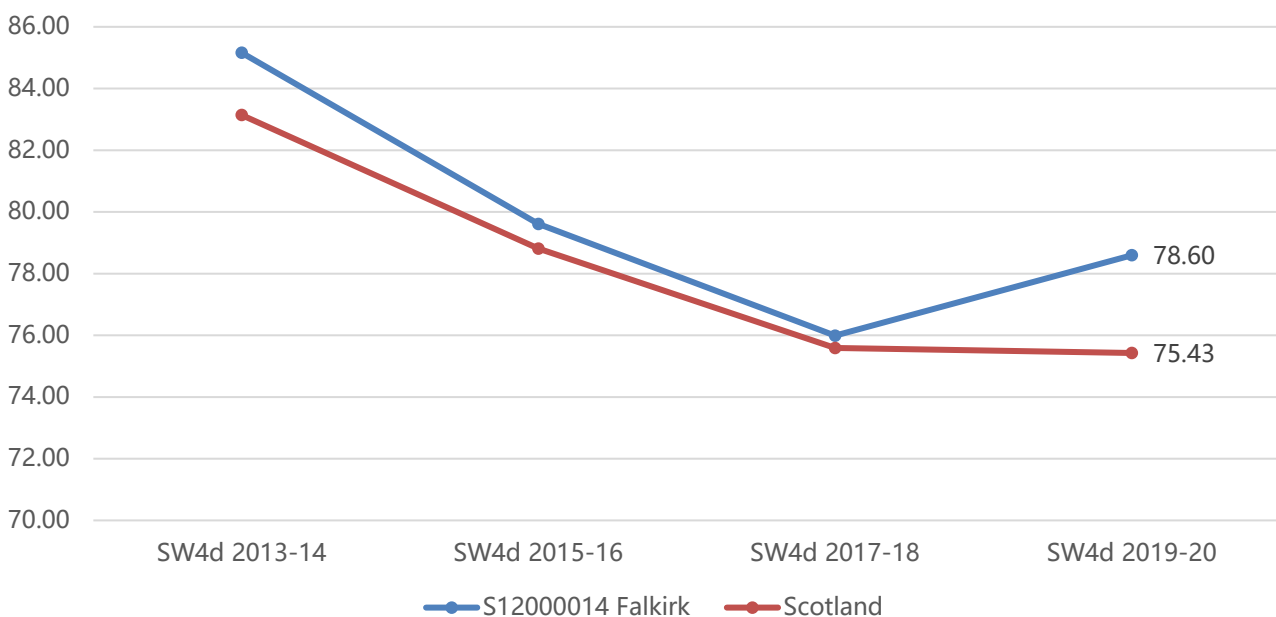
SW4d - Percentage of adults supported at home who agree that they had a say in how their help, care or support was provided (2019/20)

Area	Value
Falkirk	78.60
Dumfries & Galloway	75.97
Scotland	75.43
Clackmannanshire	75.40
South Lanarkshire	75.32
South Ayrshire	74.95
Fife	73.38
Renfrewshire	73.13
West Lothian	70.66
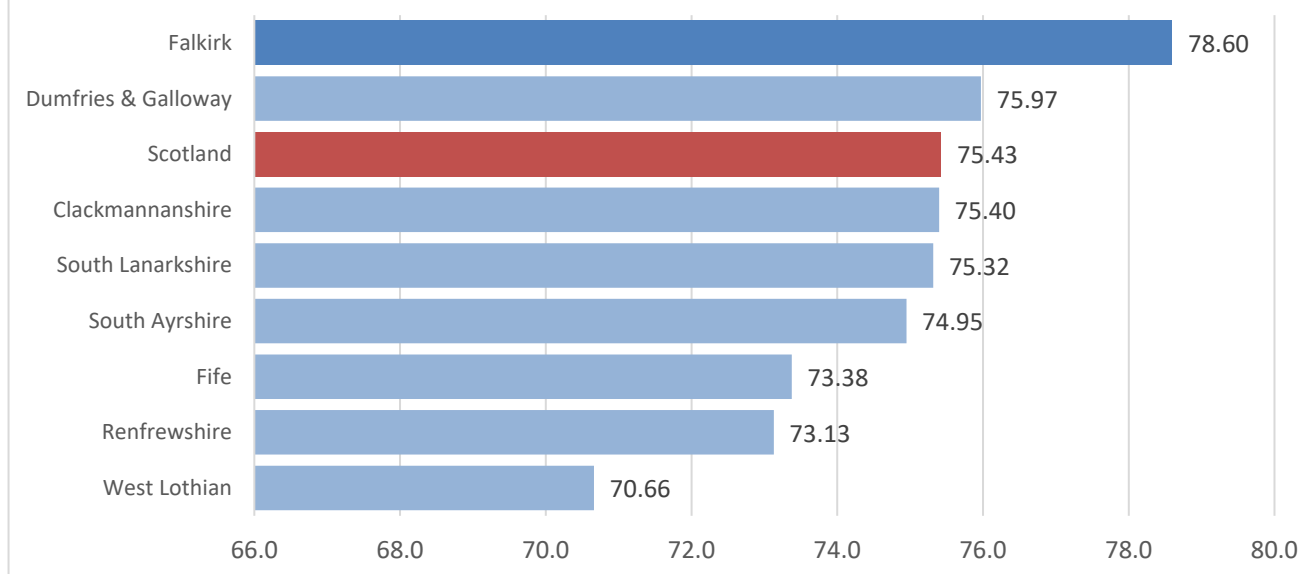
SW4e - Percentage of carers who feel supported to continue in their caring role

Indicator SW4e comes from the health and care experience survey. Historically Falkirk has mirrored very closely a decreasing trend with the national average but has retained a higher level of performance for this indicator. In 2019/20 36.6% of carers felt supported to continue in their caring role in Falkirk. This is the 2nd top rating amongst the peer group and better than the national average.

SW4e - Percentage of carers who feel supported to continue in their caring role
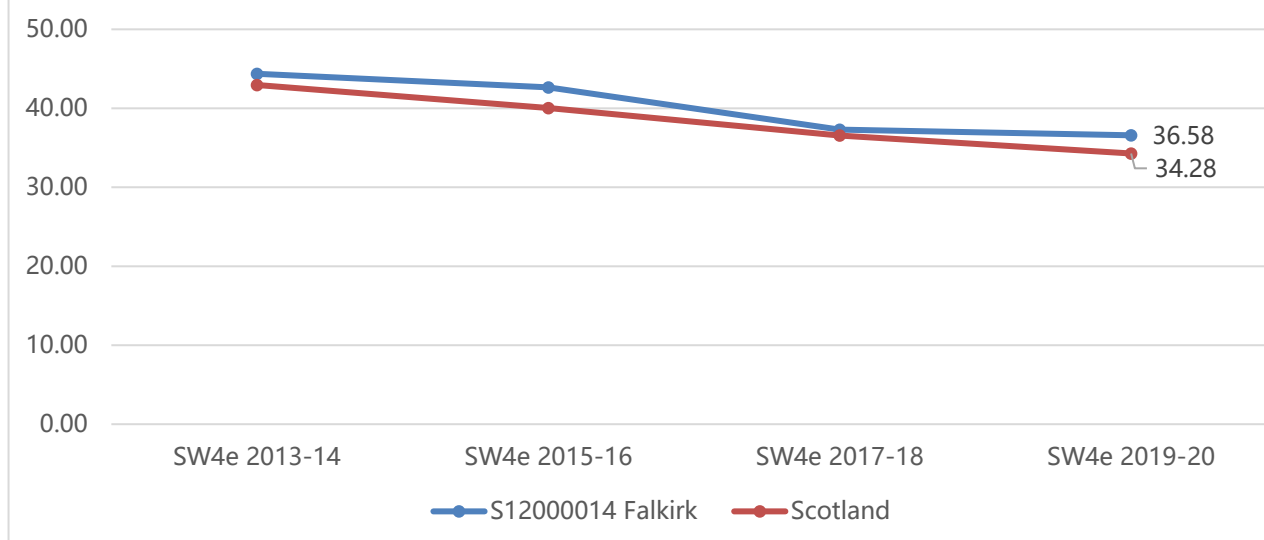
Falkirk: 36.58
Scotland: 34.28

Legend: S12000014 Falkirk, Scotland

SW4e - Percentage of carers who feel supported to continue in their caring role (2019/20)

Area	Value
South Ayrshire	37.41
Falkirk	36.58
West Lothian	36.40
Dumfries & Galloway	34.74
Fife	34.29
Scotland	34.28
Renfrewshire	32.90
South Lanarkshire	31.05
Clackmannanshire	30.89
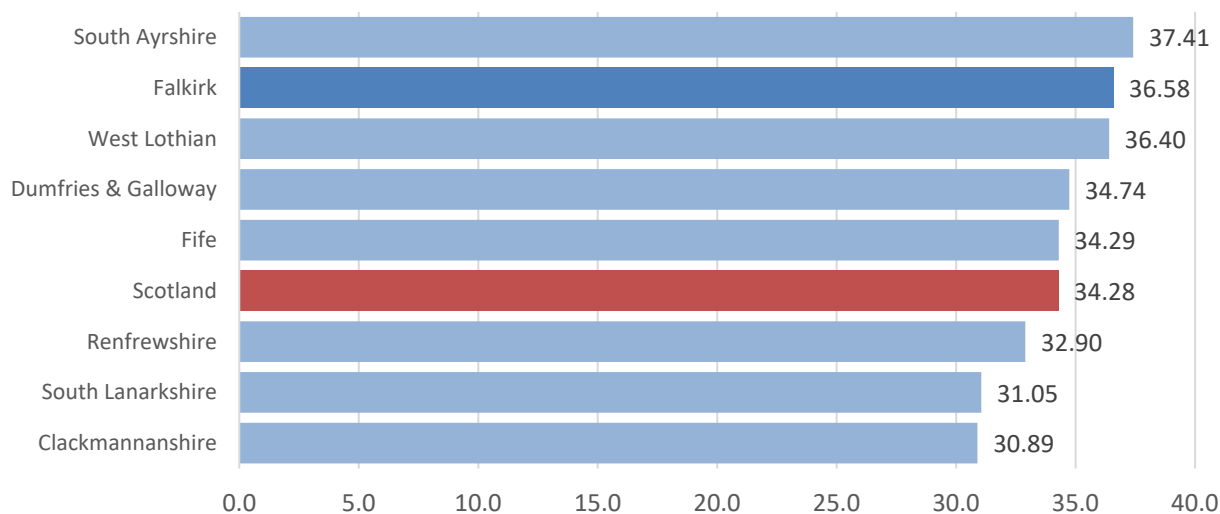
SW5 – Residential costs per week per resident for people aged 65 or over

Indicator SW5 tracks the residential costs per week per resident for people aged 65 or over. In the past decade Falkirk has consistently had a lower average cost compared to Scotland and 2019/20 was the lowest cost in 10 years (£301 vs £439 for Scotland). Costs varied widely for comparators between £209 in Dumfries & Galloway and £533 in South Lanarkshire but Falkirk was towards the lower end of the scale in 2020/21.

SW5 - Residential costs per week per resident for people aged 65 or over
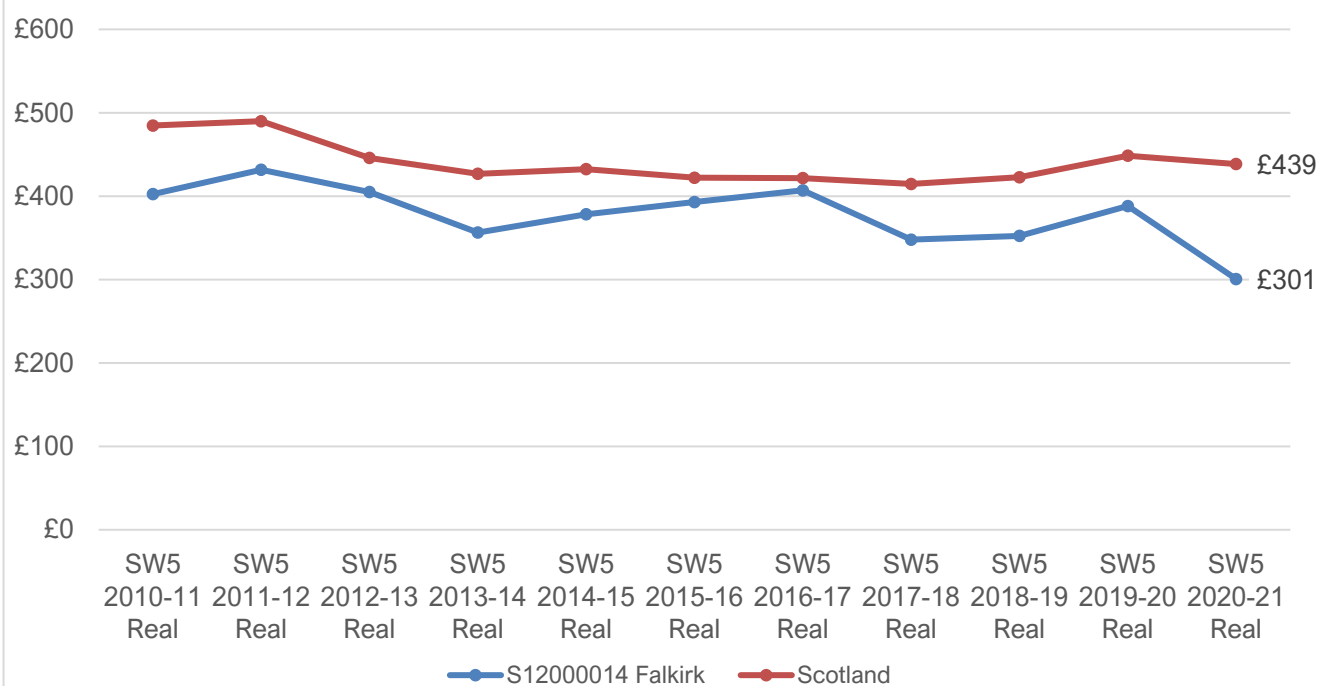
SW5 - Residential costs per week per resident for people aged 65 or over (2020/21)

Area	Cost
South Lanarkshire	£533
Fife	£530
West Lothian	£493
Scotland	£439
Clackmannanshire	£426
South Ayrshire	£340
Falkirk	£301
Renfrewshire	£248
Dumfries & Galloway	£204
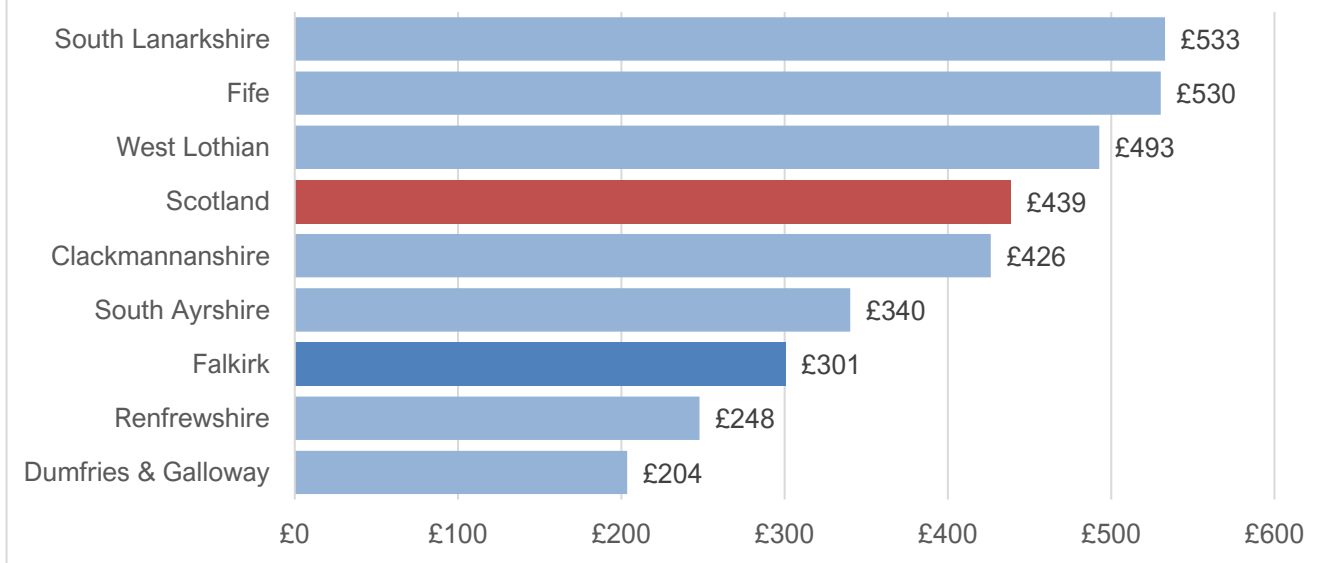
SW6 – Rate of readmission to hospital within 28 days per 1,000 discharges

Readmission rates drastically increased in 2020-21 for Falkirk after a very gentle increase in the previous 9 years. This is a result of changes in how patients were coded in clinical assessment areas from outpatients to inpatients as detailed at the March 2022 IJB in the Hospital Readmissions Paper.

SW6 - Rate of readmission to hospital within 28 days per 1,000 discharges

162.96

120.03

S12000014 Falkirk — Scotland
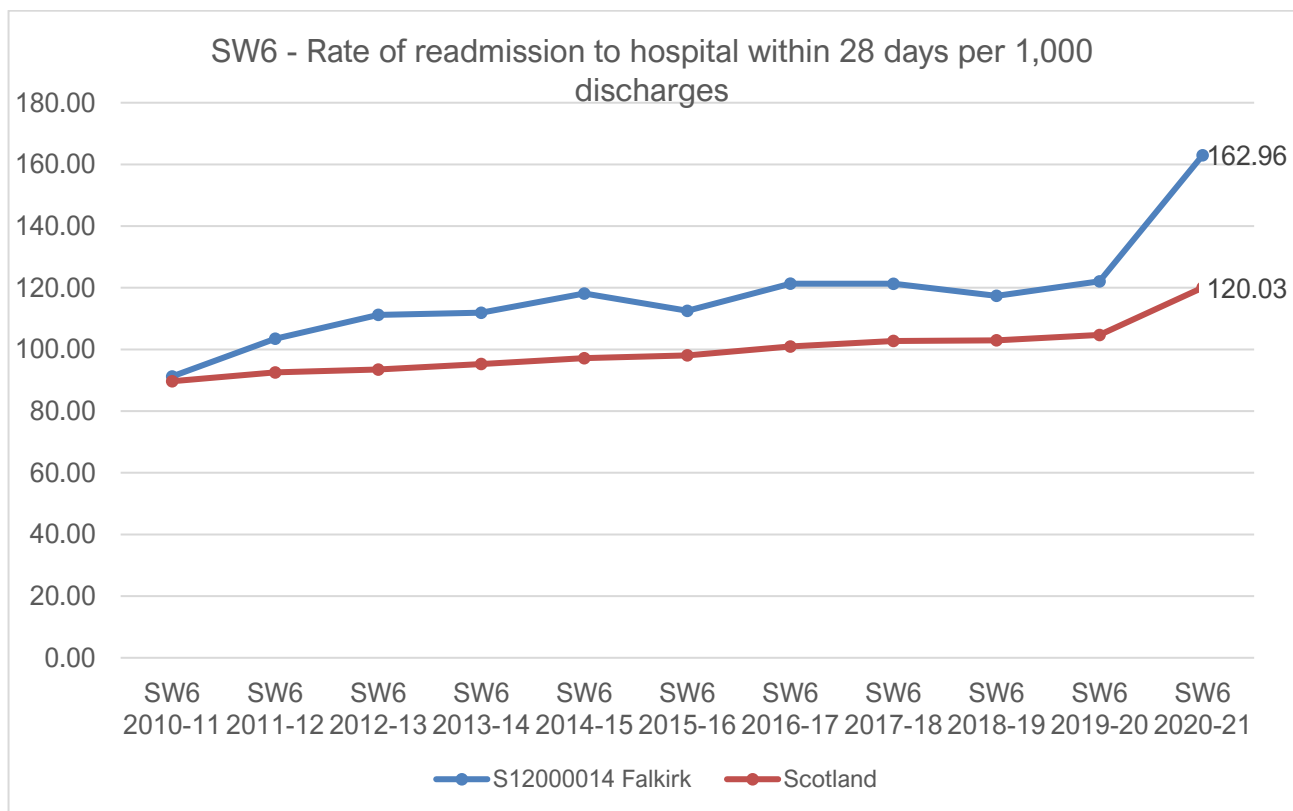
SW6 - Rate of readmission to hospital within 28 days per 1,000 discharges (2020/21)

Region	Value
Clackmannanshire	163.93
Falkirk	162.96
South Ayrshire	128.39
West Lothian	122.73
Scotland	120.03
Fife	114.73
South Lanarkshire	111.82
Dumfries & Galloway	107.72
Renfrewshire	100.11
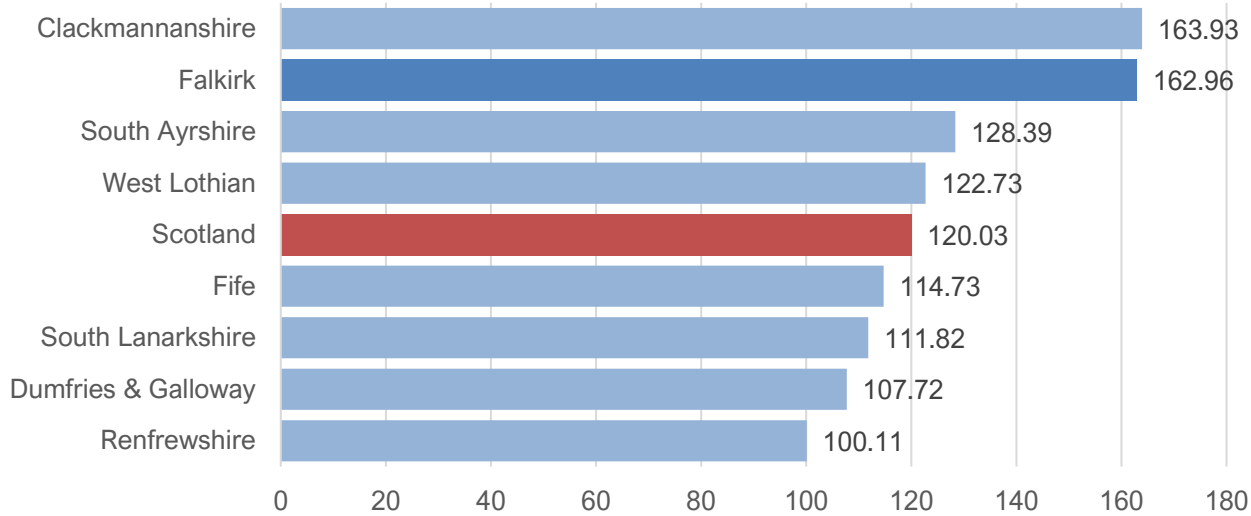
SW7 – Proportion of care services graded 'good' (4) or better in Care Inspectorate inspections

Falkirk has seen a marginal improvement in this indicator over the past decade, with 87% of care services rated as 'Good' or better in care inspectorate inspections in 2020/21. This is higher than the Scottish average and Falkirk has the 2nd highest proportion of care services ranked as 'Good' or better in the peer group for 2020/21.

SW7 - Proportion of care services graded 'good' (4) or better in Care Inspectorate inspections

Legend: S12000014 Falkirk, Scotland

Final values: 87.00 (Falkirk), 82.50 (Scotland)

SW7 - Proportion of care services graded 'good' (4) or better in Care Inspectorate inspections (2020/21)

Clackmannanshire	97.40
Falkirk	87.00
Renfrewshire	85.50
Fife	84.70
Dumfries & Galloway	84.40
West Lothian	84.30
Scotland	82.50
South Lanarkshire	80.10
South Ayrshire	78.50
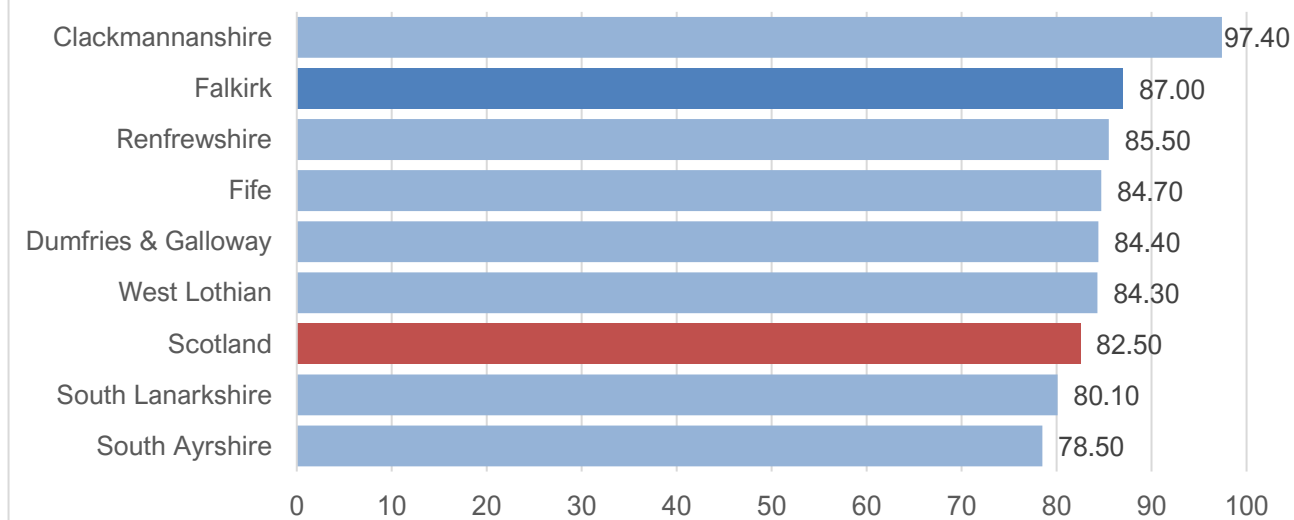
SW8 – Number of days people spend in hospital when they are ready to be discharged, per 1,000 population (75+)

Both Scotland and Falkirk have seen a considerable drop for 2020/21 though the number of days the Falkirk residents (75+) spend in hospital when ready to be discharged is substantially higher than the Scotland Average. Of the peer group, only South Ayrshire residents spent more days in hospital when ready to be discharged in 2020/21.

SW8 - Number of days people spend in hospital when they are ready to be discharged, per 1,000 population (75+)

Falkirk: 684.29
Scotland: 484.28

Legend: S12000014 Falkirk, Scotland

Ref	Improvement Action	Current Position	Target Date	RAG Status	Comments
1	Progress with Integration Scheme / MSG Self-Assessment	Progress was previously reported with the transfers of administrative staff based in community healthcare settings and Medical Staff for relevant specialities. Due diligence remains outstanding for associated budgets. Operational Management of Primary Care, Mental Health and Health Improvement has transferred with interim 'attached' managers. However, due diligence is still required including admin support and a new Head of Service for Primary Care and Out of Hour (OOH) Services and a Service manager for OOH require to be recruited. Other requirements may arise from the due diligence exercise. Baseline set aside activity metrics have been discussed and will progress during 2022/23 and into 2023/24. Provision of corporate support arrangements from both partners will be considered as part of the review of the Integration Scheme. Risk sharing arrangements have been agreed for 2022/23. Longer term risk sharing arrangements require to be agreed and clearly defined as part of the review of the Integration Scheme. There has been no progress with the refreshed self-assessment against the Ministerial Strategic Group (MSG) recommendations, prepared in May 2019.	June 2023	Amber	Recent progress has been made in a number of areas however RAG status reflects slippage in overall timescales. Service transfers are now complete subject to due diligence considerations and recruitment of key staff. Delivering the benefits of integration now services have transferred will be part of business as usual. Finance Sub-Group meetings are in place to discuss Risk Share, aiming for sub group agreement by end April 2023. Note: Approval of a revised Integration Scheme is a lengthy process requiring consultation.
2	Implementation of the CIPFA Financial Management code	Self-assessment of IJB financial management arrangements against CIPFA recommended standards is underway.	March 2023	Amber	Timescales have slipped due to capacity challenges.

Ref	Improvement Action	Current Position	Target Date	RAG Status	Comments
3	Audit Committee self-assessment against good practice principles.	This was a 2021/22 annual accounts external audit recommendation. Evaluation against CIPFA's 'Good Practice Audit Committees Principles Checklist' or 'Evaluation of Effectiveness Toolkit' to be progressed.	March 2023	Green	Not yet started but still planned within original timescales.
4	Other Internal & External Audit Reviews	Risk Management - Interim RM policy and annual performance report were presented to the Sept Audit Committee. Training requirements, risk appetite and final risk management policy are progressing broadly as planned.	Sept 2023	Amber	There has been good progress in a number of areas and plans remain on track for Risk Management however other timescales have slipped due to capacity challenges and awaiting actions elsewhere. Accordingly, RAG status remains Amber due to areas of slippage.
		Directions – Action Plan is in progress and Directions are issued quarterly, following IJB Board approval however the level of detail recommended in the Internal Audit review is yet to be reached due to capacity challenges that are not likely to abate until the revised management structure is implemented.	June 2023		
		Resilience & Business Continuity – Internal Audit recommendations and management Action plan were presented to the Sept 2022 Audit Committee.	June 2023		
		Resilience & Business Continuity – Internal Audit recommendations and management Action plan were presented to the Sept 2022 Audit Committee.	June 2023		
		The IJB Medium Term Financial Plan – will be prepared after the annual Business Case (Nov IJB meeting) and following the new, 3-year Strategic Plan. The start of this process has been delayed due to capacity challenges and an accelerated process will be required to achieve the March 2023 deadline.	March 2023		

FORTH VALLEY NHS BOARD
TUESDAY 28 MARCH 2023

9.6.1 Clinical Governance Committee Ratified Minute – 8 November 2022
For Assurance

Chair: Dr Michele McClung, Non-Executive Director

Minute of the Clinical Governance Committee Meeting held on Tuesday 8th November 2022 via Teams.

Present
Gordon Johnston (GJ), Non-Executive Member (vice chair)
Kirstin Cassells (KC), Chair ACF / Non-Executive Member
Janie McCusker (JM), Chair NHS Forth Valley
John Stuart (JS), Non-Executive Member
Margo Biggs (MB), PIN Member

In Attendance
Andrew Murray (AM), Medical Director (Chair)
Cathie Cowan (CC), Chief Executive
Frances Dodd, (FD) Director of Nursing
Lynda Bennie (LBe), Head of Clinical Governance
Laura Byrne (LBy), Director of Pharmacy
Linda Donaldson, (LD), Director of HR
Jonathan Horwood (JH), Infection Control Manager

Presenting
Mrs Sara Mackenzie (SM), Corporate Risk Manager (Item 7.1)
Ms Mandy Crawford (MC), Patient Relations Lead (Item 8.1)
Mrs Pauline Easson-Donnelly (PED), Person Centred Manager (Item 8.1)
Dr Kate Patrick, Director of Medical Education (Item 11.2)

1. **Apologies for Absence**

Apologies for absence were received from Helen McGuire

2. **Declaration (s) of Interest (s)**

There were no declarations of interest.

3. **Minute of NHS Board Clinical Governance Committee meeting held on 23 August 2023**

Agreed as an accurate reflection of the meeting.

4. **Matters Arising from the Minute/ Action Log**

Action Log reviewed by the committee and updated.

5. **In Our Service, is Care Safe Today?**

   5.1. HIS Inspections Update May and October 2022

As a result of an unannounced inspection from Healthcare Improvement Scotland in April 2022, 9 requirements and 4 areas of good practice within Forth Valley Royal Hospital were identified. An action

plan was progressed however at a subsequent unannounced inspection in September further requirements were identified.

There were 3 areas of concern in particular highlighted;
1. Procedures and processes for safety and risk assessments used in contingency beds
2. Staff wellbeing, culture and leadership
3. Overcrowding in areas – specifically the Emergency Department

An oversight process will be established to ensure the delivery of any requirements.

LBe stated there is now a full time pharmacy support worker based in AAU to support medicine management and function.

FD advised that HIS have been very clear and specific on what they expect to be submitted and are satisfied with NHS FVs submissions of evidence so far. At present, there is no confirmed date for the second HIS report to be received. HIS has assured NHS FV that the report will be clear on the context of the visit and the pressures on site during the HIS inspection.

> **The Clinical Governance Committee:**
> - Noted the update.

6. In our Services, Was Care Safe in the Past?

6.1 Safety and Assurance Report July-Sept 2022

AM advised HSMR remains below 1 which is satisfactory. NHS FV has commenced membership of the National Cardiac Arrest Audit (NCAA) to improve data accuracy. There were no concerns raised in relation to the Falls and Falls with Harm data. An increase in pressure ulcer incidence was reported, however the Committee were assured appropriate investigations and action had taken place.

Stroke bundle compliance remains challenging due to the capacity pressures within Forth Valley Royal Hospital. AM advised Dr Sarah Henderson had attended the Clinical Governance Working Group and provided an overview of the challenges within the stroke service as well as sharing the initiatives that the stroke improvement group plan to undertake to improve compliance against national targets. A Patient Safety Conversation Visit to the Stroke Unit is scheduled for 9th November 2022.

> **The Clinical Governance Committee:**
> - Noted the report
> - Thanked AM for providing the update

6.2 HAIRT Quarterly Report

JH advised the committee that there was a decrease in *Staph aureus* bacteraemias (SABs), and Device Associated Bacteraemias (DABs) infections during the reporting quarter. *Clostridioides difficile* infections (CDIs), remains consistent with no hospital acquired infections reported in the hospital setting. There were 7 reported Surgical Site Infections (SSI) with 6 of these attributed to Caesarean Sections. JH provided assurance that this is due to the increase in Caesarean Sections undertaken, not the rate of infections.

AOP standards for E. coli remains challenging however, JH reported that ARHAI were satisfied with the action plan submitted.

There were seven COVID outbreaks reported to the Scottish Government in this time period. Hospital onset COVID within NHS FV is currently at 17.7% which continues to be below the national rate of 24%. The updated national guidance for testing has been implemented ahead of target throughout NHS FV.

> **The Clinical Governance Committee:**
> - Noted the information and thanked JH for his report.

6.3 Standards and Reviews Report – July-August

Processes are being developed to share relevant reports that sit within Standards and Reviews reporting with Primary Care and should be complete through 2023.

The Clinical Governance Committee:
- Noted the report.

7. In Our Services, will Care be Safe in the Future?

7.1 Risk Management Update

SM informed the Committee that although scoring has been static, this is not a reflection on any deterioration. There is a deep dive assurance assessment of corporate risks being undertaken and will be presented to the Board. Risk trend analysis for the quarter identified no changes and there is a continued focus on the risks associated with unscheduled care and the out of hours service.

SM commented that slight improvements from immediate actions are anticipated however, it is expected that it may be some time before risk appetite levels are reached.

The Committee discussed the public confidence and reputation categories in relation to the HIS inspection. SM advised the risks around that work have been captured and scored appropriately, measured on the impact matrix.

The Clinical Governance Committee:
- Endorsed the report to progress to the Board.
- FD and Elspeth Campbell to discuss press re HIS inspection.

8. Is our Care Person Centred?

8.1 NHS FV Complaints and Feedback Performance Report – July 2022
MC advised the committee there were 675 complaints in the period April to July 2022 and compliance was 80.6% against the performance target. 13 cases were referred to the Ombudsman, eight were closed and five are still under investigation. MC commented the Ombudsman had been approaching FV directly which is a good quality indicator.

There were 113 stories shared on Care Opinion during the period June-July 2022, 84% were positive. MB commented Care Opinion has given patients, carers and relatives a platform to share their concerns.

PED explained the inpatient experience survey is carried out weekly with 5 patients per ward, per area. Positive results were shared, and the high standard of care provided by district nurses was highlighted.

The Clinical Governance Committee:
- Thanked MC and PED for the informative report.

9. Are we Learning and Improving?

9.1 Significant Adverse Event Report
LBe shared the HIS framework and FV's current position. It was commented that HIS are reviewing their framework and NHS FV are contributing to this work. LBe shared the process in place for commissioning an SAER, advising that the Clinical Governance team meet with both the Medical Director and Executive Nurse Director weekly.

Learning summaries for SAER00058, SAER00057 and SAER00069 were discussed at the CGWG.

LBe advised due to the significant rise in commissioned SAERs it is a challenge to meet the timescales. The Committee raised concern in the increase of significant adverse events. LBe provided assurance that the ongoing education and awareness sessions in relation to the reporting of SAERs are the attributing factor for increased numbers. The Committee were informed of the multi board SAE review process if more than one health board is involved.

The Clinical Governance Committee:
- Thanked LBe for the report.

10.   Are our Systems Reliable?

10.1   Patient Safety Conversation Visit Update

There have been 20 visits, and five return visits since the Patient Safety Conversation Visit program commenced on April 14ᵗʰ 2022. Themes, challenges and feedback was shared and discussed. GJ commented the importance of the visits to allow a greater insight and visibility of the clinical environment. This was echoed by the Committee members. LBe explained the PSCV reports and actions are captured on the Pentana system and reported back to
senior leadership for the relevant areas to take forward through their local clinical governance and service meetings where appropriate.

> **The Clinical Governance Committee:**
> • Thanked LBe for the report.

11.   Further Assurance

11.1 Code of Corporate Governance

The Clinical Governance Committee:
> • The Committee noted the report.

11.2 Medical Education Annual Report

KP presented the Medical Education annual report and the progress in Educational Governance throughout the last year. Successes were highlighted in particular, Obstetrics and Gynaecology, Ophthalmology and Anaesthetics (trainers) departments. KP advised funding has been secured to provide safe homes (bungalow) post nightshift for trainees and funding is also available to pay for transport home. A trainer feedback program is currently in development.

Ongoing challenges with clinical systems remain significant however the change from Learnpro to TURAS was navigated successfully. Immediate Discharge Letter completion remains particularly challenging for trainees.

> **The Clinical Governance Committee:**
> • Approved the report and thanked KP for the update.

12.   Reports from Associated Clinical Governance Groups (Ratified Minutes)

12.1   Minute of the Clinical Governance Working Group meeting – 27.07.2022
AM brought the Committees attention to the attendance of Moira Manson and Rory Christie from HIS, demonstrating the close relationships with NHS FV.
12.2   Organ Donation Committee meeting – 08.06.2022
12.3   Minute of the APCIC – 20.01.2022
12.4   Minute of the Child Protection Action Group meeting – 23.08.2022

> **The Clinical Governance Committee:**
> • Noted the minutes.

13.   AOCB

13.1   OD Committee Workshop 6ᵗʰ December 2022

The Clinical Governance Committee members were invited to a workshop, supported by Organisational Development and Clinical Governance, on 6ᵗʰ December 2022. The agenda was shared accordingly.

14.   Date and Time of the Next Clinical Governance Committee meeting

The next meeting will be held on Tuesday 21ˢᵗ February 2023 at 9am via Teams.

FORTH VALLEY NHS BOARD
TUESDAY 28 MARCH 2023

9.6.2 Escalation Performance & Resources Committee Draft Minute – 24 February 2023
For Assurance

Chair: Mr Martin Fairbairn, Non-Executive Director

DRAFT Minute of the Escalation Performance & Resources Committee meeting held on Friday 24 February 2023 at 11.00am

Present: Cllr Fiona Collie
             Mr Martin Fairbairn (Chair)
             Cllr Danny Gibson
             Dr Michele McClung
             Mrs Janie McCusker
             Mr Allan Rennie

Attendance: Mrs Val Arbuckle   Ms Kerry Mackenzie
             Mrs Susan Bishop   Mrs Sara Mackenzie
             Ms Annemargaret Black   Ms Jackie McEwan
             Mrs Elsbeth Campbell   Mr Andrew Murray
             Mrs Cathie Cowan   Miss Rebecca Reid (Minute)
             Miss Linda Donaldson

1.   Welcome

Mr Martin Fairbairn welcomed everyone to the meeting.

2.   Apologies for Absence

Apologies were received on behalf of Mr Jonathan Best, Mrs Kirstin Cassells, Ms Patricia Cassidy, Professor Frances Dodd, Mrs Gillian Morton, and Mr Scott Urquhart.

3.   Declarations of Interest

There were no declarations of interests.

4.   Minute of the meeting held on Friday 27 January 2023

Following the amendment to Mr Alan Rennie's comment under item 8 AOCB which should state 'any variation to the document' and not changes to the language … be clearly highlighted ..'.

With that amendment, the Escalation Performance & Resources Committee:
• ***Approved the minute from 27 January 2023 as accurate.***

5.   Matters Arising / Action Log

Mr Fairbairn highlighted additional actions to be captured in the action log from the previous meeting:

• Add to the plan high level key milestones/actions are set out to be reported on to enable the committee to chart progress.

- Clarification required on which HIS-related actions are drawn from the HIS report and which are drawn from the escalation improvement plan.

Mrs Elsbeth Campbell confirmed that both the documents on the staff intranet and the NHS Forth Valley website had been updated to reflect ongoing progress as reported to the NHS Board in January. Elsbeth agreed to discuss with Scottish Government the need for their site to reflect the most up to date information.

The 18 week HIS return update was circulated for information to the committee, and it was noted that assurance on progress against the HIS Improvement Plan would be provided through the Clinical Governance Committee.

The Escalation Performance & Resources Committee:
- *Noted the completed and in progress items.*

Action points:
- Capture the above additional items in the action log.
- Clinical Governance Committee to review progress in detail of the HIS Improvement Plan.

5.1 Terms of Reference

An amendment to the Terms of Reference under section 3.4 reflects that minutes from Escalation Performance & Resources would be presented to the NHS Forth Valley Board along with an assurance report.

The Escalation Performance & Resources Committee:
- *Agreed to recommend the revised Terms of Reference to the Board for approval.*

5.2 HRD Network Update

Miss Donaldson informed the committee that she had reached out to NHS Greater Glasgow and Clyde and NHS Highland to request feedback on their leadership and culture actions as part of the Board's escalation response.

A presentation was shared with the committee to highlight work that was undertaken by these organisations, which included focus on Culture and Leadership, but also contained information on steps that had not delivered improvement. Both NHS Greater Glasgow and Clyde and NHS Highland produced valuable advice which included a number of similar approaches adopted and implemented by NHS Forth Valley such as peer support, the staff wellbeing strategy, and iMatter work. To provide further assistance Ms Ann McPherson and Ms Fiona Hogg will join the NHS Forth Valley Leadership and Culture Oversight Group.

The Escalation Performance & Resources Committee noted the valuable update and the assurance that the Improvement Plan 'learning from others' had been progressed and within the approved timetable.

Mr Rennie proposed setting out an NHS Forth Valley response against the 23 NHS GG&C recommendations and NHS Highland actions and for this to be presented to the committee. Mr Clark offered to be involved as a staff side representative to ensure the response was jointly informed, this was supported.

The Escalation Performance & Resources Committee:
- *Noted the HRD Network Update.*

6. Improvement Plan Update

Mrs Cowan in her introduction referred to the covering slide that brings together key aspects or components of an overarching assurance framework, e.g., Board purpose, corporate objectives, and values which sits above the Escalation Improvement Plan (the Plan).

The slides that followed referred to the immediate and short term actions as set out in the approved Plan and progress against these. The slides also set out the medium and longer term actions which would inform the next iteration of the Plan with an intention to present this to the NHS Board in March.

Committee members raised concern on how this information was being presented and asked that an updated Plan adopting the original template be shared in advance with Committee members in advance of NHS Board.

A question was raised regarding the diagnostics phase of the culture work to be undertaken. It was confirmed that the scoping phase would take 3 to 4 weeks followed by a diagnostic phase. The aim is for the diagnostics work to be completed by July then reported to the NHS Forth Valley Board and ELT. This work will be monitored within Staff Governance Committee. As a result, the current timescales on the plan need to be clarified.

The Escalation Performance & Resources Committee:
* *Noted the Improvement Plan Update.*

Action points:
* Reformatted version of the update be shared with the Committee prior to the next Board meeting.
* Future versions should report planned milestones and progress against these milestones (and that the original plan might be included as an appendix).
* Timelines for diagnostics phase to be clarified in the plan.
* Committee to receive copies of the Assurance Board minutes at its future meetings.
* Staff Governance Committee to review planned actions and progress in detail in relation to the leadership and culture aspects of the Implementation Plan.

6.1 Performance updates

Ms Black confirmed that Psychological Therapy (PT) Services will not attain the 18-week referral to treatment target due to the current staffing issues (vacancy rates within psychology are 12% with NHS Forth Valley being at 10%). Committee members noted that there have been various activities to enhance recruitment to address the vacancy gap.

Reassurance was provided to the committee members that although pressures are being felt within psychological services the number of patients on the waitlist is improving, however the importance of evidence against the trajectories had highlighted that there will be a plateau against improvement until the PT Improvement Plan had been fully embedded.

The question was raised for consideration to be given on how to develop a single piece of reporting to ensure common reporting across all performance areas. Mrs Cowan confirmed that a highlight reporting process for PT, CAMHS and the U&USC targets would be adopted.

Mrs Cowan in Ms Morton's absence updated Committee member on steps being taken to address patients waiting longest, an approach that had been approved by the NHS Board and supported by Government. Mrs Cowan confirmed as previously reported that the 90% standard would be met in Quarter 1 (April - June 2023).

Mr Murray set out high impact changes to support the summer target of 70%.

The Escalation Performance & Resources Committee:
- *Noted the Performance updates.*
- *Agreed to highlight to the Board the Psychological Therapies and CAMHS would only be able to reach target performance if the required level of staffing could be recruited, and given the national shortage of staff in these areas, achieving target performance is currently unlikely.*

7. Risk Register

The Committee received and reviewed the risk register.

The Escalation Performance & Resources Committee:
- *Noted the Risk Register.*

Action points:
- Risk register to be updated to reflect action plan deadlines against the leadership and culture program of work.

8. Measurement Framework

Mrs Cowan in sharing the presentation referred to the three escalation domains - leadership, culture and governance and the indicators/actions aligned with the Escalation Improvement Plan key principles - 'putting patients first,' 'supporting our staff' and working in partnership to inform improvement measures.

Committee members spoke about each domain e.g., leadership and Board and ELT development, the governance and review work led by Professor Brown and culture diagnostic piece to inform staff proposed improvements. Committee members also noted that:

- While the Measurement Framework needed to cover all aspects of the Improvement Plan, care needed to be taken to avoid it becoming unwieldy.
- If at all possible, the Measurement Framework should not simply duplicate actions contained in the Improvement Plan, even if there are no suitable performance measures.

Mrs Cowan confirmed that an individual has been commissioned to support a review of integration. It was agreed that this would be a valuable piece of work to inform ongoing support and/or improvement in regard to the governance arrangements supporting the implementation of the public bodies act.

It was noted that a Measurement Framework would be presented to the Assurance Board for members consideration in advance of being presented to the NHS Board in March.

Susan Bishop confirmed the Measurement Framework would apply to the actions set out within the approved Plan to chart and demonstrate sustainable improvement.

The Escalation Performance & Resources Committee:
- *Noted the presentation on the developing Measurement Framework.*

Action points:
- 'Thinking piece' presentation would be circulated to committee members to allow time for consideration before providing feedback.

9. Communications Plan Update

Mrs Campbell confirmed that the communication plan had been updated to reflect all work that had been completed and work that was being undertaken. Information on the escalation plan and the HIS improvement plan was shared at the most recent NHS Forth Valley Board Meeting. Following the meeting

the staff intranet and public website were updated with the information as well as being shared with the media against progress.

A meeting of members of the public focusing on the HIS improvement plan would add to the patient voice action. The meeting had been positive and follow up meetings were planned.

The Escalation Performance & Resources Committee:
- ***Noted the Communications Plan Update.***

10. Any Other Competent Business

It was reaffirmed that the core purpose of the Escalation Performance & Resources Committee is to review the progress of the Improvement Plan and provide assurance to the NHS Forth Valley Board of work being undertaken and progress being made. The Committee acknowledged that good progress had been made in developing the key components for effective review (i.e., the improvement plan update, the risk register and the measurement framework) and that the further work planned on these elements should enable to Committee at its next meeting to begin assessing the extent of progress towards the Implementation Plan objectives.

The question was raised on whether it would be possible at the next meeting to have a detailed insight of how the Improvement Plan will be monitored by each Standing Committee to provide assurance that all areas of the plan are being delivered and monitored appropriately, this was supported.

Mrs Cowan agreed to update and share the Improvement Plan with Members focusing on both the immediate and short terms actions and the medium to longer term actions and to seek feedback on the appropriateness of the format.

The Escalation Performance & Resources Committee:
- ***Agreed that good progress had been made in developing the key components for effective review of progress towards the Implementation Plan objectives.***

Action points:
- Provide paper for next meeting on which aspects of Improvement Plan progress will be reviewed in detail by which standing committees.
- Updated Improvement Plan to be shared with Committee members.

11. Date of Next Meeting
30 March 2023 at 9am

Papers for information were noted:
- ELT Compassionate Leadership and Culture Change Program Plan 2023 - ELT Paper
- HIS Improvement Action Plan

9.6.3 Performance & Resources Committee Draft Minute – 28 February 2023
For Assurance

Chair: Mr Martin Fairbairn, Non-Executive Director

DRAFT Minute of the Performance & Resources Committee meeting held on Tuesday 28 February 2023 at 9.00am via Microsoft (MS) Teams

Present: Mrs Kirstin Cassels
                      Mr Robert Clark
                      Mr Martin Fairbairn (Chair)
                      Cllr Danny Gibson
                      Ms Janie McCusker

In Attendance: Mrs Cathie Cowan   Ms Kerry Mackenzie
                      Prof Frances Dodd   Mrs Sara Mackenzie
                      Ms Linda Donaldson   Mrs Gillian Morton
                      Mrs Morag Farquhar   Mr Andrew Murray
                      Ms Laura Henderson   Mr Scott Urquhart
                      Ms Sarah Hughes-Jones   Ms Rebecca Reid (minute)
                      Mr Scott Jaffray

1. Apologies for Absence/ Confirmation of Quorum

Apologies were received on behalf of Mr Jonathan Procter and Cllr Fiona Collie

2. Declaration (s) of Interest (s)

As both Clackmannanshire and Stirling, and Falkirk HSCP strategic plans were on the agenda several members highlighted a connection as either a voting or non-voting member of the IJB. Although there was no conflict of interest it felt necessary to highlight these positions.

3. Minute of Performance & Resources Committee meeting held on 25 October 2022

The minute of the meeting held on 20 December 2022 were approved as an accurate record.

4. Matters Arising from the Minute/Action Log

There were no matter arising from the meeting. The action log was reviewed and agreed, noting item on the agenda.

5. Performance & Resources Committee Planner 2022/2023 & 2023/2024

Ms Kerry Mackenzie confirmed that all agenda items presented at this meeting were detailed on the planner 2022/2023.

The draft forward planner for 2023/2024 was presented to the committee confirming that all areas within the planner were linked back to the terms of reference with only a few areas of work still to be confirmed.

The Performance & Resources Committee:
- ***Approved the Committee Planner, subject to the above matters being addressed at its next meeting.***

Following discussion, the Performance & Resources Committee requested the Executive to:
- Check the accuracy of the cross-references in the planner to the Committee's Terms of Reference.
- Consider and advise the Performance & Resources Committee on its role with regard to performance oversight in relation to clinical and staff matters. (This arose from a query as to why the Committee's Planner did not include review of the performance of Urgent & Unscheduled Care. The issue is whether, for example, the Clinical Governance Committee (CGC) reviews all aspects of Urgent & Unscheduled Care or whether the CGC's work focusses on clinical quality with the Performance & Resources Committee looking at performance. It was recognised that it was important to clarify the position for both Urgent & Unscheduled Care and the other areas subject to Stage 4 Escalation.)
- Review the areas within planner which do not yet have specific timescales, to ascertain if these are required and agree appropriate action, aligning with Terms of Reference.
- Advise on whether the planned approach to Scottish Capital Investment Manual assurance is sufficient to meet the requirements of the Committee's Terms of Reference.
- Review the planner to determine if all items are definitely required.

6. FOR APPROVAL

6.1 Performance & Resources Committee Terms of Reference

The Performance & Resources considered the 'Performance & Resources Committee Terms of Reference'.

The Performance & Resources Committee:
- ***Noted the updates to the Performance & Resources Committee Terms of Reference as detailed within the paper.***
- ***Endorsed the Terms of Reference for inclusion in the Code of Corporate Governance ahead of presentation to the NHS Board for approval.***
- ***Approved including within the proposed Terms of Reference that draft minutes will be presented at the immediately subsequent NHS Forth Valley Board after they have been approved by the Committee's Chair and the Executive Lead, instead of the current summary.***

The Standing Orders for the proceedings and business of Forth Valley Board determines that Assurance Committee Terms of Reference shall be reviewed as and when required and within two years of their approval if there has not been a review.

The key points considered:
- The purpose of the Performance and Resources Committee was summarised to ensure focus on the key areas of financial and non-financial performance; organisational performance management arrangements; economy, efficiency, and

effectiveness in the use of all resources; and provide assurance that the arrangements are working effectively.
- Normal attendance reduced to Chief Executive, Director of Finance, Director of Facilities and Infrastructure and Head of Policy and Performance.
- Community Planning Partnership updates will now be provided along with our Anchor update to the NHS Board as these areas of work align.
- Review of strategic policy removed as this was highlighted as an NHS Board function along with Organisational Risk appetite and tolerance for Board.
- Specific reference made to financial sustainability aligning with the current strategic financial risk.
- Explicit reference made in respect of Network Information Systems Regulations (including Cyber Security)
- Climate emergency and sustainability added to the remit in line with Internal Audit recommendation.

It was proposed that draft minutes following approval from the Chair and Executive Lead be presented at the NHS Forth Valley Board meetings instead of a report to avoid duplication of work. The Committee members were content to agree this proposal.

7. BETTER CARE

7.1 Performance Scorecard

The Performance & Resources Committee received the 'Performance Scorecard'.

The Performance & Resources Committee:
- ***Noted the current key performance issues.***
- ***Noted the detail within the Performance Scorecard.***
- ***Noted the Annual Delivery Planning Template quarter 3 update.***
- ***Confirmed it was content with the level of assurance reported.***

Key points considered:
- Areas of performance in relation to urgent & unscheduled care, scheduled care including diagnostics, psychological therapies, child & adolescent mental health services and delayed discharges were highlighted with detail noted within the paper.
- The detail within Appendix 3 Annual Delivery Planning Template Quarter 3 update was noted. No areas of concern were noted however it was highlighted that in relation to Primary Care all areas remain green despite increasing pressures on recruitment and retention in General Practice and the Primary Care Improvement Plan team. Practices remained flexible in delivering services to meet the demands of their patient demographic, in a national context of increasing demand, with significant increase in unscheduled demand over the winter.
  In relation to Mental Health recruitment and retention of staff across all the regulated professions in mental health and learning disability services was highlighted as an ongoing issue.
- It was noted that the improved child & adolescent mental health performance in December was as a result of unexpected additional activity through Helios. Despite the reduction in performance, activity was in line with the agreed trajectory.
- Bed capacity within the acute site remains an issue although ongoing work had allowed for incremental improvement against the 4-hour emergency access standard. Work to establish a picture of downstream beds was underway and it was noted that plans to support a sustainable position were required.
- It was suggested that the Out of Hours section of the performance scorecard be enhanced to better understand why this remains an area of concern.

Actions:
- It was agreed to highlight any points to note in relation to the Annual Delivery Planning Template within the narrative going forward.
- It was agreed that additional metrics be included, and work would continue to enhance reporting.

8.   BETTER VALUE

8.1   Finance Report

The Performance & Resources Committee considered the 'Finance Report'.

The Performance & Resources Committee:
- ***Noted the in-year revenue overspend of £1.2m and balanced capital position as at 31 January.***
- ***Noted the year-end revenue projection to 31st March 2023 remains at breakeven following confirmation of additional funding sources not previously anticipated.***
- ***Noted that the strategic risk on financial sustainability remains very high in light of the current financial environment and operating context.***
- ***Confirmed it was content with the level of assurance reported.***

Key points considered:
- The report provided a summary of the financial results reported for the 10-month period ended 31 January2023 together with an updated forecast outturn for the year.
- Breakeven was forecast for the year which represents a further improvement against the position previously reported to the P&R Committee in October. This reflects confirmation of funding allocations which were higher than original planning assumptions in relation to the New Medicines Fund and CNORIS.
- The position remains subject to risk, and it was recognised that the reliance on non-recurring measures to breakeven increases the financial challenge and recurring savings requirement for future years. This has been reflected in the draft 3-year financial plan which was presented in draft to Performance and Resources Committee under separate cover, and which will be presented for approval to the NHS Forth Valley Board on 28 March 2023.
- Mr Urquhart highlighted to the committee that Audit Scotland released the NHS Scotland 2022 report that confirmed all NHS Boards were facing extreme financial pressures. Only a few boards are predicted to achieve a breakeven position.
- Annual Accounts process had commenced, and these would be presented to the Audit and Risk Committee on 20 June ahead of the NHS Board on 23 June.

Actions:
- It was agreed to cross reference future assurance statements, for all papers, to the specific risk to which the assurance statetment relates (and/or to specific controls within the risk).
- Re-format the presentation of the summary financial performance table in future reports to be consistent with how IJB surpluses and deficits are treated.

8.2   Draft Financial Plan 2023/24 to 2025/26

The Performance & Resources Committee received the 'Draft Financial Plan 2023/2024 to 2025/2026'

The Performance & Resources Committee:
- ***Noted the draft 3-year Financial Plan 2023/24 – 2025/26.***
- ***Noted progress to date on identification of cost improvement plans, and the significant risk to delivery of financial balance.***
- ***Noted a net financial gap of £9.8m in 2023/24, after assumed savings, based on current planning assumptions.***
- ***Noted the proposed payments to IJBs for 2023-24 in line with Scottish Government requirements and Integration Scheme provisions.***
- ***Noted the IJB Business Cases appended to the report.***
- ***Noted the final Financial Plan 2023/24 – 2025/26 will be presented to the NHS Board for approval on 28th March 2023.***
- ***Confirmed it was content with level of assurance reported.***

Key points considered:
- The scale of the financial challenge is unprecedented and given the nature of the financial environment and operating context, it is unlikely that financial balance will be delivered during the 3-year timeframe of the plan based on current planning parameters.
- It is recognised that whole system redesign and reform is required to address longer term financial sustainability as part of the strategic direction for the future delivery of safe and effective health and care services within available resources. Financial sustainability will be a key theme embedded within the refresh of the NHS Forth Valley healthcare strategy and will underpin associated future workforce and digital health strategies.
- It was confirmed that level of gap for income and expenditure is unlikely to be met by efficiency savings alone and an estimated £10m deficit is currently projected for 2023/24 which is subject to further review in advance of finalising the plan. Covid-19 legacy costs remain a high risk as previously £12.5m had been allocated for covid funding but this has been reduced significantly to £5m for 2023/24.
- Actions being taken were noted:
  - Ongoing meetings with directorates and teams to ensure grip and control on financial position and to identify savings priorities and plans for the new financial year.
  - Work with other boards with regard to planning assumptions through the Corporate Finance Network
  - Finance risk deep dive refresh being undertaken during February and March 2023.
- Expenditure to support staff absences and vacancies was highlighted as a key issue in terms of expenditure. Following discussion, it was agreed that this should be a key area of focus to assist with the savings goal specifically issues in relation to workforce and reducing the cost against agency and bank staff, noting that this was everyone's responsibility.
- Requirement to close contingency beds noted.

Action:
- An in-depth and detailed review of the financial plan to be presented to the Performance & Resources Committee in April in respect of savings delivery and clarity around the £25m risk.
- Final Financial Plan to be updated for any final changes and submitted for approval in at NHS Board on 28 March 2023.

8.3   Capital & Infrastructure Projects, Property Transactions, Medical Equipment and Digital & eHealth Update

The Performance & Resources Committee received a paper 'Capital & Infrastructure Projects, Property Transactions, Medical Equipment and Digital & eHealth Update'**.**

The Performance & Resources Committee:
- *Noted the updates for Capital & Infrastructure, Medical Equipment and Digital / eHealth.*
- *Noted the Cyber Dashboard in Appendix 4 of the Digital & eHealth Report.*
- *Noted the ongoing position with surplus land in Kinnaird.*
- *Noted the progress with the review of the supporting Bellsdyke Development Agreement.*
- *Noted the small risk in terms of the capital programme.*
- *Confirmed it was content with level of assurance reported.*

Key points considered:
- The formal approval letter from the Director-General Health & Social Care and Chief Executive NHS Scotland for the Primary Care Premises Programme Initial Agreement was received in late 2022. The letter noted that 'capital affordability, especially for the period up until 2025-26 remains a challenge' and the project team was asked to contact Scottish Government colleagues in order to discuss how to take forward the Outline Business Cases for each identified project.
- The Falkirk Community Hospital masterplan project was discussed at a meeting in January 2023, where it was advised that, following changes to new national planning arrangements for healthcare projects recently introduced by the Scottish Government, the next phase of the master planning work will now form part of a wider 'Whole System' plan being developed for the Forth Valley area.
- The project for the new National Treatment Centre continues to be progressed, however, the timescales have been updated from that previously advised due to a number of factors. As previously noted, the project is fully engaged with the NHS Scotland Assure process and the Construction Phase Key Stage Assurance Review Report is awaited at the time of writing, having been delayed due to circumstances within NHSS Assure. A paper was considered by the NHS Board in relation to the outcome of the Construction Phase review and plans are already being formulated for the next stages, Commissioning and Handover, with a view to addressing any issues or requests for additional information highlighted.
- Clarity was provided that, although the NTC has currently not achieved supported status, work is continuing against all the actions required to achieve a supported status from NHSS Assure.

8.4   Property & Asset Management Strategy/Whole System Plan Update

The Performance & Resources Committee received the 'Property & Asset Management Strategy/whole System Plan Update'.

The Performance & Resources Committee:
- *Noted the change on a national basis to the business case process and requirement to develop a Whole System Plan.*
- *Noted that work on the PAMS has been stood down.*
- *Noted that further information will be provided once the proposal to develop the Whole System Plan has been formulated.*
- *Noted the impact on the Falkirk Community Hospital and Primary Care Premises business cases.*

- *Confirmed it was content with the level of assurance reported.*

Key points considered:
- A full refresh of the NHS Board's Property and Asset Management Strategy (PAMS) was planned for and was in progress in 2022/23. The timescale was to align with the preparation of the Healthcare Strategy which would inform its content as well as the emerging health and social care strategic plans.
- Advice from Scottish Government is that NHS Boards will not be asked to submit a PAMS but instead a 'Whole System Plan' which will in effect be a Programme Initial Agreement and set out proposals on a system-side basis for asset investment to facilitate the achievement of strategic plans.
This will impact on both the NHS Board's PAMS and Capital Plan as the development and implementation of both are affected by the change in direction nationally. Time and resource will be required to assess the implications and develop the new Plan.

8.5 Pentana Update

The Performance & Resources Committee received the 'Pentana Update'.

The Performance & Resources Committee:
- *Noted the progress detailed within the paper.*

Key points considered:
- The Performance & Resources Committee was reminded that at its meeting in February 2021 support was given for the ongoing utilisation and further development of the Pentana Risk/Performance Tool system wide. It was agreed that regular updates would be provided to the Performance & Resources Committee in relation to these developments.
- The Corporate Performance Team developed an NHS Forth Valley Corporate Performance Strategy Map to ensure alignment to the aims of the organisation and consistency in future development opportunities. Performance indicators have now been created and aligned to the six dimensions of quality featuring those mandatory reporting elements and then adding the additional service level data where possible.
- All areas highlighted were noted to be complete.
- It was noted that the following areas had been developed since the last update:
  - Care Assurance Audits
  - Care Assurance Ward Level Portals
  - Health Visiting Documentation Quality Audits
  - My World Triangle Assessment Audit Tool
  - Mental Health Drug Related Action Planning
  - Risk Management
  - Directorate Portals / Assurance Reviews
  - Emergency Department Review

Action:
- Following discussion, it was agreed that the support required from the committee was achieved, but that Pentana Update would remain on the forward planner, with a focus on extent of uptake across the organisation.
- Consideration be given to holding a Board Seminar to discuss use of Pentana at non-executive level.

8.6 Digital & eHealth Strategy – Progress and Update

The Performance & Resources Committee received the 'Digital & eHealth Strategy – Progress and Update'.

The Performance & Resources Committee:
- **Noted the updated Strategy and Progress to date.**
- **Noted strong endorsement against the Digital & eHealth Strategy.**
- **Confirmed it was content with the level of assurance reported.**

Key points considered:
- The development of the Digital Health and Care Strategy (2023-2026) is running in parallel with the refresh of the Health Board's Healthcare strategy and timeline.
- It was confirmed that there had been a lot of progress made against the strategy over the last 5 year. The digital front door concept within the strategy was highlighted as a complex piece of work but transformational as this would enable patients to have a say within the work. The aim following completion would be that this becomes a national piece of work and not just something within NHS Forth Valley.
- The Committee was especially interested in, and very supportive of, the focus on empowering patients through access to their health records.
- The question of affordability was raised noting that this element of the strategy would be developed within the allocated financial envelope.
- It was confirmed that implementation of the strategy would result in further reduction of manual record-keeping, with effective elimination of the creation of new manual records probably being achieved within five years.

Action:
- Digital and eHealth Strategy to return to the Committee for approval at a later date.

9. BETTER GOVERNANCE

9.1 Internal Control Evaluation

The Performance & Resources Committee received the 'Internal Control Evaluation'.

The Performance & Resources Committee:
- **noted the Internal Audit report on the overall system of controls provided within the Internal Control Evaluation report.**
- **noted that some aspects may be relevant in the production of the Performance and Resources Committee annual report and assurance statements.**
- **Confirmed it was content with the level of assurance reported.**

Key points considered:
- The internal audit Internal Control Evaluation (ICE) aims to provide early warning of any significant issues that may affect the Governance Statement.
- On 20 January 2023 the Audit and Risk Committee noted the assurance on the overall system of controls provided within the ICE report and agreed that the final report be distributed to Standing Committees for consideration.
- The ICE 2022/23 contained 11 action points, intended to embed good governance principles and to ensure coherence between Governance Structures, Performance Management, Risk Management and Assurance.
- The paper circulated to the committee highlighted areas within the ICE report that aligns specifically with the remit of the Performance & Resources Committee and noted that consideration should be given to determine if topics discussed within

committee meetings comply against the remit reported. After discussion, the Committee concluded that its proceedings are consistent with report's suggestions.
- It was noted that the table on the last page of appendix 1 should state 4 significant risks not 5.
- It was noted that the Corporate Office would be taking over the management of, and support to Assurance Committees with the development of a 'house style'.
- The Governance review being undertaken by Prof John Brown will determine and support the position in relation to our ethos and Governance approach.
- The Committee reviewed in detail the following specific sections:
  o Pages 9 – 22: Corporate Governance section
  o Pages 17 – 22: Action points 1 to 4
  o Pages 41 – 45: Financial Governance narrative
  o Page 46: Action point 11 – Strategic Finance Risk
  o Pages 47 – 50: Information Governance narrative

9.2   Information Governance Assurance Update

The Performance & Resources Committee considered the 'Information Governance Assurance Update'.

The Performance and Resources Committee:
- ***Noted the assurance activity referenced in the report.***
- ***Confirmed it was content with the level of assurance reported.***

Key points considered:
- Internal Audit recently recommended that there should be more routine reporting of information security incidents to the Performance and Resources Committee with the paper covering the period from July – December 2022.
- It specifically addresses actions: A08/22 Internal Control Evaluation – Recommendation 11 and 12.
- Information security incidents include both data protection breaches and cyber security incidents. Routine reporting will enable Committee to monitor the Board's assurance against its information governance responsibilities, specifically around the statutory obligation to report certain data protection breaches and information security incidents to regulators.
- The Information Governance Unit (IGU) is developing mechanisms to enable future reports to provide wider assurance of information governance activities undertaken within the Board, including the management of information rights, completion of compliance assessments, and assessment of information risk.

9.3   Clackmannanshire & Stirling HSCP Strategic Commissioning Plan 2023-2033

The Performance & Resources Committee received the 'Clackmannanshire & Stirling HSCP Strategic Commissioning plan 2023-2033'.

The Performance & Resources Committee:
- ***Noted the development of the Strategic Commissioning Plan 2023 – 2033***

Key points considered:
- The Strategic Commissioning Plan sets out the arrangements for carrying out integration functions in Clackmannanshire and Stirling over the ten year period of the plan. The Health and Social Care Partnership area is divided into three locality planning areas, Clackmannanshire, Stirling Rural and Stirling Urban.

- Work to develop the new Strategic Commissioning Plan started in March 2022, focused on the development of a new Strategic Needs Assessment, analysis on the Scottish Burden of Disease data and internal & external engagement activity. The Strategic Needs assessment and analysis of the burden of disease provided data and intelligence on the demographic profile and identifies needs of the population.
- Committee members highlighted that the plan contained a lot of information but required further detail against a number of topics.
  Key points highlighted:
  - There is no reference to the National Care Service.
  - End of Life Care is not mentioned in the plan.
  - No clear success measures.
  - Final priority 11 – Loneliness and Isolation – no narrative.
  - No reference to existing pressures on Health & Social Care.
  - No baseline data.
  - Dementia issue - no read across to plan.
- In addition, it was noted that the document should be entitled 'IJB Strategic Commissioning Plan' rather than 'HSCP'.

9.4 Falkirk HSCP Draft Strategic Plan 2023-2026

The Performance & Resources Committee received the 'Falkirk HSCP Draft Strategic Plan 2023-2026'.

The Performance & Resources Committee:
- *Noted the development of the Draft Strategic Plan 2023 – 2026*

Key points considered:
- The Strategic Plan outlines adult health and social care services will be delivered in Falkirk over the next 3 years, 2023 – 2026.
- The Strategic Plan sets out how the Integration Joint Board (IJB) will plan and deliver services for the Falkirk area, using the integrated budgets under its control.
- The Plan sets out how the partnership will deliver national outcomes for health and wellbeing, and achieve the core aims of integration to:
  - improve the quality and consistency of services for patients, carers, service users and their families.
  - provide seamless, integrated, quality health and social care services that care for people in their homes, or a homely setting, where it is safe to do so.
  - ensure resources are used effectively and efficiently to deliver services that meet the needs of the increasing number of people with long term conditions and often complex needs, many of whom are older.
- Committee members noted the plan contained a lot of useful information.
  Key points highlighted:
  - Good in data at the start – how do we inform using data going forward.
  - Measuring progress could be augmented.
  - Finance section is note very detailed.
  - Current pressures section could be augmented.

- In addition, it was noted that the document should be entitled 'IJB Strategic Commissioning Plan' rather than 'HSCP'.

10. FOR NOTING

10.1 The Performance & Resources Committee **noted** the ED Working Group Minutes from 27102022 and 09122022

It was confirmed that the ED Working Group will no longer meet as members have reached full assurance and will return to business as usual.

10.2 The Performance & Resources Committee **noted** the Annual Climate Change Report

10.3 The Performance & Resources Committee **noted** the Environmental Strategy Audit

11.   ANY OTHER COMPETENT BUSINESS

It was noted that the April meeting of the Committee will be in person with the option of hybrid if required.

12.   DATE OF NEXT MEETING

Friday 28 April 2023 at 09:00 in the Boardroom, Carseview House

FORTH VALLEY NHS BOARD
TUESDAY 28 MARCH 2023

9.6.3 Performance & Resources Committee Ratified Minute – 20 December 2022
For Assurance

Chair: Mr Martin Fairbairn, Non-Executive Director

Minute of the Performance & Resources Committee meeting held on Tuesday 20 December 2022 at 9.00am via Microsoft (MS) Teams

Present:	Mrs Kirstin Cassels
	Mr Robert Clark
	Cllr Fiona Collie
	Mr Martin Fairbairn (Chair)
	Cllr Danny Gibson
	Ms Janie McCusker

In Attendance:	Mrs Valerie Arbuckle	Mr Gordon Johnston
	Mrs Karen Bonnar	Ms Kerry Mackenzie
	Mrs Elsbeth Campbell	Mrs Sara Mackenzie
	Mrs Cathie Cowan	Mr Andrew Murray
	Prof Frances Dodd	Mr Phil Penman
	Mrs Marie Gardner	Mr Jonathan Procter
	Mrs Sara Hughes-Jones	Mr Scott Urquhart
	Mr Scott Jaffray	Miss Rebecca Reid (Minute)

1. APOLOGIES FOR ABSENCE

Apologies were received on behalf of Ms Linda Donaldson, Mrs Gillian Morton and Mrs Phyllis Wilkieson. The Chair confirmed the meeting was quorate.

2. DECLARATIONS OF INTEREST

There were no declarations of interest offered at this time.

3. Minute of Performance & Resources Committee meeting held on 25 October 2022

The recommendations at Item 7.1 Psychological Therapies Update and Item 7.2 Child & Adolescent Mental Health Services Update were amended to include:

- The Performance & Resources Committee noted the vital importance and associated risks of ensuring appropriate staffing levels through recruitment in order to achieve improvements

Noting the amendment, the minute of the meeting held on 25 October 2022 was approved as an accurate record.

4. MATTERS ARISING

Mr Urquhart highlighted that following the last Performance & Resources Committee a discussion had taken place with internal audit to clarify the requirement in relation to the inclusion of assurance statements within committee cover papers. Although the definitive answer is still a work in progress it was agreed that the statement should link the assurance report to the strategic risk and action level.

Mr Fairbairn confirmed that the request for a holistic assessment for item 7.4, Preparing for Winter, Developing Future Sustainable Services Update had been fulfilled and was on the agenda for the meeting taking place.

Mr Urquhart confirmed that clarification had been sought from Ms Linda Donaldson regarding item 7.5, Emergency Department action plan implementation with the movement to business as usual under the Staff Governance section. It had been confirmed this would be a topic of discussion at the next scheduled Staff Governance committee meeting.

Mr Procter informed the committee that the Residents Association application for Kinnaird previously discussed under item 6.1, Disposal of Surplus properties was reviewed by the Director of Public Health's team but was rejected at this stage at it did not meet the requirements as set out in the Scottish Governments guidance.

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.

Ms Mackenzie highlighted that there had been no changes to the committee planner and all items were accounted for on the agenda for this meeting.

The Performance & Resources Committee:
- ***Noted the Performance & Resources Committee Planner 2022/2023***

6. BETTER CARE

6.1   Cancer Services Update

The Performance & Resources Committee received a presentation 'Cancer Services Update' from Mrs Marie Gardner, Head of Acute Services, Ambulatory, Diagnostics and Theatres

Mrs Marie Gardner invited Mrs Karen Bonnar and Mr Oliver Milling-Smith to present the Cancer Services Updated to the committee. Mrs Bonnar advised the committee that NHS Forth Valley have been benchmarked against the Framework for Effective Cancer Management which was refreshed and published in December 2021. Mr Milling-Smith advised that quality performance indicators were assigned to all tumour groups to drive improvement which continues to be reviewed annually under the Regional Annual Governance Performance and Improvement Framework. NHS Forth Valley was due to release their Cancer Strategy document but this was placed on hold until the Scottish Government released their 10-year strategic plan which would include a 3-year action plan.

Mr Milling-Smith confirmed that referrals to cancer services continued to increase. 15% of cancers are yet to be diagnosed which resulted in patients presenting in the later stages of cancer. Performance against the national standard of 62-day referral to treatment had an achievement rate of 70%. Specific areas of cancer services were highlighted to be facing a

variety of challenges against achieving the waiting time target, but work is underway to support performance and improvement.

Recent successes or improvements within cancer services were detailed which included the establishment of a Clinical Governance Framework, agreement of emergency funding for systemic anti-cancer therapy and Pharmacy and dedicated admin support. Despite progress in relation to improvements Mr Milling-Smith highlighted that there had been several challenges particularly within Oncology. All groups within oncology have capacity issues which resulted in delays for patients.

In acknowledging issues in relation to physical space Mrs Cowan committed to review the physical space aligned with staffing and recruitment issues noting that Mr Procter was undertaking a piece of work in relation to this. In relation to utilising community services spaces Mr Milling-Smith highlighted that some care could be provide in theses spaces however required to remain on the acute site due to potential toxicity and reactions. Work in relation to extended days and pathway redesign was described along with the development of nursing staff to support consultants and enabling them to focus on more detailed work.

Waiting times and cancer funding was discussed with Mr Urquhart highlighting the need to maximise how this is utilised. It was noted that non recuring nature of income was limiting the service in terms of ensuring appropriate staffing. Mr Urquhart confirmed that it would be possible to consider ways in which allocated funding to cancer services can be used to fully support the service. In response to a question in relation to recent budgetary announcements and the impact on services, Mr Fairbairn noted that wicked choices had to be made.

Acute Oncology was noted to be a major component of the front door unscheduled workload with 1 in 3 patients in that cohort. Mr Milling-Smith stated that cancer services are seeking support to perform an oncology unit review to assist with creating a more robust delivery system. Support required to create a more efficient service include the addition of a third CT scanner, a cancer services dashboard, and the review of managerial escalation pathways. With regard to an additional CT scanner, Mr Urquhart noted that a business case was in development with capital funding secure. The revenue impact was high however the balance of risk financially and clinically needed to be considered.

The Performance & Resources Committee:
- **Noted the presentation and the impact of budgetary constraints on staffing and service delivery**

6.2 Preparing for Winter, Unscheduled Care response

The Performance & Resources Committee received the paper 'Preparing for Winter, Unscheduled Care response' from Mr Andrew Murray, Medical Director.

Mr Murray informed the committee that an update presented to the previous NHS Forth Valley Board Meeting documented the requirements necessary to improve compliance against the 4 hour emergency access standard (EAS), specifically on the approach to winter. As NHS Forth Valley enter stage 4 escalation a focused review took place within acute services to improve capacity and flow as well as consider the steps required to reduce pressure on ED. To mitigate the added challenges of the winter period it was confirmed that the requirement of robust operational management would be essential.

The discharge process needed to be re-evaluated as high levels of discharge were not being sustained despite having been achieved previously. A rise in contingency beds has resulted in capacity being over 100% which not only had an effect on discharge without delay but also on the staff's ability to provide the care they would wish. This issue was reflected in the most

recent HIS report. The redesign of the front door to meet compliance with the 4 hour EAS refers to triage redesign and the use of alternative pathways to the Rapid Assessment and Care Unit (RACU). The data collected following the redesign highlighted the initial impact was successful in achieving 55% against the 4 hour EAS but Mr Murray confirmed this level of achievement was not maintained.

Based on current data if ED triage can achieve 95% following the launch of the redesign pilot with additional support being provided by Scottish Government this would lead to an overall compliance of 65-70% against the 4 hour EAS. At present the RACU assess 5% of patients that come through the front door which assists with relieving pressure on ED but this workforce is led by ANPs. To allow full implementation of the RACU this would require additional recruitment of Acute Medical Consultants to increase activity.

Following the HIS report that was released modelling work was undertaken that suggested an additional 86 beds were required to combat capacity issues, 44 to replace the contingency beds and a further 42 to meet March 2023 projected demand. Mr Murray informed the committee that a recent modest increase in beds had not resulted in the removal of the contingency beds.

It was noted that Forth Valley performed well in relation to ambulance turn-around times. The current position was 35 to 40 minutes with the aim being around 15 minutes.

Mr Murray clarified that the extra resource being provided by the Scottish Government by way of a Programme Manager would oversee the areas of improvement in relation to the redesign of the front door and improving patient discharge, specifically Discharge without Delay. The Programme Manager would be in place until the end of March 2023.

Following a number of questions in relation to discharge without delay it was highlighted that discharge planning commences at the time of admission. There is a clear workstream supporting this area with work ongoing to ensure HSCP and Voluntary Sector inputs are connected.

Mr Fairbairn added that sustainability required to be tested to ensure any new approaches and/or systems are embedded.

The Performance & Resources Committee:
- *Noted the Winter & Unscheduled Care Update*
- *Requested a whole comprehensive response on capacity solutions*

6.3   Out of Hours Improvement Action Plan

The Performance & Resources committee received the paper 'Out of Hours Improvement Action Plan' from Mrs Cathie Cowan, Chief Executive.

Mrs Cowan informed the committee that the NHS Forth Valley Board meeting included the results of an assessment carried out by Sir Lewis Ritchie on Out of Hours (OOH) in October 2022. Following the assessment 12 recommendations were provided which led to a comprehensive improvement plan being created to support the development of the service. A risk register had been developed to support the detailed action response thus ensuring that service level risks are captured at the earliest opportunity and escalated appropriately through the risk management process. Assurance was provided to the committee that whilst a number of actions have been completed, work is continuing against the progress of the remaining actions.

Clarity was requested in terms of what was the key issue. Mrs Cowan highlighted that the main concern was access to GP services out of hours at weekends and out with GP hours. Sir Lewis Ritchie asked that the NHS Forth Valley Board and all assurance committees were aware of the issues and the work being progressed to build a more sustainable OOH service. Workforce capacity issues resulting in staffing shortfall can result in patients turning up at the ED impacting on unscheduled care. KPIs are in place to support delivery of the action plan and that outcomes were being fulfilled.

Responding to a question about support from the Scottish Ambulance Service, Mrs Cowan advised that they were working along-side to create integration opportunities to support an increase the response time to patients

In addition, Mrs Cowan referred to the change in management to Falkirk HSCP noting there would be no change for staff or sustainability. The colocation of staff and teams was highlighted noting the potential for enhanced working as a result of staff being housed together.

The Performance & Resources Committee:
- ***Noted the detailed Out of Hours Improvement Action Plan***
- ***Noted the Out of Hours Improvement Action Plan Risk register***
- ***Requested a briefing note on the KPIs that are most relevant to OOH performance, so that there can be clarity on the end-objectives and to aid monitoring of progress.***

6.4   Performance Scorecard

The Performance & Resources Committee received the 'Recover & Performance Scorecard' presented by Ms Kerry Mackenzie, Head of Policy & Performance.

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. Following a review of the scorecard, a number on metrics that were reported pre Covid-19 have been reintroduced and additional metrics have been added to support the provision of a more detailed system-wide picture.

Ms Mackenzie asked the committee to provide feedback ahead of the next NHS Forth Valley Board meeting regarding the changes that were made to the performance scorecard now that focus is on stabilisation and improvement. The Scotland position previously included in the graphs was added to the scorecard noting the difference in timing of available data.

Ms Mackenzie information the committee that the national target due to be met in December was the elimination of 18 month waits for outpatients in the majority of specialties. There were currently 13 patients waiting beyond the target with the expectation that this would reduce to 8 patients waiting at the target date. Each of the patients had been offered appointments however requested that these be deferred to January.

It was noted that the committee had received a comprehensive update followed by discussion in relation to urgent and unscheduled care and linked performance at item 6.2 Winter and Unscheduled Care.

Ms Mackenzie highlighted the key points in relation to scheduled care performance.

The Performance & Resources Committee:

- *Reviewed the revised scorecard*
- *Noted the current key performance issues*
- *Noted the detail within the Performance Scorecard*
- *Requested that the KPIs which are most relevant to all aspects of the Stage 4 Escalation be added to the revised scorecard.*

7.   BETTER VALUE

7.1   Finance Report

The Performance & Resources Committee received the 'Finance Report' from Mr Scott Urquhart, Director of Finance.

Mr Urquhart highlighted the key financial pressures and referenced the previously reported projection of a £5m overspend against the £779.8m net revenue budget for 2022/23. Following further detailed review and mitigating actions the updated forecast year-end overspend is now estimated at £2.5m which represents an improvement against the position previously reported to the Performance and Resources Committee in October 2022.

Scottish Government have confirmed their expectation that a breakeven position will be delivered by the end of the financial year, in line with the approved financial plan set in March 2022. Any shortfall against budget at year end would require to be met by a repayable brokerage loan from Scottish Government resulting in further financial pressure in the next financial year. A further update on the 2022/23 projection will be presented at the NHS Board meeting in January 2023.

In relation to the 3-year financial plan from 2023/24, key components include the recurring underlying deficit estimated at £17m which had steadily increased over recent years given the reliance on non-recurring in-year saving sources. Unavoidable inflation costs are running higher than the 2% funding uplift expected to be received, which has a significant impact in relation to fixed contract sums linked to inflation rates. It was noted that the planning assumption is that pay inflation costs would be met in full by Scottish Government, the agreement of additional in-year funding allocations will need to be incorporated in the financial plan as they are confirmed. The last strand that needs to be focused on is funding uplifts, although there had been a sizeable uplift caution still needed to be considered. Mr Urquhart noted the 2% uplift against the baseline which was anticipated and confirmed that an appropriate share would be passed through to the IJB budget in line with requirements.

Mr Urquhart highlighted that there were a number of significant financial risks for the 2023/24 financial year including the considerable reduction in covid funding from £12.5m to approx. £5m which requires the NHS Forth Valley Board to reduce covid related costs significantly. The capacity and flow issues previously highlighted at NHS Forth Valley Royal Hospital have direct impact on financial implications due to the cost impact of additional beds. Expectations are that savings requirements for 2023/24 will be approx. 5-7% of the baseline budget and this will require recurring and sustainable solutions across whole system.

Scottish Government had set out an approach to delivering sustainability and value plans at a national level through a Sustainability and Value Board and this had been widely discussed at Chief Executive and Finance Director groups. This relates to four key strands across financial improvement, environmental sustainability, value-based health and care, and performance improvement. There is an expectation that NHS Boards mirror and implement those arrangements at a local level.

The Performance & Resources Committee acknowledged and recognised the remaining risks to the end of the financial year. There was reasonable confidence that we would deliver a balanced position at year end although that could not be confirmed at this stage.

Mr Urquhart advised that an updated financial position would be presented at the February meeting of the Committee. The severity of the risks were discussed along with the importance of achieving financial balance.

The Performance & Resources Committee:
- *Noted the year-to-date revenue overspend of £1.8m and balanced capital position as at 30 November 2022*
- *Noted the year-end revenue projection has been updated following further focused work to improve the position and is now estimated at a £2.5m overspend.*
- *Noted further work on cost improvement is underway aligned to the national Sustainability and Value framework in a bid to deliver a break-even position by 31 March 2023, however this remains high risk.*
- *Noted the update on financial planning requirements for 2023/24 following the Scottish Budget announcement on 15th December 2022*

7.2   Corporate Portfolio Management Office Update/Cost Improvement Plan

The Performance & Resources Committee received the 'Corporate Portfolio Management Office Update / Cost Improvement Plan' from Mrs Val Arbuckle, CPMO Portfolio Manager.

The Corporate Portfolio Management Office (CPMO) are currently supporting and managing 24 projects with an overview of each project provided. The vast majority of projects were noted to be progressing to plan although there were some issues with recruitment and acute site pressures on a small number of the projects.

Mrs Arbuckle noted that a highlight report is submitted monthly to Director of CPMO and the Chief Executive to provide oversight and assurance of the progress of each project. As of January, progress reports will be noted within Pentana.

Mrs Arbuckle confirmed that training had been supplied to 186 delegates across the organisation over the last 2 years and that the dates for training within 2023 were published on the staff intranet. The feedback received whilst delivering project support identified the need for admin & clerical staff to be trained in the use of delivery tools. This would allow support to be provided to their departments with the development of their own projects. A training package was developed specifically for admin & clerical staff and trialled successfully which will be rolled out in 2023.

The Performance & Resources Committee were advised that the National Treatment Centre was the largest project being worked on by the team which required significant input to remain in line with assurance processes. This project had progressed to construction stages although there were a number of challenges highlighted. It was anticipated that work will be completed by March 2023.

Work had been ongoing alongside the finance team regarding the cost improvement plan program of work. Mr Urquhart highlighted that a high level of response was received from staff communications and engagement when the request was circulated on the intranet to ask teams across the organisation for suggestions against cost improvement.

The Performance & Resources Committee:

- ***Noted progress with the projects the CPMO is supporting***
- ***Noted the continued delivery and development of Project Management Training to equip all Directorates***
- ***Noted ongoing work in relation to the Cost Improvement Programme***
- ***Noted the terms of reference for the newly created Sustainability and Value Board***

7.3   Cyber Security & Controls

The Performance & Resources Committee received the presentation 'Cyber Security & Controls' from Mr Jonathan Procter, Director of facilities & Infrastructure/Digitial eHealth.

Mr Procter informed the committee that a lot of work had been undertaken and would continue against the public sector Cyber Resilience Framework that is due to be released early 2023. Cyber Scotland week will take place in February of 2023.

The presentation highlighted key challenges and key investments against cyber security.

Mr Phil Penman was introduced to provide an insight to the Network and Information System (NIS) audit that was carried out recently. Some of the challenges discussed included the use of critical systems that facilitate patient care noting the difficulty in respect of taking down these systems to perform maintenance. The Committee was advised that NIS had the same enforcement regime as GDPR with this carried out by the Scottish Health Component Authority (HealthCA). All Health Boards are audited annually against the cyber resilience framework.

Compliance against NIS since introduce in NHS Forth Valley in 2018 has continued to improve whilst the risk exposure has continued to drop. NHS Forth Valley is already succeeding against 2 of the 3 KPIs. The indicator yet to be achieved was as a result of a national issue and there was a plan of work in place to assist with achieving the KPI.

Mr Scott Jaffray was introduced and explained significant control investments are in place to control cyber security at an operational level, an example given was the introduction of Akamai which is a secure network used for remote working. An area of high importance and investment was cyber resilience solutions which essentially creates a 'safe haven' for backups with key systems. As a number of the systems used are critical in assisting with patient care the requirement to return to operation as usual following any cyber issues has led to a number of secondary equipment being readily available with required systems if needed.

Mrs Sara Mackenzie presented all current controls along with heat maps to emphasise the effect that the control has had against each risk as well as future impact. The current controls around the cyber resilience framework are believed to provide a high level of control and assessments highlight this as critical. The Digital Strategy and eHealth control following assessment was noted as another critical control in place and assurance can be provided against all three lines of defence.

Mrs Mackenzie highlighted there are a number of gaps that require to be closed before the overall level of risk can be reduced. A further four controls require to be put in place with the two most critical being confirmed to the committee. Business Continuity plans require to be tested and embedded to allow staff to be aware of processes as well as Supplier Management which would allow incident responses to be tailored the supplier and systems.

The current score position set at 20 with the hope that with continued controls being in place the score will reduce. The target score was set at 16 however following a review of the wider assurance this has been reassessed to a target score of 8.

Mr Procter advised that significant advancement had been possible in cyber security due to investment being made through the digital plan funding although this is not sustainable for the future.

The rich assurance picture was noted with all controls having associated assurance activity and sources of evidence across all three lines of defence. As well as noting the 12 types of assurance across all four actions and the reasonable level of assurance being provided.

The Performance & Resources Committee:
- ***Noted the in-depth presentation***
- ***Noted the need to consider financial requirements in relation to staffing***

8. BETTER GOVERNANCE

8.1 Network & Information System Regulations Audit Update

The Performance & Resources received the 'Network & Information System Regulations Audit Update' from Mr Andrew Murray, Medical Director.

Mr Murray advised the committee that as an update with NISR was provided within item 7.3 Cyber Security and Controls. Mr Penman was introduced and asked to provide any further relevant information.

Mr Penman informed the committee that a more detailed breakdown of the cyber resilience framework was included within the paper. There had been two recommendations from auditors, one against supplier management that there was a plan already in place. The other recommendation was a suggestion that cyber security be discussed within Performance & Resources committee meetings which is being fulfilled.

Mr Fairbairn asked about supplier management. Mr Penman advised that we could do more national work noting that 80% of work was shared. The Committee noted that Mr Penman had devised a proposal nationally to improve sustainability and linkage with other Boards to ensure or support a national approach.

The Performance & Resources Committee:
- ***Considered the report as part of assurance in relation to Cyber Security and Cyber Resilience and endorsed the progress***

8.2 Strategic Risk Register

The Performance & Resources Committee received the paper 'Strategic Risk Register' presented by Mrs Sara Mackenzie, Corporate Risk Manager.

The risks aligned to the Performance & Resources Committee were noted as static at the time of this review. A number of emerging risks and trends were covered in the Cyber Resilience deep dive and the Out of Hours assessment also noting the new risk SRR.018 Primary Care Sustainability is due to be presented at the next Staff Governance committee meeting.

Mrs Mackenzie advised that a whole system risk map was being created to begin the process of mapping where each risk sits and how they interlink with each other across the whole organisation. The aim is to have a system that provides a better overview of how risks can have effect on other areas out with those they are aligned too.

The Performance and Resources Committee:
- *Considered the assurance provided regarding the effective management and escalation of risks aligned to the Performance and Resources Committee;*
- *Endorsed the Performance and Resources Strategic risks for Quarter 3 2022/23 for onward reporting to the Forth Valley NHS Board*.

9. FOR NOTING

9.1 The Performance and Resources Committee **noted** the Community Planning Partnership Update.

9.2 The Performance and Resources Committee **noted** the Emergency Planning and Resilience Group Minute.

9.3 The Performance and Resources Committee **noted** the Information Governance Group Minute.

9.4 The Performance and Resources Committee **noted** the ED working Group Minute.

10. ANY OTHER COMPETENT BUSINESS

10.1 Ms Jennifer Rodgers, Consultant in Dental Public Health provided the Performance & Resources Committee with a verbal update on the provision of Dental Services within Callander.

NHS Forth Valley was informed of the planned privatisation of a practice within Callander when the statement was released to the public. NHS Dental Services were withdrawn in November 2022 with all adult patients being deregistered by February 2023. Patients would only be able to access emergency appointments until deregistration was complete. Ms Rodgers advised that the practice followed all regulations as laid down and highlighted that only adult patients were being deregistered. There is a robust service for unregistered patients within Forth Valley.

Ms Rodgers advised the committee that interest in taking over the practice and all deregistered patients had been shown from an independent contractor proposing a general dental practice in the Health Centre site, as well as Callander Community Council proposing a social enterprise practice. Scottish Government were informed of both proposals.

11. DATE OF NEXT MEETING

Tuesday 28 February 2022 at 9.00am via MSTeams

FORTH VALLEY NHS BOARD
TUESDAY 28 MARCH 2023

9.6.4 Staff Governance Committee Ratified Minute – 23 December 2022
For Assurance

Chair: Mr Allan Rennie, Non-Executive Director

Minute of the Virtual Staff Governance Committee meeting held on Friday 23 December 2022 via MS Teams

Present:	Mr Allan Rennie (Chair)
	Mr Robert Clark
	Cllr Wendy Hamilton
	Mr Nicholas Hill
	Mr Gordon Johnston
	Mr Stephen McAllister
	Ms Karren Morrison
	Mrs Janie McCusker
	Mrs Hilary Nelson
	Ms Janet Sneddon
In Attendance:	Mr Michael Brown
	Ms. Cathie Cowan
	Prof Frances Dodd
	Ms. Linda Donaldson
	Ms. Margaret Kerr
	Ms. Sarah Mackenzie
	Mr Jonathan Procter
	Ms. Rebecca Reid (Minute)
	Ms. Rachel Tardito
	Mr Scott Urquhart

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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 Mrs Joanna Elliot, Mrs Elaine Bell, and Mrs Linda Robertson.

3. Minute of Meetings

It was noted that there were no recommendations noted against item 6.3 and the date of the next meeting was noted as 17 December, but the meeting was rescheduled to 23 December. Following these comments and approved amendments, the minute of 16 September 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 received an update from Miss Linda Donaldson on the Staff Governance Committee Workplan.

A number of items had been identified that were required to be rescheduled - the Sturrock report, the Equality and Diversity Workplan and the Occupational Health Pilot would all be presented at the Staff Governance meeting on 17 March 2023.

5.2   HR Director - Staff Governance Report

The Staff Governance Committee received the 'HR Directors Report' from Ms Linda Donaldson, Director of Human Resources.

Members noted that -

The "Once for Scotland" Workforce Policy - 'Supporting Work-Life Balance' consultation took place between 26 October and 25 November 2022. Responses from NHS Forth Valley and Staff side had been submitted separately. It was proposed that any future responses would be joint.

Project Search cohort 4 trainees had their graduation ceremony in November 2022 – trainees, parents/carers, and representatives from all Project Search partners attended. The school placement program for students in 4th to 6th year paused as a result of Covid had recently been restarted.

Absence rates had increased by 0.67% to 7.87% in November. Covid related illness is now incorporated within these figures which could partially be a reason behind the increase of absences in comparison to the previous month. November saw close to 75,000 lost hours due to sickness and absence with 26% of these being a result of stress, anxiety, and depression (important to note that this was not all attributed to the workplace). This is a decrease from previous months of 35% however this was still very high.

Absence rate within services across NHS Forth Valley had never been above 8% but for the month of November Clackmannanshire & Stirling HSCP, Women and Children - sexual health service, Acute services and Falkirk HSCP were all noted to be above this figure. The increase of covid and flu cases across the organisation was considered as a possible reason for the high absence rates.

The Chair and committee members noted the significance of the data being presented and the ongoing cause of stress, anxiety, and depression however there were no reference to the steps being taken to improve overall performance and this was discussed in detail.   Mrs Cowan proposed a special meeting outwith the committee and APF meeting schedule to discuss absence in more detail and in response to the Chair's request for greater triangulation with e.g., turnover.

Mr Michael Brown advised the committee that the key priorities against recruitment activity is to reduce the turnaround time from 17 weeks to 14 weeks initially before considering how to further improve this figure. Reports against activity rate are now able to be produced which will highlight areas of concerns and areas of good practise.

Specific focus has revolved around the senior management recruitment process which was put in place and performing successfully with the recruitment of an Associate Medical Director being appointed to post. The recruitment process of newly qualified nurses saw 114 people being appointed to posts. Participation at local recruitment fairs had taken place to allow engagement with a wider variety of people and took place across various locations including schools and universities. Work is ongoing to ensure that processes and policies align locally as well as nationally against recruitment. An overarching view of how many jobs had been created across the organisation within 2021/22 was provided to the committee.

During 2022 13 new nurses from overseas were successfully recruited and supported through their OSCE and NMC registration process. In October 2022 it was announced that funding will be made available to support the recruitment of nurses from overseas as well as expanding to allow for the recruitment of midwives and allied health professionals.

Assurance was provided to the committee that eRostering was progressing well with the acute services nearly all having this process in place. Once full implementation is in place safer staffing will be rolled out.

Miss Donaldson informed the committee that a Speak Up week took place in October 2022. The Speak Up team delivered a range of activities to promote Speak Up and Whistleblowing services to staff and created opportunities to speak with staff across the organisation. High awareness had been raised of the service, but ambassadors have yet to see an increase in the number of staff accessing the service. Staff expressed a reluctance to report their team but common themes from informal discussions highlighted concerns of working in areas that exceeded capacity (ED operating frequently above 100% as a result of bed waits, 5th bed in bays and use of treatment areas), a sense of moral conflict within the departments whilst working in this ongoing over capacity space and a number of staff expressed that if pressures continue to increase they may seek alternative employment.

The exit interview process was launched in February 2022 and as of November 2022 111 people had completed an exit interview which equates to 13% of leavers. Emerging themes included staffing levels not being sufficient enough given this ongoing over capacity, and limited flexibility when it came to work-life balance opportunities.

As of 15th December, 659 proformas had been processed by HR against the band 2/3 HSCW's review, equating to 80% of the total number of band 2 HCSW's that are to be reviewed. There had been 18 members of staff who wished to remain on their current job description. The committee noted that 45 proformas had been submitted to HR band were yet to be reviewed.

Miss Donaldson had been identified as the Executive Lead / SPOC for industrial Action in line with National guidance. NHS Forth Valley Industrial Action Resilience Group had been established and will be chaired by Miss Donaldson. There have been three meetings to date with the Group focusing on business continuity planning in Directorates / HSCPs.

The Staff Governance Committee:
- ***Noted the content of the paper***

5.3   Staff Support and Wellbeing

The Staff Governance Committee received the 'Staff Support and Wellbeing' update from Miss Rachel Tardito, HR Project Manager

Staff Wellbeing effects the whole organisation noting that winter and the cost of living crisis is having an effect on all staff members.   Committee Members noted the previously shared

Workforce Wellbeing Plan and the timeline for completion. Confirmation was provided that both stages 1 and 2 have been completed with stage 3 being delayed to January however it was advised that this delay still allows for completion of stage 4 by the predicted date.

Wellbeing week for staff will be taking place week commencing 16 January 23 and with activities across various sites. The aim of this week is to allow staff to see the support that can be provided and provide the opportunity for first hand feedback to be received. The proposed aims and actions from the Plan have been pulled together into a Logic Model and is a document that is continuously being worked on.

The Staff Support and Wellbeing website continues to receive regular visitors as well as a monthly unique visitor rate that averages at 1,500 people. The financial wellbeing section is the most frequently visited and also where visitors spend the most time, with an average time spent of close to 3 minutes. Analytics revealed that staff are using the links provided on the website to both internal and external resources. Also recognised within analytics was the increase in visits to the Covid-19 information pages.

The Staff Support and Wellbeing Programme Group continue to meet on a monthly basis to discuss current wellbeing priorities and oversee the actions and work of the Plan. The group have been successful in achieving the established a MS Teams community where group members can share resources, events, and information to be passed to staff members.

In order to measure success, the Logic Model and supporting Action Plan assist with capturing all of the wellbeing work generated across the organisation. The compiling of case studies to showcase all the ongoing work has been beneficial in improving engagement. Consideration was being given to a 'You Said, We did' section to provide feedback to staff that they are being heard.

The Staff Governance Committee:
- ***Noted the content of this paper.***

5.3.1 Occupational Health Service Mental Health & Wellbeing Pilot project update

The Staff Governance Committee received the 'Occupational Health Service Mental Health & Wellbeing Pilot project update' from Miss Linda Donaldson, Director of HR.

Miss Donaldson indicated that ongoing work was taking place to combat issues against insufficient OHS staffing levels. The funding required to source the pilot project was noted to be ending and the hope would be that funding could be extended to allow for further development of services. The agreement was made by the committee that all services within Occupational Health should be presented at the next meet to provide a more in depth review.

The Staff Governance Committee:
- ***Noted the content of this paper***

5.4   Safe Staffing

The Staff Governance Committee received the 'Safe Staffing' paper from Prof Frances Dodd, Executive Nurse Director.

The introduction of 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. Prof Dodd informed the committee that a lot of work had been undertaken to work towards meeting the requirements of the legislation. The financial implications will remain uncertain

until further work has been carried out and assurance has been given that all work aligns with the legislation as well as national requirements. Re-introduction of this Act is a whole system piece of work and full implementation is expected to be April 2024.

Mr Urquhart highlighted the likely financial risks that could be faced following this review as there is no additional funding available. There would be a requirement for any financial uplifts to be sourced internally. The targeted investment against staffing requirements should hopefully assist with this piece of work.

The Staff Governance Committee:
- ***Noted the update and the confirmed timeline for the implementation of the Health and Care (Staffing) (Scotland) Act 2019.***

5.4.1 Update on Organisational Development Priorities including Learning, Education and Training and iMatter

The Staff Governance Committee received the 'Update on Organisational Development Priorities including Learning, Education and Training and iMatter' from Mrs Margaret Kerr, Head of Organisational Development

Staff Support and Wellbeing was highlighted as one of Organisational Development (OD) main priorities which include signposting staff to occupational health when required to do so. Spaces for listening and Reflection and Appreciation sessions are in high demand from staff.

A staff event focusing on Compassionate Leadership and Culture was held in June 2022 in which 170 staff members were in attendance across 2 days, this event being the first of 3 key events that will take place in due course. Work with keynote speaker Professor Michael West had continued following the event as he continued to share resources with the NHS Forth Valley team to encourage building compassionate leadership and culture within the organisation. The conference report and a presentation outlining the proposed approach for implementation of the programme was presented to the Executive Leadership team.

The OD team are currently supporting teams within Acute Services to support culture and team effectiveness with tailored support. The Mediation Service that was introduced across the organisation remains in high demand with case numbers increasing. Support with these cases is being provided by staff side colleagues.

iMatter surveys were circulated in May 2022 which enables staff to feed back on their experience within their team and at organisational level on a real-time basis. The feedback from the surveys allows for an action plan to be created, which was done so within an 8-week period, to review and monitor progress made throughout the year. There was an overall response rate of 56% with an employee engagement index of 76. The action plan completion rate within the 8-week period was 58% which was recorded as one of the highest nationally. The yearly component report remained consistent with similar themes that had been submitted in previous years which include visibility of board members and the opportunity to be involved within the organisation.

Comments from the committee included recognising that the request for visibility of Board members and senior management being a recurring theme both locally and nationally.

The Staff Governance Committee:
- ***Noted the contents of this update and receive future updates on these and other areas***

5.5 Whistleblowing Update

The Staff Governance Committee received the 'Whistleblowing Update' from Prof Frances Dodd, Nurse Executive Director.

Early indications emphasise that an increase in whistleblowing concerns are expected within Q3 of the financial year but it continues to be difficult to collate any trend data from concerns that have been expressed. There are sufficient numbers of staff trained in the whistleblowing process but there is a requirement for senior managers to participate in training. It was noted that there was currently a lot of activity ongoing with 5 active cases in which Mr Johnston wished to reiterate that case numbers are low across Scotland.

The Staff Governance Committee:
- ***Noted Whistleblowing activity in NHS Forth Valley in Quarter 2 of 2022/23***

5.6 ED Oversight and Assurance of External Review

The Staff Governance Committee received the 'ED Oversight and Assurance of External Review' from Mrs Margaret Kerr, Head of Organisational Development.

The ED OD plan highlighted the need for staff focus groups to obtain staff views and consultations stages received positive feedback from staff, despite this positivity, uptake in attendance had been poorly. Sessions had been communicated widely within ED but given the extreme system pressures it could be understood why uptake may have been low. Conversations were ongoing with Clinical Nurse Managers and Nurse Educators to address the pushback against sessions.

Progress is underway with the Performance Management Team to develop a portal within Pentana to provide data on all KPIs.

The Staff Governance Committee:
- ***Noted the contents of this update and receive future updates on these and other areas.***

5.7 Staff Government Assessment Tool and Action Plan

The Staff Governance Committee received the 'Staff Government Assessment Toll and Action Plan' from Miss Linda Donaldson, Director of HR.

Miss Donaldson highlighted that good progress was being made against each Directorates and HSCPs action plan that was creating in correlation to the 5 strands of Staff Governance Standard.

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***

Both items 7.1 and 7.2 were taken at this point as there were no discussions to be held on the annual reports under item 6.

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 of the key points from the quarterly report including that there had been no visits from HSE in this quarter. Assurance was provided that reporting of events under RIDDOR was at a reasonable level with 5 events being reported which is lower in comparison to other quarters. All health & safety committees had been established and their first meeting had taken place, these committees will be report through various governance routes.

Mr Raeburn informed the committee of the 87% KPI compliance rate against the reporting of adverse events within 3-days and 56% compliance rate against the reviewing of adverse events within 9-days which is a 2% decrease from the previous quarter. A number of adverse events have been waiting over 21 days to be reviewed some of which had been waiting as long as 3 months to be reviewed.

Training compliance for in-person as 18 October saw Manual Handling had fallen 7% and Violence & Aggression had remained static since August's report. Manual Handling training compliance was projected to achieve 80% by end of September 2022 and on the 18th of October compliance was 60% resulting in a shortfall against the projected outcome. Violence and aggression training was projected to achieve a compliance rate of 60% by the end of September 2022 and the position noted on the 18th of October was 56%, which is only a short fall against the projected outcome.

A high level of activity with training is expected to continue in to Q4 which will see an increase against compliance projections, but consensus highlights a short fall against the target projections for March 2023.

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 'Risk Management Report- Workforce' paper presented by Mrs Sara Mackenzie, Corporate Risk Manager

There was one new risk proposed for alignment to the Staff Governance Committee, SRR.018 Primary Care Sustainability with a current score of 16, this risk was created following an internal audit recommendation to widen the focus of SRR.001 Primary Care to take in wider quality and sustainability issues. Consequently, the proposal of this new risk proposes to the closure of SSR.001 Primary Care.

The Staff Governance Committee:
- *Consider the assurance provided regarding the effective management and escalation of Staff Governance risks*
- *Endorse the Staff Governance Strategic risks for Quarter 2, 2022/23 for onward reporting to the Forth Valley NHS Board.*

6. STAFF GOVERNANCE ANNUAL REPORTS

6.1 Equality & Inclusion Strategy Progress Update

The Staff Governance Committee **noted** the Equality & Inclusion Strategy Progress Update.

6.2 Equality and Diversity Workplan Update

The Staff Governance Committee **noted** the Equality and Diversity Workplan Update.

6.3 NHS Forth Valley Workforce Plan 2022 - 2025

The Staff Governance Committee **noted** the NHS Forth Valley Workforce Plan 2022-2025.

6.4 Involved in Decisions Report

The Staff Governance Committee **noted** the Involved in Decisions Report.

6.5 Well Informed Report

The Staff Governance Committee **noted** the Well-Informed Report.

6.6 National Staff Governance Monitoring Report November 2022

The Staff Governance Committee **noted** the National Staff Governance Monitoring Report November 2022.

8. REPORTS FROM OTHER COMMITTEES

8.1 Health and Safety Committee - 23.08.2022

The Staff Governance Committee having reviewed the minute **noted** the assurance provided through the minute of the Health and Safety Committee meeting held on 23 August 2022.

8.2 Area Clinical Forum - 21.07.22

The Staff Governance Committee having reviewed the minute **noted** the assurance provided through the minute of the Area Clinical Forum meeting held on 21 July 2022.

8.3 Area Partnership Forum - 17.06.22

The Staff Governance Committee having reviewed the minute **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 - 06.07.2022 & 06.10.2022

The Staff Governance Committee having reviewed the minute **noted** the assurance provided through the minute of the Clackmannanshire & Stirling HSCP Joint Forum held on 06 July 2022 and 06 October 2022.

8.5 Facilities and Infrastructure Partnership Group - 25.08.22

The Staff Governance Committee having reviewed the minute **noted** the assurance provided through the minute of the Facilities and Infrastructure Partnership Group held on 25 August 2022.

8.6   Emergency Working Group - 26.09.2022 & 27.10.2022

The Staff Governance Committee having reviewed the minute **noted** the assurance provided through the minute of the ED working Group on 26 September 2022 and 27 October 2022

9.   ITEMS FOR NOTING

9.1   Circulars and Policies

The Staff Governance Committee noted the Circulars and Policies.

10.   ANY OTHER COMPETENT BUSINESS

Mr Rennie thanked everyone for attending and reminded the committee that a special meeting regarding the action plan against the stage 4 escalation would be planned or added to the next meeting of committee as a recommendation from Mrs Cowan. Confirmed was that the next Staff Governance Committee meeting would also provide an in-depth discussion regarding the work undertaken within the Occupational Health Service.

11.   DATE OF NEXT MEETING

Friday 17 March 2023 - Hybrid with MS Teams available

FORTH VALLEY NHS BOARD
TUESDAY 28 MARCH 2023

9.7.1 Area Clinical Forum Ratified Minute – 17 November 2022
For Assurance

Chair: Mrs Kirstin Cassels, Non-Executive Director

Minute of the **Area Clinical Forum** meeting held on **Thursday 17 November 2022 a**t **6.15pm** via MS Teams

Present:	Kirstin Cassells (Chair)	Alison McMullan	Rhona King
	Geraldine Law	Gillian Lennox	

In Attendance:	Pauline Beirne, Interim Director, Allied Health Professionals

The minute was compiled from the recording on MS Teams by Sarah Smith, Corporate Services.

1. WELCOME AND APOLOGIES

The Chair welcomed everyone to the meeting and apologies for absence were intimated on behalf of Andrew Murray and Liz Kilgour.

Introductions were undertaken with Geraldine Law introduced as the new Chair of the Allied Health Professionals.

2. MINUTE OF AREA CLINICAL FORUM HELD ON 21 JULY 2022

The minute of the Area Clinical Forum meeting held on 21 July 2022 was approved as an accurate record.
- Rhona King to be added to attendance
- Innovation Plan – third project was around Mental Health and Alison had requested information. This would be followed up. **Action: Admin**

3. MINUTES OF REPORTING GROUPS/FEEDBACK FROM CHAIRS

3.1 Area Optical Committee 30/05/22 & 29/08/22

Rhona confirmed 2 AOC meetings had been held since the last ACF, 29 August 2022 and 24 October 2022. The main discussion points were outlined, noting Community Shared Care Glaucoma Clinics had been set up using government funding. These had now stopped with the backlog of low-risk glaucoma patients addressed that could be seen in the Community. Leftover funding remained, but insufficient admin capacity was an issue.

Within NHS Forth Valley, there was an issue around undertaking more Community Shared Care Schemes. This focussed around a reluctance to provide Optometrist access to Emergency Care Summary; Clinical Portal and Open Eyes. James King confirmed wider access to the portal had also been requested by GP's, but similar block was noted. Pharmacy also noted similar challenge. Other Health Boards have provided access, but Forth Valley highlighted risks around Clinical Governance. Due to this, challenge was noted in progression of Shared Care Schemes. Discussions were ongoing to progress.

Discussion had been undertaken around the potential to set up Teach and Treat Clinics for Optometrists. This would be focussed around those who have undertaken independent prescribing course work and required to do clinical placement, however opportunity would be open to all. 6 months Funding would be available from NES.

3.2   Healthcare Sciences Forum – Flash Report

A paper had been circulated for information.

3.3   ED Working Group 26/09/22

(Post meeting note: The Chief Executive of NHS Forth Valley requested this be circulated for information)

3.4   Area Dental Committee

Minutes from the August meeting had been circulated to the ACF.

Gillian Lennox advised Orthodontics have caught up with backlog in the hospital service which was aiding with other areas of challenge within the local specialist practice. Due to changes in ownership, colleague retiral, an 18 month backlog was in place. A delay of around 6 months was in place for Paediatric General Anaesthetics, with the main challenge being around access to paediatric beds.

General Dental Practice remained an area of challenge, with a new contract anticipated in April 2023. It was confirmed this was country-wide only with differing contracts within England and Wales.

Challenge was outlined around communication between the main groups, which was creating significant challenge with a Practice in Callender having provided patients with 3 months notice they would be withdrawing from the Health Service. This may also be the issue for a new practice opened by the same group in Killin. Many Practices were not taking on NHS patients due to work being undertaken to address backlog of patients not seen over Covid. Significant issue was highlighted around emergency care for de-registered patients. Clarification was required around the future of NHS Dentistry with uncertainty noted.

3.5   Area Pharmaceutical Committee

Kirstin Cassells advised ACF that the last Area Pharmaceutical Committee meeting was not quorate. The next meeting will take place start of December 2022.

Workforce remained a challenge. A face to face training event had been undertaken with good attendance and positive feedback. Themes remained around staffing challenges, particularly around support staff with many pharmacies having a number of new staff that required training. Due to workforce issues, there was no opportunity for protected learning events.

3.6   Psychology Advisory Committee

Alison McMullan informed ACF that the attendance of the Psychology Advisory Committee was expanding with child and adolescent representation now in place.

Workforce retention and recruitment remained ongoing issues and underspend remained with psychology. NHS Forth Valley Psychological Services were receiving enhanced support from Scottish Government around waiting times. Finance was being offered to support quality improvement work.

The impact of poverty was a discussion topic, with request made to the PAC to take this work forward. Request has been made by some Nurses to change shift pattern so commuting requirement was reduced. Admin burden remained a challenge within a number of areas, however there was access to clinical portal.

3.7 Allied Health Partnership

This item would be covered under item 5.

3.8 Area Medical Committee – *In Abeyance*

James provided an update from the GP Sub Committee noting similar challenges as within Dentistry, such as sustainability and withdrawal of Scottish Government funding. Discussions were ongoing with BMA and regional meetings with GPs. It was also noted that the implementation of part 2 of the GP contract has been postponed.

In terms of secondary care, media coverage had taken place around Respiratory and Consultant resignations. However an interface group was being progressed with the necessity of pathway development recognised and joint working being undertaken.

3.9 Area Nursing Midwifery Advisory Committee – *Chair Elaine Kettings*

Invitation to future meetings would continue with clarification to be obtained around whether Elaine Kettings remained the ANMAC chair. **Action: Admin**

4. REVIEW OF ACF/1:1

Invitations had been forwarded to ACF members by Margaret Kerr, Organisational Development.

Kirstin Cassells advised that she previously had met with the Chief Executive and the Board Chair to discuss the ACF and priorities. Cathie Cowan had been keen for a face to face ACF session to be arranged with payment provision for independent contractors. The aim was to align the ACF with forthcoming Board topics was noted with previous presentations outlined around Innovation and Workforce.

Potential date for the ACF Session was proposed for January 2023. It was agreed follow up would be undertaken to confirm. **Action: Admin**

The Area Clinical Forum were also advised that engagement was proposed with Margaret Kerr, of Organisational Development. This would focus on areas of positive working and identify areas for improvement. Contact would be made with ACF members to arrange meetings. It was agreed that Geraldine Law would be excused from this due to her only recently joining the ACF.

5. AHP STRATEGY IN FORTH VALLEY

Pauline Beirne outlined the work undertaken to develop a new strategy for Allied Health Professionals in Forth Valley, noting this was based around 6 ambitions. These focussed around the areas of:
- Access

- Early intervention
- Prevention
- Community

The Strategy was due to be launched in January 2023. Investment was to be made into leadership training and referral, prioritisation and communication were key areas of focus. It was recognised that there were significant waits in several areas along with high demand. Across Scotland recruitment issues were noted for Allied Health Professionals, such as B6 physiotherapy posts. Work was underway to look at different options within the existing workforce.

Within Acute Services a test of change was being undertaken to employ exercise graduates from Stirling University as B4 exercise support workers to help with Physical Activity and Rehabilitation.

Governance was also an area of focus with regular reporting now underway. This included reporting of red flags for areas of concern such as mandatory training and incidents around gaps in service. One of the biggest concerns impacting on delivery was noted around mental health with no physiotherapy representation in this area. This had been escalated to Mental Health Services for Adult Services.

Geraldine Law highlighted the work being undertaken around entry and exit routes for patients within Children's Services. Work was underway with AHPs and Health Visitors to upskill colleagues to manage children and families to listen to concerns and raise awareness. This formed part of the mandatory training going forward.

Muscular skeletal (MSK) pathway had been developed around 'waiting well' with resource provision to manage condition while waiting. Linkage with Active Forth had also been undertaken to ensure easy exit into community resources.

Demand was exceeding capacity across all areas and there was a need to work innovatively with partners to deliver care in a different way.

There was recognition of the significant work undertaken within Women and Children's Services to change culture of practice and best utilise finite resources. Work was underway within Adult Services noting the need for difficult decisions around resource positioning. This would reframe how patients experienced the refer/assess/treat model currently in place and push the expertise upstream and into place-based offers within the community. This would aid in improving health and wellbeing outcomes before they come to harm or before entering the life curve where frailty could become an issue.

Workstreams were looking at inequality and work within the community to align with 3rd sector organisations and how to provide support people in places where they felt safe and had strong relationships. There was significant data within Children and Young people services that showed this worked. It was felt that between 40-60% of the waiting list could be managed through reassurance and simple signposting to evidence based resources.

The ACF thanks Geraldine Law and Pauline Beirne for the update provided.

LONG COVID

Pauline advised the Forum that she was the long Covid Lead for NHS Forth Valley. Recruitment was about to commence for a long covid recovery service. Attendance was also planned at the GP Sub Committee to advise of pathway and signposting.

Following enquiry, it was confirmed there were no specific figures around the number of people affected by Long Covid. Pauline noted the Long Covid Lived Experience Group had a membership of around 50 people, with some significant health impact being seen. There were also 9 NHS Forth Valley staff that were registered with Occupational Health as having long covid symptoms. Research at University of Stirling had predicted around 1500 people, however it was not felt that figures were at that level.

James King confirmed challenge around coding for Long Covid patients as the provided codes were not recognised by EMIS. Within Primary Care it was felt that the figures were higher than anticipated. Pauline provided detail around the Team that would be available for first point of signposting for GPs. It was confirmed 2 people with lived experience were members of the Board Oversight Group which would aid in ensuring appropriate service provision.

Geraldine Law also advised that a number of children were being seen with Long Covid with significant impact on wellbeing.

Pauline confirmed she would ensure Geraldine received briefings to ensure the ACF would be kept updated.

6. **STAFF AWARDS**

Kirstin Cassells advised of discussions with Cathie Cowan around promotion of the ACF and how to increase its profile within the organisation. Potential involvement with the Staff Awards was proposed along with the Area Clinical Forum and Area Partnership Forum being joint sponsors of the event. Early discussions have taken place with those involved in the Staff Awards. The importance of staff recognition was noted.

The timeframe for the Event was proposed as March 2023 with potential partnership with the local College, which would enable student involvement.

7. **AOCB**

There were no items raised.

8. **ACF 2023 DATES**

The proposed dates were agreed with the exception of the June date. It was agreed this would be moved to 8th June 2023.

9. **FUTURE AGENDA ITEMS**
   - **Physician Associate Programme**
   - **Workforce Plan**
   - **Poverty in Psychology – Template**
   - **Staff Wellbeing – Alison McMullen date to be agreed**

   The proposed Agenda items were discussed.

10. **DATE OF NEXT MEETING**

The next full meeting of the Area Clinical Forum would take place on Thursday 16 February 2023 at 6.15 p.m. within the Boardroom, Carseview.

FORTH VALLEY NHS BOARD
TUESDAY 28 MARCH 2023

9.7.2 Area Partnership Forum Ratified Minute – 20 January 2023
For Assurance

Chair: Mr Robert Clark, Non-Executive Director

Minute of the Area Partnership Forum meeting held on Friday 20 January 2023, Board Room, Carseview House

Present:	Mrs Cathie Cowan, Chief Executive, (Chair)
	Mr Robert Clark, Employee Director (Co-Chair)
	Mr Michael Brown, Head of HR Resourcing
	Mrs Helena Buckley, UNITE
	Ms Linda Donaldson, Director of HR
	Mr Nick Hill, GMB
	Mrs Margaret Kerr, Head of Organisational Development
	Ms Karren Morrison, UNISON
	Mrs Hilary Nelson, RCN
	Ms Linda Robertson, HR Service Manager
	Ms Janett Sneddon, RCM
	Mrs Jacqui Sproule, Head of Service
	Mrs Phyllis Wilkieson, Acting Director of Acute Services
	Mr Scott Urquhart, Director of Finance

In Attendance:
Mrs Denise Davidson, HR Management Information Co-ordinator

1. Welcome and Introductions

Mrs Cowan welcomed everyone to the meeting.

2. Apologies for Absence

Apologies for absence were noted on behalf of Elaine Bell, Annemargaret Black, Jennifer Borthwick, Patricia Cassidy, Lynsey Connor, Oriane Johnston, Una Madhill, Gillian Morton, Yvonne Myler, Elaine MacDonald, David O'Connor, and Jonathan Proctor

3. MINUTES OF PREVIOUS MEETINGS

3.1 Minute of the Area Partnership Forum held on 12 August 2022

The minute of the Area Partnership Forum held on 23 December 2022 were approved as a correct record.

4. MATTERS ARISING

Minute of 12 August 2022   No matters raised under this agenda item.

5. EMERGING ISSUES

Escalation Update

In agreement with Mr Clark the Chief Executive will meet staff-side every 2 weeks to update on the escalation position of the NHS Board. Dates for these meetings are being progressed. APF Members noted the Assurance Board will meet on 24th January. An independent review of NHS Forth Valley governance arrangements will be undertaken Professor John Brown, Chair of NHS GG&C. At the Board Meeting on 30th January an update on the progress made in implementing the Escalation Improvement Plan will be provided. It was also noted that the Cabinet Secretary Mr Yousaf will update Parliament in the month of March.

Risk Assessment for Capacity Beds in SCH and FCH

Staff Side requested sight of risk assessment for the additional offsite contingency - SCH and FCH beds to support flow on the acute site. Mrs Wilkieson confirmed that Risk Assessments were part of the planning to support the opening of SCH earlier in the year and the Standard Operating Procedures (SOP) adopted for this was used to inform the opening of the FCH temporary contingency beds, Mrs Wilkieson agreed to share these with Staff Side colleagues. It was noted that SOPs are discussed at Health and Safety meetings, it was agreed that a Staff Side representative be invited to join this Health and Safety meeting.

Job Evaluation (JE) Update

Ms Donaldson provided a recap on the issues around JE and Staff Side's decision to not participate in JE on the back of school nursing until resolution was reached on a way forward. It was confirmed that meetings had taken place around School Nursing and discussions had taken place with Bob McGlashan, RCN. It was proposed the Wednesday Partnership meetings be used to determine learning and how we move forward in partnership. Mr Brown proposed a small group be set up to establish now many are Staff Side representatives are trained for JE and consistency checking. Ms Morrison requested that timescale be set to review learning from this situation to ensure this does not happen again. APF Members noted the urgency to identify the people to be involved and the steps to agree a process moving forward. It was noted that there has been a request for training for pharmacy staff and the JE team will look at in-house training. Mr Brown advised that 180 job descriptions had been processed and had received indicative bandings and 13 were awaiting reviews.

Site Pressures

Mr Clark highlighted the ongoing acute hospital site pressures and sought assurance on what well-being has been put in place to support staff, adding that the HIS inspection had highlighted that the non-resolution and ongoing use of contingency beds had left staff feeling not heard. Mrs Cowan acknowledged the ongoing concern related to using contingency beds (a concern she shared) and with their ongoing use staff feeling unheard. The appointment of Mr Best as Acting Director of Acute Services had added to the senior leadership capacity whilst giving direction and clarity on roles and responsibilities. The improvements as reported previously and investment in virtual capacity e.g., Hospital @ Home, ED - triage redesign and RACU and in Discharge without Delay would all help however a focus on reducing delays in transfer and discharge from the acute site would also be vital to support system wide flow and sustained improvement.

Mrs Cowan also highlighted the investment by the Board in workforce and Band 2 to Band 3 to support an internal programme to develop staff. Mrs Wilkieson advised that they were also looking at bringing huddles together to encourage SCNs come together using Rooms 1 and 2 to provide peer support. Ms Donaldson also referred to well-being week - i.e., this week with a wide range of activities and staff support being available. Ms Donaldson also advised that she had attended a patient safety visit this this morning and feedback from patients in regard to their care had been very positive.

Staff Side discussed a need for engagement in areas where there are pressures; and how do we manage to engage in these areas? Ms Morrison raised the return of chairs to break rooms and it was noted that arrangements had been made to progress this. It was noted that Staff side would

be invited to the next well-being group meeting. Mr Clark advised that a request had been made to the local bus company regarding a discount for staff but had been advised that this was not available.

Mrs Kerr advised that OD coaching requests had increased. Reflection and Appreciation sessions had been well attended.

6. BETTER VALUE

6.1.   NHS Forth Valley Financial Position

Mr Urquhart shared a presentation on the Board's current and future financial position.   The presentation focused on: 2022/23 Financial Position and Projection, 2023/24 Financial Planning and the Sustainability and Value Framework. A copy of the presentation will be shared with all.

Highlights noted were:

- Covid 19 - funding would end leaving a gap of £5m. to £5.2m.
- Supplementary staff - heading for £32m annual spend 2022/23 to support 100 plus additional beds and high absence levels.
- Inflation - impact on cost of goods and services, including the PFI fixed annual repayments linked to inflation, energy price increases.
- Nurse bank usage over 5 years has increased to £14m, nurse agency c. £9m

APF noted the 5.5% savings target next year and the 3 priority actions – reduction in temporary staff costs, close remaining Covid costs (excl – vaccine team, test and protect to be confirmed) and refocus on cost, value and delivering efficiencies.

Discussion followed on what savings could be achieved. Mrs Cowan highlighted the need to close contingency beds and to reduce temporary staff and to set a target to reduce absence - achieving these would be well within everyone's grasp to contribute to.   Noted there were challenges retaining staff and how we can keep our staff. Mrs Nelson highlighted staff requesting flexible working were not being supported and again everyone agreed to focus on these relatively simple changes in how we support our staff.

Mrs Cowan proposed a dedicated meeting to focus on recruitment and retention e.g., turnover, absence, and flexible working, this was supported.

7. BETTER WORKFORCE

7.1   Update on ED

ED Working Group meeting taking place on 5th February and work was underway to move the ED actions into the Acute Services Directorate.

7.2   Oversight Groups

Sturrock
Agreed, to commit to get dates in the diary every 2 months. Ms Morrison asked that these dates are prioritised.

HIS

Mrs Wilkieson advised that HIS working group meet each week and reports into the Executive Nurse Director, it was noted the Quality Improvement Team were supporting this work. In addition, there are two HIS Improvement Advisors on site and they are working with staff and the Group. Mrs Wilkieson noted that what the Advisors have to date reported on progress being made.

Safe Staffing Bill

The working group led by the Executive Nurse Director was in the progress of being re-established Staff Side would be invited to be members of this Group.

7.3 Organisational Change

7.3.1 Proposed Changes to Staff Bank Administration Team

Mr Brown was seeking approval for proposed changes to the Staff Bank Administration Team Band 4 workforce with the introduction of a Band 5 Administration Manager post and the removal of a Band 4 Bank Staff Administrator post. The Band 5 post was being introduced to allow NHS Forth Valley to evolve from the use of a Neutrol vendor arrangement for Medical and AHP agency provision to an i-house model. The aim is to reduce administration and commission costs that are currently being paid to a Neutrol vendor and to improve fill rate and compliance with a local in-house model.

Creating the post would be cost effective and would save £80k per year. Change of staffing would be within the current establishment. All staff are aware of the proposal and have been offered 1:1 meetings. This would be creating the same model as used within NHS Lothian.

Ms Nelson highlighted a number of changes in the paper including risks. Mr Urquhart highlighted the reasons for the current arrangement and sought assurance on how these risks be avoided in the proposed arrangement. The paper was approved in principle with a request that Michael updates the paper and shares this with Mr Clark to be assured.

7.4 HR Directors Report

The Area Partnership Forum received the HR Directors Report from Ms Donaldson. Ms Robertson highlighted some areas from within the report.

Ms Robertson confirmed that NHS Forth Valley had submitted responses on the 10 policies for the Once for Scotland Workforce Policies consultation. Ms Robertson confirmed that dates for local policy group were to be set up.

Work continues on the Youth Framework and Employability agenda and Ms Robertson noted that there are a number of careers fayres coming up which NHS Forth Valley will be attending. It was also noted that Project Search has resumed training in FVRH and had returned to their classroom within FVRH Learning Centre.

Absence rates had increased from 7.87% in November to 8.32% in December across NHS FV. Cold/Cough/Flu was second top reason and had almost doubled from November figures. Within the job family of Personal and Social Care had reported the highest absence rate. It should be noted that this job family had a small in-post headcount. The highest increase in sickness absence rate was within Women & Children and that there was no area under 4%. A total of 74,000 hours had been lost. Red flag meetings continue with Staff Side and Ms Robertson highlighted that 5 weekly meetings also continue with HR and OH to discuss LTS cases.

Mrs Cowan referred to previous discussion in meeting and quested that fast track meeting be set up to focus on agreeing priorities (absence, vacancies, turnover, feedback from exit interviews.

7.5   Update on Organisational Development Priorities

Mrs Kerr presented an updated on the progress of the OD and LET priorities.

iMatter continues to improve and work is underway in preparation for 2023. It was noted that the Staff Conference held in June 2022 focused on Compassionate Leadership and Culture. The conference report was presented to ELT on 5th December and support to progress the Programme had been achieved.

Plans are in place to relaunch ED/OD Programme and also Senior Charge Nurse Programme Development. Mrs Kerr highlighted that the demand for coaching remains high and the internal coaching service is continuing. Cohort for Leading for the Future commenced in September with FV having 5 places and 2 places allocated via project lift.

7.6   Proposed Public Holiday 2023/2024

The Area Partnership Forum noted the public holidays for 2023/2024 and agreed these.

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8   Circulars and Policies

The Area Partnership Forum noted the circulars and ad-hoc policies as detailed in the paper.   Mr Clark referred to pay protection – April 2022 anomaly and this would be picked up outwith the meeting.

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9   Any Other Competent Business

Mrs Cowan noted that all papers for Committee meetings were to be presented on the agreed template which would be shared with all.

Mrs Donaldson advised that information on Pension Recycling would be made available on the Staff Intranet next week.

Ms Morrison noted room allocation at FVRH and advised that Brian O'Rourke from Estates had offered to map out where people were on the site to determine how best this could be used/allocated. Mrs Cowan agreed to take this request into ELT.

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10 Date of Next Meeting

The next meeting will take place on **Wednesday 1s March at 2.30 pm on MS Teams.**

FORTH VALLEY NHS BOARD
TUESDAY 28 MARCH 2023

9.8.1 Clackmannanshire and Stirling IJB – 23 November 2022
For Assurance

Chair: Mr Allan Rennie, Non-Executive Director, NHS Forth Valley

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 Minute of the **Clackmannanshire & Stirling Integration Joint Board meeting** held on **Wednesday 23 November 2022, at The Barracks Conference Centre, Stirling 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
Narek Bido, Third Sector Representative, Stirling
Helen McGuire, Service User Representative, Clackmannanshire
Eileen Wallace, Service User Representative, Stirling

Advisory Members
Marie Valente, Chief Social Work Officer, Stirling
Nikki Bridle, Chief Executive, Clackmannanshire Council
Lee Robertson, Senior Manager of Legal and Governance and Monitoring Officer, Clackmannanshire Council
Heather Buchanan, Resources & Governance-Legal Services, Clackmannanshire Council

In Attendance
Carolyn Wyllie, Head of Community Health and Care, HSCP
Wendy Forrest, Head of Strategic Planning and Health Improvement, HSCP
Sandra Comrie, Business Support Officer (minutes)

1. **APOLOGIES FOR ABSENCE**

    The Chair welcomed everyone to the meeting.

    Apologies for absence were noted on behalf of:
    Lesley Fulford, Cathie Cowan, Robert Clark, Dr Andrew Murray, Dr Kathleen Brennan, Paul Morris, Carol Beattie, Lorraine Robertson and Abigail Robertson

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 BROUGHT FORWARD BY   CHAIRPERSON/EMERGENCY ITEMS**

    None.

5. **MINUTE OF MEETING HELD ON 21 SEPTEMBER 2022**

    The Integration Joint Board approved the draft minute of the meeting held on 21 September 2022 as correct.

6. **CHIEF OFFICER UPDATE**

    The Integration Joint Board considered the report provided by Ms Annemargaret Black, Chief Officer.

    Ms Black explained that the IJB agenda consisted of a range of important annual governance reports that focussed on 2021-2022, for consideration by IJB members and provided an overview of the work carried out over the last 12 months.

    Ms Black recognised the ongoing efforts of the collective workforce and partners and explained that even with the continuing pressures over the last 12 months and workforce availability services have continued to be delivered by dedicated teams across the HSCP. She explained the update highlighted the range of work which had been supported and delivered across 2021-2022 and contained a range of reports for consideration by the IJB.

    There were several other key areas within this report, these were:

    *   The Strategic Plan for 2023/24 – 2033/34 including the Strategic Needs Assessment and how these align with each other and the wider framework and evidence delivery.
    *   Recruitment to the Rapid Assessment Team, noting particular challenges for rural Stirling
    *   Independent Review of Inspection, Scrutiny and Regulation of Social Care in Scotland (IRISR) and
    *   IJB Development session on 1 February 2023.

Ms Black explained that as part of the proposed IJB development programme for Board members she was proposing the IJB agreed to spend 2.5 days over the next 12-18 months on Board development. A Board member proposed development sessions could be delivered jointly with other Boards as they were a member of many Boards. The Chief Officer asked for other IJB member views on this or feedback after the meeting. No feedback has been received from other members regarding this. Undertaking development sessions as a Board will promote team working, therefore the Chief Officer will continue with the process of commissioning the 2.5 days over the next 12-18 months.

Mr Rennie agreed development sessions would be of value and proposed that from 2023 the IJB meet to have lunch, with a development session, prior to the Board meeting starting at 2pm. The Board agreed that the first session would take place at the IJB meeting on 1 February 2023 and cover the Code of Conduct with Lee Robertson, IJB Standards Officer. A paper will be presented to the February Board meeting outlining further proposed topics for development sessions over the next few years.

The Integration Joint Board:

1) **Noted the content of the report.**
2) **Agreed to spend 2.5 days over the next 12-18 months on Board development as proposed at section 8.7 of this report.**

7.   **BUDGET AND FINANCE**

7.1   **FINANCE REPORT**

The Integration Joint Board considered the paper presented by Mr Ewan Murray, Chief Finance Officer.

Mr Murray advised that since the paper was written more information had been received regarding prescribing costs which illustrated additional upward financial pressure.

Mr Murray confirmed that Scottish Government had requested an update on Covid-related expenditure projections at the end of Quarter 1 and monthly thereafter. He explained that the whole health and social care system was continuing to experience exceptional levels of demand, as the impacts of the pandemic continued and shift from predominantly direct to indirect cost impacted. Constraints on capacity, particularly workforce, meant that not all service demand was being met and unmet needs continued to be significant. He explained there was significant uncertainty in relation to demand and costs and that high general inflation, uncertainty in relation to public sector pay awards and general economic conditions were contributing to the level of uncertainty and financial risk.

The Board had a discussion on how the covid reserves would be used and what the impact would be if this money was returned. Mr Murray explained that Scottish Government had written to HSCP explaining there had been a number of significant changes to Public Health policies in relation to Covid over the summer, resulting in the profile of Covid spend reducing significantly compared to when funding was provided to IJBs for Covid purposes. In response to this, Scottish Government would reclaim surplus Covid reserves to be redistributed across the sector to meet current Covid priorities. It was Mr Murray's understanding that Scottish Government would seek to do this based on Quarter 2 financial returns. Per the IJBs final accounts, the balance

of Covid funding at 1 April 2022 was £12.999m meaning that the Scottish Government will seek to reclaim £8.098m. Mr Murray confirmed that robust discussions were ongoing in relation to ensuring the reclaim of funding did not put the IJB at any additional financial risk in the current financial year and assurance from Scottish Government Finance colleagues on a year-end reconciliation process and funding adjustment, if required, had now been received.

Mr Murray recommended that Finance reports should be read alongside Performance reports to give a wider overview of both financial and non-financial performance.

The Integration Joint Board:

1) **Noted the 2022/23 projection based on Financial Performance for the first 6 months of the financial year.**
2) **Noted the significant financial issues and pressures, key assumptions and risks.**
3) **Agreed that the Chief Officer and Chief Finance Officer seek confirmation from NHS Forth Valley in meeting the set aside risk and report an update to the December IJB Finance and Performance Committee.**
4) **Noted the position in relation to Covid Earmarked Reserves and Scottish Governments intention to reclaim the balance of further Covid funding currently held in IJB earmarked reserves.**
5) **Noted the update in respect of the development of the 2023/24 Revenue Budget and approve delegated authority to the IJB Finance and Performance Committee to scrutinise the IJB Business Case and approve its submission to the constituent authorities.**

7.2 CLACKMANNANSHIRE & STIRLING INTEGRATION JOINT BOARD - 2021/2022 AUDITED ANNUAL ACCOUNTS & INDEPENDENT AUDITORS REPORT

> **a. 2021/2022 IJB ANNUAL ACCOUNTS**
> **b. ANNUAL AUDIT REPORT**

The Integration Joint Board considered the paper presented by Mr Ewan Murray, Chief Finance Officer.

Mr Murray confirmed he was pleased to report the external audit had been completed. He explained this was delivered later than planned due to resourcing challenges within Audit Scotland and he had worked closely with the audit team to ensure the completion of the audit and responses to all matters arising. In addition, he confirmed that the audited accounts were considered at the Audit & Risk Committee on 16 November 2022.

The paper set out the main changes from the IJB meeting in June to date. The audit opinion was unqualified, and the report set out the auditor's opinion of the IJB audit process and whilst several recommendations had been agreed upon, some things still remained in the process. Mr Murray confirmed the auditors focus has been on financially sustainable matters, there had been nothing unexpected reported and the process had been robust.

The IJB thanked Mr Murray for preparing comprehensive reports and explained it would be helpful to understand the areas of focus for the remainder of the year. Mr Murray agreed to produce a short brief on the key areas the plan would focus on.

The Integration Joint Board:

1) **Noted that the 2021/22 Annual Accounts and Annual Audit Report were considered by the Audit and Risk Committee on 16 November 2022.**
2) **Noted that, subject to some relatively minor amendments to the wording and a change to some target dates in the Governance Action Plan, the Audit and Risk Committee recommended the approval, signing and publication of the Annual Accounts.**
3) **Noted the content of the Annual Audit Report from the IJBs current External Auditors – Audit Scotland including the management responses.**

8. **PERFORMANCE**

8.1 **QUARTER 2 PERFORMANCE REPORT**

The Integration Joint Board considered the paper presented by Ms Annemargaret Black, Chief Officer.

Ms Black highlighted examples of some improvements that required focus, within the report including falls and the collective work of the Mobile Emergency Care Service (MECS), Scottish Ambulance Service and community services to support people so they did not have to be taken to hospital if uninjured. The Board noted the high number of admissions due to falls and Ms Black advised that an update on progress with this work would be provided as part of the Quarter 3 report. She also advised that she was conscious there was a need to improve some of the management commentary.
The importance of home first ethos was highlighted so people were able to be assessed at home rather than have to stay in hospital. She confirmed that recruitment campaigns were ongoing, including the rural care at home service.

Ms Black explained to the Board that over the next 12 months the focus will be working on developing targets, reviewing all performance indicators, and bringing proposals to the IJB. To make these performance improvements Ms Black would set up a Performance and Governance Board supported by Mr Ewan Murray and Ms Wendy Forrest.

In response to a question whether the rate of falls was related to individuals being cold due to the cost of living crisis, Ms Forrest explained that the Health Improvement agenda would involve working closely with colleagues and the third sector to work on early Intervention and prevention and fund various programmes across the area. There will be a variety of classes set up, not just focusing on exercise, and Active Stirling will be involved going forward.

Ms Black added that work was ongoing with Power of Attorney and Self-Directed Support which needs to be constantly reviewed.

The Board discussed ongoing Code 9 issues, Ms Wyllie provided assurance that fortnightly meetings were now in place to go through the Code 9 issues and understand the reasons, and to ensure people can be cared for in a homely setting as soon as possible

Mr Fairbairn noted the Strategic Risk Register at Appendix 2 had been discussed at the Audit and Risk Committee on 16 November and agreed some changes would be made to reflect the pressures on capacity and flow.

The Integration Joint Board:

1) **Review 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.**

8.2   ANNUAL PERFORMANCE REPORT

The Integration Joint Board considered the paper presented by Ms Annemargaret Black, Chief Officer.

Ms Black explained that the Annual Performance Report 2021-2022 represented the huge amount of work which had been carried out reflecting the progress together as a HSCP.

Ms Black confirmed the report recognised the impact of the COVID-19 pandemic on the care and support needs of the population and staff. She explained that this report reflected the significant work and efforts of all people who supported the communities of Clackmannanshire and Stirling throughout the pandemic, covering the second lockdown period and beyond to the end of March 2022.

Ms Black explained there had also been significant pressures on other areas of care and support for example on unpaid carers. In addition, there had been challenges in the delivery of short breaks and respite. Due to ongoing staffing pressures and fluctuating infection rates, the re-opening of respite has focused on the most vulnerable.

Ms Black confirmed the Annual Performance Report evidenced there was a lot of work to be proud of whilst also showing there was still a lot of work to be done to meet the challenges continuing to be faced going forward.

The Integration Joint Board:

1) **Approved the Draft Annual Performance Report 2021/2022**

9.   PLANNING, COMMISSIONING, DIRECTIONS, AND NEEDS ASSESSMENT

9.1   WORKFORCE PLAN

The Integration Joint Board considered the paper presented by Ms Wendy Forrest, Head of Strategic Planning and Health Improvement.

Ms Forrest confirmed that feedback was received from Scottish Government on 26 September 2022 and that overall, the plan was well considered. She explained that the Integrated Workforce Plan 2022-2025 set out the intention for Integrated Workforce Planning over the next three years. Areas highlighted were:

- Workforce Data Plan, which focused on the demographics of the workforce within the three employing organisations within the HSCP.
- Unpaid Carers, Independent Sector, Third Sector & Volunteers
- Campaigns for recruitment which were critical to attracting people to work in the sector and in Clackmannanshire and Stirling
- How to attract and support people with lived experience into the workforce.
- Review of the recruitment process.

The Board agreed that, going forward, the plan should be started early to allow people time to support it and investigate any recruitment issues especially given the tight timetable from Scottish Government.

The Integration Joint Board:

1) **Noted the feedback from Scottish Government on the draft integrated strategic workforce plan, 2022-2025, which was received on 26 September**
2) **We gathered feedback from trade unions, staff side and third sector through workforce planning meetings. In addition, feedback was sought via Joint Staff Forum and Strategic Planning Group as well as Finance and Performance members.**
3) **Integrated workforce plan was sent to Scottish Government in line with the requirements. It was not published on the HSCP website before November IJB.**

9.3 WINTER PLAN

The Integration Joint Board considered the paper presented by Ms Carolyn Wyllie, Head of Community Health and Care.

Ms Wyllie explained that the purpose of the Clackmannanshire & Stirling Health and Social Care Partnership Winter Plan for 2022/23 was to set out a commitment to deliver high quality community health and care services whilst also ensuring that arrangements in place had sufficient capacity, accurate costs and reflected what impact this would have.

Ms Wyllie explained that the winter resilience checklist overview 2022/2023 set out eight priorities for HSCPs, Local Authorities and Health Board to consider when writing their winter plan and explained how these had been divided. She also outlined the focus areas which were integral to the Winter Plan.

The Board discussed performance and how this would be monitored going forward. Ms Wyllie confirmed the overall priority was to monitor the levels of pressure in the system and evaluate the effectiveness of the Winter Plan in response, identifying any further interventions as required by NHS Forth Valley, HSCP, Local Authorities and Partner Organisations.

The Board discussed whether it was appropriate to approve the Winter Plan as it was an operational document and agreed it should be noted instead.

The Integration Joint Board:

1) **Noted the Winter Plan for 2022/2023.**

9.4 DELEGATION

The Integration Joint Board considered the paper presented by Ms Annemargaret Black, Chief Officer.

Ms Black explained the purpose of this paper was to confirm the formal agreement between the Integration Joint Boards (IJB's) of Falkirk and Clackmannanshire & Stirling regarding the coordination of services which are provided across the Falkirk and Clackmannanshire & Stirling IJB areas. The services to be delegated were described

in the IJB Integration Schemes, which were approved by partner bodies in October 2015 and by the Scottish Government in December 2015. However, some pan Forth Valley key community health services had not been delegated. Following meetings with local authority and NHS Forth Valley Chief Executives, both IJB Chief Officers, the IJB Chairs and NHS Board Chair this had now progressed, and plans agreed to fully integrate the NHS functions to the IJBs. Ms Black explained that this paper had also been taken to the Falkirk IJB on 18 November and approved subject to it being approved by the Clackmannanshire & Stirling IJB at this meeting.

Ms Black explained most services which are delegated will be provided by the HSCP responsible specifically for the population. There are, however, several services which were previously provided on a Forth Valley wide basis, or to more than one partnership, by NHS Forth Valley, which must be delegated in accordance with the Public Bodies (Joint Working) (Scotland) Act, 2014. This included both set-aside and integrated services.

She explained the agreement confirmed which services would be coordinated and which HSCP will undertake the coordination. The agreement also confirmed the broad standards of engagement and performance management that would be put in place to ensure that the host HSCP undertakes its coordinating responsibilities in a way that involves the HSCP receiving services in a fair and reasonable way. Full support must be provided to Chief Officers by NHS Forth Valley to deliver these responsibilities.

A due diligence process was required to take this forward and transfer operational management responsibilities to the relevant HSCP and ensure each IJB retained the appropriate oversight role.

The Integration Joint Board:

1) **Noted that this would complete the transfer of functions and budgets in line with the Public Bodies (Joint Working) (Scotland) Act 2014 and the Integration Scheme, subject to further review of Police Custody and Prison Healthcare**
2) **Agreed on the proposed coordination arrangements with Falkirk and Clackmannanshire and Stirling as the Lead HSCP's as set out in section 3.**
3) **Approved the draft terms of agreement attached in appendix 2, subject to agreement by Falkirk IJB.**

10. **FOR NOTING**

   10.1 **ACTION LOG**
   Noted

   10.2 **DECISION LOG**
   Noted

   10.3 **MINUTES**

   a. **Audit and Risk Committee – 31.08.2022**
   b. **Finance and Performance Committee – 23.02.2022**
   c. **Joint Staff Forum – 06.07.2022**
   d. **Strategic Planning Group – 10.08.2022**

13. **VIDEO CASE STUDY – ReACH Forth Valley Rehab Team, Jordan's Story**

Due to the meeting running over it was agreed by the Board that this video would be circulated to members to view later.

EXEMPT ITEM

9.2   ALIGNMENT OF WIDER COMMISSIONING ARRANGEMENTS ACROSS THE HSCP

Under section 50A (4) of the Local Government (Scotland) Act 1973, the public should be excluded from the meeting for this item on the grounds that it involved the likely disclosure of exempt information.

The Integration Joint Board:

1) Approved that the contracts noted at Paragraph 2.2 will terminate on 31st March 2023, with no legally permissible extension options in line with public procurement legislation.
2) Agreed for officers to align work streams to transformation and modernisation across HSCP including Commissioning Consortium, Intermediate Care, and community wealth building.

14.   ANY OTHER COMPETENT BUSINESS (AOCB)
None

15.   DATE OF NEXT MEETING

1 February 2023 2-4 pm, The Board Room, Carseview House, Stirling and MS Teams